

# MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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Theme:

## Working with Memories and Doubts

Also: A Legislative Attack on Therapy by  
FMS-Advocates (see page 2)

## *The Journey*

Dreams creep into the night  
to steal away my sleep.  
Again, as so many times before  
I crawled from my bed tired,  
pen and paper before me  
to record my horror.  
But wait!  
I see a new choice.  
Write as I have before  
Of the pain of abuse...  
The struggle for survival...  
The truth of memories...  
Feel the experience...  
OR...experience the feeling?  
And cry for losses?  
Hold onto the past,  
or hold a helping hand  
to fight a lifetime of patterns  
that keep me trapped  
in a jungle of self-pity.  
I can stay hidden in a  
world of blackness,  
away from the sweet  
mystery of life,  
where all the world and  
the beauties of reality  
are waiting for me  
at my fingertips.  
What is the sign  
of truth and trust.  
A single tear?  
To show I have arrived.

By Betty D.



# Legislative Attack Underway

By Lynn W.

I recently received some material (anonymously) that you need to know about.

The first page of Document 1 states: *A Proposal to Finance Preparation of Model Legislation Titled MENTAL HEALTH CONSUMER PROTECTION ACT*. It's dated August 1994 and it is jointly sponsored by the Illinois FMS Society, Ohio Parents Falsely Accused, Texas Friends of FMS, Minnesota Action Committee, and Florida Friends of FMS. (This proposed Act is *not* officially sponsored by the FMSF organization itself. Since FMSF is a not-for-profit "educational" organization, it can't legally be directly involved in politics. But the sponsors share the philosophy as well as the name. The legislatures of several states are being targeted: those of the sponsors, plus New Hampshire, and possibly others. They are also aiming at the Federal level.)

What do these people want? It seems they want to wipe out all therapy except (perhaps) behavioral/cognitive. And they want to make it extremely rough for both clients and therapists in the process. The recommendations include:

**Audio-and/or video-taping** "informed consent", presumably at the first therapy session. (Imagine walking into a new therapist's office, scared and confused, and being told you have to immediately make a videotape! I'd walk right back out the door.) This tape, and all your therapy records, must then be kept by the therapist for ten years.

**Why? So the lawyers have material for the lawsuits** that this Act is designed to permit. (If enacted, this legislation would more properly be called The False Memory Lawyers and Witnesses Full-Employment Act.) They want *third parties* (ie, your parents, siblings, "well-meaning neighbors", and who knows who else) to be able to sue your therapist for negligence. What sort of negligence? Well, they don't specify exactly. In fact, their idea of negligence is so broad, it

could include almost anything...such as parents' hurt feelings, if you choose not to "stay close" to them. (Obviously, that's the therapist's fault!) Or, if you recover a memory - even outside therapy - that might have been because the therapist didn't prevent it from happening. **This group frequently refers to "recovered memory therapy", but this "technique" doesn't exist. Actually, they fear anything that might bring back memories...not only hypnosis and sodium amytal, but even guided imagery.** (No more "safe rooms," folks. They're "imaginary." Not scientific!) It's even possible they could sue the therapist because you chose to attend a support group or read self-help books!

And if a therapist uses techniques that are not backed up by institutional research, with controlled-studies (two groups, one gets the treatment, one doesn't, then they're compared) and "numerous publications" —well, the therapist doesn't get paid. No Medicare, Medicaid at all. (& presumably, no insurance coverage either.) While this sounds reasonable on the face of it, the "science" requirement falls apart when we realize that mental health consumers aren't chemistry experiments. Breaking us down into groups that get specific, limited treatment, to be compared with a group that gets NO treatment, is completely impossible. **Imagine doing a "controlled study" of suicidal patients. What happens to the control group?** Do the "scientists" just let 'em die? Besides, therapy works when it is individualized, not served out of a can like Chef BoyArDee. We're talking about personalities here, (for us DD-clients, lots of personalities!) and it is the rapport between the therapist and client that is especially healing. There's no way to measure this, or serve it up at will.

Further provisions include: **banning what they call "pseudoscience" from the courtroom.** No memory recovery

or memory enhancement permitted. (Of course, they are ignoring the fact that False Memory Syndrome has no scientific standing whatsoever.) They would criminalize so-called "fraudulent practices". (ie, if a client had a memory [in or outside therapy] that turned out to be mistaken, the therapist could go to jail.) They would require "relicensing" of all mental health counselors according to precepts of this Act, and would lengthen the statute of limitations for suing therapists. There's much more. **The full ramifications of this legislation, if adopted, could be discussed for hours.**

And now I'll describe the second document I obtained. The cover page reads as follows: *"Lobbying Made Easy. Just follow the step by step instructions for the next twelve pages and watch new state laws enacted before your eyes. Taught by the Chief Lawmaker in the Texas Senate. Guaranteed to Work 100% of the Time. Includes Sample Letters, Timetable of Events, Source Directory."*

Up to now, I've not felt I had sufficient documented proof to go on an outspoken campaign against FMSF tactics. But this certainly looks genuine. Page 2 of "Lobbying Made Easy" appears to be the letterhead of one Herman W. Ohme, of San Antonio, Texas. If Mr. Ohme did not prepare this brochure, he should find out who did, and sue them. Because the tactics proposed in this lobbying guide are atrocious. Whoever wrote this relishes control and manipulation. For example, Page 9: after referring to "headline grabbing" bills, he writes "...we want to keep ours as quiet as possible, so we do not get the opposition out in force." And after discussing the need to prepare witnesses to testify, on Page 10 he states, "The great thing about our arrangement is we get to stack the witnesses, because we get to name who will be testifying."

It is very hard to understand why, if such modifications in current therapy regulation are so necessary, the sponsors feel such a strong need to keep their actions quiet and to "stack the witnesses". This is not kosher, and it's in writing. On letterhead.

In one way, you've got to hand it to the FMS-advocates. They've got a focus, they're organized, they've got top-skilled people doing their work. (The lobbying brochure is excellent, by the way. Very detailed. Very clear. It could be used as a model for other lobbying efforts - with a change of subject, of course. My dream is to obtain their media strategy and/or their Media Made Easy brochure. I don't know if these exist, but I bet they do. And if someone passes a copy on to me, I'll get it to the right places.)

But back to this mis-named Act...

The potential tar-pits in this legislation are so abhorrent, it's hard to believe it would get very far...BUT I am no longer so trusting as to imagine that "right-thinking individuals" will see through this without it being explained simply. The FMS folks are very skilled at manipulation and weasel-wording. It's also possible they're proposing something totally outrageous in the hope that a (still-undesireable) "compromise" might be adopted. Until this thing is completely out in the open and stamped flat-as-a-pancake by common sense, I am not going to rest easy.

Obviously, if you share similar feelings, please share this or drop a note to your congresspeople (State or Federal) & any influential friends: radio, TV or print journalists; medical or legal advisors; and other possibly-interested parties. If you can, keep us informed too. Though MV does not have the resources to do major investigative work, I will pass along information to those who do have such organizations.

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MANY VOICES wishes to thank the following generous contributors for their help in supporting our work:

**Angels:**



**THE CENTER FOR TRAUMA AND DISSOCIATION**

4400 East Iliff Avenue  
Denver, Colorado 80222  
1-800-441-6921

**Dr. Nancy Cole, Clinical Director**

**Advocates:**



**NATIONAL TREATMENT CENTER for TRAUMATIC & DISSOCIATIVE DISORDERS**

Del Amo Hospital  
23700 Camino Del Sol  
Torrance, CA 90505

1-800-645-3305 or 310-530-1151  
**Walter C. Young, M.D., Medical Director**

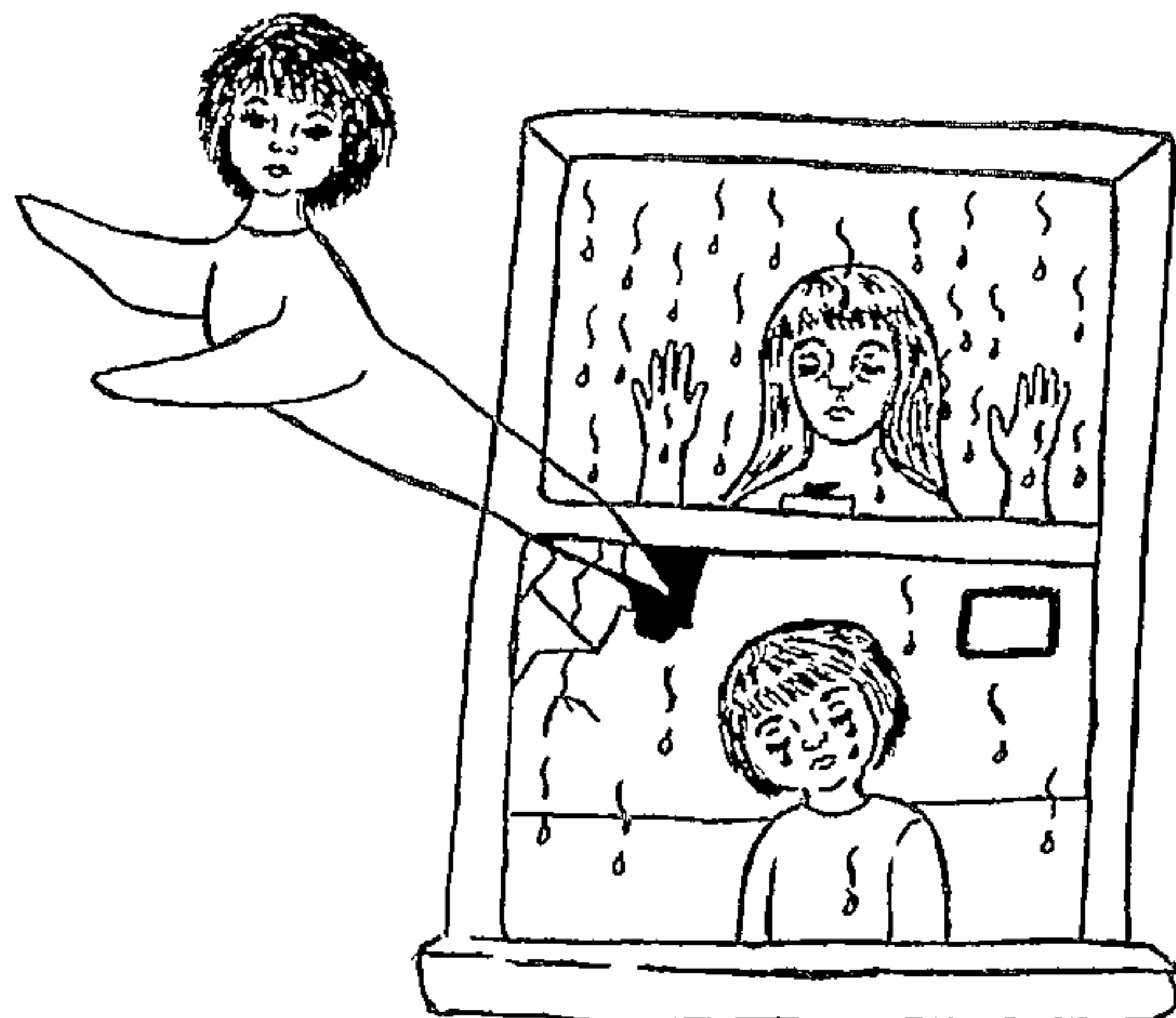
**Friends:**

**RENAISSANCE TREATMENT SERVICES for Dissociative Disorders**

Green Oaks at Medical City Dallas  
7808 Clodus Fields Drive  
Dallas TX 75251  
(214) 991-9504 Ext. 868

**Rekha Pole, M.D., Medical Director**

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*Carla M.*

# Memory and Doubt

One thing I noticed in learning about the developmental levels of children: developmental level influences the child's perceptions of events and situations. In watching a child's program on television, or a movie made for very young children, illusions are used that older children and adults would never "fall for." With this understanding of the mental development of children, I have learned to accept my own abuse memories as the truth for me at the level I was functioning within at the time. In fact, as a support measure, I would have a group of volunteer alters look at memories together.

In one particular memory, a very young alter's perception of the memory was very different from the perception of an alter many years older. The two alters discussed the discrepancies in the perceptions and came to the conclusion that the view of the older alter was indeed accurate. However, it was also obvious that the abusers understood that the child alter would be frightened by their trick and be submissive to the abusers. Rather than have confusion after this memory, I had a great deal of inner acceptance.

By asking if there are any alters who volunteer to go with the alter who is "out", this gives me my own support and assists in sorting out discrepancies due to age difference. I have been using this volunteer technique for three years. It has helped lessen fear prior to, during, and after memories. It does not remove fear and distress totally, though.

By Connie P.



I haven't been newly diagnosed. I have had the diagnosis of DDNOS for about three years now; yet, I still doubt it continually. Then when I do accept it again, it's like accepting it all over again for the first time. What happens is, I'm moving along in therapy. I've accepted I'm DDNOS. I'm journaling

and trying to get to know my "parts". I've even accepted I have "parts". Then it's like I get stuck in deep, thick, gooey mud. I struggle and struggle to get free and moving again, but the mud keeps me in one place just wasting energy. The thick mud is memory. All of a sudden I don't know what memory is. Can I trust my so-called memory? Are the little thoughts or disjointed isolated feelings I have *memories*? Why doesn't it fit together and make sense or tell a story I can follow? Why is it all confusing? I can't tell if it's a memory. I don't understand. I get so frustrated struggling in that gooey mud, I throw in the towel, give up and say "forget it, I'm not dissociative and that's that."

Is it like that for other people? I've read about how some people will get memories and are forced to deal with them, then they get more, and so on. I'm not like that. My therapist says I've remembered things. I disagree. I say what she calls *memories are story lines*, things I've made up. Ideas in my head. My out-of-the-blue feelings are just me, going off the deep end. There's no real proof. Nothing to go on. No abreaction, proper. Just fleeting thoughts rushing past. I can't even seem to grab on to them. She says I get scared and let go. I say I get fed up because it doesn't make sense! Give me something to hold on to! Give me a full-blown abreaction! ...and then...I'll probably deny it.

By Me



Doubting my memories is still a current issue for me. Suppose I made it all up to "justify" my promiscuous and adulterous escapades? My sister does not remember any of this shit. She labeled one of my memories as a "bizarre witch trip that she hoped was just a weird dream." Too much has happened to believe. I'm left now with a "good" daddy and a "bad" daddy. Which one is/was real? I want my

"good" daddy back because I hate my "bad" daddy!

I'm weary of the doubting, yet it is a vicious struggle to believe. When I ask inside, "Why the doubt?" the answer is clear: "I want it to be a lie."

I think there is a direct correlation between doubt and the "all or nothing" syndrome. I either believe the memories and feel totally obsessed by the volume and horror of it all, or I completely disregard them as someone else's problems, but not mine. Balancing the two extremes together causes headaches, panic attacks, and utter confusion. My brain seems to split wide apart. There is chaos and discord within.

Sometimes these things help me contend with memory and doubt:

- \* Relax. "Let go and let God..."
- \* Say so: "I'm having a hard time right now believing what you're revealing to me."
- \* Chant the Serenity Prayer.

By B/S



We have two main ways we put things away when they threaten our present ability to function. Our old therapist used to help us go into trance where we would go to the bottom of the sea and access our steel vault. We would have a few minutes to gather things up (no people, unfortunately) just memories and memory-fragments; then we would use our special secret code to open and then close the vault, which would then be buried again, with the help of our sea friends. This was a pretty intense process and sometimes took almost a whole session. Our mermaid friends are always available, and lots of times if a part is in great distress, or if parts need to be safe while I do my day, we send them to mermaids.

Also, we have a very powerful magical healer witch (good witch) who surrounds the part or parts in healing

purple energy until we are in a safe place again. This is used if a part feels like they want to hurt others. Finally, our latest invention is a memory jar we crafted out of clay (we make beautiful pottery) and there is a snake surrounding the jar, but you can still open and close it. So sometimes we leave it open if it's time to examine a memory; but then sometimes we need to close the lid. Usually it works, on a temporary basis only. At least, now we have a choice.

By Tina-13x 3 with love to Dicken



One thing I do to contain memories is to write about what's going on inside. I do a lot of inner dialoguing. I also draw crude pictures of my feelings and memories. Other techniques

which I've been taught are to: 1) slide into a "safe place"; 2) put the memory on a screen, turn on the lights and wheel the screen far away; 3) put the memory in a "container" (my favorites are a submarine and a bank vault.)

My therapist emphasizes doing one "thread" at a time, and then doing good things for myself (working toward balance) with my day. I also have a hotline number I can call. If all else fails, I can plug in my headphones and rock through the night half asleep and "just rest". A lot of my memories come back at night, when I try to sleep.

By Linda O.



We are MPD doing EMDR therapy and recommend it highly. It is more helpful than anything else we've tried in

the last two years. Standing for Eye Movement Desensitization and Reorganization, this powerful therapy goes right to the memory and tackles it. Difficult, but well worth the effort.

By Charlotte and most of the others who live inside CHH.



I am nine years old. I keep hearing about kids, but no one ever does anything for us to read.

The others say this is too late, but when I get a bad memory I used to close my eyes and be very quiet so it couldn't find me. But Dr. F. says not to close my eyes. He says to run and turn on the TV. And find some cartoons fast.

By jj, part of one of the circles for Jean

MV

## Dealing with Denial: inside and outside of ourselves.

By Ellen K.

**H**ow do we deal with those who say we are victims of false memory syndrome, and that our therapists are at best misguided?

It took me a long time with a lot of hard work to achieve communication with my inside people. My illness or disorder or whatever it is, has many names — one of them is denial. Every time I see one of those articles about "falsely accused perpetrators," I have several reactions. Some parts of me want to have a temper tantrum and scream and kick and bang something. There are also denial parts of me that come up and give me thoughts like *You made all of this up*, or *See, people don't believe this*, or *Could I have possibly made all this up just to please my therapist? He never pushed me or told me what to think, but he was very supportive and encouraging when my memories came up.*

I think that denial is a human instinct that comes up for most people when bad things happen. When President Kennedy was assassinated, I knew lots of people whose first reaction was "I don't believe it," or "This didn't happen!" or "You're lying to me." In this instance, we were quickly persuaded by the events that followed, that denial wouldn't work: the funeral, the widow in black, our new President on TV. All kinds of grieving rituals occur when someone dies. These rituals support us in our grief and allow us to accept what we have lost.

Society knows about denial and gives us rituals to work through our loss, when the loss is death. The world has a very different reaction when a child is molested or raped by a trusted adult: there is denial and shame and guilt, and the abused child looks out at a world that pretends that nothing happened and everything is fine and what is the big deal anyway, *nothing really happened!*

I sit in my chair having imaginary conversations with strangers, trying to convince them and myself of my experiences and of my innocence. There are a lot of people in major denial in the world, trying to pretend there is no evil and nobody has been hurt. For me, I have reached a point of no return. When you reach a certain point of knowing, it is too late to say "Oh, I made it all up. I really don't know anything about this." We *do* know. Some people declare it in public places like the Oprah Winfrey Show. Many of us still need to protect our anonymity. That's okay too. For us, it is enough that we know.

MV

# Therapist's Page

By Nancy P.

Nancy P. is a founding member of Rainbow House and served for two years as the Administrative Director. She is currently finishing her degree in Pastoral Ministry.

## Building a Peer Support Facility from the Ground Up

Persons with Dissociative Identity Disorders have found themselves caught in a paradox of mental health modernism. In the past fifteen years increased awareness about Dissociative Disorders has helped more people to get an earlier and correct diagnosis, but at the same time, mental health care has become increasingly snarled in rigid, economically-based systems. This has made it more difficult for persons to get the on-going support for treatment that is necessary for recovery. Many have reported that they feel buffeted between the demands of an amoral health care market and their own need for continuity of care.

Already burdened by stigma, many Dissociative Disorder persons have had to face the added stress of being viewed by insurance providers or community health programs as being overly demanding. Indeed, many have been "dismissed" by provider systems for not meeting some arbitrary standard. To make matters worse, just finding services can be frustrating. And once a person has gained entry into care, they have the pressure of the "clock ticking" — they are not given a choice about how long services will last. Others have found that just getting in the door does not solve problems. They find themselves in paternalist programs which demand complete compliance or the threat of a quick trip back out the door.

Therapists often report that they do not have enough time to provide the constant support that their DID clients need. They are frustrated when their clients are in and out of hospitals and day programs that offer little or no appropriate after-care support. There has been almost nothing available to help their clients stabilize and manage their day to day living.

In response to such frustrations, persons with DID and their therapists have begun seeking alternatives. The need for friendly, supportive and consumer-driven facilities led to the development of unique programs and facilities. Once such facility is Michigan's successful Rainbow House — a Nonprofit Center for Persons with Dissociative Disorders. Rainbow House was conceived by, is run for, and by persons with DID. By allowing easy access, involvement at will and placement of peer support over bureaucracy, Rainbow House has established an environment in which persons with DID can relax, build friendships and work on their own day-to-day goals. Rather than expending enormous amounts of time in making paper trails, members spend their time doing what they feel is in their best interest. Members share in all aspects of running the center doing everything from cleaning to finance. There is real sense of ownership. Once a member — *always* a member, unless a person decides otherwise. No authority figure holds the keys. Members hire any professionals that they feel will be useful to the Rainbow House community. Members use the center as they need or want to use it. By relating their past suffering and sharing their problems and strengths members have been able to find support and strength. The isolation and shame that has so often accompanied DID is released. Advocacy skills are exchanged and members are able to use these skills to help get their needs and wants fulfilled.

### How We Did It and You Can, Too. Starting Your Own Peer-Run Facility

The inception for Rainbow House began innocuously enough when one client told a hospital chaplain that she "Would just like to meet one other person with MPD." The therapist soon

after started a trial support group to see if the interaction of persons recovering from Multiple Personality Disorder would be helpful. The focus of the group was on peer support, not therapy. The group members quickly formed a bond and were soon expressing their wish to be able to meet more than the twice-monthly sessions. The chaplain, always an avid advocate for self-empowerment, encouraged the group to identify what they wanted and needed. The group decided that a 24-hour support facility that offered a relaxed atmosphere in which to drop in to socialize or unwind after a tough therapy session or a hard day would be what they would most like. They then identified their wishes for a place that did not hinge on insurances or ability to pay. Some expressed their desire for adjunct therapies such as art, writing, and psychodrama. The group knew what they wanted — the how was next.

### Step One

**Define your group goals. This works best if members personally list their own visions for their facility. The group members then join together to identify the points that they have in common. These key identifiers then serve as a springboard for a mission statement.**

Several members contacted the Small Business Association for information on starting a business and researched articles on developing business plans. Although the facility was to be non-profit, the group knew there would be a definite business aspect to running a 24-hour drop-in-house.

### Step Two

**Develop a business plan. This will be helpful in focusing on what your group wants to do and how they plan to achieve their goals. This will**

be helpful also in securing funding and community support. Contact your local Small Business Association for literature on developing a business plan.

Rainbow House founding members were very lucky to have the financial support of one member and her husband for initial capital to secure a lease. Another beneficial plus was finding a landlord who was enthused about our cause and was willing to negotiate for less than fair market rent so that we could initiate our project. Other members helped with deposits on utilities, local licenses, etc. The local Alliance for the Mentally Ill donated \$200. Members solicited donations of furniture, household and business items. One member persuaded an attorney to volunteer his services to help with filing for nonprofit 501 c3 status, and Articles of Incorporation.

**Step Three**

Taking care of business matters is important from the onset. Draw from the resources closest to you including members, business persons, family and friends. Again, the local Small Business

Administration has a wide range of information on the steps necessary for start-up. Your initial financial footing must be sound. Future funders will want to know that your members have invested in the project. Some grantors and contributors hinge their commitment on match monies from member contributions.

With the foundations set we proudly opened our doors in October of 1992. We negotiated with an art therapist and music therapists to conduct weekly group sessions and to work with individuals on a sliding scale fee. Our chaplain/clinician friend from the hospital support group willingly moved the support group meeting to Rainbow House. Another therapist volunteered her services to facilitate a twice-monthly support group for friends and adult family members of Rainbow House members. A psychodrama group was formed under the direction of an experienced social worker. Members used their own personal skills to offer classes in areas such as ceramics, crafts, sign language and computer literacy. Rainbow House was becoming increasingly well known, but at the

same time we began to experience the problems of rapid growth. More persons were joining, but the idea of self-empowerment and volunteerism was not following with their desire for membership. Some members were not paying their fees for groups, and community chores such as housework, bookkeeping and answering the phones were falling on the shoulders of only a few members. A group of professionals was selected to serve as an Advisory Board. This Board meets monthly and is available by phone to members at anytime there is need for help with intergroup conflict or business advice. Bi-monthly community meetings were instituted so that members would be kept up to date on business matters and workload could be better distributed among members.

**Step Four**

Make sure your programming wants are equally matched with realistic volunteer and professional backing. Be sure that membership expectations are equally matched with membership enthusiasm for sharing the responsibilities.

*Continued on Page 8*



*Therapist's Page, Con'td.*

Also, with growth came the necessity to secure outside funding. Several members worked diligently at networking. One member had some grant writing experience and began preparing project proposals. When the State of Michigan Director of Mental Health was in town, members invited him to tour Rainbow House. His alliance proved extremely beneficial when the Michigan Department of Mental Health was requesting proposals from consumer run organizations. Rainbow House was able to secure its first substantive grant. Members began attending the local Community Mental Health Board meetings. This networking also has become instrumental in obtaining funding to sustain day-to-day operations. One member applied for a position on a state advisory council on rehabilitation issues and received an appointment by the Governor. This proved to be another powerful opportunity to network and advocate for the needs of persons with Dissociative Disorders. The local chapter of the International Society for the Study of Dissociation is kept updated on the activities of Rainbow House and many of its members have been helpful in forwarding information,

speaking at Rainbow House and referring their clients. Rainbow House is also actively involved in outreach and has given technical support information to many other groups throughout the world on starting their own facility.

**Step Five**

**Network, research, and learn to write grants. "A country unto itself is not known," applies here. It can be difficult to sit through meetings, attend public events, and call on politicians, but without the support of others, it is almost impossible to keep your group afloat. Many colleges offer grant writing classes and it can be well worth the investment of time and money if no one in your group has previous grant writing experience. Your local library also can be invaluable in researching foundations and organizations that can help you financially.**

The major concern that therapists have in recommending a client for membership at Rainbow House has been a fear of their client being triggered or overwhelmed by being with other persons with multiple personalities. For that reason we keep the focus on peer support and not on

primary therapy issues. Most members report that it is comforting to be accepted as they are. The building of friendships with others who understand the challenges of living with a Dissociative Disorder has been reported as being instrumental to their recovery. The idea of having a truly safe place to go at any time of day or night has helped many members reduce their feelings of fear and isolation. Rainbow House does not replace primary therapy but is a wonderful adjunctive aid for those striving to recover from Dissociative Disorders.

Any group can successfully implement a peer support group or facility. By identifying your goals, building financial and professional support and sharing the responsibilities, a supportive and empowering environment can be built. A more complete information packet on starting a peer support group or drop-in facility for persons with Dissociative Disorders is available from Rainbow House for a donation of \$5.00 (U.S. funds) by writing:

**Rainbow House  
PO Box 1261  
Taylor, MI 48180**

MV**Resources**

**Do you have trouble** communicating to others in writing? Let us write that special letter for you. Send us the idea you want conveyed and \$4 to **Cherakee Correspondence**, 492 East Broadway, Suite 264, South Boston MA 02127. No personal checks.

**There is a new newsletter** for survivors, co-survivors, therapists etc. of Masonic Satanic Ritual Abuse. For information, write to **S.M.A.R.T. (Stop Masonic Ritual Abuse Today)**, PO Box 60577, Florence, MA 01060. Personal accounts and other input are welcome.

**Survivors Healing Center**, the Santa Cruz organization started by Amy Pine and Ellen Bass, is seeking donations to create a community counseling facility. They will also be organizing workshops this year. For more information, call (408) 423-7601.

**Carol Jean Rice sends a request:** "Would multiples, who would like to share their stories for possible publication and the good of all concerned, write to me," c/o Sandra Eastman, PO Box 51554, Jax Beach, FL 32240-1554.

**The Minnesota Awareness of Ritual Abuse Network (MnARA)** offers a newsletter and other educational and support services for people concerned about ritual abuse. Sliding scale membership. For information write to MnARA, PO Box 8144, Minneapolis, MN 55408.

**The Healing and Arts Studio** in Boston, MA presents workshops in arts, crafts, music and writing for survivors of childhood abuse. For schedule, call (617) 859-9561.

**Survivor/educator Jodi Sykes** is planning a book of original art, poetry, and writings by survivors. For information, write to her at 3922 7th Ave. N., Lake Worth, FL 33461.

**Incest Resources** in Cambridge, MA is celebrating 15 years of service to the survivor community in 1995. The first survivor organization in the country, Incest Resources was founded in 1980 by Susan Lees, Eileen Westerlund, Kathy Morrissey, and Elizabeth Brown. It operates on an all-volunteer basis and provides numerous

resource lists, a legal packet, and other literature. Prices vary. Send self-addressed stamped envelope (55 cents) for complete information, to **Incest Resources Inc.**, 46 Pleasant St., Cambridge, MA 02139. Your Birthday donations gratefully received.

**A.W.A.R.E. Canada Inc.** announces the continued fund-raising walk of Paulette St. Jean, incest survivor. She will walk from Dryden to Ottawa from August thru October, 1995. She will be available for speeches etc. in several cities on the way. Her message supports victims of sexual abuse. She also petitions for legal reform. (Her father, who plead guilty to incest charges, served five months of an 18-month sentence.) For information on how to support this effort call (905) 845-9056.

**Address corrections:**

**In MVMC: Healing Art**, 715 North Mountain, Suite G, Upland CA 91730.

**From Oct. 94: Article "Self-Help"** by Robert Katalis. His new address is PO Box 6543, Jackson MI 49204.

MV



## joy to the world

a piece of prose

by charlotte

march 24, 1995

once upon a time  
a long long time ago  
there was this little vacant body  
of a child  
a girl child

horribly tortured and abused  
this little female child person  
had gone on a never ending trip  
to a far away place  
and she left behind a note

"I'm never going to return and therefore  
whomsoever wishes may occupy my space"

[this was a well versed little girl and she liked to use big words]

well along I come, writes charlotte  
ceiling traveler that I am

I was skimming the airwaves barely touching the thin layer of hovering grey dust

when I pass through the window at

3524 hull ave and see strapped to a yellow formica table

(with fake silver chrome)

a flat naked female girl person faint asleep

and I see the note etched in the space above her twitching nose

and considering I was in no hurry along the way of my way of travels I stopped to rest inside her

well i'd barely explored a teeny bit when this rapid noisy buzzing wire is attached to her head

and though I feel nothing

and assume that neither does she

the noise was truly disturbing and memory of it has bothered me for years. well then,  
suddenly this baby's voice is speaking to me, "who are you and what are you doing in here with me" she wants to know

"You'd said you'd left " i challenge back "and yet you're still here"

"I didn't mean to be" she whimpers a little gaining my sympathy immediately and me deciding to stay

and thus and so and now it is

so many many years gone by

the two of us, friends to the end, fastly connected, always together,

never apart

I choosing not to leave

I wanting ever so badly to bring some friendship

companionship especially companionship

warmth and happiness

inside this little awful girl

hurting painful pained

like dead

I sat and sat and thought about this

and found my life

its path

before me

so here i have been

all these many years

having found a real live person place to be

I am truly truly glad to be able to type through the hands

speak through the mouth

see through the eyes and

be here in the growing growing up

world of the two and many of us.

# Living with Memories

By Stacy Joy

It is hard to live with some memories. It becomes easier, more comfortable to doubt. It causes confusion but it does give relief, to most of our system. We have developed a system that allows us to doubt right up until therapy, then we have to take our blinders off and work hard for recovery of memory and mental health. In living with memory, doubt, and insecurity caused by the memory and doubt, we need to avoid the black and white thinking. There are grey areas that we need to explore. Allow space and time in dealing with memory, and allow some room for doubt. That helps to keep the pressure off. Time-outs on heavy brain work are necessary.

We use our co-conscious to protect ourselves in triggers and sudden memories. As a child we developed a system that protected us from our environmental dangers, i.e., two brothers who attacked us often. We split in twos; one to do things, go to school, etc., and the other to watch and warn the others of danger. Now this system is used to take in crisis-people. When someone triggers, a watch mate calls for a team of helpers to take in the crisis-person, and to take over functioning. It took practice to get this system in top working-shape. This has enlarged our co-conscious and has been a great

help in our young integration status. We all decided when we were diagnosed that we had to work together or end up in a state hospital or dead. This is why we have banded together into different kinds of groups: cell groups, working groups, family groups, etc.

We use these groups to fight sudden memory crises. We give the crisis-person a *sit's with*. That is, a person who does one-on-one crisis intervention. We have created places to put them, like huge bubbles with all the trimmings (TV, etc.) They can see out, but most of us can't see in. Often, the *sit's with* goes into the bubble with them. Then they can come out later, journal, or do therapy.

With flashbacks, we try to change the memory sequence. With kids, we find a safe spot inside for them with a responsible adult or teen. Then we ask PictureMaker. He's four or five years old. He creates pictures in the head, thus his name. We ask him to work with the person having a flashback, and create a clean memory. The kids can ask for anything to help. Then PictureMaker helps them to see the new, clean memory. The key is to be sensitive to the start of a flashback and gather them in quick. For the adults it's a similar method. First we get a *sit's with* and then we talk them into a calm, self-talk. It's like: my mate had a

flashback. I must go to her and calm her down, so I tell her it's OK, everything will be OK. It's simply another flashback. Then I ask her to share and pray.

Prayer and faith are so key, central to us all. We know God helps because he has proved it so many times. We use bubbles for the adults, too. It's an old thing from childhood. We would blow soap bubbles, then imagine all of our enemies in them, to destroy them or keep us safe from them. One day, one of our lead people said, "Hey, let's try it this way." The one-way mirror quality is to keep the memory contained. It's not nice to share pain when it can be avoided.

We have spent five-and-a-half years working on these methods. It's like breathing now.

We have safe spots: the heart part for the kids, and the light for the adults and kids. Nothing can hurt them there, so we use them. These are our holy places. Like it says *Jesus in your heart*. We imagine Him there for comfort. It's God's love for us that taught us to work together. That is making it easier to integrate, because we seldom fight each other, and we try to imagine what the other feels. It thins the barrier between us so we can blend and flow until the bond is tight — and we have another integration.

MV



## A Healing Crest

By Christine Cantrell

When I first began remembering the incest I experienced as a child, I sought therapy, and after my second session I decided I could no longer go by my father's surname, and legally changed it. My new name is a family name, though I went back five generations on my mother's side of the family tree, and I changed the spelling slightly to make it user-friendly. It was very healing to have my own name, and I sent out a name-change announcement, much like a birth announcement, which said that I did this "as an act of joyfully adopting myself." No matter how bad the denial gets ("That couldn't have happened to me! Not in my family!"), when I hear, say or sign my new name, I feel a rush of positive, healing feelings. This was right to do.

When a credit card company recently offered me a Cantrell credit card, with a perk being a family history and crest, I and all my little ones (being MPD/DID) wanted a crest of our own so much. But we aren't really of that family crest. Not wanting or needing another credit card, and not feeling particularly connected to the other Cantrell's of the USA, we did some research about heraldry and discovered we didn't like the traditional Cantrell crest. It didn't fit us, as a person or system, which we call a Clan. So we set about making our own, with each color (which you can't see in black and white) and symbol and drawing being very significant, representing the healing powers of the major personalities in our Cantrell clan. We have framed it, and keep it over our bed, to remind us that all of us inside are here to help protect us, shield us, and become whole, whether or not we ever choose to integrate.

It has been a healing exercise, and fun, and wonderful to be able to look on and know it is our shield, and remind us that we can now protect ourself/ves, though we were unable as a child. We hope you find this crest and our idea worth sharing.

MV



### Conferences

**June 2-3.** Fifth Annual Celebration of Healing. South Bend, IN. Call (219) 256-0010 for info.

**June 7-11.** Third Nat'l Colloquium of Amer.Prof.Soc. on Abuse of Children. Call (312) 554-0166 for info.

**June 8-12.** Seventh Annual Eastern Regional Conference on Abuse and Multiple Personality. Alexandria, VA. Call (202) 965-8454 for info.

**June 16-18.** Believe The Children and SAVE sponsor their Third Annual National Conference. "The Tapestry of Ritual Child Abuse: Past, Present, and Future" will be held in Arlington Heights, IL. For information, call (708) 515-5432.

**July 31-Aug.4.** Training Workshop sponsored by Masters & Johnson Trauma, DD and Sexual Compulsivity Programs will be held in New Orleans. For clinicians only. Information: (800) 598-2040. Registration deadline, July 24.

**Sept. 14-17,** ISSD 12th Int'l. Fall

Conference. Orlando, FL Call (708) 966-4322 for info.

**Sept. 16.** West Coast Conference on Childhood Sexual Abuse. Southern CA. Call (310) 373-1958 for info.

**Sept. 29-Oct 1.** "Treatment of Mind Control, Multiplicity, and Ritual Abuse: Developmental Processes, Character Pathology, and Program Neutralization Strategies" is the title of a conference planned in Los Angeles. It is sponsored by the Hollywood Community Hospital DD program and the Christian Society for the Healing of DD. For information, call Dr. Catherine Gould at (213) 650-0807.

**Oct. 5-7.** The Sixth World Interdisciplinary Conference on Male Sexual Victimization will be held in Columbus, OH. Sponsored by the NOMSV and Ohio Coalition On Sexual Assault. Titled "Exploring Diversity in Pathways to Healing, Prevention and Research." Information available from The Learning Alliance, 324 Lafayette,

NY, NY 10012. (212) 226-7171.

**Nov. 3-5.** Voices In Action, Inc. sponsors a regional conference in Indianapolis, IN for incest survivors, helping professionals, and pro-survivors. Keynote speaker is Marilyn Van Derbur, incest survivor and former Miss America. Conference theme: "Embracing the Journey: the Challenges and its Gifts." For information call (312) 327-1500 or 1-800-7VOICE8.

Midwest Regional DD Workshops, **Nov. '95.** Chicago. Call Bennett Braun, MD at Rush North Shore MedCenter, (708) 677-9600.

**Jan. 22-26, 1996.** Tenth Annual San Diego Conference on Responding to Child Maltreatment.

Sponsored by Center for Child Protection, Children's Hospital-San Diego. Multidisciplinary workshops, varied levels of practice addressed. For information, call (619) 495-4940.

MV

## Two Poems by John

I was diagnosed four years ago. *Many Voices* helped me so much in getting through the worst parts of my recovery. I lost my family, my home, my job, my financial security, and my innocent belief in a past that never existed.

Today (2/94) I have a new job which is even more challenging and rewarding than the old, my bills are getting paid (slowly!), I have a wonderful girlfriend, and lots of healthy new friends. I'm closer to my children than I have ever been and I'm working hard at healing the wounds with my ex-wife. I would just like to share my journey with those of you, like me, who are in this incredible process of transformation. — John J.

### *The Wall*

(1991)

I stand at the wall, the tall cold black smooth translucent mirroring black wall. Blacker, colder, harder, smoother than anything we can build. It is not of this world. Texture of Apache Tears. The wall is a formidable sorrow...

I touch the wall but it does not touch me back. I turn and slide to a sitting position. The wall stays...

Later now and the wall is still there. We both of us wait. I and the wall. We wait...

I am pressing my palms to the wall. Coolness drains my will; the wall accepts my strength passively yet will not yield it back. The wall has infinite capacity to accept my strength. To press into it for too long will rob me of life. Hypothermia is the danger here. Frostbite of the soul. The wall is formidable but not sinister. It has no will. It is what it is. Unmoving, impenetrable, meant to be scaled and then left behind. It will not sorrow my passing; it recognizes no victory or defeat. It knows nothing of past footprints over its summit or moldering bones at its base.

It is I that give life to the wall, I sense a deep inner pulse within this black mystery, an alien obsidian heart quickened by the touch of my challenge.

The wall is dead. It is my fear that gives it life. I over-imagine and ride new nightmares to the paralysis of Fear. I once again turn my back to the wall, slide to a sitting position, and wait for the pounding fear to leave my pulse. The wall waits with me.

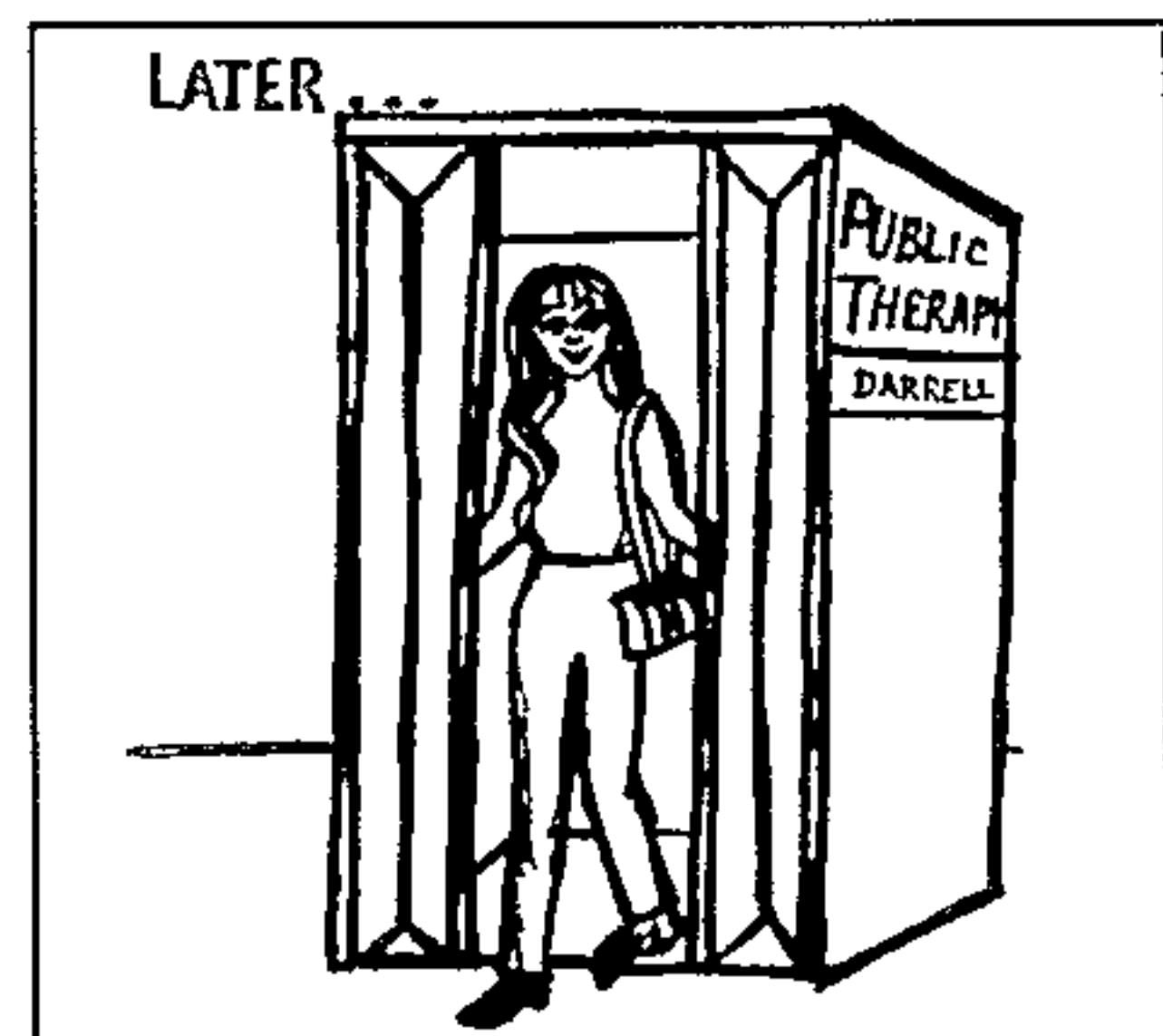
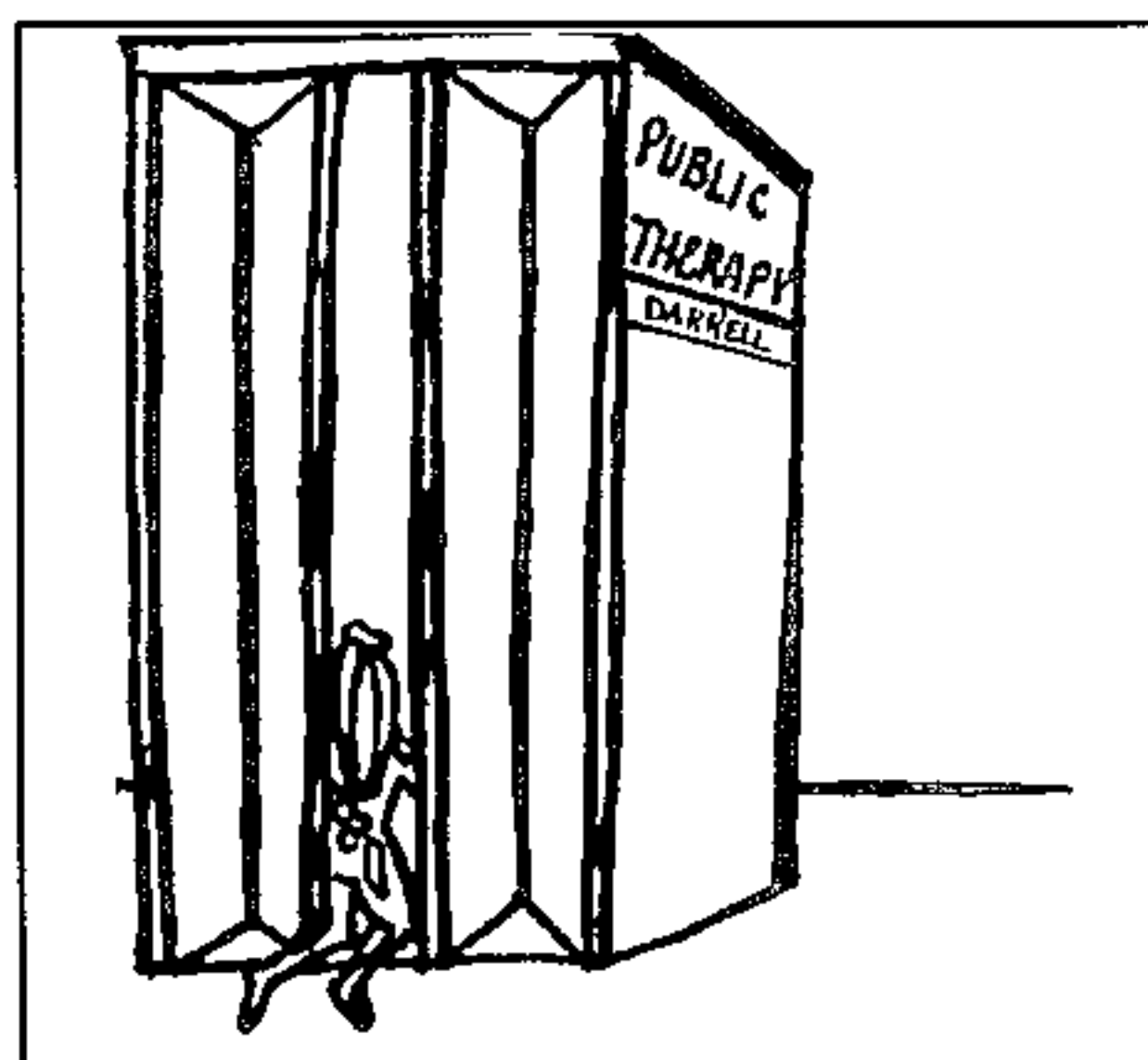
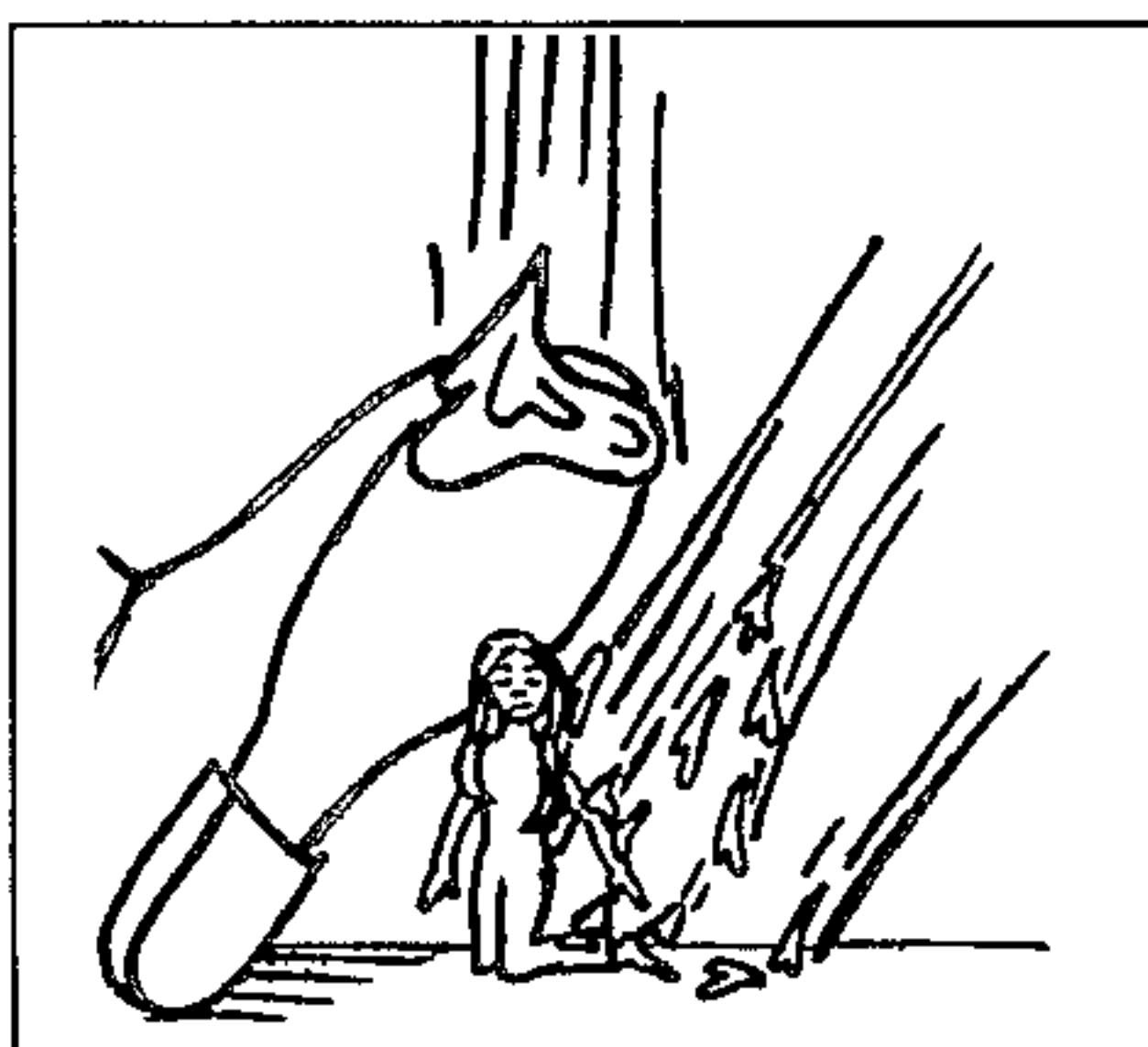
"Climb it!," They say; the voices say "Climb it!"...

I press my hands to the wall. Its coolness draws my strength. I look for handholds. I see none. I'm good at this. I've done this before. I won't give up. There are other ways. I close my eyes and press my cheek to the wall. Slowly my hands move on the wall. I am my hands, I am my fingertips, I am the nerves in the arches and whorls of those fingertips, I am the very friction of life against the wall. I will the crevice which will bear my weight. I am patient. I am focused. My search is absolute...

I am again sitting with my back against the wall. I don't know how I got here. I don't remember quitting the search. I know I found no crevice, no crack, no hold at all on the wall. The wall is not defiant. I wait with the wall calmly but am distracted and somewhat concerned with the new phenomena of involuntary tremors in my hand. I suffer an abstract curiosity. Perhaps the wall will do me. I do not know. It doesn't really matter. In a while we will try again. Me and my wall. I am in the Wait. My wall waits with me. For me. Over me. Against me.

I feel no strong emotion in this place. I must move or die and all movement is to this wall; and the wall submits to nothing now, certainly not hysteria. So I wait awhile...tremble and wait..and question not the experience or its outcome.

By the Warrior for John



## The Impossibly Yellow Promise

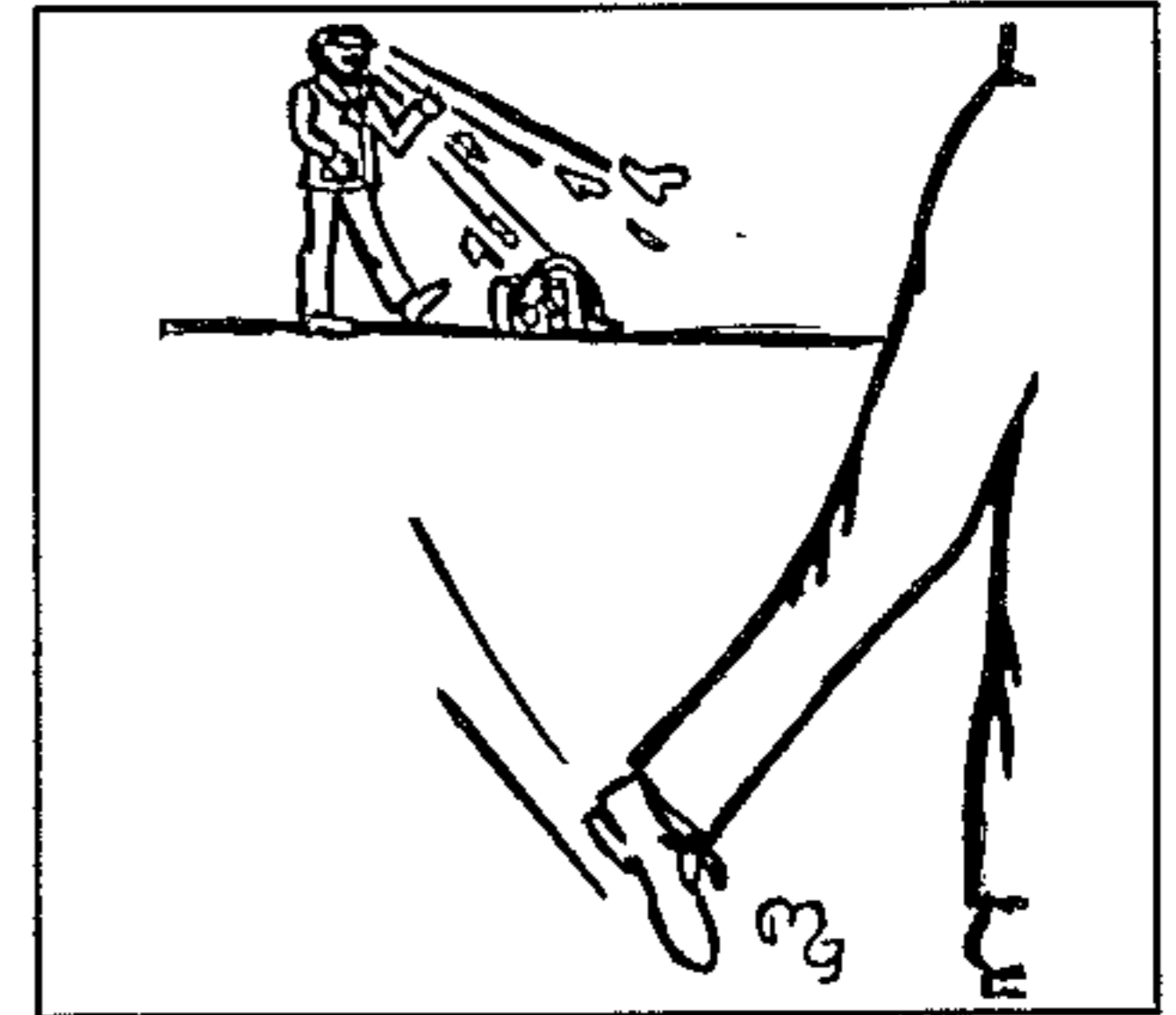
By John J.

I was wandering 'lone and lonely  
 through a meadow  
 Of sunshine and birdsong and hum  
 of things unseen,  
 When I noticed in the deep green  
 grass,  
 Glowing impossibly yellow with  
 promise,  
 A bright golden globe.  
 It rose to me slightly, and then from  
 some distant place within,  
 It spoke.  
 "What is it you feel?"  
 "I feel nothing."  
 "And remember?"  
 "I don't know," I replied.  
 "Then perhaps I can help," so softly  
 whispered,  
 "You see, I am a hurt you lost so very  
 long ago.  
 Now take me, clutch me to your  
 breast,  
 And I shall bring you to the feeling of  
 something; I promise!"  
 Indeed it seemed my soul suffered a  
 long held silence,  
 And I wished it away somehow certain  
 That pain remembered is better than  
 pain unknown.  
 So I lifted the glowing and held it to  
 my heart,  
 Willing the change.  
  
 Ooooooh,  
 You shone so brightly in the deep  
 green grass  
 As I passed this way.  
 You bespoke intimacy, and seemed a  
 comfort to these eyes

Holding back the tears I could not  
 understand and so  
 I took your promise to the empty  
 place within me.  
 "Feel it!" you commanded; and how  
 quickly came your obscene promise  
 And my trembling fingers burned as  
 they pressed  
 Your darkside to my chest.  
 "How strange" I thought, too late,  
 As blood's red rage strangled my  
 vision  
 And dark'ning torrents flooded the  
 clotting sickness  
 Through my veins rushing me out of  
 the sunlit day,  
 And down through a moonless night.  
  
 Yes! Yes! rejoice lost hurt in ravenous  
 pain rejoined!  
 Oh this triumph, to hate, to anger at  
 last,  
 To run faster and faster back to the  
 wounding  
 To revel in death's first offered repast.  
 And in its demand I am devoured,  
 yet hunger still,  
 And I suffer the need to visit this  
 vision on others,  
 So run now faster, to embrace cruel  
 passion's kiss  
 To those most beloved and trusting,  
 Demanding their destruction but  
 even they are not enough,  
 Nor are the untold others,  
 Alas, the Universe for rage is never  
 world enough.  
 Now finally there is God, only God,  
 Who promises the consummate feast

To the insatiable beast I am become.  
 I lunge to His open invite,  
 Drawn to Him in howling delight and  
 strike Him, strike Him again,  
 And strike Him again and again with  
 all my might,  
 Demanding an answer, an end to this  
 night 'til finally,  
 Falling away (through some  
 unknown infant's tears) I fragment,  
 And the question scatters with the  
 shards.  
  
 Rising, released, out of mind I exist  
 no more,  
 But am found strangely safe in a  
 place beyond body,  
 Where lost innocence sleeps, and  
 memory vigils the door.  
 And in the dark stillness finally,  
 He touches me.  
 "Child," He said so gently,  
 "No survivor would there ever be,  
 If not first heard through a victim's  
 plea."  
  
 I wake now alone,  
 Nestled in a field of thick green grass,  
 In the warmth of sunshine and  
 birdsong and hum of things unseen,  
 knowing a difference.  
 Was it a dream?  
 Not even possibly,  
 For I feel the answer clutched in my  
 hands held gently to my breast  
 So impossibly yellow and intimate  
 In its promise of change...  
 ...a flower.

MV



## Letters, Questions and Answers

I would like to know how other "couples" (life partners) who are both MPD or DID manage their lives. My partner and I have been together for four years. We just shared a Holy Union in September, 1994. It was one of the best days of our lives. It would be interesting to hear if there are other relationships that are successful. Also, to hear about the ups and downs.

By Sam

(Another reader, Stephanie, sent a letter similar to this one. So - all you folks with opinions about DD-couples - please send your thoughts!)

A topic I struggle with continuously is the owning of responsibility for anything any of my over 70 alters do or say at any given point, when I don't feel I always have the authority to control or stop the behavior.

I get extremely frustrated, feel inadequate, feel like a failure when someone who doesn't live the experience says that I have the resources to stop being self-destructive, etc. They get angry with me because I put them in the position of being an enabler if they do anything. Then I'm confused, scared, deeply hurt and feel abandoned because I reached for help.

I don't know what to do or where to turn. Any ideas?

By Janice D.

To the Man with the female alter who states it is mind-boggling for him when she comes out: (Letters, Oct. '94)

I have been diagnosed about 4 years now, and at this point I have quite a number of alters, some of whom are protectors. My name is Anger. I am a protector. When the children or anyone in the system are threatened or very frightened I come out.

We live in a female body. When I come out I stand taller, my face has a very different look. My stance and walk are different. I like to dress in jeans and t-shirts mostly. There has been more than one occasion that I have fought men to protect others in the system who are not as strong. I also protect my little girl, who is 11 years old. There are other things I enjoy, like target shooting, hiking in the woods, riding my bicycle. Sometimes I come out and do things with Jenny, my daughter. She doesn't know it's me. She just thinks her mother is better than most because I do those things with her. My function is to protect the weaker ones and I have never failed to do that. I don't feel pain like some of the others do. At least once, I literally saved the life of one female alter. Two men were trying to hurt her. But I am not violent and don't wish to be. I came to be out of necessity, as we all do. So I am an alter who is very different and sometimes it can be obvious. But I am here when needed. Sometimes now I come out and enjoy things. You said it was nice for you to talk to another female once in a while. I feel the same way. Once in a while I enjoy the camaraderie of other men, not in a sensual way at all — only friendship.

I have been a single parent for several years. Now I am about to get married to a very nice man that the system have all agreed to. The women love him — some who like sex, some who don't. I like him. He knows me and likes me. He has no problem with me. We do things together sometimes and he enjoys my abilities to fish, hunt, shoot, etc. So no, you are not the only one, and I don't think there is anything wrong with you or me. My family has needed me and I help when I am needed. I wish you well in your recovery. —

By Anger

## Health Insurance

I have been diagnosed as having a Dissociative Disorder. The diagnosis has been agreed upon by all of us, the degree of the disorder has been in some question. However, the diagnosis of Dissociative Disorder, I found to my dismay, is enough for many to view you as damaged, frail, unstable. Quite the contrary is true in my experience, but since the diagnosis, it doesn't really matter what I think or feel. This may seem to be an extreme statement but, unfortunately, one that I feel is valid.

I am a consultant in the computer industry. I make good money and hold down a very responsible job. Nonetheless, the diagnosis of Dissociative Disorder has created some major changes in my life. I was very shocked to find out that even people who have been longtime friends were suddenly afraid and uncomfortable. This I finally accepted, and I've made sure not to share my diagnosis with anyone else.

Recently I applied for health insurance. Being a consultant, I have just been without insurance, but I have two children and decided that I should go ahead and get insurance so I could give them the care they need in the case of an accident. Once again, the diagnosis caused problems in my life. Not wanting to lie on the health insurance questionnaire, I disclosed the therapy and therapist records. Naturally, I assumed that the mental health coverage would be excluded from the insurance I received. Instead, health insurance was denied all together!

I was shocked. I cannot get Medicaid/Medicare because of my job. I cannot get private insurance because of a diagnosis. Every time the DD has come up, whether on an insurance questionnaire or told to a trusted friend, nothing but pain and fear has been experienced. I believe this to be a case of discrimination. Nothing about me had changed. I have received a diagnosis, a treatment plan, and the possibility of experiencing life more like others who never developed a DD. It seems very pointless and cruel to me. It is as if it really doesn't matter anymore what I do, I have been stuck with a big fat STIGMA. Sometimes I wish that I had never started the therapy process. I could have continued to get along okay. It would never have been a very full or satisfying life, but society would have accepted me, I could have easily qualified for health insurance. I would still have a couple of friends...

I look forward to what others may have to say on this topic.

Sincerely,  
MJB.

## Hear Us!

No matter how heavy the blackness bent our minds to the brink;

No matter how low we were taken to in human shame;

No matter how we were brought prostrate to the ground by despair;

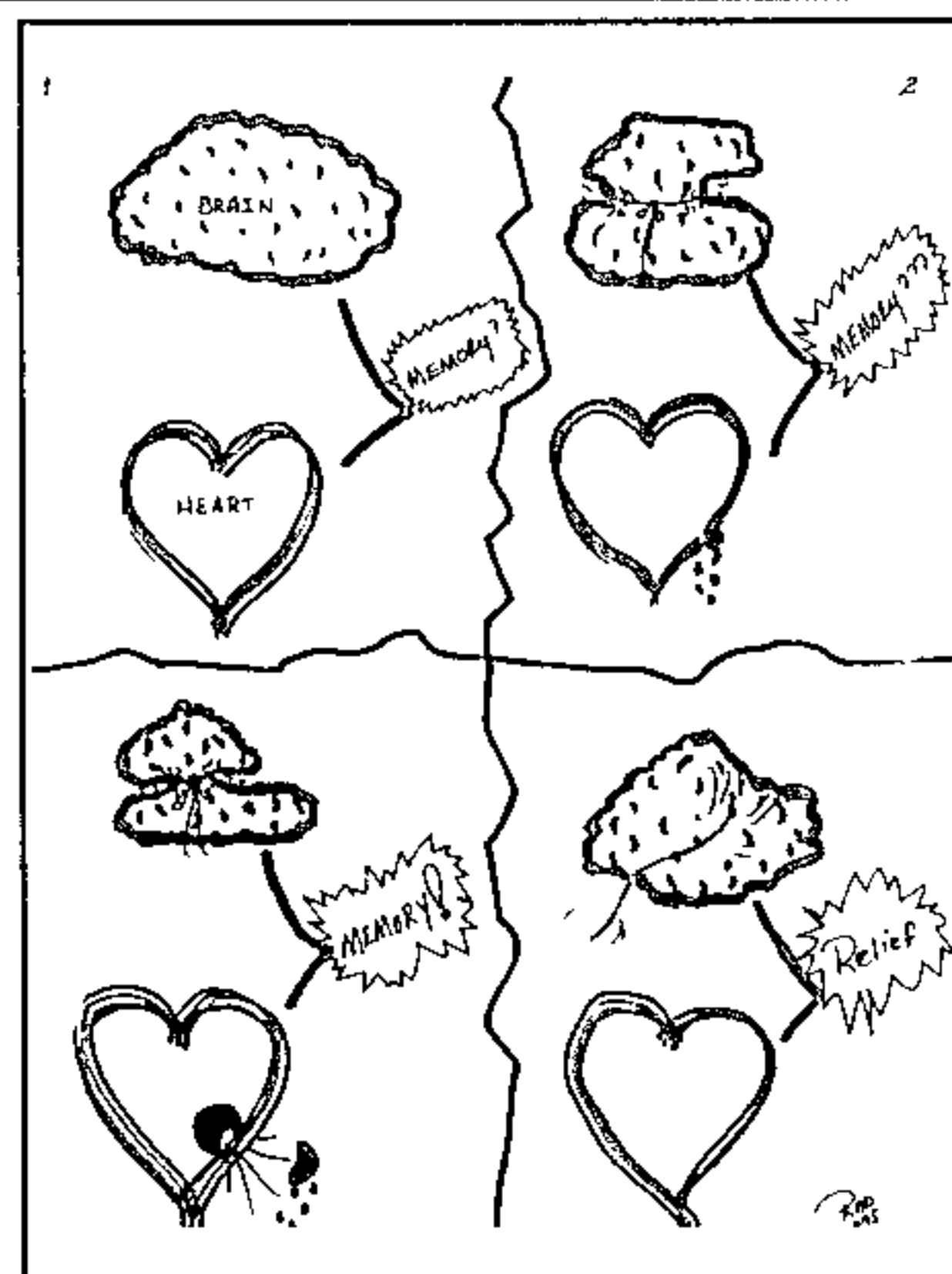
No matter how they drained our humanness from our inner spirit;

With every ounce of human will, we fought to have life!

These are the words of someone who has survived!

Please World! Listen to the children's cries! Please hear!

by Sandy



## It's Not Just A Simple Vacation

From Diane & the Pod to Dr. C.A.R.

First, there is the pre-vacation, which is the denial stage for us. She's not going. We can get her to stay. She wouldn't do this to us.

Then about two days before she's ready to leave, the reality hits us that she really is going. She really is going. I didn't think she would leave us like this. If she really cared, she wouldn't go. Panic, panic, panic.

Then she is gone. Sometimes we forget that she is gone and show up at her office anyway. The door is always locked and her office is dark. No more warm lights burn inside. We feel sad and the sadness doesn't go away. We are sure at this point that something bad will happen to her because we are not around her to protect her from whatever is going to happen. Because you know, we can save the world — we just can't save ourselves.

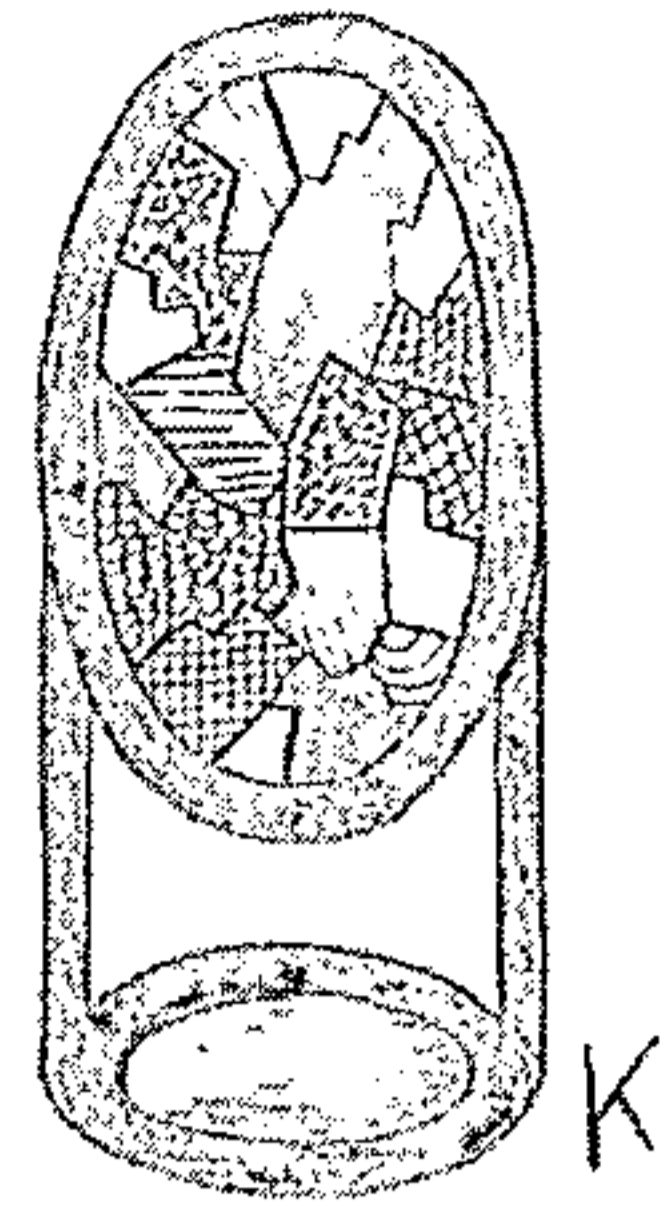
Then by the second week we get angry at her. It's safe to be a little angry with her because we have heard from her so we know she's alright. We

are getting stuck in this quicksand of depression, because our sadness has turned to anger. How could she have really left us for this long? Sinking slowly...maybe never to be seen again.

Then comes the rage. By now we are up to our necks in quicksand and the more we cry the faster we sink. Sure, we have her little notes to hang onto, but they're going down with us. We don't need a card from her. We need a rope, with her at the other end.

Finally, just before our nose is covered in the quicksand of despair she returns to pull us to safety out of the quicksand. It feels good to be safe again, and you would think with her return there would be relief. And there is, for a little while. But the anger creeps back in, and has to be worked out. Why did you put us through that? We thought we were going to die without you. But she always reminds us that we didn't die, and reassures us that she is back.

She calls it her summer vacation; we call it our trip to hell... MV



### Little Mournings

little mournings  
take one by surprise  
one thinks maybe  
it is over — this grief —  
but the name is heard  
the eyes are seen  
a thought flashes  
a dream awakes  
the tears burn anew  
less deep this time  
yet surprisingly fresh  
and we know there is life  
but it eludes just now —

By Deborah P.

## BOOKS

### The Battle and the Backlash: The Child Sexual Abuse War

By David Hechler. ©1988 by D.C. Heath & Co., Lexington, MA. 376 pgs. Paperback. \$10.95.

In 1992, the False Memory Syndrome Foundation started actively pursuing its publishing agenda. But the "backlash" against revealing the prevalence of child abuse began several years before, as witness this remarkable and well-researched book by David Hechler. He discusses cases such as that of the Martin Day Care Center in New York, (not the McMartin Preschool in California) where an employee was convicted of 17 charges of felony rape; abuses in placements by the Fresh Air Fund; strange results of a trial in Jordan, MN. With chapters on the courts, the "experts", and the backlash-organizations (then, groups

such as VOCAL - "Victims of Child Abuse Laws" and NAMBLA ("North American Man/Boy Love Association" were more visible,) the author paints a vivid picture of the complexity of determining "correct" verdicts — while he highlights the compelling wish by ordinary citizens (and, obviously, perpetrators) to "deny" that abuses occur. This is a book that deserves a wider reading — and it is still in print. I recommend it, for all who are concerned about *today's* backlash.

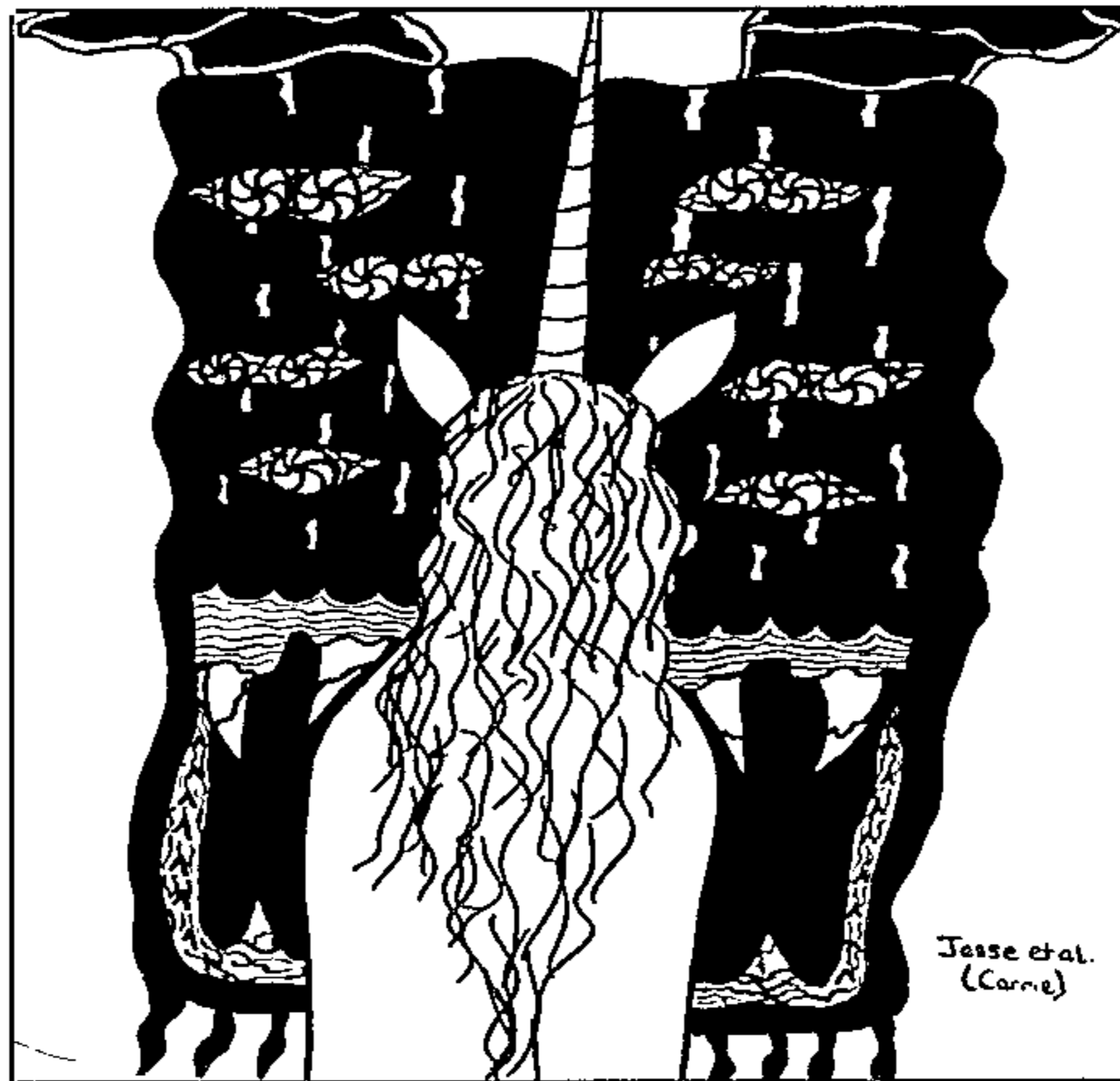
### Speaking Our Truth: Voices of Courage and Healing for Male Survivors of Childhood Sexual Abuse

© 1995 by Neal King. Published by HarperCollins Publishers, Inc. 156 pgs. Paperback. \$10.

This is a well-presented compilation of prose, poetry and art by male survivors of sexual abuse. Healing is examined by its stages: owning what happened, facing the reality, confronting feelings, and finally, taking control of recovery and moving on. Gender confusion, myths of sexuality, female abusers, rage, secrets...all are described here in telling, and helpful, detail. For example, from the section titled *The Male Abuser*: "Before the survivor can fully enter into his own identity as a man, he must find a way to exorcise the imprint of his male perpetrators on his own male identity." Very useful for men, and for women who need to understand that men survivors hurt, too. —LW

**Theme-time Again!**

Yep, once more MV asks you to put on your thinking cap and help us choose the subjects YOU want to read next year! We are open to anything (include old favorites which you might want to explore again). We also welcome art ideas and/or projects. The list of 1996 themes will appear in the August issue, so we need your help *now*. And thank you, very much! MV would not succeed without you! — LW



**The Unicorn Facing the Monster**

The unicorn represents us, and the monster represents our past abuse. To stop running and keep the monster in front of us without being consumed, we can begin to heal.

**August 1995**

Getting to know your body. Physical awareness and healing techniques. Encouraging healthy sleep patterns. ART: Draw yourself physically connected and strong. DEADLINE: June 1, 1995.

**October 1995**

Grief and loss. How to ask for help and preserve hope. Can you help friends who are suicidal without being a "rescuer"? ART: Draw something you hope for. DEADLINE: August 1, 1994.

**December 1995**

Is wholeness worth it? Post-integration reports. (Partial-integration comments included.) ART: Treating your self(ves) with love. DEADLINE: October 1, 1994.

**Share with us!**

Prose, poetry, and art are accepted on upcoming issue themes, (and even on NON-themes, if it's really great.) DO send humor, cartoons, good ideas, and whatever is useful to you. Please limit prose to about 4 typed double-spaced pages. Line drawings (black on white) are best. We can't possibly print everything. Some pieces will be condensed, but we'll print as much as we can. Please enclose a self-addressed, stamped envelope for return of your originals and a note giving us permission to publish and/or edit or excerpt your work.

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