This article is not meant to replace therapy by a licensed professional. Each individual is unique, and cases and circumstances vary. Permission is granted to print for personal use only. All publication rights reserved by the author.

Treating Ritual Abuse Survivors

Lynette Danylchuk Ph.D.

The way in which the therapist perceives the client coming for counseling is one of the most powerful elements of the therapeutic process. It is very easy, and very common, for therapists working with ritual abuse survivors to see their clients in a one-down position, as in the doctor-patient medical model where, too often, distancing protects the doctor and dehumanizes the patient. By that I mean the client is seen as the "sick" one, and the therapist is the powerful one who will help the poor sick client.

Hopefully, the therapist is functioning at a higher level of mental health than is the client, but it is a mistake to take that to mean that the therapist should assume a role of power over the client. Actually, clients are often coping well given what they are coping with. One of the easiest errors made is in the use of power in the therapeutic relationship, and what therapists frequently fail to see is how their own use of power, though benign in spirit, actually replicated the systematic, hierarchical misuse of power within the cult.

Erich Fromm gave a definition of the kind of power that is therapeutic when he said: "Rational authority is based on competence, and it helps the person who leans on it to grow. Irrational authority is based on power, and serves to exploit the person subjected to it." *

In the cult, the people in power dictate what cult members are to do. Children raised in cults are systematically stripped of their own autonomous power and forced to feel powerful only in the destructive context allowed by the cult, and always under the power of the leader. Ritual abuse survivors have had to learn to be outer oriented - to perceive what is expected of them and do that, whether it is healthy for them or not. When a therapist creates a context in which he or she is the leader, and the client is to listen, learn, and follow what the therapist says, the therapist has inadvertently replicated the power system of the cult.

That is not to say that the therapist has no power; the therapist has a lot of power, but the power the therapist has resides in authority based upon his or her expertise, knowledge, training and sensitivity. The point is to use this authority in a way in which the client can also begin to feel his or her own authority, and begin to develop a healthy feeling of power.

The word used quite often now is "empowerment." How do you empower a client? The first step is to set up the therapeutic relationship to include the client. That means that the therapist sees himself or herself as a kind of facilitator or coach. The analogy of being a coach includes the reality that it is the client, like the athlete, who is doing the majority of the hard work. In the case of the psychotherapeutic process, it is the client who carries the memories, feelings, and wounds from what happened in the past. The therapist, like the coach, gives feedback, offers a different perspective, can point out feelings and behaviors that need to be worked on, and can be supportive. But the therapist, like the coach, goes home at night and does

other things; while the client, like the athlete, has to continue to care for the body, mind, and spirit, and tend his or her injuries.

There needs to be more of a feeling of equality in the therapeutic relationship than is usually found. Both people, therapist and client, are alike in their common humanity. They are not innately different. The ritual abuse survivor is not a defective human being. The ritual abuse survivor is a normal human being suffering from the effects of an horrendously abnormal environment that is often experienced like a completely different culture. What you see when you see a ritual abuse survivor is a person with a catastrophic case of Post-Traumatic Stress Syndrome. There is nothing "wrong" with the survivor, there is just an extreme amount of trauma along with the normal consequences of trauma. There is both enormous strength and fragility in the survivor. The ritual abuse survivor is, in a way, like the survivors of Auschwitz - the ones who survived were the strong and the lucky, but when released, they were extremely fragile and took a long time to heal.

The ritual abuse survivor is not a defective human being. The ritual abuse survivor is a normal human being suffering from the effects of an horrendously abnormal environment that is often experienced like a completely different culture.

The PTSD of ritual abuse survivors is similar to the PTSD from other traumas in that it tends to be cyclical in nature, with periods of intrusive thoughts and feelings followed by avoidant thoughts and behaviors. That means that a person who has experienced a traumatic event will have times when he or she cannot get the experience out of consciousness, and times when the awareness of the experience is conspicuously absent. Typical things people say in the intrusive stage are, for example, "I can't stop thinking about it"; "I can't stop feeling about it"; and, "I'm having nightmares about it."

Hallucinations are another form of intrusive images common in ritual abuse survivors - they are sometimes literal memories, and sometimes symbolic. In the avoidant stage, a person may say, "I tried not to think about it"; "It doesn't seem real"; and, "My feelings about it are numb." These are common, normal parts of PTSD. ("Impact of Event" Scale; Horowitz, 1979)

The person with PTSD needs to know, "What could I have done differently?" (Figley) If you've had any kind of traumatic experience in your life, from severe abuse to being in a natural disaster such as a flood or an earthquake, then you, too, have had some experience of PTSD. If you had as much traumatic experience at as early an age as a ritual abuse survivor, then you would be feeling and behaving in a very similar way. We are all human, and we will all react to stress - the more stress, the more reaction; the younger the age of the person and the more severe the stress, the greater the effect. In fact, according to studies, the nature and intensity of the stressor is the most significant factor in determining the person's stress reaction (Green, Lindy, & Grace, 1985, "Post-Traumatic Stress Disorder: Toward DSM-IV", The Journal of Nervous & Mental Disease, 173(7) p. 406-411)

Multiple personality disability is the most extreme form of PTSD and is the result of the child's desperate attempt to survive and adapt to an overwhelmingly confusing and cruel world. M.P.D. is a normal child's reaction to an abnormal environment and, as such, is a normal and common reaction to ritual abuse. I have seen ritual abuse victims who do not have M.P.D. (they do have other forms of repression and dissociation), but I have never seen a person with M.P.D. who has not been subjected to severe abuse.

One of the most important things you as a therapist can do for a survivor, is to treat the survivor with all the respect due to another human being like yourself, and normalize their symptoms. Please take note of my emphasis on the word normalize. Any human being subjected to catastrophic trauma will react symptomatically. The symptoms you see are the consequence of the abuse the client has suffered, and those symptoms can also serve as signposts to the nature and extent of the abuse. If you look at the symptoms as a consequence of the abuse, then you can ask, "What kind of abuse would cause this kind of symptom?"

The answer to that question helps you, as the therapist, to look at the client's symptoms in such a way that you are able to help the client work through them. Look at all symptoms as potential attempts to communicate. I say potential, because not all symptoms are forms of communication; some are primarily physical and need to be treated as such. It is important to listen to the client, and not assume that because some symptoms are psychological in origin, they all are. Symptoms may be either psychological or physical, or both psychological and physical. Ideally, you as a therapist, are a part of a treatment team, including a physician, a psychiatrist, and a group of support people including, hopefully, someone living with the survivor.

When you look at physical symptoms, the first step is to check for physical basis. The next step is to talk with the client about what the symptom might be trying to express. It is important here to work with the client, and not assume your ideas are automatically right. For example, a client may be in a lot of physical pain with no apparent physiological source; ask the client if the pain is familiar. If so, when has she or he felt it before? Start to look for patterns in the pain - does the person often feel this pain at the same time of year, around certain family members, when dealing with the same memory?

Another way to start to deal with a symptom of pain is to have the client feel the pain as intensely as possible, and let the pain "tell" the person what message it carries. Typically, the therapist can use phrases such as, "go with the pain, let it be there, let it intensify." This sometimes leads to a memory, or sometimes allows expression of repressed or suppressed feelings. Pain in the form of headaches is common, and is most often associated with inner conflicts (sometimes between alters), and suppression of feelings, usually anger. Frequently, headaches will disappear if anger is expressed. [Gestalt work]

Symptoms are often like windows into what is going on within a person. Pain is one frequent symptom. Acting out is another. Acting out includes behavior such as self-mutilation, overt hostile aggression, and abuse of sex, drugs or alcohol. If you have a client who is acting out, it is important to discover what the person is acting out. It is not helpful to blame the client for destructive behavior; in most cases they are already suffering from it, and it may come from an alter who is not co-conscious. It is far more helpful to work with the person to discover what the healthy intent behind the symptom was, and how that intent could be expressed constructively instead of destructively. [Growth model, Virginia Satir]

Quite often the client's feelings that are being expressed in acting out are pain and rage. Also, the client may be reenacting an unresolved traumatic experience in an attempt to resolve it, or to gain control, either in a rather obvious way such as provoking a fight or reenacting physical abuse, or in a much more abstract or complex way, such as cutting the body.

Self mutilation can be a symptom with many aspects. Some people cut themselves because they have no feeling and are trying to see if they're still alive. Others have cut themselves to get in touch, and to distract themselves from their emotional pain by creating physical pain. Sometimes the cutting is an attempt to stay in crisis mode in order to protect the self from

memories and feelings. Other times cutting is a form of self-hatred associated with the client feeling responsible for being too little and too helpless to stop the abuse. Many clients hate their bodies for feeling so much pain, and hate themselves for their participation in rituals, and use cutting as a kind of self-punishment. Cutting can also have ritual meaning, or be in response to program cues. If the client can learn what she or he is trying to express through cutting, then an option emerges and the client begins to have a choice in her or his behavior.

Once you and the client have an idea of what is trying to be expressed, then you need to teach another constructive way in which to express it. This is a cooperative venture - talk with the client, get feedback, brainstorm with the client; there is no set way to do things, each person and system is different.

Symptoms and acting out are ways in which the client stays in touch with memories and feelings without consciously being aware of them. The symptoms and acting out serve a purpose - they are the mind's way of saying, "I shall return." They point to what happened to the person, so that the person will be able to reconnect and heal. If the therapist can see the inherent healthy purpose behind the symptom and help the client to connect to that, then the need for the symptom will eventually diminish. This approach also helps the client see herself or himself in a better light, as a human being who is trying to connect, and whose symptoms mean something. Clients are aware that their symptomatic behavior is not acceptable to society, and they take on the negative labels people put on them, which then, sometimes, reinforces the negative behavior. Seeing themselves as bad or unacceptable only reinforces the feelings they had from their past. If the therapist can look beyond the symptom and help the client see that the mind is holding onto feelings and memories through symptoms and acting out so that the client can one day heal, the client's self image can improve and she or he can begin to work toward that healing.

Symptoms and acting out are ways to express what was inexpressible. In order to heal, the client needs to learn to express directly and constructively. A common element in ritual abuse is the provoking of extreme feelings and reactions, followed by punishing the child for expressing those feelings. Eventually, the child learns to block feeling, numb out, and split off in some way to survive. An important part of healing is identifying the feelings, connecting them with their origin in the past, and expressing what in the past could not be expressed.

Often, the feelings will surface masked by present circumstances in an intense response to a current situation - in a projection or a transference. The client needs to learn to recognize this pattern as a normal human dynamic (as opposed to a symptom of pathology; we all make assumptions/projections based on our experience), so that they are willing and able to seek the more threatening associations under the immediate response, which are being defended against by the projection. Sharing this therapeutic dynamic with the client reinforces the egalitarian power relationship which allows him or her to choose, with the aid of your facilitation and support, to process the feelings within the context of the memory. For ritual abuse survivors this means expressing terror, grief, rage, abandonment, and pain, both physical and emotional. These feelings are as intense as was the horror of the memory. The respectful partnership you have established will greatly ease the confusion between past and present, and will help the survivor differentiate between the initial superficial resemblance of perpetrator and therapist, when the memory surfaces into consciousness.

If possible, it works most effectively to help the client gradually be able to concentrate on one memory at a time. It is a common pattern, however, while working on one memory (thereby encountering increased resistance to that memory), to have another memory - which is not being

defended against - emerge more fully. Then, as that memory is processed, increased resistance to it will allow the previous memory to re-emerge.

Help the survivor see the reality of the over-powered and set-up child. After Gestalt work, go back and talk about what happened, comfort the child, do what wasn't done - validate and comfort. Non-sexual, comforting touch is okay and often essential for healing, but this is something that must be discussed and negotiated with the survivor in advance.

Some mistakes to watch out for are: thinking that accessing the memory is enough; using hypnosis to take control away from the client; becoming enmeshed in the client's system or the perpetrator's thought control system; trying to rescue the client; not incorporating significant others in the process. The feelings, the symptoms, the acting out behavior will all make sense once a person has connected them with their origin. Survivors often feel "crazy." It is helpful to let them know that they are not crazy, "crazy" is a word used when you don't understand what is going on; once you understand, the feelings and behavior no longer look crazy, they make sense. Making sense does not mean that the behavior is okay, but it does create a starting point to direct the behavior in a more constructive way. How do you do that?

As much as possible, try to provide a context in which the client can express feelings in a natural way- sadness is naturally expressed through crying, terror often comes out as screaming, rage comes out as loud yelling and physical aggression. In the original abuse, the natural expression of feelings is usually blocked. A child expressing terror, rage, or pain is quite often tortured and threatened, and learns to block those feelings in some way. It is a necessary part of healing to reconnect with the natural expression of feeling. In the beginning, words are seldom adequate to express feelings as intense as those evoked by ritual abuse. Ritual abuse clients need feelings in order to heal, and that means being provided with an environment in which it is safe to do that. They need to be able to scream, sob, and cry out; to feel the pain they've kept trapped inside; to release it and then move beyond it, learning healthier ways to care for the self and relate to others.

The intensity of the natural reaction to ritual abuse dictates a different kind of therapy environment in order to allow sufficient emotional expression to enable the client to work feelings through to the point where words can be used. That means that it is difficult to work effectively at this level with ritual abuse survivors in an office where people need to be quiet or where a release of anger could hurt either people or property. There is a double message communicated by the therapist who says, "express your anger" in an office decorated with delicate collectibles. There is also a double message communicated by a therapist who tells the client to express his or her intense feelings, but is not really able to deal with them. The client will sense that the therapist can't handle it, and will protect the therapist by holding back information and feelings.

There is a strong inclination in survivors to be "good clients." Ritual abuse trains people to be outer oriented, to take their cues from the people around them. Survivors are often very sensitive to emotional cues from therapists, and will modify their behavior accordingly. This is not always done consciously, and is quite often unconscious, so that the client may feel guilty for not being able to follow the advice or direction of the therapist without realizing that he or she is picking up the therapist's resistance to dealing with an intense feeling or memory

On the other hand, this hypersensitivity to cues given by the other is experienced through the lens of a past experience of abuse, subterfuge and manipulation, so that the survivor initially has little or no reference for benign motivation. If the survivor is invited to express questions,

criticism or doubts about your attitudes, environment, approach or motives and has learned that you will respond honestly and thoughtfully, taking their concerns and perceptions into serious consideration, yet explaining and reaffirming appropriate boundaries, it is possible to reach a consensus with the survivor about the actual sources of resistance - this avoids the wasted time, confusion and potential hurt caused when either therapist or client relies upon inference to evaluate their perceptions. When resistances are appropriately identified and agreed upon, a strategy can be jointly formulated to overcome the resistance. This may involve a change of environment, utilization of a treatment team or adjunct facility, a different therapeutic approach, agreements about joint definitions of words or phrases, or a decision to shift the emphasis of the current therapeutic process.

When I talk with therapists dealing with survivors, I quite often hear them express concern about having clients exhibit intense feelings or recall horrendous experiences, fearing that the client will not be able to handle the intensity. It is important to look at how each person, client and therapist, will be able to deal with the memories and feelings. The client will need to have sufficient time to process feelings, so she or he will not have to walk out of the therapy office feeling disoriented and emotionally raw. In working with ritual abuse survivors who are recalling and processing their abuse, the standard 50 minute hour is usually inadequate. Double sessions tend to work better, allowing more time to express intense feelings and move a little beyond them; and sometimes three or four-hour sessions are helpful, especially with multiples.

Consider also the situation into which the client returns - is there support available at home or from friends? It may be necessary, at times, to discourage working on a powerful memory or feeling because of lack of support outside therapy, or because the client will have to function in a way that will be impossible, if powerful memories or feelings are being processed. For example, if you know the client is being driven home by a supportive, understanding person and will be well cared for, then take the opportunity to process as much as possible. On the other hand, if the client lives alone, or is solely responsible for the care of small children and does not have help or support, then it would be necessary to move as slowly as possible with memory and feeling work until a supportive context can be built. It is not always possible to do this.

Sometimes you will be confronted with a person who has no support and who has responsibilities, who is also having flashbacks. In this case it is necessary to process feelings and memories while seeking to build a support system that will see the person through the crisis. This type of situation is one in which medication can provide an appropriate, albeit temporary, slowing of the process. (Check with the client to evaluate what has been helpful and what has not.)

Have the client make a list of phone numbers to call for support: crisis lines, friends, numbers where you might be reached. It can also help to have a list of how to cope with the feelings and flashbacks. Sometimes all a person can do is recognize he or she is having a flashback, and sit down holding onto the chair until it is over. Any kind of plan that the client can see might work needs to be written down by the client and placed where it can be used quickly. It often helps to draw the flashback, write it out, hug a pillow or stuffed animal, and be as self-comforting as possible. Ideally, flashbacks and memories will come up in a therapeutic setting where they can be expressed, and understood, and where a plan for continuing work can be set up. Remember, clients would also prefer for their memories or flashbacks to occur in therapy and end at the end of the session. Inability to control memories or flashbacks is not being uncooperative.

In dealing with people with dissociative disabilities, particularly with ~~multiple personalities,~~ D.I.D. part of the problem is the client's initial inability to control the behavior of different alters within the system. Too often a client is blamed for the inappropriate or acting out behavior

of an alter when there is yet little or no co-consciousness in the system. A person with M.P.D. is like an entire family sharing one body, but not necessarily talking to each another. Knowledge of family systems therapy is tremendously helpful in dealing with M.P.D. See all members functioning as part of a whole system with a largely unconscious interrelationship - change one, and all shift. Look for who is present and who is absent. Don't blame one for what another has done without his or her knowledge. Use your vantage point to share knowledge, rather than to reinforce secrets and their resulting confusion and disempowerment.

Ritual abuse effects people cognitively, emotionally, developmentally and spiritually. No one theory is adequate in treating clients. The broader the therapist's understanding of different theories and techniques, the more likely he or she will be able to contribute constructively to the healing process. Try different approaches: Gestalt work, brief therapy techniques, Family Systems, Psychodynamic, Cognitive therapy, and the work of Michael White.

In working with people with M.P.D., it is important to work on developing co-consciousness. When a client is dissociative or working on retrieving repressed memories and feelings, it is extremely helpful to tape therapy sessions. Audio taping is fairly easy, video taping is even better. After a session, give the tape to the client to review between sessions, preferably with a supportive person present to help if the tape brings up more feelings. Tapes are confidential, and should only be shared with consent, and are either returned and erased, or are kept for future review. They can give feedback, validation, and reinforce reality. With the use of tapes, clients can begin to learn about their alters, get to know them, learn what they have experienced, and begin to understand how necessary it was to have all those alters in order to survive.

Another way to encourage the development of co-consciousness is through journaling, having all alters write or draw so that others can get to know them. Art (drawing, painting, work with clay, poetry, and music) is also helpful as an outlet for one or many alters combined. It can be very useful in working through memories to have all the alters who were present in the past draw their part of the memory on the same paper. That provides a far more complete picture of the past event, along with more awareness of how many alters were involved and in what way they helped the child get through the experience.

When there is little co-consciousness, it is also helpful to tell the person everything others have said. In a session, the therapist is in a position to function as a whole memory for the client, retaining what has been said by all the alters in the session and feeding it back to the client. Some therapists withhold information for fear that the presenting person cannot deal with it. That leaves the therapist with more information about the client than the client has and, in effect, puts the therapist in a position of power over the client that is inappropriate. It is the client's life, she or he has a right to know what other alters in the self are saying or doing. Occasionally an alter will say that another alter is not ready to hear something. If that is the case, and it seems accurate (it is not always accurate, even in cases where the alter is given official status by the system as more helpful than others), then the therapist relays that information - that an alter has a memory or knowledge he or he is not ready to share, or that they fear the impact of this information on the others, and that listening to the tape of the session may, therefore, be risky. In this way the decision is left with the client, which minimizes the risk of inadvertently colluding in an old-reality defense system, or supporting the cult-induced divisiveness based on an internalized myth of secrecy and inequality.

The whole goal of multiplicity is survival, a separation of body and mind, and mind within itself in an attempt to deal with overwhelmingly catastrophic situations. The child in ritual

abuse situations goes into mental shock, and the connections between parts of the brain storing different aspects of the trauma are broken. The person with M.P.D. has temporarily lost the normal mental connections which allow for a single consciousness. However, splitting also preserves. There is an integrity in splitting - the child cannot do what is being required and stay in the natural self, so the natural self is split off and buried inside and an adaptive self does whatever is necessary to survive. The cult will then use what the child has been forced to do and tell the child that it is evidence of the child's real self. Confusion is a major part of the trauma - there is nothing to grab onto except what the cult says, and the cult often takes an element of truth and uses it to lead the child into believing lies.

Where the purpose of splitting was to survive by keeping things separate and shifting consciousness from alter to alter to preserve life, the purpose of therapy is to heal. Alters need to see this as a different goal, as if "half time" has been called in the old system of behavior, allowing observation and change which will create a new system of behavior. Behavior that was in place for survival may be heading in the wrong direction from healing. Self-mutilation and crises making are examples - they remind the person of the trauma, but direct the feelings toward something external, which allows some expression of feelings, but no resolution. There is no resolution because only the aftermath - not the original trauma - is being addressed, so there is no connection internally.

However, the lack of connection protects the self because connecting with the truth can feel dangerous. In most cases, the danger is associated with threats given the child if the child were to tell what happened. In the present, feelings of danger persist, even when the client understands that the threat is no longer present. There are cases, however, when the threat is still present, where the client is still in touch with the cult members either through harassment or the involvement of a cult alter.

Acting out needs to be evaluated in terms of how much danger the client would be in if she or he were to connect with the truth. The acting out behavior could be serving to let off steam while keeping the person safe from reprisals. Work with the client to assess actual danger in the present, and how that can best be handled. If there is not danger in the present, the client needs to be told that the feeling of danger is part of the past experience: a kind of emotional flashback. Knowing that is helpful, but also let the client know that knowing will not mean she or he will no longer feel afraid. Knowing can help the person begin to risk telling the truth and discover experientially that the threat is no longer present. When a client has uncovered a memory, warn her or him to expect a backlash of denial and fear. Denial is part of the avoidant stage of PTSD, and almost always follows the intrusive stage of memory retrieval.

In dealing with alters in a multiple system, it is essential that the therapist value each alter. Treat the system like a family - all members have a place. There will be as many alters as was necessary in order for the person to survive, and each alter has a purpose. Please do not try to get rid of any alter, even the cult alters; they are all part of the whole self. What does need to change is the behavior and the influence of thought control in some of the alters, especially the cult alters. The first step in that direction is to discover the purpose of the alter in the system. For example, often the purpose of the cult alter is to "not care." The cult alter has had to adopt the belief system and behavior of the cult in order for the person to survive. Ironically, the cult alter, the one who "doesn't care", emerges out of the survivor's intense caring. The child cares so much that caring becomes impossible, a split is formed, and a cult alter emerges who protects the caring self. The cult alter, then, has distanced herself or himself from the caring self so that the caring self can be preserved. Cult alters often look at the rest of the system with disdain, a typical

distancing attitude. A cult alter will often treat the therapist with disdain also, which can be overcome if that is recognized as a distancing strategy.

Most cult alters respond well to the recognition of their contribution to the self; without them the person would not have survived. It is also important for the rest of the self to understand and begin to accept cult alters. Obviously, there needs to be some way to change any destructive behavior of cult alters. Teaching alters constructive ways to release feelings and feel powerful are helpful. Having an alter reconnect with the trauma of his or her origin is also helpful in recognizing how the split was protective of the self, and in beginning to reconnect with the part of the self who was left behind. However, some cult alters are dangerous and need to be held in check through the cooperation of the rest of the multiple system. The more co-conscious the system, the greater the ability to control dangerous behavior.

If the person is not co-conscious, the therapist needs to be aware of potential danger from a cult alter. Do not work in a building alone. Do not have in your office items that can be used as weapons: scissors, letter openers, collections of pens and sharp pencils. There is usually some kind of warning when a person may become dangerous, such as, threatening entries in the person's journal, a client's ominous feeling, a friend or significant other's sense that something is wrong. If there seems to be potential risk, a cooperative arrangement should be made with the client to leave personal items outside the therapy room if they could be used to conceal a weapon.

On the other end of the spectrum, child alters often offer the most direct connection with the original traumatic experience. They also offer a lot of the original child spontaneity. When dealing with child alters, talk simply and concretely, but do not patronize them or talk down to them in any way. Also, do not talk as if you were a child yourself - that's confusing. You are an adult, stay an adult, and simply speak in a language that a child can comprehend. Remember that a child does not think abstractly until around 10 - 12 years old, so theorizing is seldom helpful. What is helpful is having objects on hand to help the child express feelings and memories: drawing paper, clay, and toys are all useful. A child alter behaves like a chronological child, and may have a short attention span. It is not necessary to hold the child "on task" all the time. Go with the child and let the child learn more about the present and how it is different from the past.

Child alters, when allowed time out to talk and process feelings, do grow. They will go through the developmental stages between their age and the chronological age of the self very quickly if allowed to. Too often the child is not allowed sufficient time out to heal and grow, or is expected to integrate with the adult too quickly. Allowing a child alter time in the present can allow the client to experience a kind of childhood that was never allowed in the past. There is a sense in which child alters can give to the system elements of childhood the client missed: they can play in a safe environment, experience being protected by the client's friends or significant others, have a chance to develop talents and abilities overlooked when the person was a child, and simply have a chance to have fun.

Never push integration. Fusion of alters and integration of trauma will occur naturally as the issues separating the alters are resolved. It is also not absolutely necessary for a person with M.P.D. to become fully integrated in order to live a fulfilling life. Integration, without getting rid of any alters, means a resolution of an enormous amount of trauma. There may be a point at which the client sees the process in terms of diminishing returns, and decides not to continue further. If the person is sufficiently co-conscious and thereby in charge of his or her life, then the therapist needs to respect that decision.

Hopefully, throughout therapy, the therapist is sharing knowledge in such a way that the clients eventually can be their own therapists. If therapists do their job well, they will work themselves out of a job with each client, and the client will feel equal to the rest of the adult population. This is, again, a reflection of a power structure built on expertise, not hierarchy.

Finally, how do you take care of yourself while working with ritual abuse survivors? It is common for therapists when working with people with severe PTSD to suffer from secondary PTSD. You may begin to have nightmares, and other symptoms of PTSD. It is essential that you take care of yourself. Part of that will be letting the client know that you, by yourself, are not adequate to meet all his or her needs; that the client will need more help than just you can give. Don't take on the whole load. Also, be sure to find ways to renew yourself. Stay in touch with the beauty of life. Exercise, meditation, socializing, taking walks, having dinner out, movies, books, and other things that give to you, need to be part of your regular schedule. Set limits with clients. Have someone you can talk to. If possible, have your own therapist, or create a support group for therapists dealing with ritual abuse. Think about what makes you smile. Are you giving yourself enough time to incorporate that in your life? Remember why you are doing this - it feels great to know that someone whose life was once unbearable can heal. Know that whatever you do to help counts. All of us, therapists and clients working together, will make a difference.

Recommended Reading

de Shazer, Steve; Clues: *Investigating Solutions in Brief Therapy,* W.W. Norton, 1988, NY, NY

Ellis, Albert & Grieger, Russell; *Handbook of Rational-Emotive Therapy Vol. 2,* Springer Publishing Co., 1986, NY, NY

Figley, C.R. & McCubbin, H.I. (Eds.); (Introduction) *Stress and the Family, Vol.II: Coping with Catastrophe*, Brunner Mazel 1983, NY, NY

Figley, C.R.; *Emotional First Aid 3,* "Post-Traumatic Stress: The Role of the Family", 1986

Fisch, R., Weakland, J, & Segal, L.; *The Tactics of Change: Doing Therapy Briefly,* Jossey-Bass, 1988, San Francisco, CA

Fromm, Erich; *To Have or to Be?,* Bantam Books, 1988, NY, NY

Fromm, Erich; *The Anatomy of Human Destructiveness,* Fawcett Crest Book, 1973, Connecticut

Luthman, Shirley & Kirschenbaum, Martin; *The Dynamic Family,* Science & Behavior Books, 1974, Palo Alto, CA

Mandanes, Cloé; *Strategic Family Therapy,* Jossey-Bass, 1981, San Francisco, CA

Tomm, Karl; "Interventive Interviewing: Part II, Reflexive Questioning as a Means to Enable Self-Healing", *Family Process* 26: 167-183, 1987

Walsh, Froma; *Normal Family Processes,* Guilford Press, 1982, NY, NY

White, Michael; *Selected Papers,* Dulwich Centre Publications, 1989, Adelaide, Australia

* Fromm, Erich; To Have or to Be?, p. 25

Copyright (c) 1992 Lynette Danylchuk PhD, published in Survivorship, May 1992