

MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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Your Body Image

& More...

Lost

i'm lost
lost in this place
this body
i cynically call mine

lost within myself
always pre-occupied
always caught up
with the worries
the problems
of the others
I have a bad habit
of spreading myself
too thin

now i don't think
there is really enough
to go around
my own mind
has ceased
to function
it no longer responds
to what i think
are my own signals

it works
but not for me
i think
i speak
but it's not me

it's not sherri

By SJS



By Hilary T.

MV

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The Journey Towards Oneness

By Diane L.

Each journey is unique and every perceived outcome holds the promise of personal victory. I need to share mine with you. As journeys go, it's been long and hard and fraught with battles and open sores. Not unlike many of yours, I am sure. This bond has given me the added courage to keep going, and not give up in the face of what often seems to be insurmountable odds. I thank you all for that. Now between blowing my nose and fogging up my glasses, I'm going to relate my journey of the past few weeks.

It began with putting a flower on my father's grave. Not the ugliest "flower" I could find, as I did the first time, but a beautiful yellow rose, dipped in red. I hate red, just as I hate my father for all the horror he visited upon me and my family. Through the years I have been drawn back to that grave, each time forgetting its location and having to search anew. Sometimes it can't be found. After fifteen minutes of searching, I saw it. In front of me lay not my father, but fresh memories threatening to blow my brains out, as my mother's were eighteen years earlier. By her hand or by my father's hand? That question will forever haunt me. With the Little Girl crying for her Daddy, and Sarah (The "Bitch") hurling cold hearted curses, I spoke my peace. I spoke my peace with a dog feverishly barking in the background. A dog that feverishly barks and yelps each time I visit that grave. Why keep going back? For the love that fuels that hate.

The birth of my little sister, when I was almost thirteen, was for me that undeniable confirmation that there exists Good in this universe and that we are not alone. While her life has been threatened by serious illness, every moment spent with her has been both a gift and a treasure. Though grown in body, our spirits

remain young when we get together, as we did a few days later. We decided to forgo swimming ninety-aught degree weather, and focus on air conditioned activities instead. Somehow we focused on air conditioned activities inside a tattoo parlor. Laura had her butterfly, and I got my tiny little pink rose. How can I relate to you a significance that holds more than I can put into words? Bette Midler's "The Rose" is both my story and my dream. Though my soul has been afraid for a very long time, I can feel the budding of that tiny pink rose. I can feel the beauty of those little petals becoming one—becoming me.

Is a dream just that, or more? This week I related a dream to my therapist. In a large gray basement were twelve beautifully colored and designed sand paintings, each within a rectangular space, covering the floor in perfect order. My father was sitting on the sash of a large window filled with the brightness of the morning sunlight. The rest of my family quietly stood together off to the side. I stood alone. There were no words, but as my father looked at me and I met his gaze, I could feel his plea for forgiveness. The love he felt for me went as deep as the beauty of those sand paintings ran. As my therapist explained, such sand paintings are called mandalas. According to Buddhist tradition, a strong misguided person in this life can use his energies for good in the next. She did not know that this was my private prayer for my father. When I got home, I looked up mandalas on my computer. "Twelve" had puzzled me, so I added that word to the search. What I found will be with me forever. There are twelve sacred energy mandalas – for love (oneness, compassion, wisdom, love), balance and healing (healing, balance, transformation, creativity), and manifestation (power, inspiration, manifestation, and abundance). Are

these for me to embrace on my journey? Were these given to my father to use on his? I can only believe that a journey taken in purity of spirit will be forgiven its physical flaws. My father made these for me.

I took a trip to where I spent most of my childhood a few years ago, hoping for some healing to take place. Instead, I spent much of the time curled up in a motel room, in a dark black hole, contemplating suicide. Some Force beyond our understanding brought us safely through that night. At my therapist's recent suggestion, we are going to search ourselves to see who does not yet know that Dad is gone, and that he can no longer control or wield his power over us. Then we will all go to that grave, take a picnic lunch if we have to, each confront that "father" and make our peace. We feel this is to be the key to our freedom and the life we have struggled after. We will take that trip back to Davenport, and together face those demons. We will know that our father has sought forgiveness, and that we have forgiven our father and let go of blame. We will draw and we will write, and will do so with the knowledge that this journey has given us the beauty to face whatever journeys are to follow.

MV



Fear Walking

It must be me
some kind of vibe
a smell, the melody
of tone stands out
in the orchestra of
voices outside my head.
Maybe that's what scares
some others so much
that shields are raised
again and again
again and again.

No, I will not steal
your mind, lunch, soul.
I may just be
the face of your
own fear walking, standing,
doing ordinary things like
you do right here in
the daylight. Maybe you're
convinced that madness,
vampire, jasmine only
blooms at night

in separate, isolated
places built for giving asylum
while sanity
sleeps, thinking that things
too beautiful and fearful
are for dream states
or they might drive
you mad, mad.
Here, take my voices
they will guide you
through your barbed,

too lovely wilderness
with finesse and
fierce, untamed
wildness only walking
fear can truly comprehend.

By Living Earth

MV

MANY THANKS TO OUR FRIENDS!

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Call Bill van Harken: (616) 942-9610 or (800) 949-8439

River Oaks Hospital - New Orleans, LA

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

Sheppard Pratt Health System - Baltimore, MD

Call Kimberly Colbert: (410) 938-5078 or (800) 627-0330 x5078

Timberlawn Mental Health System - Dallas, TX

Call Christie Clark: (214) 381-7181 or (800) 426-4944

Two Rivers Psychiatric Hospital - Kansas City, MO

Call David Tate: (816) 356-5688 or (800) 225-8577

Women's Institute for Incorporation Therapy - Hollywood, FL

Call Larry Spinosa: (800) 437-5478

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If you know of clinics or conferences that need flyers, please call us!

Friends

By Sally Brown

Good morning, or whenever you are reading this. I think an important part of a healthy life is friends. Not just anyone. Bums are worse than no friends. Bums are potential abusers. But a good friend you can talk to and have fun with.

Bear is a good friend. My Significant Other (S.O.). He's a true friend first, then our S.O. That's a huge part of our success. We were friends first. I found us up here alone, far from home, dumped by a "bad" boy-friend. A month later, we met Bear. He's an encourager. A strength. A shoulder to cry on.

I had never known love except for a couple of therapists. Then at almost 43, I met Bear. True love at that instant. Two years later—still just as much in love with each other.

We just had our two-year anniversary. We had fun going out to a fancy restaurant. Had a yummy oriental meal, and a happy time out, shopping that day.

Even if your friend isn't a S.O., just knowing you have a pal to call and chat with, to write a letter to, or email—Fun!

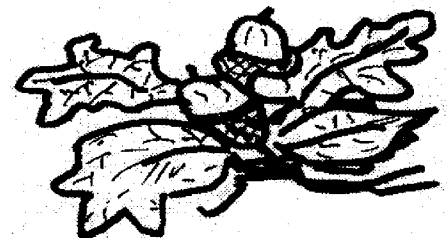
We have a friend we can call at anytime, or she, us. Pops in our building—he needs smokes, or we need smokes. We are there for each other.

We show us as good friends. We attract good friends. We have this place, the Soup Kitchen, where Bear helps out. Friends there. Our last apartment—no real friends. The town was sorta standoffish and stuck up. Here in our new town—people almost screech to a halt to let you cross the street.

One guy helped Bear out with a load. Was walking by—"Here, let me help you with that."

Sure, there are people around to avoid but—we look for nice people. Why not you?

MV



A Defining Experience

By Kat, Katrina & Cathy of
Kat & the Girls

One experience I had actually was a big turning point in how I deal with medical situations, especially tests. I was scheduled for an MRI. I am very very claustrophobic, thus even the mention of that test can cause panic. The doctor ordered for me to be given medicine for my panic. I had even been scheduled on a certain day for patients getting medicine. After arriving I reminded them I was to get medicine, and I was very claustrophobic.

They got me set up for the test, I was getting more anxious because I expected the medicine early to give it time to start working. I was getting an MRI of my ankle. The tech had me lay on the table that was to go in the machine, and still no medicine! So finally I asked again. That was when I was told they "were very behind schedule, and did I really need the medicine? After all it was only my ankle" they were x-raying. I felt embarrassed, started feeling shame for needing the medicine. I was also having panic deep inside, shame, embarrassed, worthless, etc. The tech kept telling me I could do it without the medicine if I tried, and he promised to stop if the panic and claustrophobic feelings became overwhelming. As the table I laid on was rolling into the machine, and I felt like I would blow apart..... I did the only thing I felt I could — I dissociated to a major extent!

[note: we have written this using "I" instead of "we" since we tend to switch back and forth (I/we) and have been told that is confusing.]

I don't know if other people with DID are like me, but the louder it gets inside, the quieter I appear on the outside. I have even been told that I appear to be very ok at such times. This couldn't be farther from the truth, it does have a lot to do with our abusive childhood. The story continues.....

I began to dissociate... by the time

the machine stopped I was all the way into the machine except for my head!! I focused on the lines on the wall, I worked very hard to not think or feel. I had been working in therapy to stop dissociating so much. I was starting to feel some anger. I knew it was best to not feel anything until it was all over. So I drifted off into the lines on the wall.

After the MRI was over, the table started rolling back out. As soon as I could I attempted to get out by myself. The tech came running in telling me I wasn't suppose to do that. Then he said "now that wasn't so bad was it?" I wasn't brave enough to say what I thought and wanted to say. But I gave him the biggest look of "put it where the sun doesn't shine Bud!" and stomped out of the room.

I was so angry that I had been bullied into taking the test without medicine. Angry that I let it happen. And angry that I WAS going to have to endure the effects of dissociating so intensely, how that was going to make me feel in the coming days. I was the one who had to experience all that, the tech didn't. In fact he probably forgot me the minute I walked out the door!

If there had been a way that he had to experience all the panic I had pushed down inside, and how disconnected I was to feel in the coming days..... well not that it would have changed things, but I would have enjoyed it!

As I said in the beginning, this was a defining experience. I told my therapist and we started working on it. I have had so much medical dealings all my life, I have an alter just for medical stuff.

However, she is a "good girl" as defined by my childhood. Don't talk back, don't complain, and always do what you are told by those in authority. She also took a lot of the verbal abuse. This was at a point when my medical condition was becoming too overwhelming for just one "girl" to deal with.

My therapist suggested "Cathy" needed an advocate. This idea was explored, as well as which alter would be a good advocate. Since the situation isn't always the same, in the beginning it was decided when a medical test or appointment was made that could possibly need an advocate it would be discussed with my therapist and he would talk to the alter we decided upon and work on details.

It was in this same time period that I began reading Dr. Bernie Siegel's books. He is a very good doctor and writer. I encourage those that have chronic medical problems to check out his books.

Most libraries have all his books. He is a cancer doctor, but his ideas are good for anyone. If you can get on the Internet, just put his name in a search engine and lots of links will come up.

He believes a "good patient" is one who speaks up. If you don't understand something, say so and expect an answer you can understand. Expected to be treated with respect, don't settle for less. Patients that do this, who become a partner in their care—the ones who give their doctors a hard time—are the survivors!

There are several other good doctor/ authors with the same beliefs, theories, who share a lot of good information about dealing with your health and the medical system. My reading, my therapist and a very good doctor have helped me to become an empowered patient.

MV



E.C.T.

By Mary K.

I decided to get electroconvulsive therapy (ECT) done because I was sick and tired of being depressed. I've had problems with depression going back more than 20 years. For example, I can remember being suicidal when I was 10. The depression had persisted despite many years of therapy and medication. I was tired of it and I wanted some relief.

The stereotype about ECT is that it turns people into zombies. Not as bad as getting a lobotomy, but almost. This view is what keeps some people struggling for years with severe depression in cases that talk therapy and medication can't help. The reality is that ECT is a painless treatment that works quickly and effectively to banish depression. It is truly unfortunate that it has received so much bad publicity over the years.

Once I decided to get ECT done, I was referred to a psychiatrist who performed the treatment. The doctor had me fill out a Beck depression inventory to measure my level of depression. My initial pre-ECT score was in the mid-30's, which indicates a severe level of depression. ECT was recommended to help alleviate this depression.

An initial series of 6-12 treatments is generally recommended. There is some flexibility in the number depending on how well the treatments seem to work and how long the effects last. After that, periodic treatments are recommended to ensure that the benefits are maintained.

The major concern I had about ECT was its effects on my memory. I was worried about long-term memory loss. It is very common for patients receiving ECT to suffer short-term memory loss; disorientation following the treatments is commonplace. However, my doctor assured me that long-term memory loss was uncommon. She said that she had performed thousands of ECT treatments and there had been long-term memory loss in two of her

patients. I felt reassured knowing that was uncommon.

Getting ECT done turned out to be a fairly big commitment. My doctor recommended that I take an extended period of time off from work and also that I be hospitalized for the first two treatments. This is so that doctors could watch me carefully and intervene immediately if there were any concerns.

As it turned out, the treatments went smoothly. I was given anesthesia so that I was not awake for the treatments, so I was not able to eat anything after midnight the night before. Electrodes were placed on my forehead, and an electric current was administered. This induces a seizure, which is believed to be the therapeutic agent of the ECT. I was given a muscle relaxant, so the seizure did not cause me to convulse.

After the ECT, I would sleep for 45 minutes to an hour, and often wake up disoriented. Sometimes I would not know what day of the week it was, for example. This disorientation usually passed fairly quickly. Because of the need for anesthesia, the treatments were done in the hospital. After the initial week, I was not required to be an inpatient. I would arrive at the hospital early in the morning, change into a hospital gown, and then wait until it was my turn to have the treatment.

I have had about 9 treatments done so far. The results have shown that it has been pretty successful. My therapist and husband say that I seem less depressed. I don't feel as depressed either, and my scores on the Beck depression inventory have been lower. They have ranged from a low of 4 to a high of the low 20's. I continue to receive ECT a couple of times a month, and I am now back at work. I'm glad I decided to get this treatment done because it has helped me be less depressed, and that is a welcome result.

MV

Call Down the Rain

Call down the rain
To scrub my soul
Free me from torment and trouble
Call down the lightning
Give it control
To pull my remains from the rubble

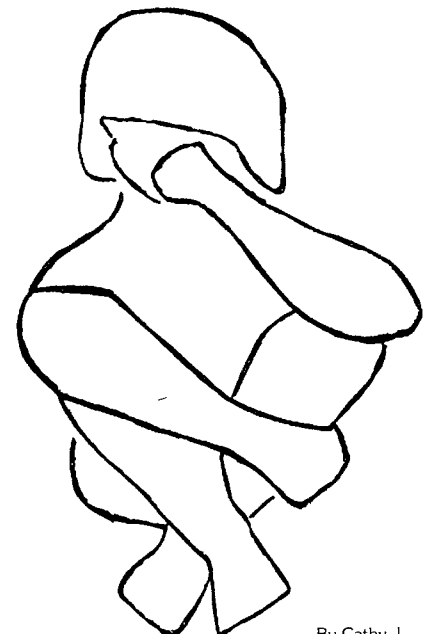
Call down the rain
To drown out the fire
Of hatred that rages inside
Call down a miracle
Blessed with desire
To save us from mass suicide

Call down the rain
The wind, the monsoon
Call down the great hurricane
Call down the starlight
Call down the moon
To banish the sorrow and pain

Call down the rain
To fill me with love
Comfort a sad refugee
Wash out the shame
With tears from above
Release me and let me be free.

By Judy D.

MV



By Cathy J.

A Letter of Thanks and Encouragement from Japan

By Yuri F.

(With special thanks for the English translation to Yoshiki Tsuchiya, who was extremely generous with his time and effort to prepare this for MV readers. Thanks, Yoshi! – Lynn W.)

I am a Japanese MPD patient integrated in 1994. Today, I publish *FLOCK REPORT* for MPD/DID people in recovery. The report is published by a group of us in recovery, and is distributed among them. Although the early issues were prepared by myself alone, today many people contribute to the report by sending various letters. Some friends help with the translation of letters if necessary, and with proof reading (but I still do the editing.)

The first issue consisted of a single sheet, size B4—(as used outside the US – ed.) with an introductory letter. It was published on Dec. 1, 1998. Currently, we have produced a total of eleven issues. *FLOCK* means people of the same group, and comes originally from the publication “*The Flock: the autobiography of Multiple Personality*” by Joan Frances Casey. *Many Voices* has contributed significantly to help us issue *FLOCK REPORT*, and I am very grateful to the MV staff.

To be frank with you, the first part of December is a very hard time for me. I lost my best MPD friend before publishing the first issue of *FLOCK REPORT*. We were treated in the same hospital together. After I gained my integration, she was also diagnosed as MPD. She was truly my best friend for a long period of time before her diagnosis. Immediately after I left the hospital in 1995, we were hit by the Hanshin-Awaji earthquake. Then she moved close to my home. We agreed to help each other and to survive together for a long time as MPD “partners”. In those days, it was all we could do to support ourselves. Therefore, we often needed help from other people. Whenever we felt good, we talked about planning to establish a group home where MPD friends could meet together, or starting a support group. That was our dream. Since the doctor treating

me was also her doctor, we shared our dream with him. It was very unfortunate and sad that my friend passed away in early December, 1996, just after she integrated. Since I did not know the true cause of her death (suicide or accident) I suffered from a guilty conscience, wondering if I could have saved her. As a result, I felt very lonely and miserable.

One year after her death, I remembered our dream. I decided to make it happen. On the other hand, I was afraid of meeting with other people diagnosed with MPD, because they might say I was not one of them (since I had integrated). By chance, I remembered that my doctor gave me some issues of MV in the past. It was possible that I could carry out any necessary activities to create MPD support, as long as I did not directly face the other people. This was the beginning of publishing *FLOCK REPORT*. The doctor, who knew our dream, believed it was important to form a self-supporting group. He encouraged me and supported my activities.

It was a coincidence at that time that numbers of Japanese mass communications organizations picked MPD as a popular subject for reporting and investigating. However, I did not want to expose myself to those reporters. Therefore, I asked a friend of the doctor to face the media instead of me.

Finally, the first edition of *FLOCK REPORT* was completed on Dec. 1st, 1998. It was also fortunate that the first edition could include a letter from an MPD patient. Although the publication appeared only once every six months, and there were no special advertisements, the number of readers and contributors increased gradually. The #6 edition was ready for publishing in December 2000.

It was extremely painful for me that

the doctor who treated me for 8 years, before and after the integration, could not see the No. 6 edition, because he passed away just about the time it was published. I asked to place the new *FLOCK REPORT* in his coffin.

In spite of the fact that I depended considerably on the doctor during my treatment, I had tried to be as independent as possible. I got sick of thinking whether one person could be the God or the devil.

After his death, I found I could no longer feel close to him. I felt he was caught in the web of a different dimensional world. It was the same feeling I experienced when I lost my best friend, five years ago.

I could not erase the sadness and emptiness caused by the loss of these important friends who had always been there to support and encourage me.

But today, I am determined to survive. Despite the terrible loss of my great friends, I am no longer alone;

Because I have a loving family.

Because I have a good and supportive job and friends at work.

Because I have many partners supporting *FLOCK REPORT*, and numerous friends I feel I know but never met, through MV.

I am very grateful to the editor Lynn W., and other contributors to MV, because they taught and showed me numerous ideas about how to deal with MPD. I also want to thank Lynn for letting me translate some articles from MV for use in *FLOCK REPORT*.

I want to create my long-cherished dream that my late best friend and the doctor shared.

I want to generate a space open to all, where broken-hearted friends can find relief.

I want to help create a world where everyone is important and respected and has the right to exist.



The title of this picture is "My Dawn". The picture shows my son Aki who gave me a chance of recovering from the illness. In other words, he gave me the strong will-power to live, survive and get well. Yuri F.

I am sure that I shall never give up my dream, no matter how difficult, just as the doctor never gave up on me. He believed in me from the start. He said that I had to believe in myself, in people and the surrounding world. Although it may be very difficult to believe that everything suddenly turns good someday, it is very important for us to believe in ourselves, and not to give up. When you get tired, you can relax by changing the view or leaving the space for awhile. However, you should never give up on yourself. When you gain some renewed vitality, you should try small steps you can deal with. It is very important that you must believe in yourself, in people and your world.

I would like to say to every MPD/DID patient of MV, "Please, live

and survive! Never give up! Believe in yourself, people, and the surrounding world. If you do this, something will change, and good things will happen."

I, Yuri, thank all of you and wish you good things. I shall continue to publish *FLOCK REPORT* in Japan. I also ask you to send any encouragement letters to friends living in Japan. My e-mail address is as follows: flock@msd.biglobe.ne.jp

I certainly would like to publish a translated version of your letters in a future *FLOCK REPORT*. Thank you very much.

MV

An Intimate Family

Hot steamy summer coming to an end
 A mind grows weary...
 struggles for survival
 Unceasing activity...
 Likened to the sun beating down
 relentlessly on a scorched
 desert sand
 Small pieces related...
 being put together making a
 collage
 An intimate family...
 composed of members born
 over a lifetime
 Is there a peaceful existence ahead?
 "All" working in harmony...
 "ONE" figure left standing
 possessing "many" attributes
 A combination of "beings"
 Naturally integrated...
 The belief...
 The hope...
 that shouts of pain
 now cries
 with pleasure and joy...

By Kathleen C.

MV

I Know

When I look in your eyes

I can see it.

I know you've been there.

When I hear the trembling in your
 voice

I know.

When I see you shaking with fear

I know.

When I see the tears begin to fall

I know you've been there too.

By Patricia R.

Theories of Integration

By Thea

The purpose of dissociation: Coping and Survival

Dissociation is a brilliant way of coping with lethal amounts of trauma. It is a creative response to living in a crazy situation, be that from child abuse or medical illnesses and treatments, wars or natural disasters. Dissociation is a common human trait, as people experience this any time they drive on a highway and are able to negotiate their way to their destination without giving it much conscious thought, or when someone realizes they just ate a full bag of chips, but didn't taste a one, they were so lost in other thoughts. Some people develop this coping mechanism to such a degree that they create "alters" to hold parts of the traumas that are too overwhelming to be assimilated into their life experience, which is called Dissociative Identity Disorder (DID).

If dissociation is a helpful coping mechanism, allowing traumatic experiences and feelings to be split off in order to protect the host personality from trauma that is experienced as lethal in level, then it fits then that many of these dissociative splits are along emotion lines. This is an amazing, innate way of surviving a hellish environment. Each alter embodies a different emotion. We noticed that we have "twin" alters, wherein one may be the "light" twin who is happy and has no memories or awareness of abuse. The other is the "night" twin, who experienced the abuse and feels sad. They are two sides of the same coin, split to ensure survival of an threatening experience. So apparently polarities are a part of dissociation. The bad memories and emotions are split off, allowing the "good" alter to be "out" and function in a "normal life in ignorance of the trauma. When a child can't get out of a life-threatening environment, dissociation is a creative and effective survival tool.

What goes wrong?

I have noticed that many

dissociative people function quite well before getting into therapy, with the dissociative walls firmly in place and various alters going about the business of keeping body and soul together, unaware of each others' existence quite successfully. This is successful because everyone in the system has their own job and function that allows for a way of living that works, despite buried pain and trauma. It may not be the most effective or efficient way to live, but dissociation allows trauma to be contained and the survivor to be able to live with it until safety can be found elsewhere. So what then causes this brilliant survival system to fail?

Some of what goes wrong is that to maintain dissociation takes a great deal of energy. The more dissociation there is and the less co-consciousness, the more work it is for the body and mind to function. It takes a tremendous toll on the body's resources to hold back certain parts of the mind ("night" alters, carrying "bad" memories and negative emotions) to allow the "light" alters who resonate in the more positive emotions to run the body's day to day life. Furthermore, some alters are so split off that one may have a medical condition (asthma, diabetes, deafness) that the other alters do not share. At some point, a catalyst occurs that triggers an avalanche of foreign emotions, feelings, physical sensations and memories.

For some this may happen when the person has achieved a certain amount of safety in their outside life (job, home, relationship). I believe that some wise part inside the person knows this is a time when the host must begin to learn the truth about their life. For others, this melt-down may also occur when there is too much crisis and not enough safety and the dissociation cannot withstand that much stress on the system.

Sometimes the dissociative walls begin to break down from normal aging processes, so there is probably

some chemical and neural process that has broken down. As NPR reported about elderly holocaust survivors in nursing homes, some have flashbacks to the death camps, calling an aide a thief when she takes their bread crusts out of their hands while clearing their plate. Another aide lines the residents up in their wheelchairs in the hallway for showers, terrifying the survivors who think they are going to be gassed to death. These survivors may not be DID, but they have dissociated those memories and feelings successfully until they are in their 70s, 80s and 90s; now the dissociative walls are breaking down in the aging brain.

For me, the catalyst of my melt-down was when I went to the movies to see *Awakenings*, a true story of catatonic mental health inpatients in the 1960s who were given an experimental medication which enlivened them for six brief weeks before the catatonia resumed. I had planned to have a nice evening out, but by the end of the movie, I felt catatonic, never caring if I moved again, sobbing some ancient tears I could not stop. At the time, I described it as feeling as though my body was hijacked by a 2 year old, frightened and shocked, confused and overwhelmed. I was plunged into the lowest emotions and felt trapped there. I didn't know how to get my body back or how to turn off these horrible feelings. Something huge was happening and I had no idea what it was.

This nightmare followed only a week after I had felt the most satisfied and happy with my life that I had ever experienced. This fleeting new feeling of freedom and security was wonderful and welcome. In the ensuing years, the memory of contentment was a beacon of hope I looked to as a symbol of the healing I would eventually achieve. But first, I had to get through this avalanche of "night" emotions that took hold of my life. I discovered that what I

considered "my" life was really only half the story. What an ironic title for that movie: "Awakenings!"

Once in therapy and working on the dissociation, there seems to be a disintegration of the system. In truth, for most dissociative people, the break-down occurs before the commencement of therapy, or why else go into therapy? What sent me into therapy was that what once worked to help me cope before the catalyst and avalanche no longer works. I had been in therapy a couple of years before the diagnosis was impossible to ignore any longer. Truth be told, had my therapist been able to recognize the symptoms of dissociation more quickly, I would have received the diagnosis of DID sooner. As she and I look back on those first two years of therapy, my dissociation is now plain to us both.

Often the experience of being newly diagnosed with DID can be fraught with fear and a feeling of being out of control, as switching becomes frequent and dramatic. The fear can be increased in some dissociative people having numerous incorrect diagnoses and ineffective treatments for many years. Once the dissociation is correctly identified, the host personality's denial and lack of awareness is shattered and the host notices the switching of different alters, feeling various others taking control of the body. Other alters will hijack the body in a therapy session and in life, each filled with their own emotion: This one raging, that one sobbing and scared; This one suicidal and that one calm and peaceful. If there isn't co-consciousness, therapy is a difficult, confusing and halting process. The host may try to slip into denial repeatedly, as that seemed a safer place to live. Internal communication and trust is non-existent or at an all-time low. Where once was order, even if at a high cost (lack of co-consciousness, energy drain) now is chaos and despair.

So, the plunge into therapy can be a dangerous time. Suicidal ideation and attempts can occur as the system has to deal with the diagnosis and as the "light" side has to learn of the "night" side and have the "through the looking-glass" experience of abuse

or trauma that was shelved away, forgotten to the "light" side of the person. The whole system of alters and host personality have to learn who each other is and how to learn to function with each other. Each one's story and pain must be heard. All of this work has to be incredibly difficult for the host who may be totally unaware of any unpleasantness in life prior to this surge of negative feelings erupting from within. Each alter has to learn how to cooperate and communicate, which may be foreign to that person/system, but now are processes that are essential for continued survival and eventually thriving.

The healing process of integration

The healing process can take many paths. My system understands and follows the path that first we must all come to acknowledge and accept that we all exist, and we exist for a reason. We must come to know each other and why we were created and share our memories, feelings, opinions and thoughts. As this occurs, this is the beginnings of a long process of integration. We must integrate with each other our personal information and stories and our emotions. As we accept that there are others and I am not a singleton, I begin to see that I have wise helpers, resource alters, who can help me and the whole system, particularly when we begin to call on them, though they can also intervene without invitation.

Once we know each other, a "light" alter who resonates pure joy is pure no longer, because that alter now knows the alter who carries pure rage. The two alters begin to have an effect on each other and this only enriches both of them, as there is never only light, or joy, but we know light because we have experienced darkness, and we can feel the high of joy only after we have dipped into the depths.

Integration continues in developing internal communication, starting with externalizing it. In therapy, various alters may talk to the therapist, who may tell the host what was said and by whom. Or the alters may write what they are thinking in a dialogue with pen and paper or in different

fonts on the computer or through artwork. Or communication may shift from being a continuous chatter in the background to slow down for more co-conscious and internal, rapidly communicating in visual symbols or clearer words. Alters learn to differentiate themselves by what they do, rather than by having one dominant emotion, and we all learn to cooperate with each other to work on shared goals.

This increased communication leads to pairings and then groupings of like alters, whether they share a common age or a common lineage of development across ages. Mapping of the system can be helpful to fully understand the interconnections of alters and better know the system. Groupings are furthered by the "group" sharing thoughts, so one alter in the group speaks through another who is out and has control of the body. This experience of one alter speaking through another is what I call "transparency."

The last step of integration is "oneness." I imagine this (as I am not there yet) to be when the transparency between alters and groups of alters is so translucent and permeable that all dissociative walls dissolve and there is no separation, but only one-ness. There are no alters, but one being with many thoughts, memories, opinions, thoughts and feelings. Some conflict and others create a confluence, but it is one being thinking and feeling all these things. How do things get better?

In my experience of any healing, nothing is more powerful than acceptance. When I could not accept myself as DID and having many selves, I found my therapist's acceptance to be a stabilizing factor. She connected and communicated with various alters I could not accept even existed, much less hear and be co-conscious with them. She taught me what they expressed to her. Her acceptance encouraged me, literally giving me the courage, to move through the fear and begin to listen inwardly with developing curiosity about the others that inhabit my mind and body. I continually got stuck

Continued on Page 10

Integration, Cont'd.

when I could not accept my own reality and would fight those within.

Acceptance has always been hard for me, though when I do get to acceptance, I find it is as simple as falling off a log. Falling is the act of allowing gravity to take over and stop working so hard to stay on top of the log. Acceptance is much the same. It takes letting go of prior beliefs, opinions and feelings that seemingly have kept me alive, and yet, by letting go and accepting what is, I discover I am living much more fully and with more contentment than even the weeks prior to my *Awakenings* catalyst. Self-acceptance is a hard one to change, but be patient. It took many years to get where you are and it won't change over night. If you can't accept yourself/ves today, well, then, there's always tomorrow! A new day, a new chance!

Finding a therapist helps. This person does not have to be trained in how to deal with dissociation, but that helps. If he or she does not have that training, then it is important that they be open and willing to get supervision, go to conferences and read books to help them help you. Mostly, the chemistry has to be right between you and the therapist so you, all of you, feel safe with that therapist. I find that the therapist that has a healthy dose of curiosity and willingness to try new approaches and treatments can be helpful too.

What else helps? Medicines, exercise, sleep and a healthy diet, healthy thoughts (meditation, prayer, positive thinking). All of these have proven track records in many scientific studies. Also, talking about problems, doing reflective thinking and journaling and having healthy, supportive, caring and loving relationships (marriage/partnership, family, therapy, friendships, communities).

What has not helped my integration process was reading all those books on being DID and treating DID. Many of those books sensationalize being DID and were filled with misinformation. This is still a new field and there is not a lot of research out there about what works

and why it works in psychology in general. There's even less on dissociation. Reading too many books became very frightening for me, rather than seeing that dissociation is a creative, life-affirming and healthy response to an unhealthy, life-threatening and crazy situation. Reading that integration and becoming "one" like a singleton felt like a forced goal that would not be necessarily beneficial.

Another experience that was not very helpful to my treatment or integration was being a part of a group of DID people. I participated in several groups of multiples, one with a therapist present and one without any therapist or convener. Initially I found it to be reassuring to meet other people "like me" and learn how important it is to give time and care to the little children alters, making sure they had time to play and voice their needs. From that I developed a system of "time-sharing" the body, so everyone who needed to be in control of the body got some time to do that, but when it is not their time, then they go to their safe place to rest and wait. Often, however, the multiples' support groups were triggering of flashbacks and caused rapid switching which left the body exhausted and upset any balance we had found thus far.

What helps most of all is learning to understand our particular system and trust our inner wisdom to find our healing path rather than look outside to others' experiences as our guides. Each of us is unique and different and though the process of healing and integration may be similar, it will unfold in the way that is right for each of us. Others' experiences may resonate or not with ours, but that no longer is frightening. Instead, we forge ahead, setting our own pace and blazing our own trail.

MV

MV Delay Possible

Dear Friends

I want to let you know that in Mid-October, my adult daughter is having major surgery in another state. I will need to travel to be with her for two or three weeks, during her hospitalization and early recovery.

While I expect this will turn out OK, there is a slight chance it will interfere with the early part of MV's December production cycle. I might not get the issue to the printer on November 10th as I normally do. So please accept my apologies in advance, if the December issue is a few days late arriving at your mailbox.

However, everything else at MV should be fine. I definitely want to receive submissions of material! Artwork, Therapist's Pages, partner's pages, prose & poetry are welcome. So are subscriptions, of course! (Consider gifts, for the holidays!) I will have people checking MV's mailbox while I'm gone, and I will be checking email and phone messages regularly. So with any luck, there will be not much disruption in the process.

Please continue to ask questions and communicate as you normally would – and if anyone knows of conferences or other places MV's literature might be useful, please tell me. We want to keep spreading the MV word!

Best wishes to you all – and please send good vibes toward California in Mid-October! Thank you so very much. – Lynn W., Editor

MV

The Road Trip

By Phoenix H.

As time has passed in my healing from childhood abuse, I have had moments when I have believed that I was healed and I could stop therapy. My life was then "normal" and I'd never have to worry about triggers or dissociation ever again.

Going to the doctor had been a trigger, especially male doctors. However, I switched to a woman doctor, Dr. D., explained to her that I was an abuse survivor and what I needed, and was surprised and pleased by the respect and sensitivity she demonstrated toward me. So I thought that going to the doctor would no longer be a problem.

In 2001, I became ill with gastrointestinal symptoms. At first, Dr. D. and I thought the symptoms were caused by stress, but when I began losing weight inexplicably, she began to order tests. The diagnostic procedures were minimally invasive. I had little fear about them and no dissociation during them. More urgent was my desire to find out what was wrong and to fix it.

One of the tests provided the crucial clue and Dr. D. reached a diagnosis: Crohn's disease. A chronic autoimmune disease, Crohn's can be managed with drugs. At first the drugs helped my condition and I was able to gain weight. I also began treatment with a gastroenterologist (GI doctor) who "mapped" my gastrointestinal system to determine the location of the Crohn's inflammation.

So far, the medical procedures had not triggered memories or dissociation. The medical professionals from the doctors to the lab technicians had been treating me with kindness and respect.

In early December, while my regular GI doctor was on maternity leave, I had a checkup with her colleague, who suggested I might want to consider having surgery. I told him I'd think about it, but I didn't want to use surgery as a treatment unless all else failed. I agreed to take an

immunosuppressor which took up to two months to be effective, and a dangerous possible side effect was the shutting down of white blood cell production in the bone marrow. I had to have blood drawn regularly to monitor my white blood cell count.

By mid-January my symptoms had begun to worsen and I was losing weight again. My GI doctor returned from maternity leave and suggested surgery. Again I passed. In mid-February 2002, just before I'd reached the two-month mark for the immunosuppressor, my white blood cell count plummeted and I had to stop taking it. And during February, my body, through the worsening symptoms, wailed at me that not having the surgery was most likely postponing the inevitable. The drugs were failing. I couldn't eat normally. I talked it over with my sister, close friends, and my therapist. My therapist helped me to understand that if I chose surgery, I would have control. But if I didn't, I would most likely end up in the ER eventually and my control would be diminished greatly. So at my check-up in March, I told my GI doctor that I wanted to have the surgery. She was extremely pleased and set up an appointment with the surgeon immediately.

An absolute terror gripped me as I walked out of my GI doctor's clinic. Unlike the terrors of the past during my healing, or unlike panic attacks I'd experienced during PTSD, this time I knew exactly what the terror was about. There was an abuse memory behind it of one of my abusers threatening me with knives. I had thought I'd processed this particular memory at least ten years earlier and was surprised at its appearance. My surgery decision had triggered it because the surgeon would cut me with a scalpel. Dissociation took over for several days, keeping my physical sensation at a distance and taking my mind into its protective bubble.

The next day I met my surgeon.

He, of course, had no idea how important it was that he not physically resemble in any way any of my abusers or behave like them in any way. He didn't. The man I met had kind eyes, a warm handshake, and an all-business demeanor, and looked a little bit like the actor Ben Kingsley (my sister still refers to him as "Ben Kingsley"). I blurted out immediately that I had been abused as a child and it was affecting my response to having the surgery. He listened, then assured me that I would be safe. At no time did he discount or minimize my emotions or my past experiences. All decisions were mine. He told me that having surgery would be the easiest thing I'd done in my life, and he took the time before I left to reassure me again that I'd be fine and I could call with any questions or concerns. He made certain that I was always in control of the process.

I scheduled my surgery for five weeks later. I live alone and needed time to get my life in order in anticipation of a long recovery. My sister and close friends rallied to help me. I also needed time to work with my therapist to process that frightening memory. A missing piece had emerged because of the surgery and how my surgeon had responded to me. I realized that as a child, I hadn't had any control over my abuser or what he did to me. He was the one with the control, the power. I don't know why I didn't see it before – it is a fundamental component in the abuser-victim relationship. My abuser hurt me, terrorized me to feel powerful in himself and in control. As a child, I'd been powerless to do anything about it.

As an adult, I am the one who controls and has power over my life. I control how I respond, my thoughts, my feelings. My surgeon respected my personal power and didn't try to take it away from me. He acknowledged my control over the situation and what he would be allowed to do. I made the

decisions. I understood the nature of surgery—a surgeon essentially hurts you in order to remove or repair something wrong inside your body, not to hurt or terrorize you. He has healing on his mind, and I could see my surgeon was very focused on doing his job, making it possible for me to eat normally again, to live my life fully.

There was just one thing. While my surgeon and his team would be operating on me, I would be unconscious, unable to see or know what they were doing to my body. Not that I wanted to be awake, but the loss of control during that time bothered me deeply. My therapist encouraged me to look at it like taking a road trip. I start out driving the car and my traveling companion (the surgeon) enjoys the scenery. When it's my companion's turn to drive, then it's my turn to sit back in the passenger seat and enjoy the scenery. I don't need to drive all the time, and I can trust my companion to know how to drive and to do it well. So, my surgeon and I were going on a road trip, and I'd be driving up until they wheeled me into the operating room and put me under the anesthesia. Then, he'd drive for about an hour and a half. When I woke up, I'd be driving again. Did I trust him to know how to drive and to do it well? Yes.

My surgery was a complete success. My road trip ended on a "morphine beach," but I was up and walking around about twenty-seven hours later. My stay in the hospital turned out to be a pleasant one and I

did well, even dealing with the pain once I left "morphine beach". I will never forget my first real meal in the hospital – turkey noodle soup, herb roasted chicken, green beans, boiled red potatoes (without the skins), a roll, and vanilla pudding. It was really good to get home, though, and begin my long recovery.

About a month after surgery, I had a check-up with my GI doctor. She had received copies of the pathology report and the "op notes" of my surgery. These two documents intrigued me. At my last check-up with my surgeon, I asked for copies of the "op notes" and the pathology report. As I read them, I got excited. The "op notes" are the surgeon's notes describing what he did during the surgery, how the patient responded, if there were any complications, etc.; i.e. I now knew what I was doing and what happened to me during the time he was driving on our road trip.

I was very fortunate to have doctors who were sensitive not only to my physical needs but my psychological and emotional needs as well, and supportive, caring friends, my sister, and especially my therapist. As frightening as the abuse memory was and as horrified as I was that I had to deal with it in addition to everything else, that memory served to remind me that I'm now an adult, in control of my life and my body, and this is as it should be. My body is mine, no one else's.

MV

Health & Dissociation

Doctor visits (and my health in general) are affected by the MPD/DID.

For example, we all seem to have diabetes, but severity is different for different alters. In the morning I may test at 153. A few minutes later, I test again at 200. We have very rapid switching.

My internist could not understand this, until I told her about the MPD/DID. Now she does not expect to always have consistent results in blood tests.

Of particular difficulty are pap smears. We have to bring a friend who distracts the "littles" with a puppet. We will have to find a new doctor for this, however, as our other doctor has retired. This will be hard. So we pray and hope to find someone soon.

By Sally B.

MV

In My Own Time

Everyday I am healing from my journey with its twists and turns, I hope to one day be at peace with all that I have lived through.

Some days I feel it's too tough to go on, but somehow I find the strength within myself to do just that.

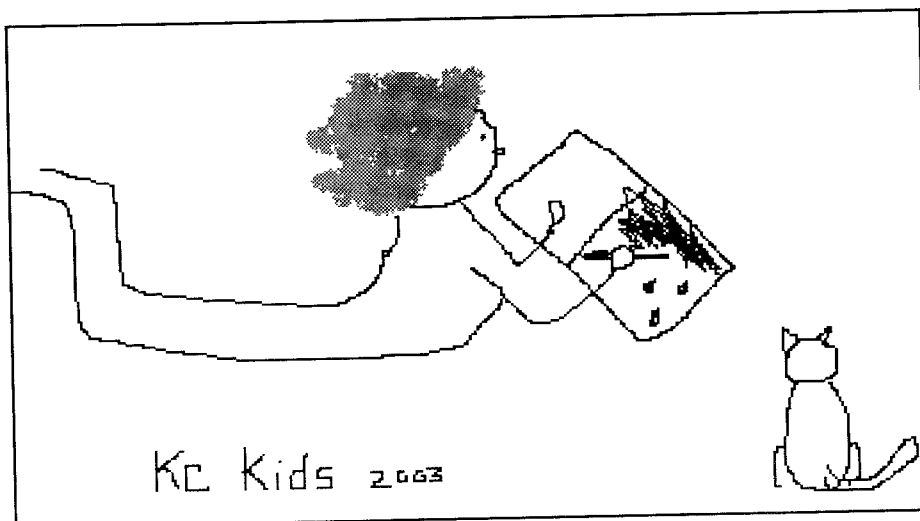
I am a survivor, and NO ONE can or will tell me any different.

I am now on a different journey than the one I was born into. This one belongs to me and ONLY ME.

I am in the driver's seat on this journey. Oh sure, I will make the same twists and turns as I did before, but this time I know how to get out of them all in my own time.

By Mary G.

MV



Compulsions

By diane, of Ravensong

Steps. Words in a sentence, letters in a word, number of lines in a paragraph. Floor tiles, ceiling lights, slats that make up a window blind.

I count. Anything and everything. Odd is better than even (always) except when I'm counting with my hands or feet—then the counting always has to start right and end left, which makes the number even. I think that has something to do with coming full circle, with closing an opening. But whatever it is, I usually tap out an extra, so there is an odd number to finish. Evens seem so very, very unlucky.

It used to be much worse, more involved and detailed. Counting the number of times I blinked and, therefore, saw an object...making sure it was an odd number. If something happened to interfere with the pattern, looking away and back again, to make up for it, all the while being certain that wherever I looked, I maintained the same "odd" number.

As far back as I can remember, everything has always needed to be done in multiples of odd numbers. To not do so created incredible anxiety. Scratching an itch, brushing my hair, buying things (1 or 3, never 2), structuring my sentences, coughing, sneezing...everything.

It wasn't until I discovered that my ability to see labels beneath objects that spelled out the name of that object was vastly different from the way others perceived the world that I started to think about other things that made me different. I thought everybody counted. Somebody mentioned that we used to count steps a lot, at the apartment and at school. And then, I remember running back right before the bell in high school to recount steps that I thought I might have miscounted, and hiding it, and I realized that some part of me knew I was different. And then another somebody said that we still do this because, until now, many months after this discovery, I wasn't consciously aware of it. But as I

thought about it, I realized I knew the number of steps in various public and private buildings, the number of letters in many words without having to count them and, as I began to give fuller attention to the body, I noticed that counting was almost as involuntary for me as breathing.

There's no rhyme or reason to my compulsion. I can very vividly describe what I do, and how things must be, but not why. I've yet to uncover the obsession or obsessions that drive it. Even though I like to think that it is getting better, I really think that it is simply existing, as it always has, at a deeper level, because at times of increased anxiety, it comes out in full force. And I occasionally test myself. Though I can't remember counting steps in a particular building or number of letters in a certain word, I always know how many there are.

The most difficult thing about being quietly different from others is that feeling of needing to hide a part of yourself. I want to be accepted as I am, quirkiness and all. And it seems that, the more I learn about us, the more quirks I uncover, many not directly related to the dissociation. The hardest but most important thing I think I'm learning through the healing process is to accept all parts of me as they are—the others, the behavioral quirks, everyone and everything—and people around me are much more likely to accept them as well.

MV

Emotion Thought Connected

It wasn't ever your fault.
It is time to give up
your weapons against
yourself.

Frozen in time,
A vague, fragmented soul
You lie deep within,
in pain, abandoned.

Little one, do not be shamed.
Although she went away,
Mommy has always loved you.

Now you curl, fetal position
Protecting you from daddy's rage.
Still the hurt, in your heart,
Fear not, you will soon stand tall.

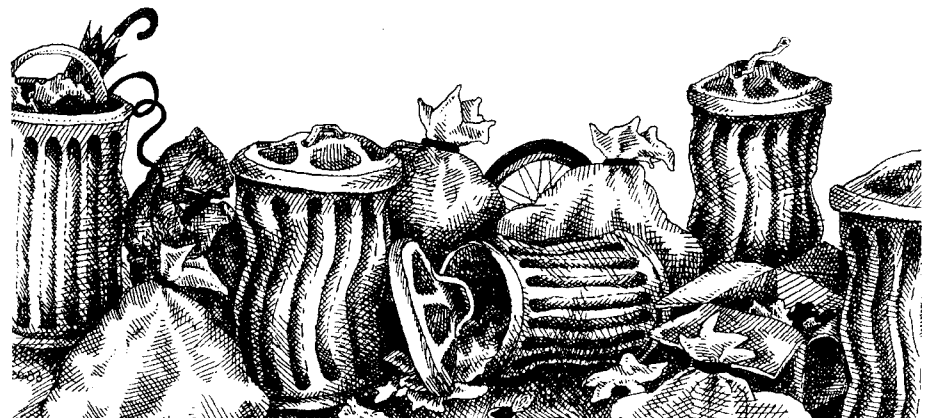
The earth shakes, now you topple.
but with courage, self-nurturing,
You can grow stable.

And in loving yourself,
And parenting yourself,
May you find your:

Swayed back straightened.
Foggy mind cleared.
Slumped head raised.
Scarred skin smoothed.
Vague feet grounded.
Divided soul whole.
Emotion thought connected.

By Caroline A. M.

MV



By M.K.

Letters

(Please respond to these letters by sending a note in care of MV. We will send the replies to the letter writer. Please also send permission for your letter or reply to be published—IF that's ok with you.)

Male validation. What it is. How do get it. Do we even need it? (Yes we do...otherwise, when we were children, we wouldn't have done things that said, 'Hey Daddy...look at me! aka, please validate me.)

Even though I am 42 years old, my need for male validation is non-deniable. A very good (and honest) friend of mine pointed out the fact that I just flip over backwards whenever a male pays any attention to me—be it the plumber, electrician, etc. She said that I am too trusting of what they say, and then am upset and a little naive about what they do. The only male figure in my life growing up was my "father," alias sperm donor, who taught me that the only reason I existed was to serve him. I know that this sounds sick. I regret that I did not have any other male figures, be it brother or uncle who could challenge this status quo. To let me know that I was good for many things, not just sex. Still, whenever a male pays just the slightest attention to me...I lap it up. I hate that I am this way! I feel so desperate. I wish someone could tell me how I can regain my own sense of positive self-esteem without first making an absolute fool of myself.

Please tell me, where do I go about "getting" a sincere, sensitive, positive sense of myself? Is this even possible?
Brenda B.

I am writing to ask if anyone has had a experience like I have, or even similar. It has been very difficult for me to believe even almost a year later.

Last November, I lost the best doctor [for me] I have known. He was the perfect doctor for my medical situation. I have many medical disorders plus DID. Most doctors consider me too complicated, and so I have ended up with 10 doctors, all specialists. This happened after Dr. Herb moved to another state, to teach at the Osteopathic Medical College.

He was working on returning to where I live. I had kept in contact with

him by letter and phone. I had talked to him on the phone just days before he was killed. I had been looking forward to his return. It was a violent incident. He was shot at close range with a shotgun, and I was told he died very quickly. I still have trouble thinking of him and then being flooded with visual images of him on the ground dying. I never saw these images in reality.

It is such a great loss, not just for me, as he was a very gifted healing, compassionate, caring man & doctor. One of my "girls" who was very bonded with him is a 7 year old [Katie]. It has been extremely difficult for her, as she hasn't been bonded with anyone the way she was with him. A lot of that is probably because of his acceptance and he saw her for who she is.

Dr. Herb and my therapist are the two people that have made the most difference in my life and healing process. I have tried many times to just write about him since he died. This is the first time I have been able to. I have also lost a total of six people in the last year, including Dr. Herb. Three were very close long time friends.

Please send any replies to *Many Voices*. I greatly appreciate it.

Kat & the girls

What We Say

Okay, it is about our mothers. What we say are all the true things saved up in the box of our bodies.

One of us has cancer, in her breast over her broken heart. The other is an alcoholic, who drowns the sound of remembered cruel words.

We all have covered ourselves at one time with our sick shields. Later, they have to be replaced with the bright examples of who we can become:

Women who grow despite our mothers' inabilities.

We can speak now between the shadows, nod in agreement, though our pages of memory are different.

We find that we can smile in these moments of sharing what has been our past, and never will be our future.

We will be women who love and let go of women who cannot.

By Elizabeth F.

MV

MV

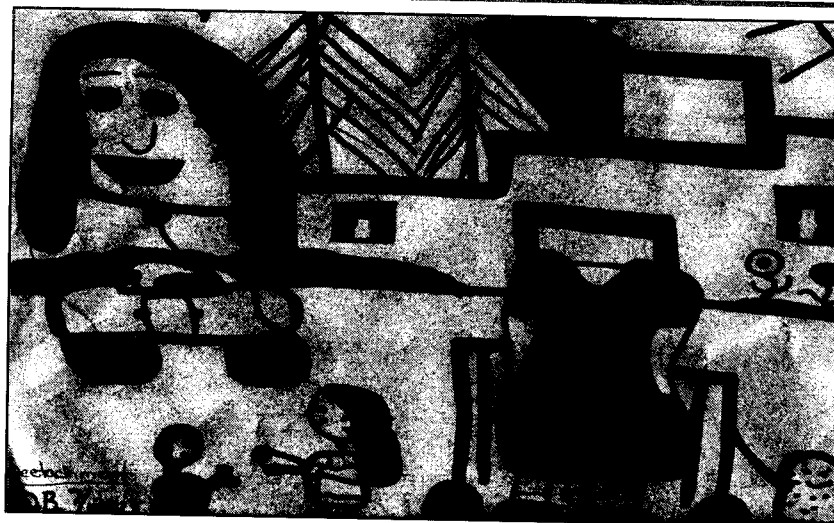


What the Tearjerker Does

The scale portrays only a number
 A diet industry's evil blunder.
 It comes alive when we step on its
 bony back,
 stepping on it with high hopes,
 but stepping off of it, self confidence
 is something we lack.
 After a while, the tears run dry you
 begin to feel ashamed,
 especially when you cry,
 go to drastic measures to lose
 weight...
 there's nothing about yourself that you
 don't hate.
 Food becomes a ritual.
 The calories lessen each day,
 becoming almost minuscule.
 Every moment is projected to the
 morning weigh-in
 hoping that today, you will finally be
 thin.
 It will be hard to come out of the
 depression
 it puts you under.
 Throw away your scales!
 You are worth so much more than just
 a number!

By Kristi S.

MV



Detachment

This is a child's view of detachment from physical trauma. It shows the head detached, floating in the air in balloon with the body separated. I walk with a walker since I had a stroke in December 1999. Peripheral neuropathy has set in my extremities, causing numbness. It can also be related to sensory deprivation, losing physical touch with people.

Peripheral neuropathy has left us in a real scary position. The loss of feeling sensation walking without a real sense of your feet, and legs having no physical sensation is a real form of detachment. This combined with our forever-lifetime of mental detachment (MPD) This is the way some of us from inside me—Debbie—feel.

My mother has offered to pay for me to

have massage therapy to help relieve some of my/our feelings of detachment. But at this time the thought of someone touching our body that we have no sense of feeling is way beyond comprehension.

Those of us who are privileged to read the newsletter and contribute information for ourselves and all of our comrades in distress feel a real disconnection living here on Earth among so many persons who do not understand our difficult struggles. It's hard to adjust to living among those who have abused us. Some are still being abused on a daily basis. Here we have a voice—no, Many Voices. One of many, many of one voice.

By Debbie B. MV

Books

Working in the Dark: Keeping Your Job While Dealing With Depression

© 2002 by Fawn Fitter and Beth Gulas.
 Published by Hazelden, Center City MN.
www.hazelden.org. \$16.00. 150 pgs. Pap.

If you ever wanted a clear description of how the American with Disabilities Act and employment are related, this is the book for you. As MV readers know all too well, depression frequently goes along with a dissociative disorder. The suggestions offered in Working in the Dark are easily transferred to dissociative folks as well. The book naturally includes the basics of depression symptoms and treatment. But it also discusses how, when or if you should "disclose" to employers or fellow employees; what to do about a difficult workplace or boss; and what depression can teach you. One of the most distinctive chapters is "Discrimination: The Ugly

Truth". Here the authors (one of whom suffered major depression herself) offer questions and answers about workplace discrimination—a fact of life that continues despite its being (theoretically) illegal. They also give sound advice on what to do about it, including keeping a dated journal that documents your work efforts and the responses you receive. Over 500 people were interviewed to prepare the book, say the authors. The end result is well-rounded, sensible, sensitive and sane. —Lynn W.

Getting Through The Day: Strategies for Adults Hurt as Children © 1993 by Nancy J. Napier. Published by W. W. Norton & Company, Inc., New York & London www.wwnorton.com \$14.95 304 pages. Paperback

One of the most insightful, gentle and practical books I have ever read and used

in regards to Dissociation. It has quite literally helped me to do just as the title states.....getting through the day (on numerous occasions.) I can not say enough about this book. At the end of each chapter, is another bit of information directed specifically towards multiples. The reference section of this book is also quite vast. This author knows what she is talking about. She is a marriage and family therapist in private practice in New York City and lectures and leads workshops. She is also the former president of the New York Society for the Study of Multiple Personality and Dissociative Disorders. This book is highly recommended. I purchased my copy at Waldenbooks but did note that it is available through Amazon.com as well.

—By Brenda B.

MV

THANK YOU for your wonderful artwork, prose and poetry. **PLEASE SEND MORE!** Sharing helps us all!

December 2003

New to therapy? How to build trust. Stuck in therapy? Working it through. Changing therapists. Moving on. Art: You and your therapist in session. Deadline: October 1, 2003.

February 2004

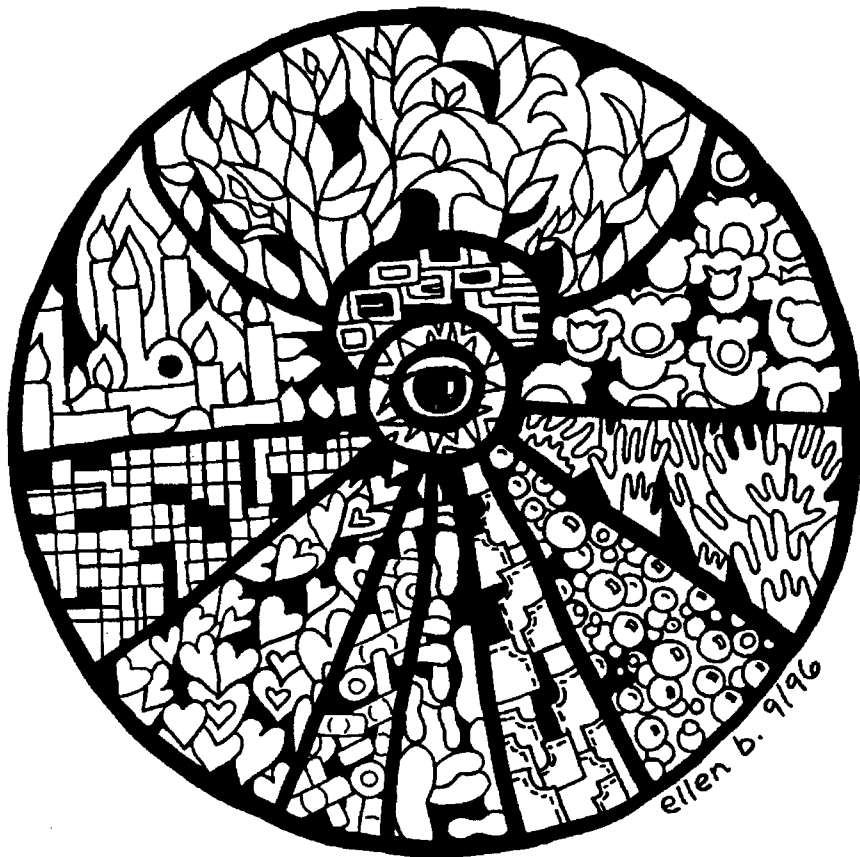
Balanced Relationships for All Genders Art: Friends and Friendship Deadline: December 1, 2003.

April 2004

What Recovery Means to You. Art: Healing Pleasures Deadline: February 1, 2004

June 2004

Choosing a Therapist. Thriving Outside Therapy. Art: How people see you vs How you see yourself. Deadline: April 1, 2004.



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