

# MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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*By Lisa C.*

**MV**



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# What To Do When You Don't Know Who You Are

By Deb C.

Today is not a good day. I am not sure who I am. I have worn my beloved therapist, Rick, out this week. My psychiatrist must have a sixth sense—he left town for an all week conference. But he has called me. He is really a great doctor; I am lucky.

This whole week has been bad. Not only am I a multiple (and I DO mean multiple), but I also have bipolar disorder. I started the week with a manic high. I am talking racing heart, fast speech, little sleep, disorganized thinking and wanting to jump off the roof of my house to see if I could fly. I was flying all right.

Medication adjustment. One of ten thousand by now. I change meds like some people change their underwear. One, two, three, four—Deb just take a little more.

So now, what's up with this? as Dr. Phil would say. I don't know who I am. I drove around aimlessly, bought scratch off lottery tickets (and won \$25), got a really wild haircut, ate ice cream (which is off limits). I have been coloring these really dramatic pictures with my inner guys and reading silly poems to the little ones.

Now, so far all of this is true. Now I am going to throw in a little fantasy. I am going to the zoo. Now we all love wild animals, but our favorite is the elephant. I walk until I see a beautiful elephant standing by the fence. There is another one a little ways off. They are African elephants, our favorite. Now, I am like Dr. Doolittle. I can talk to the animals and they can talk to me (remember, this part is fantasy; I am not ready to be committed yet!)

I say hi to the elephant and tell her my name is Deb. "I'm Trudy, she says. "It's nice to meet you Deb." I give her the peanuts that I just happen to have with me.

I tell Trudy that I am trying to lose weight and she tells me that she understands completely. "Why is it" Trudy asked me, "that people always say that someone is as big as an

elephant?"

I tell Trudy that as humans we sometimes say stupid things without realizing that we might be hurting someone. "I am guilty of saying that myself, Trudy. I'm sorry."

"That's okay" said Trudy. "I have a feeling that you have something on your mind. Would you like to talk about it?"

At this point a family with kids hurried past us as fast as they could. Oh well, people are always giving me strange looks and not just for talking to elephants!

"Trudy" I said, "I have a real problem. I'm not just one person. I am many and today I just don't know who I am. I'm a woman, a man, a kid, a teenager. I'm straight, gay and bi. I'm autistic, flirty, a hippy and a singer. I have many names—Debby, Billy, Ginger, Micah, Chip, Chondra, Dominique, Jetta, Audry, Betty, Jack and Mary."

Trudy looked at me closely. "You do have a problem," she said. "No wonder you're confused." Then she smiled at me (yes, elephants can smile). "But I do know where you're coming from. We elephants have problems too. You see, I was born in Africa and I played only with the boy elephants. I wanted to be a boy elephant. My mother informed me that I was a girl and always would be. I was very sad."

"So I grew up as a girl elephant and met my true love, Georgio. We had a baby, a little boy elephant that we named Joey. So now I had responsibility. I was taking care of my family and being a mother too. I still longed for my younger days when I wanted to be a boy. Some days I felt lost inside.

"Then one day some hunters came and they dragged me off and put me on a boat. I cried and cried. They brought me here to this zoo and there was my old friend Zach. We played together when we were kids. But how I miss Georgio and Joey. Happy people come by us all day long and

look at us and I wonder to myself—who am I? I don't have my mate or my child anymore. I guess I'm still Trudy, but I have no purpose.

"Zach and I talk. He left his family behind too. So, he also has his off days. We all wear many hats. You are Deb and so much more. You just wear more hats than most of us."

Trudy smiled at me and took her trunk and gently stroked my spiky hair. I petted her and said, "Thank you, Trudy."

Inside my head Mary was smiling. She takes real good care of all of us, especially Deb. I couldn't make it without Mary.

"Goodbye Trudy," I said and walked away. I'm me, I'm many—we are all just trying to be who we are.

Mary told me to go home and finish that coloring picture that we were working on. She told me to read to the kids some more. "No matter how you feel", she said, "We are all here with you. You can be any of us or you can be Deb. But remember Deb, you wear many hats. I love you."

"I love you, Mary. You always know the right things to do. I'm happy wearing my many hats."

This ends my tale. Do I feel better? Yes. Who am I? It doesn't matter. It really doesn't matter.

**MV**



By Sharon C.

## What I'm Working on in Therapy

By Stuart

As a very dissociated and Dissociative Identity Disorder individual, I've struggled with severe depression and inactivity for years. This fall, I spoke to a nurse about what I might do to help. She suggested a hobby as one of a number of changes. One thing she said that made an impression on me was that some people take pictures, others photograph something. I thought about this and started taking pictures, attempting to capture photographs if I could.

Here is an example:



The practice of doing this daily has given me and friends something to see each day that helps us realize things change. Slowly, often, still they do.

I take my dogs walking twice each day and photograph them enjoying



themselves, along with the scenery in the area. I live close to many walks and make use of them. Watching even the small changes along the paths helps me focus and enjoy, where as before I found it hard to feel useful or successful. The dogs adjust to the inattention; I still throw a ball or object for them and give them as much attention as we can share.

**MV**

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—Lynn W., Executive Director/Editor

Value yourself as  
fine crystal  
and  
others won't treat you like  
dime store glass!



By Marguerite S.

# Stories of the Soul: Healing the Wounds of Sexual Abuse through Dreams

By Lynda Wisdo

*Ed note: this article is republished with permission from an online essay at [http://intuitive-connections.net/2011/stories\\_of\\_the\\_soul.html](http://intuitive-connections.net/2011/stories_of_the_soul.html)*

I feel it is important for me to point out that my intention in writing this article is not to accuse or point a finger at any particular person(s) as being the perpetrator(s) of my abuse. My hope is simply to relate some of what I have experienced over the past several years in my efforts to heal the wounds of my sexual abuse through my dreams. Also, as laboratory studies have shown that there are differences in the way women and men dream (Reis, 2000, p. 18), I will present this article from the perspective of the feminine only. It is vital to keep in mind however that there are many men who also suffer from the aftereffects of sexual abuse and who are able to work through much of their wounding through the healing intentions of their dreams. I feel it is also important to note that when dealing with some of the highly charged material related to sexual abuse it is in the survivor's best interest to work in conjunction with a therapist or counselor who is well experienced in this area. Such resources can be sought out locally or at one of the websites listed at the end of this article.

"Don't pay any attention to it... it's just a dream." We've all heard these words at least once in our lives and as children we probably heard these words often, our weary parents wishing to calm our middle-of-the-night fears as quickly as possible so everyone could get back to sleep. As we grew up, many of us continued to accept the idea that our dreams were nothing more than the nighttime wanderings of an active mind, the fluff of an overactive imagination. For some people, this idea might still seem pretty valid, their dreams having only ruffled the very edges of their consciousness. For many abuse survivors however, our dreams have not been so gentle. Instead, they have carried us into the deepest parts of our subconscious where our most threatening memories have surfaced and swelled, stung us like a swarm of angry bees and threatened to steal away our sanity. Then, in the wake of these dreams, other dreams came and, with very different images, lovingly handed

back to us both our sanity and our souls. Certainly, when dreams this powerful and vivid first appear, the dreamer is more than a little wary to follow their wisdom. Most often, by the time these types of dreams start to surface, many years have passed since the abuse took place and the survivor may feel that she is well past the abuse's sting. In other cases, the survivor may not even remember the abuse making the images revealed by the dreams all the more confusing and frightening.

In her book, *The Dreaming Way*, Patricia Reis, artist and psychologist, tells readers that not only can sexual abuse memories "erupt from the depths like strange new land masses... changing our personal cartography forever" but also that these "forgotten memories can be heaved up into consciousness through the agency of the dream world" (2000, p. 12-13). In her book, Reis is also careful to point out that there is still much we need to learn about the process of trauma and memory recall and that dreams are not a "foolproof" way to lay out the specific details of a survivor's personal trauma history. What dreams are able to offer the abuse survivor however Reis tells readers is "the way toward recovery" (2000, p. 13). As with most dream guidance, this set of directions does not come in the form of a map where the whole journey is laid out beforehand but more as a GPS system where each step of the journey is revealed only once the survivor has reached a certain point along her healing path. It is by following these "stepping stones" laid out by her dreams that the survivor is able to not only heal her past trauma but many times to also recover some of her lost hopes and longings that had been buried along with the memories and emotions of her abuse. This is much the way my own journey of healing from sexual abuse has unfolded... one dream at a time, one memory at a time, one blessed step to wholeness at a time.

While I can remember many bizarre and difficult dreams from my childhood, it wasn't until a dream I had in my mid-

thirties that I began to become aware of the message that was being revealed to me in my dreams. That first dream seemed simple enough. In it, I was in the kitchen of my childhood home, trying to shut the back door. With all my might I struggled but no matter how hard I tried, I still couldn't get the door shut and all I could see on the other side of it was a terrifying darkness. As I was waking up from this dream, I could hear myself crying out, "Get off of me, Dad! Get off of me!" Had I been alone, I probably would have tried to ignore what I was saying but the man I was living with was right next to me and heard my cries for help. As I began to tell this man about the dream, I also started to relate to him feelings I used to have at night as a child, feelings which were identical to those I had in the dream — some large, heavy force in front of me and my struggle to push that force away. As I was telling my friend about these feelings, I started to cry, sweat and shake as some deep well of terror from my childhood began to erupt. Although this type of emotional release would later become the mainstay of my healing, it would take several years and dozens more dreams before I could finally trust my subconscious enough to contact a therapist to try and deal with the aftereffects of my sexual abuse.

On the website for "Pandora's Project", an organization that offers information to assist survivors of rape and sexual assault, writers present information regarding PTSD and art therapy, pointing out how our dreams can be a vital aspect of art therapy healing. On this website, writers describe four stages that a sexual abuse survivor goes through in healing the effects of her abuse through her dreams. The first type of dreams that occur are described as dreams of "self-protection" or "denial" (PTSD, Typical Dreams with Survivors section, para 1). It is in this stage of her dream-healing that the survivor will experience dreams in which she tries to block out the traumatic information that is beginning to emerge into her conscious awareness. It is in this

way that the survivor is trying to protect herself from the emotional impact of the trauma. Although I didn't realize this at the time, that's exactly what was happening in my dream about the door; some part of me was trying to "shut the door" on my past so as to keep the memories of my abuse tucked safely away in the "dark" that lay just on the other side, the same dark that as a child, I had come to believe was my assailant.

According to writers at "Pandora's Project", the second type of dreams that usually emerge for the abuse survivor are dreams of "acknowledgement." It is in this stage of her dream-healing that the survivor is called to undergo the difficult task of replaying the memory of her assault(s) in her dreams (PTSD, *Typical Dreams with Survivors* section, para 2). For me, this stage of dream-healing went on for several years, many of my "acknowledgement dreams" coming without the need for interpretation, their meanings clearly expressed within the context of actual memories of abuse or even within a literal conversation with an abuser. I can remember having several dreams in which I simply asked my abuser(s) whether certain events had happened the way I remembered them. In each case, my abuser(s) would respond in some way to the affirmative. In other "acknowledgement dreams," I was offered an array of dream images that I would need to interpret in order to determine more precisely what had occurred in a certain episode of abuse. When this was the case, if I wasn't able to decipher the dream's meaning right away, variations of the dream would repeat over several nights until I was finally able to not only integrate the abuse the dream was trying to reveal but also share the memory of that abuse with my therapist.

According to Ernest Hartman, MD, it is this repetitive nature of a disturbing dream that is typical of a PTSD nightmare. In the article at "Pandora's Project" he is quoted as saying that "a repetitive nightmare of PTSD is [actually] an encapsulated memory that can intrude into consciousness during sleep or during waking", and, "unlike night terrors and "regular" nightmares, [these types of dreams] can occur during both non-REM and REM sleep (PTSD, *Typical dreams with PTSD* section, para 1). In all likelihood, it is this intrusion of a traumatic memory into consciousness while awake

which can account for the "flashbacks" that some survivors of abuse experience at certain times during their lives.

The third type of healing dreams discussed on the website are dreams which relate to the effects of the abuse, how the abuse has impacted the survivor's life and/or her vision of herself (PTSD, *Typical Dreams with Survivors* section, para 2). For me, these types of dreams as well as the final type of dreams in which "growth, understanding and renegotiation" are experienced, came not as a separate stage but interspersed between the more difficult "acknowledgement dreams." Just when I would begin to feel that I couldn't take another "acknowledgement dream," I would have a dream about a man I was interested in or a dream telling me that I would soon go back to college. There were dreams in which animal guides came to awaken me to essences of myself I thought were lost and dreams that told me "daylight" was coming much earlier than I'd expected. It was in these dreams of "growth and renegotiation" that I was able to "get my footing" as I continued my journey through the more difficult "acknowledgement dreams" and the integration of the memories of my abuse.

Both on the website for "Pandora's Project" and in *The Dreaming Way*, art therapy is emphasized as a way of helping to heal the wounds of sexual abuse. Writers at "Pandora's Project" advise readers of the way in which art therapy can be used to help "bring the dream images into the waking world to be processed," also stating that getting this imagery out helps to make the material of the dreams more "approachable" for the survivor (*Art Therapy* section, para 1). While there have been several occasions in which I felt it necessary to draw some of my dream images, as a writer, my "art therapy" came more frequently in the form of creative writing. During the more intense months of my healing, when the "acknowledgement dreams" seemed to be coming in rapid succession, in addition to discussing the dreams with my therapist, poetry became my vehicle for bringing the dream images into my waking life, whether these images came to me, as Ernest Hartman points out, "during sleep or waking" (PTSD, *Typical Dreams with PTSD* section, para 1). Some nights, after being awakened by a dream, I would begin writing a poem, sometimes at three

in the morning as I struggled to make sense not only of the dream's images but of the pain behind their truth. In one of these poems, I describe the feelings of heaviness and fear that were brought back to me from childhood in the first dream related to my abuse discussed earlier. In it, I use the name, "Izzy" for the abused child:

*Half asleep, Izzy reached for her doll.*

*It was too dark to see but with tender fingers she could tell the doll's eyes were wide open and staring.*

*Something had frightened her. In the still, humid night, something had frightened her. Izzy knew because she was frightened as well. All around the little girl room, around its ruffles and its lace, the darkness seemed to be taking on life and form, the air so heavy and thick Izzy thought for sure it would crush her. It hovered above the bed only for a moment then heaved.*

*Hardly breathing. Hardly breathing. Even the sheets felt heavy as Izzy struggled beneath them, struggled for air, struggled for light and cold. But there would be no release, not on this night for on this night the monster had returned.*

It has been through the images of my dreams and the poetry that was inspired by them that I have been able not only to piece together the fragmented images of my abuse but also to begin to understand the many ways in which I struggled to deal with my abuse in my past as well as how I might come to deal with my abuse in the future. As discussed at the "Pandora's Project" website, art is not only a response to the dream but also a way of allowing the dream to continue—of allowing it to evolve in a way that is most beneficial to the survivor. Writers at the website emphasize the fact that it is this type of interacting with healing dreams that can help empower the survivor both in her healing and in her life (*Art Therapy Involving Dreams* section, para 2).

As pointed out earlier, in addition to the images and memories presented by my dreams, also vital to my healing have been the emotional releases that sprang from these dreams and which were often the focus of my therapy. Early on in my healing, I realized that each time I relayed a dream to my therapist and experienced an intense emotional release related to the dream I would instantly begin to feel more

calm and grounded in the present. As Yvonne Dolan discusses in her book, *Resolving Sexual Abuse*, while it is important that the survivor be able to maintain a feeling of safety throughout her healing, it is often this type of emotional release that best facilitates this healing. Dolan specifically points out that "This heightened state [of emotion] is sometimes necessary and can actually be ideal for effective therapeutic intervention to lessen the impact and constrictions caused by the original trauma" and "any lingering symptoms associated with past trauma may be most effectively mitigated when the client is in a state that to some degree elicits the actual feelings associated with the original event" (1991, p. 153-154).

Therapies that focus specifically on the release of energies held within the body can also facilitate the process of emotional release through practices designed primarily for this purpose. While I did use several of these therapies for specific issues in my healing, it was the emotional releases that occurred through my dream work which were most effective in helping me to clear the energies related to my abuse. I attribute this primarily to the way in which the dream-releases were triggered by actual memories of abuse incidents, incidents which were responsible for creating the disruption in my energy system decades earlier.

Over the past five years, my dreams have revealed much to me about my abuse and about the steps I've needed to take to heal from its aftereffects. Dreams of "denial," of "acknowledgment," and even dreams about "growth and renegotiation"... all of these dreams have been vital in helping me to integrate the difficulties of my past as well as my hopes for the future. It has been through one dream experience in particular however, a dream experience I shared with my twenty-year old son, that I have received the most comfort and validation related to my abuse.

It was towards the end of the most intense years of my healing that I had an exceptionally vivid dream regarding a specific memory of abuse. The memory was of an incident which involved several perpetrators and me struggling to come to terms with my fate in that situation. Naturally, when I woke up I was startled and shaky but as I often do, even though it was still the middle of the night, I immediately wrote down everything I could

remember about the dream in my journal. Once I finished, I went out to the living room to check on my cat and my son who was sleeping on the couch. Noticing that my son's blanket had fallen on the floor, I walked over, picked it up and was about to cover him with it when he rolled over, opening his arms to embrace me.

"I'm so sorry these things happened to you, Mom," he said. Awestruck and more than a little confused, I asked, "What things?" to which my son replied, "I had a dream." Worried about what my son might have witnessed in his dream, I quickly asked, "What dream? What happened in the dream?" My son assured me that he didn't remember anything about the dream but again, relayed to me his sorrow over what had happened to me. As I was covering him with the blanket, over and over he said, "I can't believe you survived all of that, Mom. I'm so glad you did. I'm so glad you're here. I'm so sorry for you, Mom. I'm so glad you're here."

As astounded as I was by the vividness of my dream and horrified by the events it revealed, I was far more astounded by the way my son shared my dream experience and comforted by the love and support he offered me because of it. Looking back, I can't help but wonder what divine power might have interceded that night, joined my son and me in that dream-state and then blessed him to forget the details of the dream. I know without question however that there is a wisdom far beyond my conscious control which orchestrated not only the dream experience I shared with my son but all of the dreams I've had related to my healing, dreams which, along with the love and support of both of my sons as well as a very wise and compassionate therapist, handed me back both my sanity and my soul.

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#### Some Resources for Healing

Pandora's Project- Support and Resources for Survivors of Rape and Sexual Assault at:  
<http://www.pandorasproject.org/>

RAINN- Rape, Abuse and Incest National Network (includes an online hotline) at:  
<http://www.rainn.org>

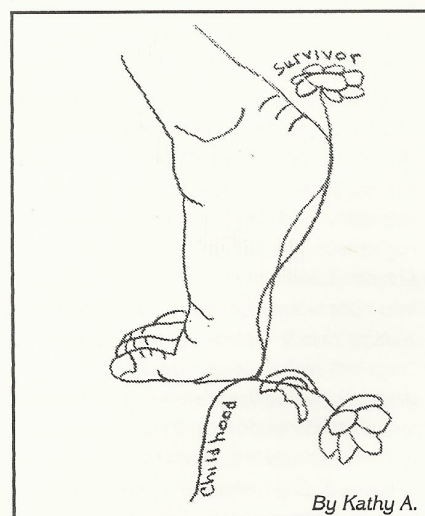
## Dreams

By Jacki

My dreams have always been an effective tool for me to tell how I am doing. When I get overwhelmed I dream about my car being out of control. I am driving and no one gets hurt but I can't stop unless I bump into something, another car, a lamp post, a building. When my anxiety level is higher, then I cannot find my car. It has either been stolen or I have parked it somewhere and I have no idea where. People will help me look for it but then they leave because it is taking too long. I wake up having never found my car. My car represents my freedom and independence so the dreams about my car do not come as a surprise. I do wake up tired and anxious but it is nothing compared to my dreams of being attacked.

When I have been afraid at some point during my day then I will dream that my step-father is chasing me. Sometimes he catches me and other times I am running the whole time. When he catches me it is a repeat of the abuse I received under his care. Whichever way the dream goes I wake up in a cold sweat, my heart racing, and shaking. I usually journal my dreams because it helps me to process what was going on the day before. Other than losing sleep, working out my issues in my dreams has been a good thing for me. Otherwise, I would stuff the feelings and be more depressed.

**MV**



**MV**

## What's Happening in My Recovery

By Anonymous

Currently my therapy has been put on hold. I recently attempted suicide by crashing my car and spent seven days in a place called the Lindner Center of Hope. This place was safe for me. It was somewhere that my parents didn't have control of me and couldn't hurt me. I loved it. I wanted to live there forever but sadly you cannot do that and the bill ended up being \$1,220. I have \$300 in my bank account.

I am on new medicine for anxiety and bi-polar. My old therapist raised her price so I had to change therapists. The new therapist I saw specializes in Dialectical Behavioral Therapy which sounds like a good therapy for me, but the first thing she said in the session is that she does not think I have Dissociative Identity Disorder because it is extremely rare. She reminded me of my father because she seems very controlling and interrupted me when talking very often. She shut down all of my personalities and none of them

communicated with me for a whole month. I only had one session with this lady, the rest of the sessions I cancelled last minute, racking up the late fees (which you should never do, by the way).

Finally I decided to find a different therapist and cancel all of my appointments with this one. When I cancelled all of my appointments with this therapist suddenly all of my personalities came back so I called and scheduled an appointment with a different therapist which I have in two weeks.

So right now I am in-between therapists. I have learned a lot about myself. I was so proud that I got the courage to go by my gut feeling and cancel with a therapist right when she seems off to me instead of suffering through therapy with a therapist I am unsure about because I think that it is a sign of weakness to give up on a therapist. I realized that the therapist is there for you; you are not there for the therapist. This new therapist

looks like my sister, has a sweet voice and is eclectic so I am hoping that she is more open to what I have to say instead of telling me how it is.

Along with this change in therapy I am also attending the group *Celebrate Recovery* where I have found many opportunities for strong friendships, where I can actually communicate and feel comfortable around them. One lady struggles with dissociation but not the multiple personalities so she can relate to a lot of the things that I have been through. Because of these new friendships I have been getting closer and closer to being able to let go of a harmful friendship with my ex-boyfriend, where to stay friends I have to stuff my longings to be with him.

Life is still tough, but I hope that through this article I can give you the hope that things can get better and sometimes hitting rock bottom is the only way to progress further with your healing.

**MV**

## Medical Help in Therapy

By Dewey

Does anyone else here suffer from partial adrenal insufficiency? I have it, and it was correctly diagnosed only 4 years ago, and I'm almost 63. It is treated by an endocrinologist who prescribes and helps me adjust Cortef, the replacement hormone which is identical to cortisol, the stress hormone our adrenals make in response to stress.

I have had DID and much PTSD all my life, and had decades of helpful insight, tools, etc. for it but also a great deal of misdiagnosis and psych. hospitalizations, that just added many more traumas.

But the moment I got the first Cortef pill to "kick in" in me was like a savior from above was finally treating my symptoms. The present world appeared safer, I was relieved of the dread feelings, I could think straight, function, and I saw things from a much broader perspective.

From then on, my life has been vastly better. I've been able to work with a trauma therapist and integrate, move on into a

real, fulfilling life, and not experience the horrible symptoms I had before. I understand and honor the combination of situations and conditions that did amount to complex trauma in early childhood, and the "layers" of trauma later.

Recently I had a few changes in other medications I take that resulted in my Cortef level in my bloodstream going down before I and the doctors realized it and sorted it out. Then I had such an awful episode of what I believed was just same old PTSD and DID, with even a new fragment popping out, that I attributed it all to the current bad stress. I felt even more hopeless because I thought everything was failing me, and I spiralled down.

But, as soon as the "chemistry problem" was discovered and my endocrinologist adjusted my Cortef doses high enough to be optimal for the stress of the time, I'm suddenly doing well again, and can do the trauma therapy work without the dread, confusion, switching,

sensitivity, rages, etc.

I know some people have had "adrenal fatigue" diagnosed and are treated by a variety of measures, but I want to know if anyone else has got a really good endocrinologist like I do, who validates scientifically that this is real and can cause the full set of symptoms? In Western medicine, and by many "hard-wired" endocrinologists, this idea is laughed at.

In my experience, it has been maddening to try to get any psychiatrist and endocrinologist to talk with each other, which is what it would take to look into this idea, and this is a huge part of my current stress!

I'm passionate about this because it has made such a difference in me, I figure I can't be the only one! What if someone else could get it discovered and treated right by asking an endocrinologist to check for it, when they are diagnosed with complex PTSD, DID, and still struggling?

**MV**

## Therapist's Page

By Amita Patel, M.D.

Amita Patel, MD, CMD, MHA, CPE is a professor of psychiatry at Wright State University in Dayton, Ohio. As a certified medical director, she is Director of Behavioral Services at Wilson Memorial hospital among other area facilities. In addition to patient care, research, and teaching, she serves on numerous committees and boards. She received her MD from University of Bombay, India, and completed her psychiatry training at University of Cincinnati, Ohio.

### DNA Test Guides Doctors to the Right Psych Medication for Each Patient

One afternoon, a patient that I had been seeing for some time came into my office, sat down and told me, "Dr. Patel, that new medication makes me feel so much better! I guess the genetic test we tried pinpointed the right medication and dose for me!"

The genetic test that pleased this patient and many others is called GeneSightRx®, a diagnostic pharmacogenetic test developed by AssureRx Health Inc. of Cincinnati. I use it to help determine the most appropriate drug and dosage to prescribe for my psychiatric patients.

GeneSightRx analyzes patients' DNA for specific indicators of changes to their DNA which alter the rate at which they can metabolize, or process out, drugs. Each person processes drugs out of his or her system at different rates based on a group of proteins collectively referred to as CYP450. Prior to GeneSightRx, there was no technology out there that allowed psychiatrists to determine the correct medication and the right dosage from the very beginning of treatment. GeneSightRx solves this problem.

When I first learned about this personalized medicine approach, I was intrigued. I spoke with my patients regarding this new process to ask their consent to have the test done. Since it only requires a simple cheek swab to obtain the DNA, it has no real downside. Most of my patients agreed to the testing with few or no reservations. The most important thing for them was feeling better and getting back to their old, happier

selves; if this procedure could accelerate that process, my patients were all for it. Furthermore, the test was reimbursed by their insurance. This factor was very important to me and my patients who did not want to incur additional costs.

I performed the cheek swab on several patients and the samples were sent to the AssureRx's Clinical Laboratory Improvement Amendments (CLIA) certified lab. Within 2 days I received a message indicating my patients' profiles were ready to be examined.

Those initial, detailed test results were impressive. They clearly identified each patient's ability to process different antidepressants and antipsychotics. Furthermore, I was informed which drugs I could prescribe as directed, which ones I should prescribe with caution and which ones I should prescribe with caution and more frequent monitoring. The breakdown of the information even showed me which drugs were known to increase or decrease the enzyme activity of each patient. This information enabled me to review my patients' current medications to make sure they weren't taking anything which could increase or decrease the rate of drug clearing.

Once I reviewed my patient reports and records, I made my recommendations and started each patient on new individualized and personally tailored treatments. Then I waited to meet with them again in a few weeks to see how things were going.

I knew every patient responds differently. But by basing treatment on each individual's personal DNA make-up, I hoped to see better results because I was now able to identify the best-fitting medication. I anticipated fewer side effects for patients, as well, because the dosage was tailored to

their body's ability to metabolize the prescribed drug.

Many side effects occur because drugs are not always processed out of a patient's system as fast as they are being put into it. This leads to medication toxicity, which heightens side effects. Using the individualized DNA profile of each patient to determine appropriate dosage increases the chance to prevent drug build-up and toxicity.

Four to six weeks after starting their personalized treatment, I met with each patient individually. I was amazed at their responses. Many were already starting to feel better and returning to activities they had shunned. I was pleased to see a significant decrease in the number of side effects they reported. Additionally, I could see that my patients were more likely to be compliant with their treatment because they were getting results faster and with greater comfort.

Since I started incorporating AssureRx's GeneSightRx into my practice, I have had patients recover more quickly and with fewer complications. The closer we look at each individual's unique physiology, the better we will be able to treat them. We have known for years that each person processes drugs differently. I believe the GeneSightRx pharmacogenetic test offers clinicians a great tool to help determine the best treatment options for each patient.

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(More information on GeneSightRx for patients and health care professionals is available at <http://www.assurerxhealth.com/>)

**MV**

# Dreams

By Jasmine Kent

**D**reams can be a real challenge for anyone with trauma in their background.

I believe there are different kinds of dreams. Dreams caused by medication can be annoying. Another annoying type of dream is the kind where you remain in a half awake state. Dreams that you know are spiritual, can provide direction from outside yourself. But the vast majority of dreams are the mind processing what it can't process in the daytime. How complex such dreams can get when the mind is divided by D.I.D.!

Alters can process their own individual traumas, or the mind can process a whole group situation. Alters can also appear in dreams just as they are, as persons.

In one group dream I had a real breakthrough and found out how many alters I had. The dream contained a string of buses that were lined up like a train. I peered into one of the buses and saw that they were full of alters, mostly children. Then someone yelled, "Make sure all 157 alters are on board." At that time in therapy we were starting to move in another direction. I needed every part of me to go along. As for the number? —Over many years I have added up just about 157 alters, not counting fragments.

It gets really fun when you trade off being different alters in the same dream. For instance, in one dream I

was showing another child something interesting. It was a new pet. Suddenly I became the child being shown the pet and felt all the delights of the fresh discovery. My alters have also had fist fights in my sleep. First I would feel the force of being hit by another and then I would hit back, switch, and feel the force of the punch I just gave.

The dark side of dreams occurs when the mind processes those deeply hidden traumas that make people D.I.D. in the first place. Some alters working through trauma can produce more terrifying nightmares than most people could possibly imagine. The horror of these kinds of dreams can be unspeakable if alters actually relive the terrifying things once done to them as though they are happening in the present. For many SRAs sleep is a terror to be avoided at any cost.

Sometimes the mind tries to soften the blow by repeating the dream and processing new pieces of information each time. An example from my own life began after my 11 year old best friend was killed in an avalanche. They never found her body so I never found closure. However, for the next 30 years I journeyed through repeated dreams of her, each revealing a little more of the truth until my mind finally accepted the fact that she was dead.

One way some minds avoid the trauma of dreams is by the person having no memory of their dreams at all. Other people like me, have so

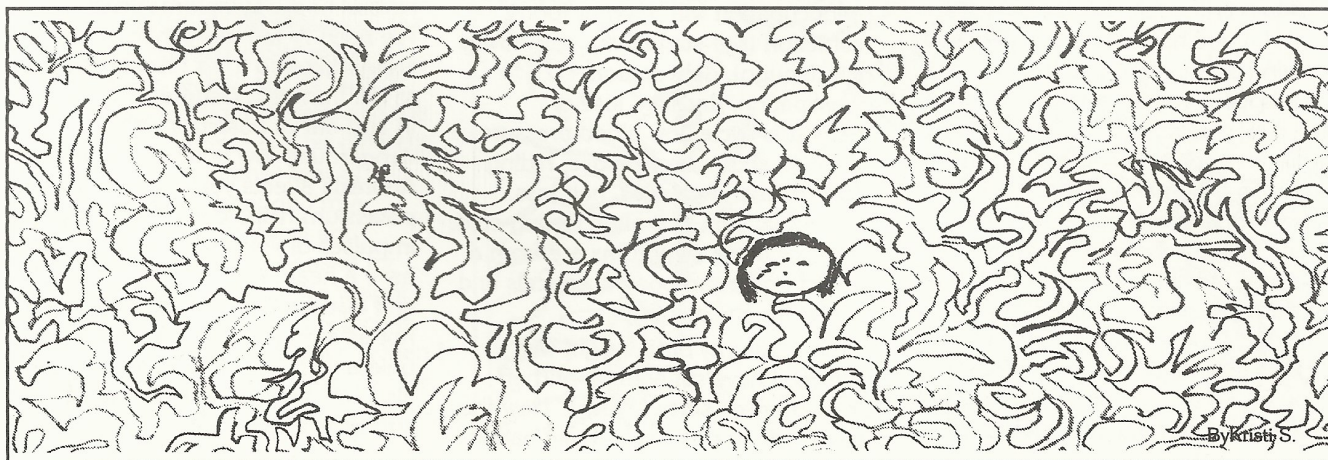
many dreams that they frequently get up in the middle of the night just to get a break from them or stop one that is miserable. There is a medicine called "Prazosin," also called "Minipress," which can block certain types of dreams, but it's very expensive. It might be worth talking to your doctor and checking with your insurance company about it.

Trauma survivors often keep the television or radio on at night to provide some grounding for the wild ride their dreams take them on. Sometimes they use it to avoid sleep altogether, but nights without sleep can eventually cause insanity so this practice is not wise.

Partners must make a serious effort to make allowance for each other's sleep needs. Some survivors can't be touched. Some need to be held. Some need the TV on all night. Others may allow you to shut it off when they're asleep. Some nightmares can be very serious, and according to research after Viet Nam, possibly even life threatening. It is important to take your partner's nightmares seriously and help calm them down. A cold drink, more covers, less covers, a simple touch are all ways to help a partner with nightmares.

I have found that the more I get well, the less often I have nightmares. There is hope for the night!

**MV**



# Am I Invisible Yet? My Life as an Anorexic.

By MySong

I have struggled with anorexia nervosa on and off my entire life. After much thought and procrastination, I finally decided to not only tell my story, but also delve into the new research that exists. I would like to tell you that I am no longer anorexic, but it would not be true. So I consistently ride a rollercoaster with my weight. I live with a serious, life-threatening, eating disorder, and it took many years of therapy to admit this to myself and say it to my psychologist. He was relieved to finally hear me verbalize it.

They really do not know what causes anorexia nervosa, but there are several predisposing factors. Of course, I'm sure you know that sexual and/or physical and emotional abuse is among them, but there are others too. Negative family influences can play a major part in triggering and perpetuating them. Many times anorexics have poor self-esteem. Some use self-mutilation as a negative means of coping with life and stress. Some studies have found that 40% of 9 to 10-year-old girls that are trying to lose weight, have mothers that are encouraging them to do so. Either parent is sometimes a substance abuser or an alcoholic. Anorexia is eight times more frequent in people who have relatives with this disorder. Approximately 95% of those affected are young teenage girls, but males, children and adults can be affected too. If there has been a problem with feeding as an infant, this also predisposes you toward anorexia. As I'm sure you already realize culture plays an important role here. When we open a woman's magazine, it is filled with anorexic models, so people relate attractiveness to being thin. We think we should all look like this, but in truth it is neither realistic nor healthy. Clothes are designed for thin bodies in spite of the fact few women can wear them. Advertisers constantly market weight-reduction pills, diets

and foods, so women spend millions of dollars trying to be thin, thus "attractive". Most of them DON'T WORK. Some contain harmful chemicals and substances that can create dangerous health risks. Models, athletes, actors and dancers are at high risk for both anorexia and bulimia.

They have also found that genetic factors play a role. Twins sometimes share the same eating disorder. Research has found that regions of chromosome 10 have been linked to anorexia, bulimia and obesity. They have found some evidence that serotonin, a brain chemical which is involved in well-being and appetite, makes one more susceptible to developing eating disorders. The HPA, a system of the brain called the hypothalamic-pituitary-adrenal axis, may be important in eating disorders. It triggers the production and release of stress hormones, including the primary one—cortisol. Both anorexics and bulimics have been found to have chronically elevated levels of stress chemicals.

Signs and symptoms of anorexia nervosa may include: refusing to eat and denying hunger, an intense fear of gaining weight, a distorted body image, excessive exercise, appearing emaciated or thin, isolation, a gray appearance to the skin, dizziness or headaches, lack of emotion, a preoccupation with food or food restriction (self-starvation), soft-downy hair (lanugo), dehydration, constipation, dry skin, loss of menstrual cycle, low blood pressure, diuretics and/or laxative use, hiding food, counting calories, hair loss, abdominal pain and often feeling cold. Some of these symptoms are from a lack of important body chemicals and can be life threatening.

Although my birth weight was normal, I have suffered on and off from anorexia since infancy. Now they call it "failure to thrive". I had eating

difficulties at birth and my mother tried to make me breast feed even though she had no milk. When she finally put me on the bottle, I constantly vomited, so eating was always a problem for me. When she weaned me, the doctor made her put me back on the bottle, as I was underweight. At the age of 1 ½ yrs. I weighed my age, eighteen pounds. When I was 11-12 years old I weighed 63 lbs. I was abused for eating, so this was always dangerous for me, therefore I would starve myself hoping I would not be hurt. This is quite rare though. I remember sitting in front of my plate of food for hours while the rest of my family watched TV. At the age of fourteen I started rebelling and finally attained a normal weight. For the rest of my life, although I've had long periods of abstinence, my weight would drop very low whenever I was under stress.

When I did remember my abuse, at the age of 45, I became so anorexic I got down to 85 lbs. and almost died a few times. I was abusing diuretics and laxatives and eating almost nothing. I finally found a doctor that understood both abuse and anorexia, not an easy thing to find, and she is the one that saved my life, along with the psychologist I still work with today. I no longer take these dangerous drugs and I eat more. As I researched this, I became painfully aware that I've had several of the symptoms listed above. I've been IV fed more than once and always allowed it, as I have no desire to die from this disorder. I have been in and out of hospitals with dangerously low potassium levels. Anorexia affects your electrolytes and potassium helps control the electrical impulses of your heart, so you can have a heart-attack from lack of it, and also from it being elevated, so it is not advised to take oral potassium, unless your doctor advises it. Anorexia also eats your muscles as your body struggles to give itself enough calories

and therefore survive. Your heart is a muscle and as your muscles atrophy, so does your heart. I have been very lucky, my heart is still fine.

As I cannot control this disorder, I have learned to take responsibility for it. I take vitamins, minerals and non-caloric supplements to help my body deal with this terrible problem. When I am struggling with my weight, which is often, I see my doctor every month or so and she monitors my blood work and checks my body. I am so attuned to my body I know what it feels like when my potassium is too low, so with trepidation I go to the emergency room and they give me IV potassium. I always tell them the truth about my eating disorder. I also know what it feels like when my protein level is too low, so now sometimes my doctor asks me, "How do you feel your electrolytes are?" The one critical electrolyte I can't feel is my sodium, which also controls your heart. When you have body symptoms, you're in real trouble. But inside I know how many calories I'm eating and whether I'm probably in trouble or not.

I have a weight limit I can't go under with my psychologist and always tell him the truth whenever he asks, or even volunteer it when my weight is dropping. I'm also honest with him about the amount of calories I'm consuming. I always know this, especially when I'm severely controlling food. When it dropped dangerously low, he put me in an excellent trauma center we finally found. I've been there twice. It has helped me tremendously to understand my abuse (although I never will), but still I struggle with my weight. Since my eating disorder is trauma related, he never puts me into an eating disorder unit anymore. I've tried them, but they never work. I can't relate to feeling fat, as I don't have a distorted body image, and the cause of my anorexia is a bit different, but I do have an intense fear of gaining weight. Although I'm a survivor of sexual, physical and emotional abuse, I was abused for eating too. I always stay at a weight that I am comfortable with, which is usually on the cusp of danger. When I fell and broke my back, I lost over ten pounds in two weeks. Both my

psychologist and doctor were upset, but I pulled it back up. You see, I can't afford to be ill for long, as I don't have the reserve of most people.

I would like to tell you that I am cured, but I'm not. I consistently live on a rollercoaster, usually staying within three pounds of what I perceive is my ideal weight. If I go over it I get afraid, if I fall under it, my psychologist gets afraid. I weigh every day and record my weight on the calendar. Recording your weight is a hard sign of anorexia. I can count calories in my head, so I don't need to keep track of them anymore, I do it automatically.

I wish I could tell you I've found the answer, but the only answer I've found is taking responsibility for my eating disorder and never, ever lying about it. In the end, you are slowly, or maybe quickly, killing yourself if you do, or maybe you are simply lying to yourself. Unfortunately, both can ultimately be a death sentence.

*A very good link: for eating disorders: [www.something-fishy.org](http://www.something-fishy.org)*

MV

## The Keeping

It slips through my fingers without a trace.

I cannot give it a name.  
I gather something entrusted to me;  
a precious reminder and the night air  
whips it away.

A monumental sliver of time,  
a promise,  
a word uttered in confidence inverts  
and collapses upon the sand.  
Scuffling amid the grains vast and overt  
I come up empty.

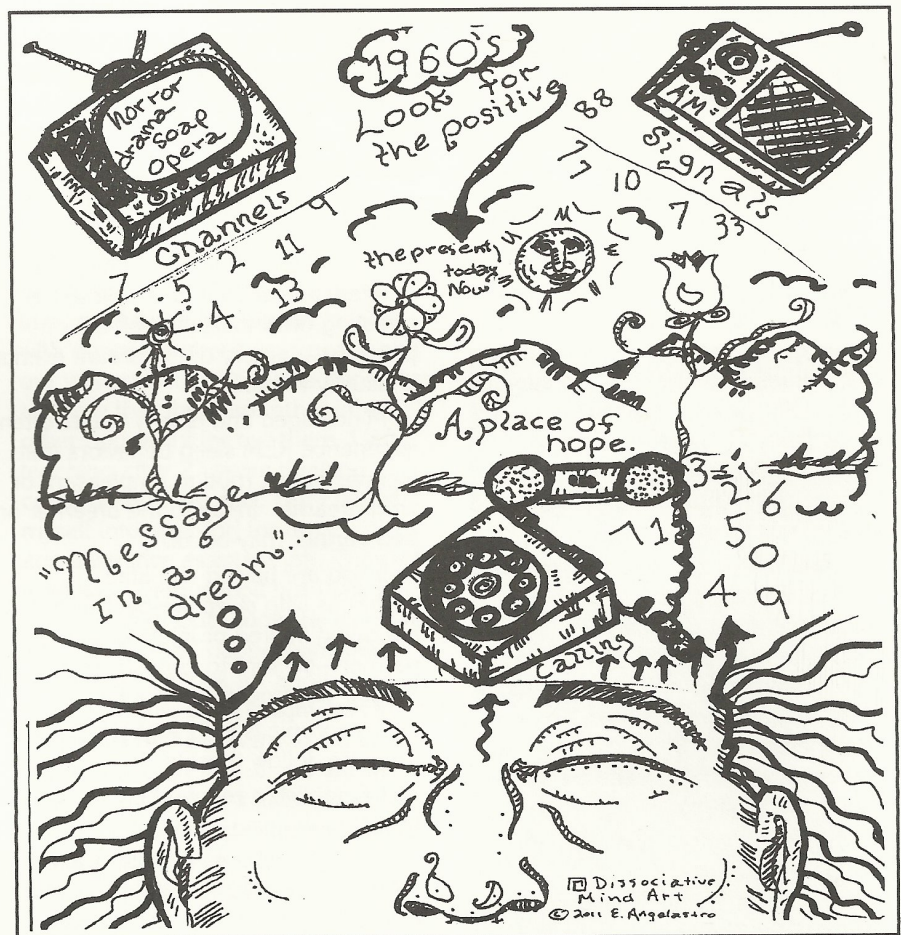
Know only this. I never meant to forget,  
conceal or sabotage  
the meaning of so many naming of  
things unkept, lost or broken.

I mend some small memory I find  
everyday  
in the hope of a completion,  
a recitation to myself.

There are words within words and  
meanings within meanings.  
I will put my hands around them all  
and never, never let go.

By E.N.

MV



## Trust the Process

By Sonya Rogers Meador

**H**ere is a dream that I journaled on March 30, 1990. This is approximately 2 years before I was diagnosed with a dissociative disorder. Even though the therapist in the dream is the actual therapist I had in 1990, I have withheld her name.

As I begin to look back over the tons of journals and notes I have from the 12+ years of therapy, I am amazed at the series of events that have lead me to integration —proof that there is a plan and design to health and healing.

It is with great respect for the process that I encourage everyone in recovery from dissociative disorders to WRITE! Write everything! Thoughts, dreams, etc. even if you think they are stupid. Write with the knowledge that NOONE will ever see it, so as to not be writing for an audience. This was the advice of my therapist.

God Bless!

### My most wonderful dream. March 30, 1990

I am standing with my back to my therapist and she approaches me. I am so scared. I begin to panic. She puts her arm around me and says, "Come on Sonya, try not to do that now. Focus on staying here with me now. Close your eyes real tight. What color are the lights?"

"They are white." I say. She moves closer - "OK, you're panicking. Try to relax and breathe. What color are the lights now?" I respond - "They are blue."

"Good girl!" she says. "Now, come on."

We go into this room that has a short roller coaster track leading from a closed door, to the open air in front of us and then off into a tunnel. My therapist says, "OK, we will begin now." A smaller car, big enough to hold a 7 year old boy and girl, comes through the door. They say, "Hi Sonya." Then the girl, who has long,

sandy blonde hair says, "I am your anger and I love you." And the boy says, "Me, too." And they roll away.

I am shocked. My therapist looks at me and smiles.

The next car comes and two more children are in it, but they look just like the first two. The girl says, "I am your pain and I love you." The boy says, "Me, too," and the car rolls away. By now I am thinking, "Whoa! This is therapy. This is important!" I look at my therapist and she smiles at me in that "I knew this would happen and this is just what we have been waiting for" kind of way.

The last car comes and the two kids are the same as before. The car stops and the girl jumps out and runs to me. She puts her arms around my waist, rests her head on my belly and says, "I am your inner child and I love you." I put my arms around her and hold her tight. I look up at my therapist and she is crying from happiness. The three of us just stand there together.

**MV**

## Better Sleep May Improve Recovery

**A**ccording to the National Sleep Foundation, millions of Americans don't get enough sleep, or the right kind of restful sleep. Trauma survivors, especially those with PTSD, may experience nightmares or sleep terrors, insomnia, sleepwalking, violent thrashing during dreams, and other sleep disturbances.

Nightmares and night terrors differ from each other, though both are more common in children. Nightmares occur during REM (rapid eye movement) sleep which produce vivid, often bizarre dreams. The dream experiences may be frightening, but are readily recalled by the sleeper upon awakening.

Night terrors occur during non-REM sleep. They may be accompanied by sleepwalking. Upon arousal, the dreamer is usually

terrified, screams, and is agitated or sweating, with increased blood pressure. Memory of the dream events is usually vague.

Middleaged and elderly adults often experience REM sleep behaviors that include violent motion, unpleasant or vivid dreams. Injury to the dreamer or bed partner may occur.

If you are having repeated problems with sleep—especially if you are being injured or injuring your bed partner—be sure to consult your doctor. Treatment is available.

If insomnia is your biggest problem, follow these tips:

- \* Establish a regular bed and wake time

- \* Avoid nicotine, alcohol, and caffeine. (Despite the myth, alcohol before bed is not likely to help you

sleep.)

- \* Don't watch TV or use your laptop in the bedroom. (That's a tough one!)

- \* Keep the lights down low and use dark curtains or windowshades that block light.

- \* Avoid vigorous exercise within three hours of bedtime.

- \* Sometimes, warm milk, herbal tea, or a relaxing meditation tape or music will help you sleep. But a big meal near sleep time is not a good idea.

Visit the National Sleep Foundation website for more information : [http:// www.sleepfoundation.org](http://www.sleepfoundation.org)

**MV**

## The Red Bull

By Barbara S.

On Oct 3, 1998 I dreamed I was in some kind of very strange building with maze-like hallways and rooms I was going through. Although I felt confused I knew I had to keep going in order to get to my destination. I also knew this was happening because it was the cosmic order of life and I was in need of finding my shadow or dark side.

Suddenly I came to a sort of chute that went upwards, and I found myself wishing that I had a magic wand I could wave to get me to where I needed to go. But I knew I had to find strength in myself to accomplish this journey, so with great difficulty I struggled through the entrance of the chute and the further I went, the more I feared getting stuck. Perhaps

there wasn't enough air in this chute and I would perish, leaving someone to find the grim remains of my bones.

When I reached the top of the chute I realized that I could not get my lower body through. I tried removing my outer clothes but was not being very successful. A woman at my upper half of my body tried helping me out of my clothes also and was getting some of them off. But a man at the lower half of my body was hindering me with his sexual intentions. I felt waves of helplessness rushing over me so I drank from a bottle of brandy offered to me from the woman, being assured that this would help. I drank it. Then I saw a fierce red bull and I was so scared it would kill me but

suddenly it "unzipped" and a group of smiling children emerged from it. It had just been a costume, nothing more. The children said they would help me.

I found myself seated on a sled being pulled by this kindly group of children. We traveled through some very strange and desolate areas, but still I felt safe with them. Then they were gone and I found myself encountering a very tall and bizarre entity that almost resembled a plant. Its appearance kept changing but its intense eyes kept watching me. I knew I had found my shadow and this is where fear and temptation and ghosts resided.

**MV**

## Therapy and Employment

By Mona V.

I am definitely someone who needs to have a job. If I am depressed I really am not good at home alone; I tend to self harm. On the occasional days I really can't work I will hang out in my husband's office for a while or go to a coffee shop and hopefully get an extra session with my therapist.

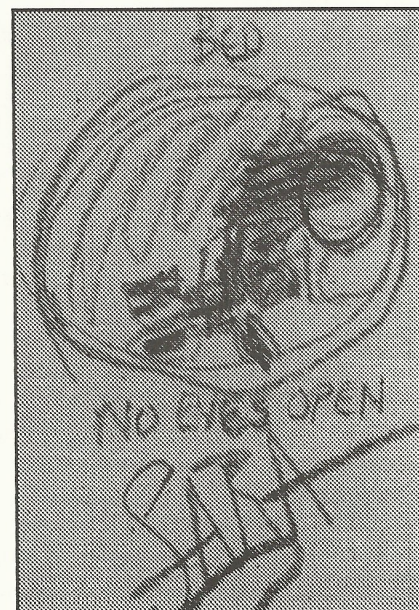
This happened last week because it was the anniversary of my son's suicide. I had had two weeks of balancing my sleep, work, emotions and grieving. And my abuse issues had taken a back seat. But then I had abuse nightmares and everything was upside down. So for a couple of days I gave myself some time off work. I am lucky; I work in a small office in a synagogue. The people I work with care about me and know that I will get my work done. My insurance is through my husband's job, so if I ever had to quit I would still have insurance. But as I said, I need to work for my own safety. But it's much more than that. I get tremendous satisfaction in being creative, in completing projects, in being depended on. I also find that a little bit of good work-stress keeps my

creative juices running, so I am more able to work on my writing. Again the balance thing. I have to make sure I don't stay up too late writing. If I work hard during the day I treat myself with a creative writing break at lunch.

I think everybody has to find the right, healthy balance between doing too little and doing too much. It is important to be completely honest with ourselves about your needs and our vulnerabilities. It is also important to know that there are other jobs, other opportunities out there. I left teaching after 27 years thinking I could do nothing else. But I talked myself into applying for an administrative assistant job. They told me I was overqualified but I felt under-skilled. But I took the risk; the worst that could happen was that I would have to look for another job in a few months. But I taught myself what I needed as I went along and it has worked out fine. If you are willing to learn and put in a little extra time as you train, any intelligent adult can make a job change. Sometimes the barriers to change exist only in our minds.

So working works for me; it makes me feel good about myself. Therapy has cycles of intensity and work is steady; every week is pretty much the same and that is tremendously comforting. External normalcy while the internal chaos reigns. I am glad I can make work work! At least for now.

**MV**



# Instant Therapy

By Richard Sinclair

I guess that, next to our dissociative partners, few people have as many negative emotions & moods as those of us who live with people who have dissociative identity disorder (DID). Learning "instant therapy" is a front-line, in-the-trenches tactic that I had to develop on my own, for my own sanity...no one teaches us this stuff.

I developed several different techniques, drawn from different sources...

## GO FOR A WALK

One of the easiest forms of "instant therapy" is to just get the hell out of the house and go for a long walk. Getting some physical and psychological space, getting out into the sunlight, accelerating your breathing & heart rate to oxygenate your blood, rhythmic movement to balance brain function & elevate endorphins...all are proven mood elevators.

Of course, one should never just bolt from the house while in the middle of a tense, angry situation with your partner. Ease yourself out the door with words to the effect, "Honey, I need to take a walk to calm down and clear my head. I'll be back in a little while...I'll be in a better place then." That will reassure your partner, put things on hold for a little while, and maybe give him or her a chance to decompress a little as well.

(As an aside, I don't recommend going for a drive, as many people might. Driving gives you none of the physical benefits of aerobic exercise, plus you are in a bad mood with your hands on the most lethal weapon known to man.)

## MARTIAL ARTS

This one's easy...go to the dojo and kick & punch the stuffing out of the heavy bag. It does wonders for your mood. Karate, judo, boxing, aikido, Brazilian jujitsu...they all work. (I don't think that my partner ever knew

that I sometimes went down in the basement and practiced kata 'til I was wrung out.)

I recommend taking it out on kata and the heavy bag for awhile before sparring; otherwise you might hurt your sparring partner. And it would be polite to warn him or her that you're not in a good place today.

## TALK TO SOMEONE

Talking to someone you can trust is another good form of instant therapy. This is easier for women than for men...we men don't form social bonds & chit-chat as easily as women do. But if you can call or sit down with or otherwise contact someone and talk with them, it can help a lot. Talking gives you a chance to organize your thoughts and define the situation. The other person will almost invariably ask a question or make a comment that will give you a different perspective.

Your role in this transaction is first to talk...vent, get it out in the open, gripe, whine, yell, cry, whatever it takes. A good rule-of-thumb for this phase is about 15 minutes of uncontrolled, free-form complaining. The listener's first job is to let you vent for a few minutes, without judgment and usually with little comment. But sooner or later you have to answer the question, "Well, what are you going to do about it?" I can offer little guidance for this phase because each situation is different.

But both of you must talk...ask questions, brainstorm, challenge, plan, and above all LISTEN. There is no better form of "instant therapy" than to feel like you have a possible solution and a plan of action.

## PRAYER

I'm a born-again, fundamentalist Christian, and I have found that prayer is a good form of "instant therapy." In purely secular terms, prayer functions as an "interrupter" of negative thought patterns and

prevents them from building on themselves. It also functions as a form of "positive self-talk" to counter negative thought patterns.

In more spiritual terms, the Bible tells us that if we call upon the name of God, He is willing and eager to help us. I have found when I'm caught in a negative thought cycle, asking God to help me counter thoughts is very effective.

In James 1:5, the Bible says, "If any of you lacks wisdom, you should ask God, who gives generously to all without finding fault, and it will be given to you." I have found this to be true...if I ask God for wisdom in resolving a situation, the answer quickly comes.

And I don't want to get too 'way-out here, but the Bible also tells us that evil, negative thought patterns are often the influence of Satan, and that if we rebuke Satan in the name of Jesus he will flee. I have found this to be a powerful spiritual weapon, and an excellent form of "instant therapy."

I am familiar only with Christianity, but I understand that other faith traditions have similar teachings. Based on my experience, I recommend exploring the spiritual side of "instant therapy."

## SELF-NUTURING

A therapist once told me, "If I'm not around, a teddy bear is a good substitute." He was joking, but there is a measure of truth in that. Caring for ourselves the way that we wish someone would care for us can be a good form of "instant therapy."

For me, this often meant taking a break, fixing myself a cup of hot chocolate (not a mix...making it myself with the recipe on the Hershey's cocoa box), and listening to some classical music or cool jazz. (And yes...sometimes holding a teddy bear.)

The act of treating myself to something good, the simple actions of

*Instant Therapy, Cont'd.*

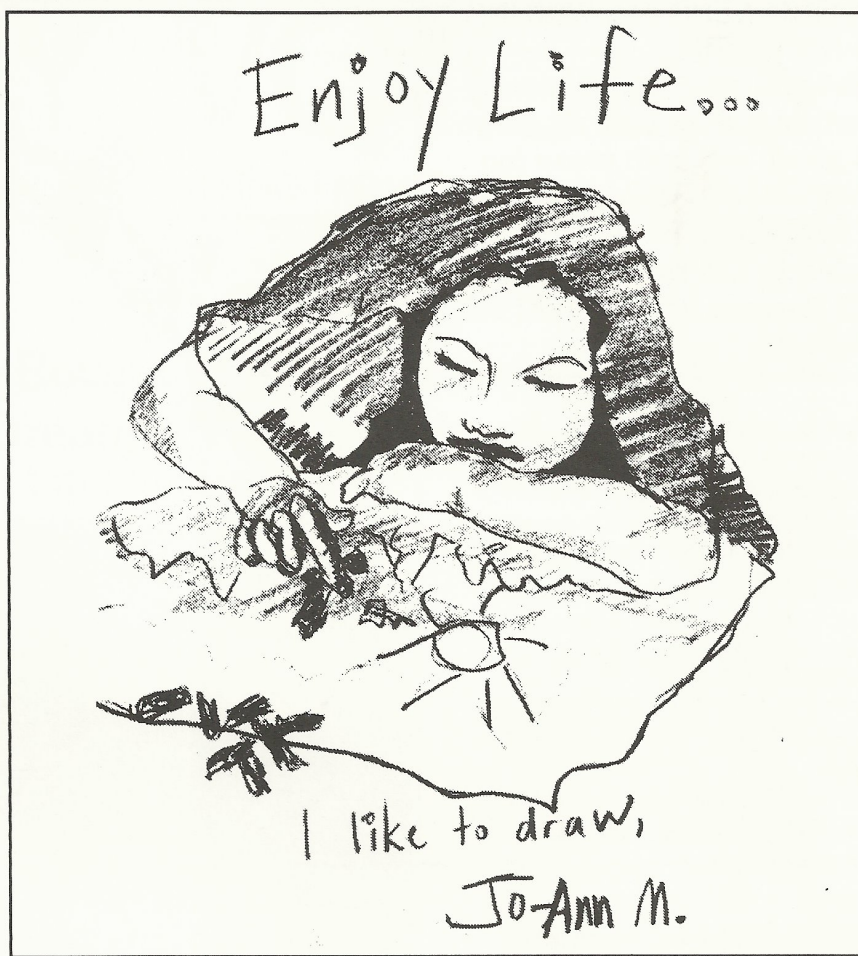
making hot chocolate, and sitting down for a few minutes to relax did wonders for my mood.

I recommend instrumentals for these moments; otherwise, you will find yourself focusing on the lyrics instead of zoning out. And personally, I don't recommend country music or the blues...they're too emotional. And pop music and rock'n'roll amps you up instead of helping you relax.

**GRIM NECESSITY**

I didn't think of these techniques as "instant therapy" when I learned them. I was just grasping at straws...something, anything to get me through a bad time. And they got me through some VERY bad times during 10 years of living with a woman with DID.

Whether you use what I used, or discover your own, "instant therapy" techniques are a grim necessity for those of us who have chosen to love and live with multiples.

**MV**

## Books

### **Overcoming Trauma through Yoga: Reclaiming Your Body**

By David Emerson and Elizabeth Hopper, PhD. © 2011 by Justice Resource Institute, Inc. Published by North Atlantic Books, Berkeley CA.  
[www.northatlanticbooks.com](http://www.northatlanticbooks.com) ISBN 978-1-55643-969-8 158 pgs incl notes & index.  
 \$19.95 US, \$22.95CAN. Paperback.

This is a remarkable book for both survivors and clinicians—remarkable because it is not only clear in describing what hurdles trauma survivors may have to surmount with the usual public yoga class, but also in showing how yoga—properly applied—works to heal devastating and long-embedded wounds of the body and spirit.

Healing involves trusting, accepting, and appreciating one's body as it is. Some trauma survivors are easily triggered by what may seem to others a non-threatening behavior, so an overly-authoritative instructor, or one who hands-on physically "adjusts" a student's body without permission, can completely freak out a survivor. If the student is constantly

"on guard" in class, he or she cannot benefit from gentle breathing, relaxation techniques, mindfulness, or exploration of the body and its ability to move and feel that are among yoga's healing qualities.

Emerson is director of yoga services, and Hopper, associate director of training at the Trauma Center in Brookline, MA. They developed a "trauma-sensitive yoga" program in association with Bessel van der Kolk, MD, well-known expert in trauma and PTSD treatment.

Traumatized people often see their bodies as "the enemy." Because trauma is an experience of having no choice, trauma-sensitive yoga practice is all about choice. While being guided to explore body movements, each individual decides his or her own limits on breathing pace, how far to move a particular body part, and when to stop. The instructor is to support these decisions and encourage students to develop a respectful and loving relationship with their bodies.

Four key themes are emphasized in trauma-sensitive yoga: experiencing the

present moment, making choices, taking effective action, and creating rhythms. The authors discuss each of these areas in depth. They also explain that taking a class is not essential in order to practice their techniques. In fact, a substantial part of the book is given over to illustrated yoga exercises and positions that can be used by a survivor at home.

There is also a thorough section for clinicians, explaining how to integrate trauma-sensitive yoga techniques into an existing therapy. The authors provide techniques for grounding a client who may experience a flashback or other intense emotion during the yoga practice. They discuss the importance of appropriate language in giving instructions, and ways to incorporate the best that yoga has to offer, safely and comfortably. Numerous case studies throughout the book bring the message home.

I highly recommend this book for anyone seeking an addition to talk therapy that holistically involves body, mind and spirit.—Lynn W.

**MV**

## PLEASE SEND ALL WRITING & ARTWORK!

We're running low. MV needs vertical & horizontal art (large & small) and both prose (on topic or off) and poetry. Take a look at our future issue subjects and share with other MV Readers. **THANK YOU SO MUCH!**

### August 2011

Tips for healthy relationships with employers, friends, partners, outside children.

Improving social skills.

ARTWORK: Yourself and others

DEADLINE: June 15, 2011

### October 2011

Hospital issue. Mental and medical concerns. Impact of your diagnosis. Crisis management. Achieving therapy goals.

ARTWORK: Your stress relievers

DEADLINE: August 10, 2011



## 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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