

# MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

Vol XXIII No.5

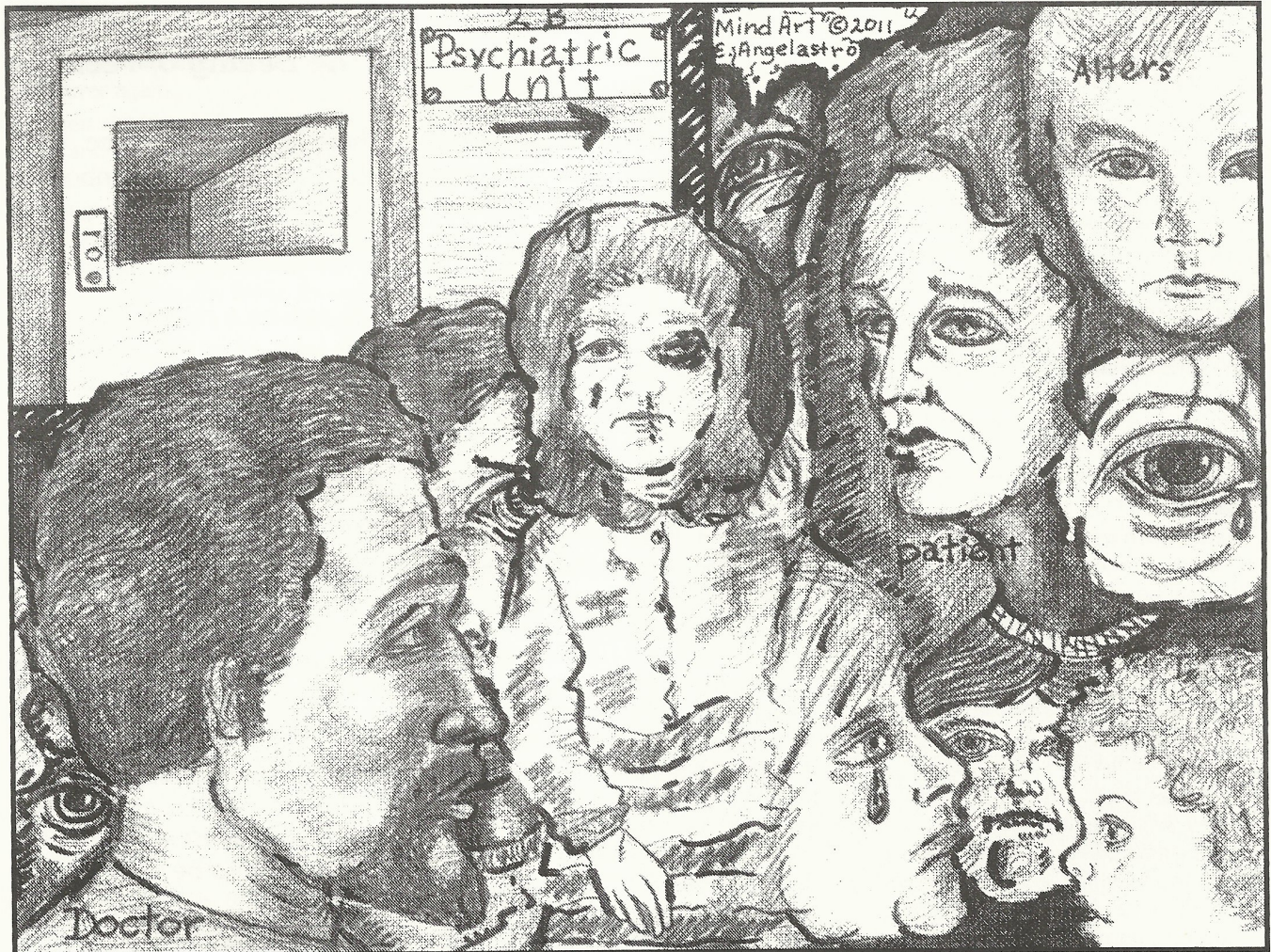
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*Inside This Issue:*

**Hospital Services**  
**Mental & Medical Concerns**  
**Crisis Management**  
**Impact of Your Diagnosis**  
**Achieving Therapy Goals...and More!**

*Welcome to our special Hospital Issue, prepared every two years by MV's resources and readers. We hope you will find our information of use in your current or future needs for hospitalization or therapy care.*



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# The New Orleans Institute River Oaks Hospital New Orleans, Louisiana

By Barbara Bolongaro

The New Orleans Institute at River Oaks Hospital provides treatment for trauma-based disorders, compulsive behaviors, and trauma-based eating disorders. With a respected national and international reputation, our programs have provided quality services for individuals from Canada, South America, Europe, and every state in the United States since opening in 1989. Our highly trained staff of therapists has approximately 150 years of combined experience, continuously research new information, and lecture nationally on trauma, compulsive behaviors and eating disorders.

The Trauma Program offers treatment to a diverse trauma population, including combat trauma, natural disasters, existential abuse, emotional incest, and sexual abuse. Since trauma has a dissociogenic component, the full spectrum of dissociation is addressed by utilizing the grief model called *"Reliving, Revising and Revisiting."* The program focuses on enabling the client to break the trauma bond controlling their thoughts, feelings and behaviors. They then process their fears, which results in relief of trauma-related symptoms, as well as integration of the dissociated aspects of the experience and of self. Information reprocessing is utilized to challenge trauma related distorted thinking. The program is structured to promote healing and recovery in a safe, nurturing environment.

Clients exhibiting compulsive behaviors, including sexual compulsion/addiction, paraphilias, addictive relationships, compulsive spending, obsessive relational intrusion, gambling, and self-injury, frequently co-present with related issues such as substance abuse, eating disorders, depression, and interpersonal difficulties. Our treatment model supports the belief

that compulsions are related to identifiable sources (family dysfunction and/or trauma), operate in a predictable pattern (cycle identification), and can benefit from behavioral management techniques (covert sensitization). Relapse prevention tools are extensively utilized as clients are challenged to own their compulsive behavior, break denial, and accept responsibility. Staff provides both support and appropriate confrontation to maximize healing potential.

Although symptoms vary, many eating disorders are linked to experiences of abuse, neglect, abandonment or loss. Numerous victims of trauma and abuse develop eating disturbances, including food restriction, binge eating, purging, compulsive exercise, and body-image distortion, that threaten relationships, school and occupational functioning, and physical and emotional health. Treatment on the eating disorders track includes nutritional guidance, didactic modules and dialectical behavior therapy to help clients tolerate affect without the use of eating disordered symptoms. Clients learn healthy eating habits as they explore and understand their eating disturbance in the context of trauma.

All New Orleans Institute programs incorporate individualized treatment, designed according to the client's unique needs. Many patients participate simultaneously in more than one program. Modalities of treatment include individual therapy five times per week, relapse prevention groups, psychodrama, directive specialty groups, dialectical behavior therapy, expressive therapies, psychoeducational modules, and options for EMDR. Relapse prevention includes identifying triggers, high risk situations, balanced living, boundaries, and adaptive coping resources.

The goal of the New Orleans Institute's treatment team is to assist the client in containing and revising trauma-based thinking and/or behaviors that result in active distress and destructive self-sabotaging behaviors. We are committed to providing quality service and excellence to our clients, their families, and to professionals who refer clients for treatment.

**MV**

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## *The Beauty of Feelings*

There is so much to see  
when you look at a rainbow  
each color has a story  
to be told.

Life can be a rainbow as  
well, with all of the stories  
wound into one or several  
bouquets of flowers.

Feelings can be rainbows  
as all the colors come  
together, you see how  
beautifully matched  
they are to your own  
feelings.

As you search to find  
your feelings  
you will see you  
and who you are  
truly meant to be.

That's the way it  
happened with me.

By M.G.



## A Week in the Life of Recovery

I lost a couple more so-called friends this week over my irrepressible determination to be honest about how I feel. I will never live in the secret rage world of fear unable to express myself ever again, like when I was a kid and the most of my adult life in abuse.

I bought a couple of fish and a small aquarium this week and planted some flowers last week on my patio. My fish were the best 30 dollars I ever spent. It seems I am doomed to be alone the rest of my life except for other MP's at MANY VOICES, my pets and God.

I've been very angry with God this week as well and of course I am asking Him just what I am so angry about. I'm sure only God and fellow MPs can even comprehend the anger that comes up in recovery for us. I don't think I will ever tell anybody I am a MP ever again.

Even MP friends turn on each other and walk away or reject you, especially when their gay alters can't have a gay relationship with you or some serious switch happens. I've never had an MP relationship last over ten years and usually fewer, though I've had a lot of MP's for so-called friends.

It took 30 years but all the so-called Christian friends are gone now also but one...a man who is just escaping a lifetime of abuse. He's the only one who keeps coming back after blowing up at me from overly honest conversations over the years. I expect to spend the rest of my life alone, but have considered going back to my ex-husband, a passive survivor who has no interest in recovery but is supportive about mine. He has a lot of suppressed anger which I found too hard to live with after 16 years. I stopped suppressing mine and kicked him out 3 years back.

I am soon getting another aquarium for a large fan tail goldfish as they bring me so much peace and comfort. I named my first two fish Peace and Joy. That's what they give me, as do my cat and dog. Thank God for pets! Thanks for listening.

*Love, Judy H.*

**MV**

## MANY THANKS TO OUR FRIENDS!

### Bridges to Recovery - Pacific Palisades, CA

Call Intake Department: (877) 602-0257

### 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

### Mountain Youth Academy - Mountain City, TN

Call Betty Villarreal: (423) 727-9898

### River Oaks Hospital - New Orleans, LA

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

### Sheppard Pratt Health System - Baltimore, MD

Call Admissions Coordinator: (410) 938-5078 or (410) 938-3584

### 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

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Does your clinic or conference need flyers? If so, please call 513-751-8020. We also would like to help publicize your events. Tell us what's happening!

**MANY VOICES** is a 501(c)(3) nonprofit organization serving victims of trauma everywhere. Our EIN is 20-8945881.

Tax-deductible donations, estate bequests, volunteer help, and good ideas are always welcome. Let us know what we can do better, too. We appreciate your generous support!

—Lynn W., Executive Director/Editor



Opening by Kate Edwin



# Recognition of Staff and Patient Ratio in a Behavioral Health Setting

By Trevor Small, Psy.D. and Donna Bernstein, M.P.H.

*Trevor Small, Psy.D. is the clinical director of **Bridges to Recovery** ([www.bridgestorecovery.com](http://www.bridgestorecovery.com)), a private, residential behavioral health program for adults with psychiatric disorders in Southern California. As a licensed psychologist also in private practice, he practices psychoanalytically and has had the opportunity to present his work multiple times at the American Psychoanalytic Association's Spring and Winter meetings. His work seeks to provide meaning to trauma often though an understanding of the dream and early mental life.*

*Donna Bernstein, M.P.H. has over 25 years in healthcare business development, marketing communications, Web marketing, management and sales and market planning. She is currently a senior analyst and consultant at Jeri Davis International Consulting. Donna is known for the development of The Total Solutions©Program, a nationally recognized strategy to establish professional and consumer awareness. She is currently working with **Bridges to Recovery** on communications strategies.*

**A**round the clock behavioral health care – such as what residential treatment facilities can provide – is an essential part of treatment for a vulnerable group of patients needing intensive and often lifesaving care in a safe and secure physical environment. When an individual makes the commitment to enter residential behavioral health treatment, it is not a choice made lightly. Most likely the patient has been suffering for years with the pain and suffering of trauma they have desperately tried to contain.

In such cases, personal attention is paramount to providing care. It is essential in residential treatment for patients to feel that at any time, day or night, a professional is there to hear or sit with them, or just be near to provide comfort and support as they unearth their secrets and take those critical first steps toward health and healing. This type of communication has proven to be a primary reason why high staff-to-patient ratios are so important and beneficial to patients,<sup>(1)</sup> synonymous with the amount of attention patients receive from staff to enhance the overall treatment experience.

It is common to hear mental health professionals say “the more staff the better” when talking about staffing an inpatient psychiatric or addictive disorder treatment program. The term “clinical staff” refers to professional and preprofessional mental health personnel available for direct treatment or care of patients and who cover all work shifts, and excludes administrative and support staff as

well as physical health professionals and assistants.<sup>(1)</sup>

While staff-to-patient ratio is not merely the sole predictor of a better treatment experience, it is important and often demonstrates the quality of a program in a hospital or treatment center setting. Staffing for an inpatient program can vary depending on the mission of the facility and type of treatment required, severity of the illness, degree of impairment and complexity of the situation, with the responsibility for balancing these interactive factors resting upon the program administrative team.

Research has shown a correlation between the high level of staffing attention per patient and significantly better inpatient program effectiveness and outcomes. For example, a study by Coleman et al. measured several programs with high staff to patient ratios and communication as compared to those with lower ratios and communication.<sup>(1)</sup>

This research, along with the direct experience of mental health providers, resulted in guidelines created by licensing and accreditation bodies that set standards for acceptable model staff ratios in behavioral health facilities. For example, the American Academy of Child and Adolescent Psychiatry <sup>(2)</sup> has a clearly defined model of staffing that includes:

**Attending Psychiatrist:** An attending psychiatrist is a physician who has completed an approved program in child and adolescent psychiatry. The ratio should include a number of qualified attending psychiatrists to provide the basic

functions of evaluations, admissions, diagnoses, prescribing of treatment, and discharging patients, and to supervise the clinical treatment team

**Social worker:** A social worker is a mental health professional with a master's degree in social work or related field. A mental health professional with a bachelor's degree supervised by a masters-level social worker is also considered qualified. The ratio should include at least one full time equivalent to 10 patients, and that number may increase if extensive supplementary functions are included, such as conducting family and group therapy or family, parent and group education.

**Psychiatric Nurse:** A psychiatric nurse is a registered nurse with an appropriate state license supervised by a qualified psychiatric nurse. A model ratio is one psychiatric nurse per shift for 12 patients. An additional nurse should be added for additional 10 patients.

**Psychiatric Technician:** Also known as a mental health tech or mental health specialist, a psychiatric technician ratio is determined by acuity levels and generic supervision in the milieu.

In general, acceptable staffing parameters are considered to be from three staff to nine to 24 patients. During the evening when there are 18 or fewer patients that are asleep, the minimum staffing is two. If there are over 18 patients, the number should be three.

The staff experience at **Bridges to Recovery**, a private residential behavioral health program for adults



with psychiatric disorders, has reinforced the importance of small ratios. The program has a small staff-to-patient ratio, which then allows the person to feel the containment and support of a highly trained staff member during their healing journey. No more than six patients receive care at a time from an entire treatment team – two patients per staff member – who commit to whole person healing for these patients through integrative and holistic treatment through individual psychotherapy with group counseling, yoga, meditation, music, art, open air fitness and nutrition. In other facilities without the small ratio, patients often find themselves struggling to be heard when in crisis and the therapeutic community can feel chaotic and uncontained.

A small staff-to-patient ratio helps to lay the groundwork to allow for patients to find their voice, share their secrets and rebuild their Selves

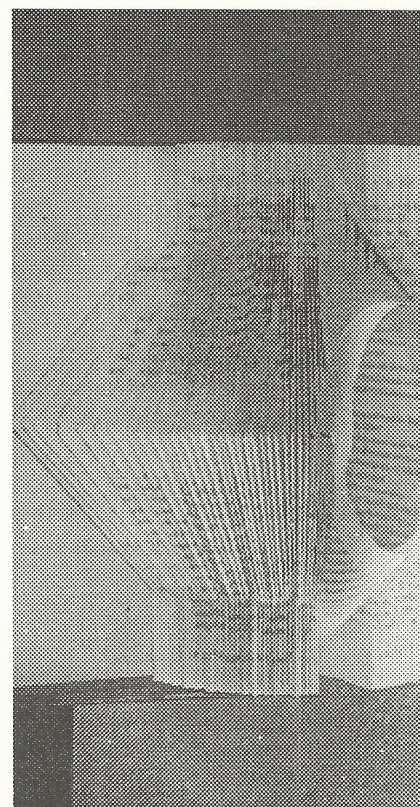
especially as "When someone speaks, it gets lighter." As their journey toward growth and healing continues, people can then learn how to be around others without feeling a need to be silent and suffer. Their experience, with a staff person always there to provide this support, gives them time to rebuild their coping skills and reintegrate their loved ones on this path toward wellness.

###

1 Coleman JC, Paul GL.  
Relationship Between Staffing Ratios and Effectiveness of Inpatient Psychiatric Units. Psychiatric Services, 52:10: 1374-1379, 2001

2 Model for Minimum Staffing Patterns for Hospitals Providing Acute Inpatient psychiatric Illnesses | American Academy of Child & Adolescent Psychiatry

MV



Art by Terri B. (see below)

## My Doctor is Dying...

By Terri B.

Dr. M. is nearing death, it seems so unfair since he taught me how to live life. I went to see him because life was so very painful. He helped me to see and overcome that the pain of remaining tightly in a bud was greater than the fear of letting myself blossom.

I like books; I always have enjoyed reading, it was my way of escaping. I still love books, looking at them, reading them and even just paging thru one is enjoyable to me. So it seems natural to me that I would compare my journey with Dr. M. to the books I love.

When we met I was just like a book.....closed, blending into the shelf of life, hoping no one will notice me, yet knowing on some level that it was not right. But fear ruled my life. I did not want anyone (esp. me) looking inside to see what was there; it was too painful.

Slowly and patiently Dr. M. taught me it would be OK to open up and look inside.

It wasn't easy. Did you ever open a book for the first time? The spine is stiff and makes noise, and it doesn't stay open very well without someone helping to keep it open.

Let me tell you, I was not impressed. I kept pushing that help away and slamming that book shut.

But Dr. M. was so understanding and patient letting me decide when it was OK to crack the book open. It took a very long time, over ten years, for me to finally understand that life is so much richer if I allow myself to open up. I have the choice of who I let read the pages and how much I let them read. But in doing so, I began to look out into the world instead of inside myself all the time. I wanted to learn about other people and read their pages too.

I was finally comfortable enough with myself that I could be open to experience life rather than hide from it.

I suppose you could say that now it looks like I'm an open book, but I

rather like all the folds and creases on all my pages. I am open now, but you'd still have to do a little work to actually 'read' anything (see attached picture). But I'm open to giving it a try.

Dr. M.....thank you, I wish I could have known you better. I feel robbed of that now, and it makes me sad.

But I know the important things....you're kind, patient, understanding and most of all really care about other people. You're the best.

*Dr. Gerald S. Mayer died Saturday, September 3, 2011 after a nine month battle with brain cancer.*

*It's a very sad day. The world lost a wonderful caring human being this weekend. Hug those you care about. -- TB*

MV



# Concentrated Treatment Encourages Resolution for Complex Trauma

*Del Amo Hospital, Torrance, California*

NOTE: All quotes referenced with an asterisk (\*) are from former Del Amo patients

## \* *"The Program at Del Amo Saved My Life!"*

The Paradox of treatment is such that when an individual has trauma related issues and has reached a point where they are in crisis, typically, they may have 'exhausted' the effectiveness of traditional outpatient treatment. To them, it feels as if life has stagnated, they are scared, lost and lonely. Their relationships may be deteriorating. A chaotic feeling that things are out of their control has taken them over. Once this individual believes that their life is literally on 'life support,' the next steps they take are critical. *Where do I go? How do I get there? What will happen to me?* These are the questions that overwhelm their thoughts, and cause feelings of isolation. The powerlessness that occurs may bring on regression, and avoidance of anything emotionally uncomfortable. Seeking refuge from distress, many will also turn to alcohol and drugs for relief.

## \* *"Program Did Wonders"*

Once this downward cycle is in place, treatment professionals are often presented with an anxious, agitated patient who may also appear withdrawn and apprehensive. The instinct of many treatment professionals is to slowly uncover the difficult memories, and experiences related to trauma, abuse, PTSD, in order to prevent the patient from being "re-traumatized," or so flooded with terrifying feelings that they begin to shut down. In reality, it can be extremely beneficial to delve into complex trauma issues and get to the source and root cause of their anxiety, depression and other related symptoms. When done in a safe,

caring, contained environment, this type of intense work is advantageous to patients who have underlying complex trauma issues that interfere with their ability to succeed in traditional, long term treatment.

Del Amo National Treatment Center (NTC) is nationally recognized as one of the top rated treatment centers for Trauma Recovery. Our intensive therapy utilizes the 'trauma model' for the treatment of trauma-based disorders, including PTSD, Dissociative Disorders, and Self-Harm Behaviors. Trauma work on NTC is distinctly different because of Colin Ross, MD, who has been a medical director at Del Amo for over 10 years. It was Ross and his team at The Colin Ross Institute that developed the "Trauma Recovery Model" and ultimately brought the unique method of trauma treatment to the programs at Del Amo. This model utilizes cognitive behavioral therapies to help identify core complex issues, guide individuals towards thought restructuring, self awareness of behaviors and thoughts and trauma resolution.

## \* *"Care and Concern is Unbelievable"*

The goal of treatment is to use the structure and therapeutic processes of the Trauma Recovery Model for stabilization, to generate improved functioning and a return to outpatient therapy. The program focuses on disorganized, ambivalent attachment patterns and feelings of self blame. Additionally, safety, harm reduction, coping mechanisms, grounding and recognition of triggers are emphasized throughout the healing process. Del Amo's trauma program is designed as a highly-

structured inpatient program which can be stepped down to a partial program.

## \* *"The Best Feature is the Anger Wall"*

Another dynamic treatment component within the NTC program comes in the form of an "Anger Wall." The Anger Wall allows patients to fully express their feelings. It's an experiential interaction in which clay is used during therapy. With staff guidance, patients are instructed to 'yell' and literally 'let go' of what they have been holding in or afraid to express, thereby allowing them to release their feelings, take their power back and make a new commitment to recovery. This interplay evokes a valuable, powerful experience, allowing trauma patients to truly have their own VOICE. To move from struggling with complex trauma issues to finding a sense of validation and peace is immeasurable. That kind of resolution is a precious gift. A former patient said it best:

## \* *"This isn't a game...this is my life...if I don't win...No One Wins."*

The National Treatment Center at Del Amo welcomes the opportunity to help individuals struggling with complex trauma and associated symptoms, during their journey of recovery. Our clinical staff has over 15 years of combined experience working as a team, some with over 20 years specifically addressing trauma related issues. Our compassionate, knowledgeable Intake staff is available at 800-533-5266, 24/7 to assist with any questions, assessments and/or referrals.

**MV**





# Art, Art Therapy and the Inpatient Experience

By Patricia Prugh

Sheppard Pratt Health System, a non-profit behavioral health organization, is a nationally renowned mental health and special education system for treatment, professional training and research. It is consistently ranked among the top mental health hospitals in America by *U.S. News & World Report*. With its outstanding psychiatric residency training program, the Health System is a proven leader in mental health education. Sheppard Pratt continues to expand its continuum of care for children, adolescents, adults and the elderly, introducing new treatment modalities in locations throughout the Baltimore/Washington area and the state.

## The Trauma Disorders Program at Sheppard Pratt

provides inpatient treatment for all stages of psychological trauma recovery. Integrating an intensive multi-disciplinary approach through individual therapy, milieu, and process-oriented, experiential and psycho-educational group therapies, our expertly trained treatment team provides a structured, supportive environment to facilitate stabilization and step-down to other levels of care, both in our continuum and in home communities.

## The Trauma Disorders Unit

The 22-bed unit is located in a newly renovated wing of the historic hospital building. The Sheppard Pratt Trauma Disorders Unit (TDU) treatment model focuses on individualized skill building through cognitive, affective, psychodynamic, and Dialectical Behavioral Therapy (DBT) specific to management of overwhelming trauma symptoms. The primary focus of the TDU is safety and stabilization. The art therapy programming is adapted directly from the overarching program model.

## Art, Art therapy

Art and art making are at the core of

TDU art therapy model. Creativity, the creative process as "a safe place," and creative reflective processing of artwork frame the experience within the art therapy groups. On the TDU art therapy is an exploratory process, a discovery process, and a self connecting process through art media and words.

## Art Psychotherapy groups

offer opportunities to take risks with exploring a range of drawing media such as pencils, markers, and fluid media including acrylic painting, watercolor painting, mixed media work and collage assemblage. Within the group or in individual follow-up, the art therapist provides art therapy techniques developed specifically for enriched skill building. The art psychotherapy group is a place to safely process affect and content as related to the impact of trauma.

## The Art Studio

is designed to provide access and understanding to the potentials available through a wide range of art media; in the studio the group members can achieve a deep appreciation and respect of the richness of expressive media. The interactive processes of the creative arts experience can provide opportunities to identify and recognize triggers, explore containment techniques in direct relationship to the intrapsychic material revealed, and to learn how to stop before engaging in maladaptive behavior -i.e. recognizing on a mind/body level what is being experienced and to proactively respond in a safe and contained way.

## Open Collage Studio

is a time when patients are invited to use the tools and materials available for collage assemblages. Collage is an art form for bringing visual elements — magazine images, scraps of old paintings, black and white copy free images, cardboard, etc. —

together to create a composition.

Collage is actively integrated into the treatment model as a tool for increasing safety through the exploration of color and form. Collage can provide the security needed for giving form to overwhelming affect, and shifting to greater internal and external control. Art techniques for developing a range of collage possibilities are presented during the open studio.

## Containment Art Therapy

groups are held on Fridays for all patients. The end of the work week sets the tone for the overarching theme to use art as a mode of slowing and, if necessary, containing intense emotional experiences. These may have become heightened through group and individual psychotherapy experiences during the week. The art therapist shares art therapy techniques developed specifically for these goals. The containment art approach is not judgmental; it provides a creative place to hold and protect, to titrate overwhelming affect, and to promote independent use of skills.

The art therapy groups underscore the importance of the nuanced relationship between art media and message, symbols and metaphors, containment and control. The art therapy programming on the TDU weaves together the tools and techniques of art psychotherapy, cognitive art therapy, sensory awareness, and studio art.

For more information: visit [www.traumaatsp.org](http://www.traumaatsp.org) or

**MV**





## Becoming a Light Bearer

By Jenn J.

I am a 45 year old mother of two, lover of horses, friend to many, a volunteer and a person who is proof that indeed there is a place of peace beyond the hurt and pain. It is real, and honest and so much better than where I've been before. I am a "Light Bearer." I hold the light of hope and truth for those traveling the healing path with me.

Some people may consider my life a failure when they look at it "on paper" in therapist notes, hospital records, job loss, being on disability and being an adult woman who lives with her parents. But I am so much more than my "paper" can say.

I was abused in many ways growing up, from verbal abuse all the way to sadistic abuse. This affected all of the choices I made in my life from where I went to college, to the person I married, to the parent I was, the employee I was, the medical student I was....There was a period of about 6 or 7 years where I was in the hospital at least once a year. I was suicidal for almost 20 years. I figured when my kids were grown that it wouldn't hurt them if I was gone. I never expected to be alive at 45. Nice ring to that, isn't it? So let me tell you a little about "Then" and all about Now.

Like many of us who have been abused, I split into parts. I am pretty fortunate that I was dissociative enough to survive but not dissociative to the point of being non functional for a good part of my life. If you notice in the first paragraph, I don't really call myself a survivor too much these days. I am so busy with a life that I never thought I'd have.

"Survivor" is more of an, "oh yeah, I'm that too." to me. I used to get really annoyed when people would say you move from "survivor to thriver." I felt that description still pointed out that I was not "normal" and even that label identified me as still damaged. So let me share my path with you.

The first time I was in the hospital was at 18. I couldn't tell my parents about the abuse. I was suicidal and self-harming. Actually, I ran away to

the hospital! I had never run away in my life. My parents had no idea why I went in THAT place voluntarily. I had 3 good months of work there. That was way back when insurance companies would pay for more than a week of treatment. All of the other patients on the adolescent psych unit happened to be sexually abused teenagers. That made me angry at the adults messing with kids! It wasn't a specific "Trauma Program" as the other hospitals I would encounter later in my life were. It kept me safe though, and I had some good intensive therapy that couldn't be done on an out-patient basis. It was also a place that was confidential and I didn't have to worry about my friends at my high school finding out what had happened to me.

I married my husband at age 22 because I thought I was so disgusting that 1) nobody would ever love me and 2) sex with him was pleasurable and 3) he didn't hurt me. I also had the strong "no sex before marriage, and the sex with only one person" dogma that I grew up with. I thought he was a good listener. He wasn't, he just didn't talk.

We soon had a baby girl and I was really healthy for about 4 years. I had a good job; I loved being a mom; and I didn't need a therapist.

After my second child, a son, was born, I had postpartum depression for a brief time. My husband was a student and didn't work in the summers, so he helped with the keeping my daughter occupied and did most of the household chores. About 2 months after I had returned to work, I was at a low level depression when winter came and we started having arguments. As winter continued, I plummeted into depression due to the increased stress and lack of emotional support. I also had Seasonal Affective Disorder, which I was unaware of then. I had no therapist at the time.

One of my dreams as a teenager was becoming a doctor. I wanted to go to Medical School so that I could take care of myself financially without

ever having to depend on anyone, and so I could afford to have my horses I so dearly loved, and I was fascinated with science and especially medical subjects. My husband gave me no support for any of my dreams.

I came home from church one morning saying, "I am supposed to go to Medical School. That is what I am meant to do." He said, "You'll never see your children." I was floored. I eventually did go to Med School 8 years after that.

I chose to go to a Medical School in Mexico because I could stand on my own achievements there. No one there would know I was an abuse survivor. (I thought people could look at me and know that I was damaged here, but no one knew me there.) I did exceptionally well in school with no support from my husband. He was angry that I decided to go without his consent. I ended up passing my first set of board exams then had major crash and had to quit.

I've come to view that time not as a failure. I was in medical school. I did it! I was smart enough and good enough to be a doctor.

After leaving med school midstream, I was in the hospital once or twice a year for the next 7 years. I went to the trauma program at River Oaks in Louisiana and did about 4 months worth of therapy in three weeks. I made so much progress there in a safe environment where I could let scary things out and still be safe. It was very intense and healing at the same time. I had the support there that I didn't have at home.

I was really afraid of going in the hospital and not sure what to expect, but I talked to people who had been there and my psychiatrist knew it was a good program so I took a "step of faith" and went in to work. People who were in the program with me said to expect to be tired and even exhausted when I came home because of the intensity of the program. They were absolutely right. However, the healing benefits continued as I went back to work with my regular therapist. I went



to the River Oaks program two other times with the same results.

An interesting thing happened after nearly every hospital visit I had in each hospital. My treatment team asked me what was I going to do about my husband? They saw, in a way that I could not, that he was making me feel worse and essentially sabotaging my progress.

He said he would not let my children see me in "that place" when I was in the hospital close to home and I asked him to bring them to see me. He had his own issues that were abusive to me verbally. As soon as my kids were old enough to take care of their basic needs, we left. There was no way I could cope with a child under 5 years old in the way I wanted as a single parent. Before I knew it, the kids were into their teens and my daughter was off to college.

After my daughter was in college, I had one hospitalization. I had a pretty good support system in place and was able to let my son stay with some kind and compassionate friends of ours while I was in the hospital.

From then on, I worked in day hospital programs. They were very helpful and directly addressed my issues. They allowed me to deal with the feelings that were more than I could do in once a week therapy sessions and be at home with my son after he came home from school. All the hospital programs were what I call "affirmation heavy." Daily affirmations and mood charting were a strong part of the outpatient programs and that became really helpful to managing my illness. I found out I was bipolar along the way and the mood charting became really important.

Let's move closer to current day: I had lost several jobs due to lack of attention to details. Since I didn't have insurance, my last hospitalization was with the county MHMRA unit. When I got into their system, I got my meds paid for and their consumer benefits office helped me to get on Social Security Disability, SSDI. I had mixed feelings about this. I was smart, how could I be disabled? It's another stigma, "too lazy to work."

My doctor there said it was the most practical thing to do and that

intelligence didn't mean I couldn't receive disability. I found out that I functioned much better without the stress of work. After 2 years I got Medicare benefits. It was a good decision to move to SSDI and I'm thankful the doctor directed me that way. I still had no mental health insurance, but I was able to get my meds and primary health care paid for.

About that time my son graduated from high school and I lost his child support and also his social security benefits that he received to take care of him financially since I was unable to work. I could not afford to live on my own, so I moved in with my parents.

About a year before my psychiatrist had said, "There is no way you should ever live with them. That would be way too triggering!" The work I had been doing with a new therapist addressed a lot of those parent issues and living with them actually ended up being blessing. Only rarely something comes up that triggers.

So, these uncanny things started to happen in my life as my stress level dropped. I am able to deal with my parents on an adult level. (They were not my abusers.) I have my own space in the house on the other end from my parents. I have already worked through the issues of them not being there for me as a teenager. Now, I enjoy the time I am having with them as they are getting older. I help them out a lot by shopping, cleaning up and doing other errands. I do my own things and they do theirs. We generally eat together, but otherwise I choose how much time we spend together.

Since I am a disabled adult child, I was able to get on my father's medical insurance. It has mental health and dental coverage. I don't have to pay my therapist \$80 a session anymore.

Having that money allowed me to start taking riding lessons again for the first time since I was about 15. At the barn where I took lessons, I met someone who was involved with a therapeutic horse riding ranch nearby. It actually turned out she lives down the street from me! So, I have a good friend nearby.

I started volunteering at the "Ranch" 4 days a week. Lo and Behold! I had my horses again! I don't have a lot of money, but it is enough for what I need. A bonus is that I have lost 20 lbs since I started volunteering with the horses! Additionally, I have entered into a world of children with disabilities that I never really knew existed. It is amazing to see their progress with the horses and so wonderful to be involved in the children's growth and healing process that occurs through their work with the horses.

I rarely feel suicidal anymore. Maybe 4 or 5 days throughout the year I have an acute depression for a day or two where I feel suicide could be a choice. When that happens, I contact my therapist immediately and get in to see her. After that session, I am usually safe. I do contract for safety when I feel I need to, and I have her keep my meds if I am really concerned. Additionally, I attend a weekly Depression Bipolar Support group (DBSA) which focuses on managing daily stress and meds and works strategies for staying healthy through peer support. I exercise by walking horses outside 4 days a week. Basically, I'm doing everything I am supposed to do. I meet with my therapist weekly. I take my meds faithfully. I get outside daily and I exercise. I also am building a good support system beyond that includes my DBSA Group and several friends that I have made with my renewed association with horses.

Every now and then, I visit the last hospital I attended as an "alumni." They have a program for previous clients and I can go for groups anytime there. The last time I was there was maybe a year or more ago. I could honestly say to the clients there, that there is an end to the suffering. *It does get better.* My therapist that I had while I was a patient there says that it is important to carry the light ahead for those who follow. I do that now in so many ways.

One day, I believe that if you stick it out and let someone believe in you if you find you can't believe in yourself, you will make it through on this healing pathway and you too can become a "Light Bearer."



# My Experience in Running a Support Group

By MySong

I've been facilitating a support group for women in my church dealing with any kind of emotional pain. When I told Lynn I was starting this group, she asked me if one day I would write an article about what it has been like starting and running this group. I'm just wrapping up six months of running it and feel the time is right to do this article. So I want to tell you what it has been like both running and also as being a part of this group, but I also have to say that you almost have to experience it to really know what it feels like. But I'll do my best to share it with you.

When I was approached by my pastor to facilitate this group, I was stunned. I had never even considered doing something like this, so it was a strange suggestion for me. He knew quite a bit about my traumatic childhood and adult life, and that I had been dealing with deep, emotional pain in therapy for many years, so I can understand now why he suggested it. When I told my psychologist, Tom, what he had suggested, he smiled and said, "I knew God was leading you in this direction, I was just waiting for the door to open." I was very surprised when he said this, but when he did, I decided that I was going to walk through this new door and see where it took me. So I spent a few months being trained by Tom to lead this group.

We spent many hours not only talking about the format, but also how to handle different situations. I knew I wanted to have just adult women, but I also knew it had to be anonymous and have iron-clad confidentiality. I wanted to it run for two hours on the same night each week. I wanted to run it through summer and holidays, as many groups close during those times and I've always thought it was a mistake. Many people come to Bible study just for connection, and holidays can be very difficult.

I've realized that no matter how much Tom taught me, learning to lead this group really came from experience and dealing with each new

situation as it came up. I just could not be taught this all at once. One thing I've learned is it is a commitment every week and you need to be on time. It is a commitment not only to you, but also to the other women of the group.

When I was getting ready to open it, I spoke at the women's Christmas Tea and basically told about most of the things I had dealt with in therapy, and believe me, there were many. So I really exposed who I was and what I had gone through. Yes, I am the only one in group who is not anonymous.

Then I got up in front of the church, filtering what I said, yet still I said a great deal. One woman who came to group on the first night had been at the Christmas Tea and she came because she thought, if I could have gone through that and healed, she could deal with her issues too. The first day she came to group she sat down and told us something she had never told anyone. I realized exposing myself like I did had been worth it.

I have been in therapy so long that I really don't care what other people think about me anymore. I know that I am the woman that God made and if it's good enough for God, it's good enough for me. I do try to never hurt anyone and want to be a kind person, though. There is tremendous freedom in just being yourself and not caring whether people like you or not. I'm happy when they do, but I'm not going to change if they don't. It's a feeling of deep freedom.

I know I cannot fix anyone, only try to show them that they have choices in their lives and try to help them see them. I ask women not to tell anyone what they "should" or "must" do, as this is not an advice-giving group, unless it is specifically asked for. Members need to listen non-judgmentally, in a supportive way. Feelings are feelings; they are neither right nor wrong, unless you hurt someone with them. I wanted to create a safe place where the women could be real, whether they are dealing with trauma, depression, joy,

sadness, loneliness, isolation, grief, divorce, marital issues, etc. I've tried to run the group so that there is no cross talk, conversations that exclude others, or interruptions. I watch the clock trying to give each woman a chance to share, including myself.

I also let them know that I am not a therapist and this is not therapy, just a support group. I read the format at the beginning of each group until they all knew it by heart, so finally I stopped.

After running this group for six months, I wanted to tell you some of the things I've had to deal with. I had to confront one woman who emotionally abused another. I did this by mirroring back to her what she had done, in a kind and gentle way. Nevertheless, she had a very hard time hearing it. She was a person who sought drama in her life, thus she caused a great deal of drama in mine. I've had to deal with being emotionally attacked and trying to get "hooked" into a conflict both in group and in church as well. But years of therapy have taught me to pick that up very quickly, so I avoid it.

I had one woman who could only cry and wasn't able to really talk; or she would come in and try and hold herself in a rigid position never revealing anything. Body language shows you a lot about a person.

We also had a woman who was being sexually harassed at work and stalked, so I helped her find a lawyer so she could find out her rights, and we all encouraged her to get a restraining order, but she had to do that herself. She did have the courage to do this though.

It is not just me who sees the different choices others can make; other women see them too. Sometimes people get sidetracked when they talk and go down what I call "rabbit trails." They lose sight of their real issue and focus on an issue that isn't the real problem. I'm usually able to see this and help them look back and see what the core cause of their problem really is. Many times it is their past intruding into their



present. But it is up to the woman whether she really wants to deal with it or not. I see it over and over in people's lives, their past stealing their present, and I've even seen it in my own. There is one woman in the group that had a very happy childhood and marriage, but is dealing with grief, so I sometimes speak with her privately to see what is normal and what is not. I also talk with Tom about this.

The rest of us have had some type of severe trauma in our lives, so it's nice to look at someone who hasn't, to reflect back on. An example of this is all of us except the grief-stricken woman are afraid of the dark. So even from the beginning, we always have closed the church together, and in doing this, I first started to notice the tremendous power of a group. I even meet with one member and eat with her every week, so I don't have to open the church alone in the dark. Yes, I am afraid of the dark too, but I'm getting better.

In listening to the women's lives and issues the thing I notice most is that those of us that have undergone abuse tend to go back into situations like this, such as abusive marriages and living with shame in our lives. I know it seems strange that even though the abuse was not our fault, there is always a deep core that lives in us called *shame*. It is often hard to see, but I see it affect all of us, so I try to point it out.

One thing I learned to do is ask the women, "How can we, as a group, help you deal with this in your life?"

They are always taken aback and have to think about that. One woman said, "Ask me about it, as I talk around it all the time."

So one day I did. I said, "Tell us about those seven minutes," as that was how long the attack occurred. She sat back and thought about it and finally told us. Inside it all was a deep core of shame. A feeling that she should have stopped it, somehow she caused it, and she cried.

Several of the women have talked about things they've never told anyone. So the group is very close and we have all found a safe place there.

When I first started it, I ran an open group, but after running it for a while I decided to close it. I watched the dynamics change and shift as someone new would come. We would lose our safe place and I could see the change in their body language and their inability to talk without filtering what they said. Women would come and go, not finding what they wanted there, or staying because they did find what they were looking for. I even had one woman come with a notebook to take notes and I had to tell her that this was not a place to do that.

So I finally decided to close it and eventually open it again. So now I open it for three weeks and close it for three months, and this was the right decision. What I have noticed as I've tried to get the group ready to open again, is the reluctance of the women to have new people. We are very connected and close so it's hard opening it up again, yet it is necessary, as we'd get stale without new people. But it's a transition for all of us, as it's never going to be the same again. It will be *good* again, just different.

I asked all the women to share what the group has been for them before we opened and it was very interesting hearing what they said. All of us, including me, have found deep, emotional connection here...a depth you do not find in most relationships, as you share very difficult and sometimes painful things here, but you also share your joys. One woman shared how good it made her feel that even though she could not come at the last minute, we called her to make sure she was OK.

When someone is going to miss, they tell us, call me or text us if it's at the last minute so we'll know. When that doesn't happen, we all worry.

One woman said how good it felt to be able to talk about something she had never told anyone before. It was a place she could finally talk about what really had happened to her. Another woman said that even though she had been in the church for 17 years and had friends there, she had never found the depth of this kind of friendship. She could come here feeling any way she was, and it

was OK. She also found a place she could process life, as she had lost the person she did this with. Another said that this was the first group of women she had ever experienced and it had really helped her heal.

We have all healed a great deal here, including me. I have found tremendous connection too, very close friendships, and I look forward to it each week.

I think the biggest thing I can say about this group is *connection*. Everyone in the group needed this. The woman who had been a member of this church for 17 years lost that connection when her husband died. Life changes for you when this happens and I know that well, as I lost my husband too.

We have all found deep friendships, friendship without conditions, a place to just be, a safe place to cry, laugh, be sad, or be whatever we feel. We frequently sit together in church, we congregate together, we care about each other's lives, we encourage each other, we celebrate and we help each other find our way when we feel lost.

We have eaten together, had parties and are now planning a Saturday outing. I would say that we have found light inside of our darkness, a hand to reach out to us when we feel alone, a friend who understands what we are really dealing with or have gone through, a place of comfort and love, and ultimately a safe place to just be.

There is no way I can really describe the power of this group, but I have been really amazed by it. I would say that deep connection is probably one of the greatest things this group has.

Deciding to facilitate a group like this is certainly not for everyone. It has been the hardest thing I've ever done in the area of ministry, and I've done many things, but it has also been the most rewarding.

It can be very stressful, yet very comforting. I've tried to hold myself together most of the time as the leader, but the two times I emotionally fell apart were two of the most powerful groups we've had. So falling apart occasionally is OK too.

But I am usually in a very good

*Continued next pg.*



place, as I'm happy and content with my life. But it's taken many years of therapy for me to find this, so I've earned it through a great deal of hard work.

Having been in therapy for so long has given me a lot of insight and wisdom, and believe me, I've needed this to run the group.

I also talk with my therapist Tom about once a week to learn how to better help each woman to deal with their own individual problems. He's also helped me learn to deal with some very difficult situations.

So if you ever want to do something like this, I would make sure you are well-trained, in a good emotional place yourself, and that you have someone credible to come beside you and support you, as you will find things that are not easy to deal with.

I would also advise you not to ever give out your home address, just your phone number, as some really sick people will seek you out. But if this is something you really want to do, I would say do it, but plan it well before you start. It will be very rewarding for both you and the people in your group, if it is the right thing for you to do.

*This article is dedicated to the women of this group who had the courage and determination to move and deal with their lives, instead of being stuck in unhappy situations. I applaud you all, love you and thank you for not only being there for each other, but also for being there for me. We have all healed a great deal.*

**MV**

## Lessons Learned by Living on the Fault Wednesday, August 24, 2011

By Laura

Yesterday's quake on the east coast caught most of us by surprise. I think in a lot of cases we were not sure what it was or even if it occurred. People being interviewed spoke to the fact that we don't have quakes here and that we are not really prepared to handle them.

When the quake began, I was in therapy. Not the worst place to be when something out of the ordinary occurs. For one thing, I had instant validation that what I was experiencing was real, as my therapist Jenn experienced it as well. Secondly, I had switched about 5 minutes prior to the shaking. Laura Ann, who is seven and has been in hiding since Jenn left for vacation, had shown up and was in full conversation when the sofa started to vibrate. She was the first to notice it and the first to say it was an earthquake. She was slightly tearful and a little frightened but she was with Jenn and that was the best place for her. She feels safest there and she also worries about Jenn and turns into Super-Laura Ann to protect her special friend.

I never fully took my place back in my body while in therapy yesterday. I left the office somewhere stuck between Laura Ann and my core self, but I knew that when I got into my car it would be easier for the adult me to push forward. I did not know it had actually been a quake for sure until I got home and received a text from Jenn telling me to turn on the news.

Dissociative Identity Disorder is not unlike an unexpected quake. Sometimes small switches that do not

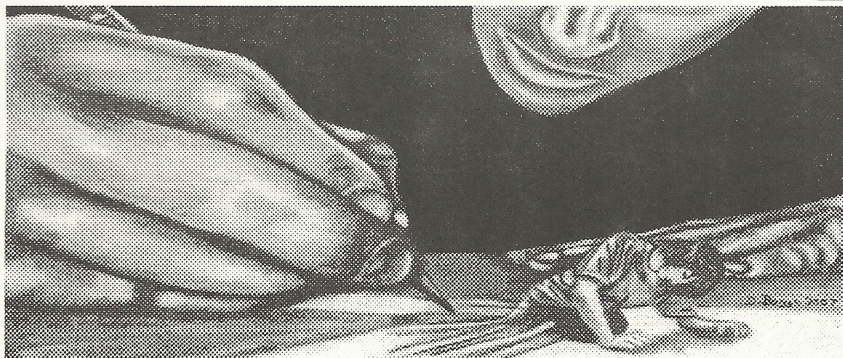
greatly affect day to day life, come out of seemingly nowhere and other times explosive changes with great emotional carnage left behind will occur. We never know for sure if or when it will happen and we do not know where we will be at the time. How well we handle the situation depends on many variables. If the world at large could understand D.I.D in these comparative terms, it might have a better grasp and understanding of what it is like for the mind to live on the very "fault" itself.

I am so grateful that no major damage was done and more importantly that no one was hurt. I am always touched by the connection of people, when something happens that shakes the core of our vulnerabilities. We reach out to each other and see nothing else but another life. There is suspension of judgement and we become one- at least for a short time. I only wish it didn't take a potential disaster or worse to bring out our best.

Maybe...just maybe, we might evolve from these shared experiences. What if we held onto that interconnectedness as humans and became informed about things that prior, we did not think we needed to understand? In doing so we might see others differently. Perhaps tolerance would gain strength over prejudice, education over ignorance and best of all compassion would be given a place to firmly take root and thrive.

What if.....?

**MV**



Art Therapy by  
D.Boggs



# My Inpatient Hospital Experiences

By Heather

If I am counting correctly I think I have had 5 inpatient hospitalizations. All turned out to be quite the learning experience each in their own ways and each time I learned more and more about myself based on the experiences there.

I mainly went to one hospital which was/is a hospital with a trauma unit and I have always received very good care there.

One time I did go to a very expensive private hospital that did not carry or go through insurance and I learned a great deal there as well. I found a dynamic between the two though that I thought I would share.

First, let's cut to the mustard. The the private hospital or retreat was very expensive and I couldn't afford it on my own. While I could file through my insurance and I did, appeal after appeal served no purpose. My final option was court and I just couldn't afford that myself.

The upside to the retreat/hospital I went to: it now has an alumni retreat that I can attend each year and see people that I remember from when I was there who knew my struggles and accepted me for who I was.

I was in a community and/or environment of other people who did not have DID and accepted me/us as is. No questions asked and that continues. That's something nobody can ever take away.

At the same time, sadly I walked away with a psychiatrist talking and babbling *borderline* and me ending up on nearly 10 different medications.

When I went inpatient to the hospital that had the trauma unit we talked intensely on the main goals I came in with, meeting with my therapist twice a week with TONS of homework. It was very intense.

I also had a choice of what I wanted to do with my medication and what worked best for me and what didn't. In fact, the last time I was there they didn't even touch my

medication and focused solely on the goals of the intensive work I needed to do in therapy and in groups.

To me, that says a lot about a program. I was accepted there. I think there is good and bad anywhere you go. The important thing, for me, is to find out what is causing my spiral of feeling out of control, what is unmanageable, and what are my goals. If my therapist and I can work on that and have something written going in, then it makes a clear path for the people at the hospital trauma unit to be able to help you accomplish those goals.

Certainly stability is the first and foremost thing, but you also want to know what caused the problem to begin with.

As far as finding a place that suits your style...certainly that is very very important. You need to look at what types of therapy they offer and what works best for you or what you want to or are willing to try. It reminds me of that saying, "If you do what you have always done, you will get what you have always got." Nothing ever changes... Because you're not doing something different.

If you're in a crisis and you need support and help, then make a change and reach out. Get the help you need. You might be surprised at what you find on the other end.

The people at *The Center at PIW* have been a great resource for me and I am forever grateful for all they have done. I learned about internal meetings, dialing down and regulating myself (one I have had to work on a lot lately), that frozen oranges and lemons are great for grounding, it's good to put pictures up to remind you of the present day, you're not alone, and people care.

Everybody is different and what works for one person does not necessarily work for another. So look at what is out there. Look at the resources in these newsletters and pull up the websites. Look at what

they have to offer and what would work or not work for you. Talk to your therapist about what is happening, and as soon as you notice something is not right or uncomfortable plans are in the works or you start to feel like there is imminent danger then get people involved and get the support you need.

Sometimes there are wait lists and these places need to know. Sometimes it means having to stay in a local hospital until you can get into a trauma unit that works specifically with those who have dissociative disorders. Whatever keeps you going.

These trauma units can be really helpful though. For the last 3 or so years I have been inpatient every year at the same time, but I can finally say that this year was the first year I did not go in during that time. I still have not gone in and I am very proud of myself for that.

But, I didn't do it alone. I have had a lot of support from specific people talking to me, including hospital staff, my therapist, my psychiatrist, my husband, people online, and those in my life today. I would not be here today if it wasn't for these people. I am eternally and forever grateful and thankful to you all.

Daily schedules at these places vary depending on where you go, but the one I usually attend went basically like this:

Breakfast  
Goals Group - Feelings, goals for the day, what resources your going to use, etc.  
Expressive Therapy  
Lunch  
Group Therapy  
Knowledge & Skills  
Wrap Up - What did you accomplish, feelings, etc  
Dinner  
Homework, tv time, music, phone calls, etc...

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When I was there I could check out my Ipod and headphones after that was approved and I assured them I would be safe with them and not harm myself with them.

I could also check my cell phone out from time to time to catch up with certain people like my husband or supportive friends and/or family and also make important calls. I brought a very small blanket and a stuffed animal but I kept everything limited to one suitcase because there was limited storage there. They worked with helping me get whatever I might have needed while I was there and they had a washer and dryer on the unit for me to do clothes. You can bring shoes but I suggest some crocs or something while on the unit because you're not going to be able to keep your shoelaces on.

The other lesson I learned the first time going in...No strings. That goes for sweatpants and sweatshirts and hoodies and all that stuff also. If it has strings on it you will be checking it in or out or required to take the strings out or possibly not even be able to wear it. Same for ladies with bras with underwire. No joke on that one. So save the hassles and skip them.

You can bring nothing with alcohol in it either. Look at mouthwashes and astringents - you would be surprised what has alcohol in it and what lengths people will go to to get it.

*\*NOTE\* Listerine now actually carries a brand of mouthwash that states that it is alcohol free.*

Shaving your legs? Good luck with that one unless you don't mind a nurse or one of the staff sitting there while you're shaving; otherwise join the rest of the crowd who could care less if you have shaved for however long you have been there.

I mean *REALLY*... No beauty contest here. The point is to get you so that you can function and not feel the need to be a threat to yourself or others in the moment or the near future. So I think beauty and shaving your legs is not something that I would find high on my priority list at that time.

BUT, to each their own. Special things in your life are important to

bring. Pictures of important and special people or animals or whatever possible are also helpful.

Lastly, don't expect top chef gourmet cooking. These places are doing their best to meet the needs of the majority of the people there. If you have dietary needs that have to be met, then let them know asap. Also look on their website to see if you need to bring the prescriptions you are taking currently until they can provide the same for you through them. Some ask you to bring things like that and some don't.

Some don't allow stuffed animals or any electronics and some do. So, it's important to know what is allowed and not allowed and then pack accordingly. It will save you and the staff a lot of headaches, that is for sure.

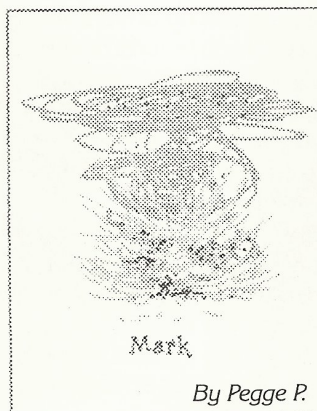
If you need this hospitalization though, then do it and do it with everything you have got and gain every bit of knowledge and information you can get while there.

Just give what you can and don't overdo either. Do what you can. It's not a vacation at the Hilton that's for sure, but it is not a Marine Corps Military Base either.

I hope this helps for those who are in need of going somewhere or for those unsure or scared. Some have had bad experiences, some have had good experiences, and some have had a little of both. With anything in life, we have got to make the best of what we have got and grow and build on that.

You are a special unique individual and if you need help, then you deserve to get that help.

**MV**



By Pegge P.

## ***Dissociative Healing*** ***A New Journey Poem***

We/I am on a new journey toward  
wholeness  
Venturing out into a new world  
Excitement stirring deep inside  
A terrified emotional volcano bubbling  
within  
Leaving behind old ideas, thoughts  
and labels  
As I grow up and integrate my parts  
So much change, some days it is  
overwhelming  
We are finally spreading our wings  
  
God, Goddess, Spirit, Lord, Mother  
Earth, Father Sky  
Sending me Blessings  
They are revealing my true unbroken  
self to me  
Perhaps changing the essence of my  
soul  
My inner soil tilled anew  
Perfectly making room for this new  
journey

Who are We/I Now?  
{the ever repeating question in my  
mind}  
My inner people cooperating and  
communicating  
Will we ever be One?  
Or will we be many together,  
Who will We be? Who will I be?  
All of these questions yet unanswered

As I/We travel onward in therapy to  
new destinations  
Old friendships begin melting away  
New friends and fellow travelers find  
me  
My heart begins singing a joyful song  
I go forward on this new path  
With faith, hope and trepidation

My love will always flow to those who  
have made me safe  
All who have held me close in this  
circle of life  
Fond memories forever we will share  
Knowing you wish me well  
As I/We venture further into this new  
journey  
Of becoming Me  
We/I cherish your gifts and thank you

By Amy S.

**MV**



## Life Improves

By Crystal MyLove and Cocoa-MyLove

We've lived an eventful life the last few months. We are healing, maintaining our health to the best of our ability. Our self-care is at 100%, our spirits at 150%! Spiritually, we are living/serving/praying always(living/dead) as authentic Catholics. Beautiful blessings abound. Physically, we are upright and mobile—no more lying in our hospital bed 24/7; we walk unassisted, though still unable to stand or sit with legs bent more than 10 minutes, due to Reynaud's Syndrome. Our heart (congestive and pulmonary hypertension) is beating strong now, after 13 blood transfusions between 9/10 and 11/10.

Emotionally we are still processing medical traumas/fears/happenings/new beginnings; We became uber-dissociative during events from 9/10 through 5/11. That was OK. It was necessary, familiar, the only way to deal or survive.

The blessing from that—my/our Father finally understands our system, why, how, etc.

We recently created a lot of art, writing poetry and essays, Barbie dioramas, and play. One piece, "Casting Call," follows. He thought it was our best writing ever. We've done 1,000s of poems, and he picked this one? He asked me to send it in. Cocoa agreed. The/our mother even agreed "With God, all things are possible." That means healing, faith, forgiveness, living life on purpose...moment to moment. With grace, mercy, love, hope, and gratitude. Please enjoy "Casting Call."

### Casting Call

Come one, come all  
There's been a casting call.  
Actors' roles for everyone...  
Young and old.  
Tall and small.  
Every color.  
Every creed.  
The only catch...  
You must endure!

You must be able to be ME, to be WE!

This will be a most demanding role.  
No Oscar in sight.  
A lifetime achievement award:  
Our life.

Someone to handle the darkness.  
Someone to handle being locked  
away.

Someone to go to the doctors.  
Someone to help us pray.

Someone to be our body.  
Someone to go to school.  
Someone to talk to others.  
Someone to keep things cool.

Someone to live our terror.  
Someone to feel the pain.  
Someone to cry the tears.  
Someone to take on the shame.

Someone to hide from *them*.  
Someone to look in the mirror.  
Someone to tell the story.  
Someone to help us disappear.

Someone to be the child.  
Someone to be the adult.  
Someone to be the mother.  
Someone to be the wife.

Someone to drive the car.  
Someone to read the words.  
Someone to cook the meals.  
Someone to clean the house.

Someone to capture the fear.  
Someone to keep us SAFE.  
Someone to watch as we sleep.  
Someone to save love in our heart.

Someone to listen to the wind.  
Someone to forgive.  
Someone to protect and defend.  
Someone to live...

Come one, come all.  
There's been a casting call.  
Actors' roles for everyone...  
Young and old.  
Tall and small.  
Every color.  
Every creed.

The only catch...  
You must endure!  
You must be able to be ME, to be WE!

By Crystal-Mylove & Co.

**MV**

## BOOKS

### When a Man You Love Was Abused: A Woman's Guide to Helping Him Overcome Childhood Sexual

**Molestation** By Cecil Murphey ©2010.  
Published by Kregel Publications, Grand  
Rapids MI 49501. ISBN 978-0-8254-3353-  
5. \$13.99 256 pgs. Paperback

**This topic is rarely covered**—a strong reason why it was picked for review. Cecil Murphey is a sexual abuse survivor himself. Though a Christian, he sticks mostly to specifics that may be helpful to women who believe their husbands, sons, brothers were abused as children. And he points out repeatedly that the women in their lives can support their loved ones, but it is the man who must actually go through that particular emotional and/or physical pain to deal with it directly. She cannot do his healing "for him."

Murphey gives many examples of individuals whose abuse affected them in different ways. There simply is no cutout-cardboard-simplistic cause or solution to this lifetime-damaging experience. He addresses men who abuse other men, but does not shy away from the reality that women—even mother—abuse men or boys.

He thoroughly discusses the abused one's fear of being called "homosexual" even if the perpetrator was heterosexual, the shame that one's body responds to stimulation, the need for control and boundaries, the frequent "pushing away" women who are simply trying to help and comfort the man they love.

Learning to feel again—to feel normal feelings of joy and happiness and intimacy—may take a long long time for some abused men. It's so much easier to shove feelings in the corner or use addictive substances or even online addictions to block out the memories of past pain. Once the memories are acknowledged, a torrent of emotions may follow. Some of those emotions will emerge in negative ways to those who love these men the most. It takes a great deal of patience to go through the long steps of recovery with molested men.

This book may prove a light in the darkness for women whose beloved partner or child has been abused. It may also be helpful for the abused men themselves, as they recognize their own lives in the many shared stories of others. Recommended.

**MV**



## THANKS EVERYONE!

*For your help, writing, artwork, subscriptions and donations. It takes your help as well as our MV staff and volunteers to keep MANY VOICES here for you and we really appreciate it. Please send us more of your excellent ideas and creative work! We love it all!*

### December 2011

Coping with suicidal thoughts, guilt, & grief. Therapy "homework" that helps. Dealing with past perpetrators at holidays: Forgive? Ignore? Avoid? ARTWORK: Healing grief & loss.

### February 2012

Enjoying Life. Fun in Winter. Heartwarming Thoughts. ARTWORK: My Pleasures & comforts. DEADLINE: Dec.10, 2011.



By Carlton

## 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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