

# MANY VOICES

WORDS OF HOPE FOR CLIENTS WITH MPD AND DISSOCIATIVE DISORDERS

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Welcome to MV's Holiday Bonus Issue — Four extra pages for your healing pleasure! Enjoy! —LW

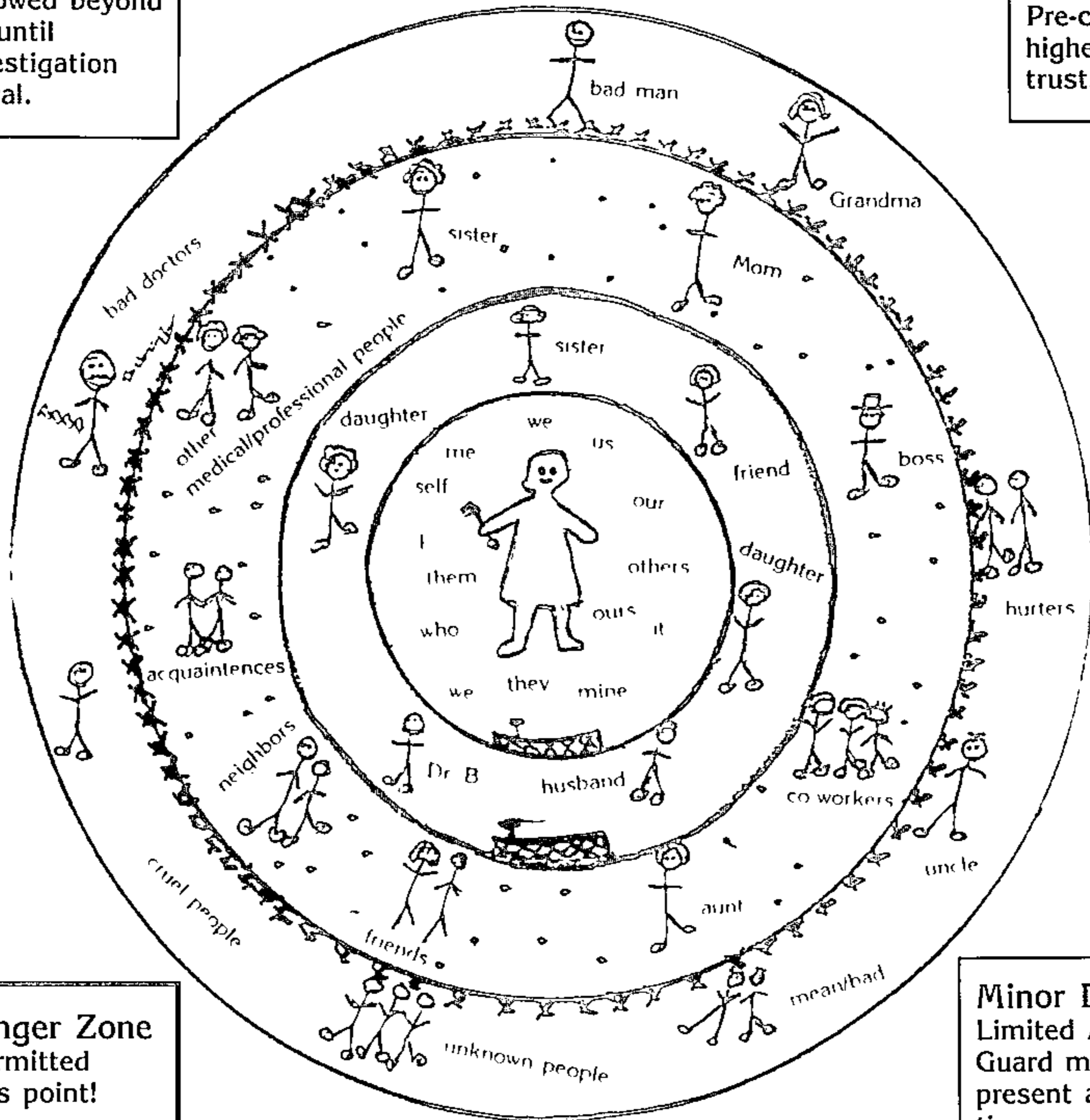
## Zones of Safety

I am Paige, and this is my rendering of us and our family and friends.

For most of our lives, we've lived totally in the safety zone and while most of us ventured outside, no one was ever permitted in. We've been in treatment with various therapists, on and off for more than twenty years, and received many different diagnoses, but it wasn't until about three years ago that we met our current doctor. Finally, there was someone who understood what was going on inside. It was both a shock and a relief when Dr. B. explained exactly how we operated inside. Even so, we resisted any help from him for a long time. Now we are allowing and inviting trusted others into our safety zone. Our short-range goal is to expand our safety zone.

**Major Danger Zone**  
No one allowed beyond this point until proper investigation and approval.

**Safety Zone**  
Pre-cleared for highest priority trust.



**Ultra Danger Zone**  
No one permitted beyond this point!  
**EVER!**

**Minor Danger Zone**  
Limited Admission.  
Guard must be present at all times.

# Telling Others — Who, When and How Much

By Lynn D.

**Who To Tell:** With friends, our basic attitude is: "If they can't handle it, who needs them?" That cannot always apply to employers at a job I need, or people I want to help or support.

I do find that people fall into categories:

- People who must not know
- People who don't have a clue and never will (in denial.)
- People who you tell, but they don't believe it (also in denial.)
- People who you tell, and they say, "That's nice", and then never mention it again, or who respond non-committally when you bring it up (heavy denial.)
- People who you tell, and they are afraid or think you are crazy.
- People you tell, and they become totally fascinated.
- People you tell, and they really want to know and they really want to listen.
- People you haven't told, who guess.
- People who tell you.
- Other multiples who do not know they are multiples.
- Other multiples who know they are multiples but are fighting it or hate it.
- Other multiples who know they are multiples and are working with it.

It is not always possible to predict where someone will fall on this spectrum. There is always a risk in telling someone, even many therapists. I have found that telling someone will definitely change your relationship with that person. There is no way around this. If the person won't or can't deal with it, I may keep them as a friend, but we can't be as close, because MPD is a major part of my life right now. If the person is fascinated, there may be an awkward period where you are bombarded with questions. This can improve with time, if the person is sincere. If the person is supportive, they may become an outlet for you. If the person is another multiple, no matter the category on the list, there will

probably be lots of dialogue — you may be challenged or you may be supported. The first time a multiple talks to or writes to another multiple can be an intense experience. Usually lots of information is shared.

If you tell someone and they react badly, hopefully you can just walk away. Hopefully, you haven't told someone who is untrustworthy, who will tell unsafe people. If you work or live with the person, walking away may be difficult or impossible.

I must say that I have had good luck with telling people, and, in several cases, they immediately responded by telling me that they, too, were multiples. By being open, I have gained close friends. I have also had longtime friends who just don't want to know, and I have found myself distancing from them.

**When To Tell:** If I am a little unsure about how people will react, I will first get to know them, sort of "prove" myself, establish myself as a *person*, which I am, rather than a *type* of person. Just walking up to a stranger, especially one who can control something that you want, such as a job, a volunteer position, a loan, and saying "Hi, I'm a multiple," may be straight-forward, but it is a bit like *challenging* them to believe it. If the relationship continues, it may be some time before the person's perception of you normalizes. We need to be able to balance between impenetrable boundaries and no boundaries at all!

In my case, I wanted to be a rape crisis counselor. Actually, *four* of us wanted to train. We talked it over with our therapists, who

(cont'd on page 3)

## JOY, An Affirmation

I am the wind's child, destiny's smile  
 Sunbeams brighten the gleam in my hair  
 Forest sprites quietly approach as I sit  
 then, in mischievous delight, do disappear  
 Smile at me, they do, for I know they see the  
 gentle and joyous child in me  
 The nature of my caring, and of  
 all my inner children sharing  
 All the goodness I can feel; I know  
 thus the joy is real!  
 All the fullness of life's creative rhyme  
 My hands in awe hold fledgling robins,  
 trembling before their virgin flight.  
 There is no rage or fear inside my heart  
 No bitter lines in drama deep that  
 I am prepared to say;  
 No jester's role is given, to be mine to play.  
 No fated plan, no morbid stand, have  
 I been forced to take.  
 Instead I dream of Life and Love and Joy  
 And all the goodness that is the  
 golden treasure of my soul!  
 As Joy is Love, Joy is Me.

By Nina Lynne, August 20, 1989  
 Dedicated for my inner children,  
 deeply loved, deeply part of my heart.



(Telling Others cont'd)

encouraged us. We went through the training and, sure, sometimes our buttons got pushed, but no more than some of our classmates, and less than some others. We passed the test and the interview. We took some hotline shifts. Then, when the subject came up in conversation, we told one of the staff. Real positive reaction! We made sure that they had our therapist's phone number and permission to talk to him. It has never been a problem. Eventually, we told everyone in the organization, after they knew us as a rape crisis counsellor and someone they had come to rely on. We have been careful to respect our own limits and to be sure that we can keep the commitments that we make.

We participated in a support group for sexual assault survivors (we now co-facilitate those groups.) The subject of MPD came up because of the Truddi Chase mini-series. It was a good time to tell, and to help explain to the

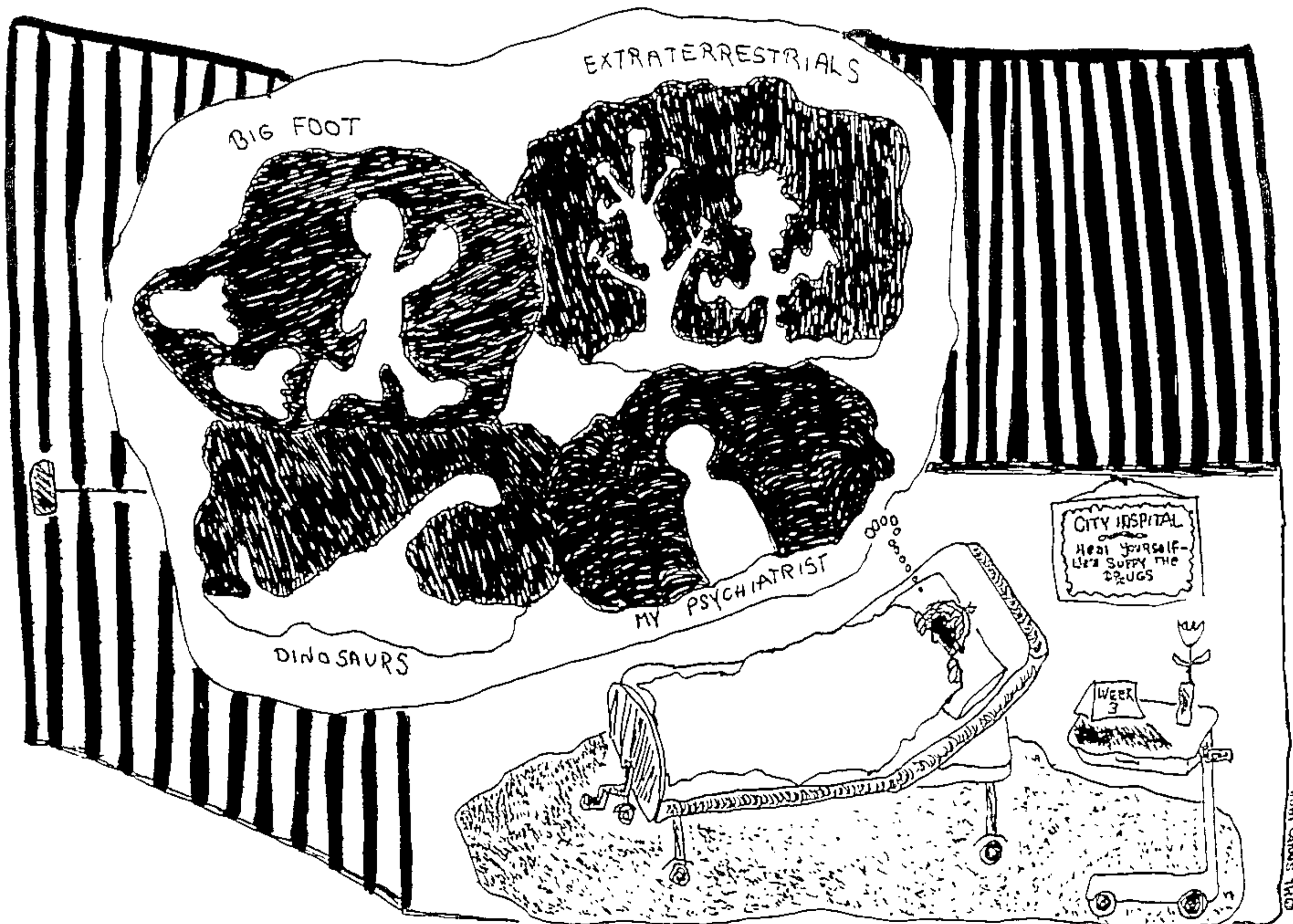
members why they would not become multiples because of one adult rape. It turned out that two members are dealing with what is being called SKIS (Several Kids Inside Syndrome), where they are not multiples, but they need to listen to and do therapy with child parts (this is described to some extent in *The Obsidian Mirror*.) They thanked me for talking openly because only then did they feel comfortable talking about their "kids". In this case it was the purpose of the group to "tell our story." Everyone in the group was there because of adult and/or childhood sexual assault. In a support or therapy group, intimacy may come more quickly than in more average human interactions.

I can't speak from experience about dealing with reactions of family members. My brother fits in with those who figure if they never mention it, it will go away (and it basically has, between us.) My parents don't and won't know. My close friends are either other multiples, accepting friends, or caring professionals and para-

professionals. I think I'm pretty lucky, but I *do* have to attribute some of this luck to taking chances often.

**How Much:** Except in therapy situations, or with a few caring, close friends, you may *never* want to go into the details of some of the reasons that you are multiple. This is especially true if you have a background of ritual abuse. On the other hand, even these details should be made public at times. We need to conquer the disbelief and covering-up that continue to go on. I brought a non-multiple friend to a "Speak-Out" on child abuse. There were 6 speakers. Three had been ritually abused, although only one actually spoke in detail on that subject. My friend looked at me afterward and said "She says so many of the same things that you do!" He had never disbelieved my stories (though he wished that they were not true), but hearing many of the same things made him realize that I am not an isolated case.

MV



Note: Although *MANY VOICES* usually identifies our Therapist Page writers by name and state, the authors of the following work asked that identification be omitted to preserve their patients' confidentiality. I assure our readers that this piece was prepared by professionals. If someone wishes to contact them, write to me and I will forward your mail. —LW

# Therapists' Page

By Aileen and David G.

## A Touchy Subject Revisited

We are clinical psychologists, husband and wife, and therapists to KC who is the host personality for several alters who have made contributions to *MANY VOICES*. We do not wish to debate about boundaries in therapy because in almost every case we agree with Lynn W.'s list of boundary biases (MV, August, 1990). We also believe that therapists should not be best friends or primary sources of social support, use extensive self-disclosure, or reverse roles with patients. And as a general rule, physical contact or hugging should not be a part of the therapy experience. However, we believe there are circumstances where extending the boundaries of physical contact as well as the usual rules of self-disclosure may be beneficial or even necessary before a patient can progress to the work necessary for healing.

KC initially came to Dr. David many years ago and started therapy several times before committing herself to the painful work she needed. After beginning to come close to some of the more difficult repressed experiences, she asked to see Dr. Aileen to discuss especially sensitive material, and she began to alternate between the two of us as the need arose. She very rarely played one against the other and understood that all material was shared unless of a particularly sensitive nature and by request. She began to find herself drawing pictures of unusually horrendous events with no evident knowledge of what they meant or when they might have taken place. This soon led to flashbacks, and thus began

the more difficult abreactive work that lasted several years. It has been clear to us for a very long time that KC experienced every variation of touch that involves pain and betrayal. This came not only from the abuser and the enabler but from a variety of authority figures in her community, people we are raised to believe will protect and teach us.

Using touch and permitting holding, particularly of the little ones inside, evolved very slowly during the course of therapy. Touch was always by request or invitation, and the boundaries related to touch were established early. The first request was for Dr. A. to hold KC's hand as she went through the initial flashbacks. It came in the form of, "Would it be O.K. if I held your hand while I go through this?". This eventually made it safe to request the same from Dr. D. who has been her primary therapist and a source of safety and strength for a long time. Touch was always noted in the progress notes and only occurred when staff was present in the office or both therapists were in the session. The issue of touch — good touch, bad touch, and safe touch — were addressed directly very soon after we all began to realize we were working with MPD and not just PTSD. The major personalities who have completed their work all tested, confronted, analyzed, and otherwise came to some acceptable understanding of the meaning of touch and the fact that at this time in their lives, they were in control and were able, and indeed needed, to say "stop" when

that touch was uncomfortable or confusing. The primary limit that needed to be confirmed time and time again at many different developmental levels was that bad touch, i.e. touch involving control, pain, or improper sexual connotation, was completely unacceptable in the context of therapy or other healthy human relationships, and it was entirely the therapists' responsibility to set and maintain those limits until she was able to understand and maintain them herself.

Not long after discovering that we were working with different personality states, an alter who came to be known as I.B. brought in a series of paper circles with pairs of pink and black hands drawn inside them. These circles represented different aspects of the experiences she had had with touch, including the rare encounter with good touch. From this exercise was developed, literally, a hands-on exercise involving soft and caring stroking of hands allowing for the instruction "stop" to her therapist. This was done first with Dr. D and subsequently with Dr. A. Touch did eventually progress to holding, generally following or occasionally during, the emergence of the difficult material that needed to be absorbed. More importantly, however, touch or holding became an important resource in sustaining and quieting numerous personalities through the severe suicidal crises that accompanied the abreactive work. If they were willing to allow a hand on the shoulder or arm, they would then be more willing to allow the

(cont'd. on page 5)



**(Therapists' Page cont'd)**

therapists to lead them away from the "ultimate solution", the "trump card", and toward health and resolution.

We agree with Lynn W. that touch is generally not an appropriate part of therapy, but we have also come to understand that used wisely and with caution it can be an important tool to communicate caring, safety, and trust, and in some cases may be essential in getting well. If the nature of the abuse or the present resources available to the patient are such that it is possible to undergo therapy without extensive touch, the patient will progress more quickly because she will develop these resources outside of the therapeutic experience and be able to move on more quickly and independently. But in particular cases of abuse or where the resources are limited, the judicious use of touch may be beneficial. It will, however, make other issues in therapy more complicated, such as

what the patient-therapist relationship is and what happens to it after therapy. However, in some cases, you will never have an opportunity to deal with this problem if you cannot adequately contain the initial ones, especially the extreme suicidal ideation.

When considering the advisability of using therapeutic kinds of touch, it is probably also wise to consider the patient's support system outside of therapy. For example, the dangers of misunderstanding and complicated transference may be higher for a relatively isolated patient than for a patient living with an understanding spouse or other adult. In the latter case, the therapist can encourage transfer of this newly learned experience to the safe, supportive relationship outside therapy. This fosters social learning and reduces the likelihood of excessive dependence on the therapist. In addition, the use of cotherapists, preferably a male-female team, would seem helpful

in reducing confusion or dependence on any single therapist.

In finishing, we would like to say that although we have always been very cautious and considered the implications of touch at each step in therapy, the touch, the holding, and the caring were also freely given by each of us. We continue to be profoundly moved by the courage and creativity it has taken KC and others like her to survive and then to take on the equally painful work of healing. It does create an intense bond unlike the usual bonds of therapy, and we will continue to care about and respect KC long after therapy has concluded. We also hope that we have and will continue to be able to step aside, like good parents, at the appropriate times when she has the strength and ability to fly on her own in order that the strength and character she has demonstrated can be extended to other tasks and not to just surviving. MV

**Thoughts on Integration:**

I live in fear, my world is make believe, my fear is being found out. Afraid Someone will see that we are us and not just me.

I live in fear, fear that if one of us goes away or are made to leave all of us will die. Death not of the dust but of something else, something strange and terrible. A losing of the mind.

I live in fear, for all of us are not nice and good, and we don't all do the things that we should.

I live in fear, never knowing what will happen to who and what if anything can I do.

So I make believe that we are normal like everyone else, and we continue to live in silence and fear.

By a patient of Dr.K.

**Space**

We sit upon a bench in a pretty place;  
absorbing Nature's beauty.

The souls are as still as the air  
enveloping us.

We share the same body but we  
perceive

with our senses uniquely our own.  
In between each of us is a space,

a space which separates one from the  
other.

This space is time,

this space is movement,

this space is a medium.

It meshes all of us in this,

the third-dimensional world, and we  
co-exist with it and each other.

We look forward to a time when the  
spaces no longer exist as separations,

but as

connections from one to another.

By Marco

**I Am Not Gone Nor Forgot**

I am not gone nor forgot  
for I have chosen this lot  
to be whole again.

You ask where and when  
I say where isn't important  
and we will see each other again.

Just let me go  
so I may soar above  
and for now look silently  
at you with love  
for I am not gone nor forgot

By Tracey, a part of  
Gayle R.

**Communication**

My doctor has this little tiny  
microphone where I can talk.  
When Kathy comes back she can  
hear what I told her. Sometimes I  
tell her surprises, like I can play  
the organ and the coronet. Other  
times I share really bad secrets  
that make her cry.

She always wants to hear me,  
over and over and over. She thinks  
my voice is so soft. She loves it,  
but she hates hers.

I hate mine.

She thinks I sound so polite and  
sweet.

She said I'm not a monster at  
all, like she thought she was.

She taught us to be polite. She  
loves me no matter what.

Sometimes she doesn't like  
herself. She bets I'm pretty, but  
she doesn't think she is.

I think she is.

She thinks I deserved a better  
Mom.

I think she is a better Mom.

We talk and listen.

Our doctor smiles from ear to  
ear.

—Shyanne C.

## Dear Friends,

I want to thank those of you who are affiliate members of the International Society for the Study of Multiple Personality and Dissociation (ISSMP&D) for electing me to the executive council as affiliate-member-at-large.

I am delighted to have this opportunity to help communicate survivor concerns to the professionals who are learning to understand and treat our problems. I will also do my best to keep you informed of pertinent ISSMP&D activities.

But I need your help to do this well.

I need to hear from you and your friends who have dissociative disorders. (You do NOT have to subscribe to *MANY VOICES*, or belong to the ISSMP&D, to share your concerns with me.) Tell me what is bothering you about therapy, therapists, hospitals, the health care system in general, etc.

Please understand: **THIS IS INFORMATION GATHERING ONLY. I WILL NOT BE ABLE TO SOLVE YOUR PROBLEM OR ANSWER YOUR LETTER.** . . . and only if you give me special permission will I consider publishing your concern in *MANY VOICES*. Confidentiality will be rigorously protected.

What I will do is read all mail, categorize it, and present a summary of your concerns to the professional members of the Society on a regular basis. I'll attempt to highlight special needs, so there can be a continuing flow of information offered to the professionals in a *digestible* form.

If you have suggestions for improving a particular situation, please send your ideas. . . and again, give me permission if it can be used in *MANY VOICES*.

I don't want to imply that this is the "answer" to improved health care and healing for people with dissociative disorders. But if you help, it will truly be a step in the right direction.

**STAY TUNED FOR FURTHER DEVELOPMENTS** — and Thank You! —LW

# Ambivalence Versus Dissociation

By Mark Buckner

**R**elationships with outsiders? First of all, I am at a point in therapy where I have real apprehensions about developing close new relationships. What's important to me is to strengthen and reinforce the relationships I already have. My long time friends need to know us first: they too have suffered the pain with me and I am committed to allowing them in before I allow any newcomer—unless, of course, it is a special person. And even special people have to wait in line before they meet each of us as individuals or separate entities.

When I meet outsiders for the first time, it's like each of us on the inside has to "try that person out" from where we are. The ever-so-lucky person that I'm meeting gets a real surprise when he or she sees me going off all over the place. I feel within my self that when meeting newcomers or new friends and other people, I wind up in some degree of dissociation — or so it seems. It may just be an ambivalence of some sort. . . a normal ambivalence that most people probably feel.

Even the people closest to me don't know "all" of me. My lover knows the most. . . yet the least, it seems. My close friend MiMi knows many of mine, and understands the process better. But I struggle day to day trying to let my lover in — getting him to know all my persons, and teaching him not to be afraid. So I tell him what's going to benefit us both the most, all things considered. For example, I'm certainly not going to

allow him too close to Lou, who has the potential for destroying many objects and who was self-mutilating in the past. But I will allow him close to my kids, for they need him the most and really feel comfortable with him.

I can hold my Alf and suck my thumb, and he will understand this behavior. Or I can run around the house and make funny noises like an adolescent and he will know that it's ok.

Same thing with my dear friend MiMi. . . there isn't much that she doesn't know. She has met more of my insiders and has gotten close to the dangerous ones.

I won't let my lover close to them though. I don't want to scare him off, even if we have been together for eight years.

The bottom line is to teach myself limits of behavior and to follow through on those limits. Additionally, when I'm "core", I try to teach the outsiders what behaviors are appropriate and what behaviors are not. . . what limits to set, what's safe for me and what's not, etc. They know what limits are. Much of this comes natural for them.

As for family—forget it. They are too much a part of the past and they very much disturb my insiders. I tell them as little as possible, if anything at all. I allow them to go on blissfully as they did while they were abusing me. They don't deserve anything else from me. I love them and I hate them. We hate them and we love them. No compromise. I can live with it. So must they.

MV



# Recovering

By Rita M.

**Q. I am in training for a career in the mental health field, but I learned I have MPD. Do I have the right to hold a professional license?**

A. In a general sense, if you have fulfilled the educational and experiential requirements and/or have passed any required examinations, then you are qualified to hold that license or certification. However, you also are responsible to perform competently and ethically the duties and/or activities within your profession's scope of practice. To my knowledge, which I admit is limited, having an emotional disorder alone is not grounds for revoking a license or certification. If it were, many (perhaps most) professionals would be affected (doctors, lawyers, social workers, psychologists, nurses, etc.)

So the real question is not "can you practice", but "should you practice" while undergoing MPD therapy.

A professional mental health worker with MPD may find the condition a tremendous asset or a terrible liability. (Obviously, you must have therapy and be "stabilized" in order to practice. You should also receive safe, competent supervision when treating an MPD client. It would be unethical to do otherwise.)

There are many recovering MPD

therapists, but there are probably more non-recovering and non-diagnosed ones. Many people in the mental health field are disturbed themselves, and untreated. Bosses have power, and you may find yourself in an abusive work environment.

MPD is a fascination right now, but unlike alcoholism, it's highly misunderstood. You can leave yourself wide open for all kinds of trouble by revealing your diagnosis indiscriminately. An untreated, disturbed supervisor, colleague, or co-worker could have a field day with this information and ruin your career. I've seen it happen.

But even if you work in a congenial setting, and have good therapy, the danger to you and to the client is that you will have your own issues stirred up by the client's material. You may encounter *severe* countertransference that can damage the therapeutic process and the client. You may perceive and approach all clients as if they handled their traumas and resolving as you did. Each client has his or her own process and pacing. I find that they will do their work (usually) as long as I don't get in their way, if they're really committed to getting better.

As a professional, you are responsible for *your* behavior (and the behavior of all your "parts") in

the context of your work and client interaction. Clients can (and should) file complaints when a professional behaves irresponsibly.

Every licensing agency or board has a set policy and steps that are followed in the event of complaint. This means that just because someone gets mad at you, that person cannot call up and have your license revoked. But the licensing board or agency not only has the *right*, but the *responsibility* to investigate all documented circumstances and/or allegations of misconduct, professional misadventure, or malpractice, and take whatever steps necessary to discipline the individual.

A disturbed professional may face revocation of his/her license or certificate, or other discipline, such as a referral into some sort of treatment program, therapy, further education/training, etc. In some cases, lawsuits are filed.

So if you are an MPD/Professional in training or practice, be aware of the risks involved.

Anyone concerned about their professional license should contact the agency or board in their state that issued the license or certificate and inquire about peer assistance, professional standards/ethics, and what the policy is regarding professional conducts, etc.

MV

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*Rita M. is a Licensed Independent Social Worker and Certified Alcoholism Counselor (LISW,CAC), and is also a recovering MPD client. She functions at a very high level (after much therapy) and is "integrated". MANY VOICES is pleased to have her help us provide the special viewpoint of a recovering, knowledgeable, MPD client/therapist. Readers may send questions to Rita, C/O MANY VOICES. We'll use as many as possible. —LW*

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# Telling Others Our Secret

By Terry

This is really good timing for us to write about letting people know who we *really* are. We have spent so much time hiding that we haven't shared much with anyone except our therapist. Up until recently there were only a few people who knew about our MPD. One of them is our therapist, who is great. Another is my husband. He has been very supportive and learned a lot about us, although we don't all trust him yet.

The third person, who has known for almost as long as I have, (I was diagnosed about a year ago), is the person I work with. I felt it was necessary for her to understand. We work with several people but there aren't others we feel close enough to trust. I told Gloria and she has been very supportive and caring and has learned a great deal about MPD since then. Working with children as we do, it has been a challenge for all of us. My adolescent alters love to come out and carry on with the students, so my therapist has made many agreements with them to keep them in check.

The fourth person told was my best friend (who we also think is a

multiple). She has never had any problems with anything we have told her. She is great! She has helped many of the little ones through some really difficult times. She knows almost as much about us as our therapist and hasn't ever run from us. We have a very open relationship. If things are too difficult for either of us to hear, we know we can say that and still be friends.

As I said before, there aren't many that I, Terry, have felt comfortable enough in telling, but unfortunately not all of my alters feel that way. It seems someone inside has told several people to see if we can trust them, kind of like a test. Most of the people just faded away out of our lives. We're not sure if it is because of their fears, our pain, or if they just don't believe in MPD.

Many of the people we deal with are in the Christian community. Telling them about MPD has been frightening and threatening for us. Our greatest fears are that they will start praying over us to fix us, calling MPD "demon possession", or generally shunning us because we don't fit in with the norm. I have shared, just recently, with one Christian friend, Ruth. She

accepted the words we said and cried for us. She felt our pain with us, which is an unfamiliar, therefore uncomfortable, reaction. She asks questions about MPD but not about our abuse, knowing her own limits in handling that. She is trying to understand. She says she isn't sure about the demon possession issue, but she is praying about that. She hasn't run — yet. We hope she won't, even though everyone (inside) doesn't particularly care for her. (She's too loud, says Abby... too Christian for 16.)

So for us, telling has been both good and bad, just like most things in life. Not everyone can accept us. We just have to hope we tell the right people and don't get hurt anymore. After being in therapy five years, with one year diagnosed as multiple, we have learned to choose our friends carefully and to choose our words even more carefully. Trust is a big issue for us, as it is for most survivors, but we are learning slowly that some people can be trusted.

The emotional support we can receive from a trusted and valued friend is immeasurable.

MV

## Dear Friends,

*Hi, I'm T.J. I'm the part of the system called Terry and Friends. That's what the writer has named us, anyway. We have multiple personalities and we want you to understand us. Multiple personalities means there are more than one person living in just one body. We look like you and everybody else walking around. We have the same number of body parts as you. It's just more of us to carry them around, because we're special.*

*Don't be afraid of us. Don't be afraid of who or what we are. We won't hurt you. We aren't contagious. You can't catch MPD. You probably can't even see it.*

*We invite your questions to learn who we are but please, don't be hurt if we refrain from answering the really personal ones. Not all of us will tell you who they are because trust is a very big problem for us. We have been betrayed by many people who we should have been able to trust. Don't be offended. We don't all trust each other yet.*

*We each have our own personalities, just like your own children do. Some of us are fun and carefree, although they aren't around much right now. Many are little ones, who carry around a lot of pain. We are trying to help them.*

*We don't expect anything from you except maybe to listen as a friend. We don't want you to try to fix us or to try and pray all of our pain away. We have a very caring therapist 'friend' to help us get better. We just need you as a 'friend' friend. If you feel as if you can't handle our MPD or if our pain threatens to become yours, please tell us. Don't just stop being our friend, please! We need people to understand us, not run away out of fear. We can be quite a handful sometimes. We will try to understand if you cannot deal with our problems but it helps if you tell us before you leave.*

*We can be a lot of fun if given the chance. Where else can you get a whole bunch of friends with one phone call?*



# Boundaries—a positive force for healing

by Eileen W.

Dear MV,

Your issue on "limits & boundaries" certainly stimulated my thinking on this topic! At first, I wanted to defend the credibility/integrity of my therapist; defend my choice in finding a therapist who will hold by touch my "little parts" and even me; and to defend the right of others to make such a choice. However, I think it is important to keep in perspective that styles of treatment and "other techniques" were not the topics. I would like to make some comments on the topic, hopefully giving more substance and definition to this complex issue.

"Limits & boundaries" when properly employed work as the safety-net between you and your therapist. *They serve as a very positive force in the therapeutic relationship.* They give both client & therapist greater clarity, understanding and freedom regarding an individualized treatment plan. A client/therapist (should) always feel a sense of security and trust when there are proper limits and boundaries. That feeling of safety & trust is the direct result of limits and boundaries that were established with good communication, *motivated by truth*, and to the understood benefit of client or therapist.

It is devastating to have a therapist who does not have the ability to be in the healing process with his/her feelings. It is equally devastating to have a therapist who can't separate out his/her feelings during the healing process. Boundaries that have been broken or established because of the therapist's inability to feel with the client's pain become an underlying issue. We (MPD's) feel it when a therapist pulls back because of the intensity of the issues. We also feel it when a therapist's "comfort" becomes a distraction in allowing us to feel our pain. I feel it becomes

"touchy" when we try to define appropriate or inappropriate behaviors. I would encourage a focus on the *feelings* that are provoked by behavior(s) and looking at the issues underneath all of the external acting-out. **Even in the best of therapeutic relationships, things will need to be processed.** It could be a simple incident, like your therapist taking a phone call during your session time. You might feel the therapist doesn't consider your time together important, and thus you feel unimportant to him/her. Talking about the feelings prevents a lot of miscommunication.

Psychiatrists, psychologists, therapists, social workers, nurses, counselors, et al bring an individualized style into the treatment of MPD. This style is a natural outcome of his/her training, experience, personal comfort level and hopefully responds to the client's need(s). There are professional codes of ethics for all licensed practitioners (and to varying degrees unlicensed practitioners.) There are many avenues available to file complaints and/or malpractice suits in instances of unethical behavior, and these should be used. We are not left to merely flounder helplessly nor ignorantly at every whim of our therapists. Most importantly, persons with MPD are highly intuitive, intelligent and discerning people. We need not be easily "taken in" (for long) by therapists who do not have it together enough to treat us. I believe (through my personal experience as well as my knowledge of the experiences of many other persons with MPD) the feeling of being unsafe, misunderstood, and stifled will prevail over how "good" it feels (temporarily) when a therapist doesn't set limits and maintain boundaries or the style of treatment is inappropriate for them.

There is a saying "The first step is always the hardest". It is a very difficult "first step" in walking away from a bad therapeutic relationship. For me, the hardest part was believing that the "something" I felt that was wrong, wasn't me. I thought if I could just figure out what I was doing wrong, I could "fix" the relationship. The harder I tried, the more frustrated I'd become. It became a cycle that perpetuated the relationship, not my therapy. I'm not sure how to facilitate a client or therapist in recognizing when treatment is in trouble. I know we need to closely monitor the effectiveness of treatment and the level of safety and trust that is established. Questioning our therapist's motives, actions, and behavior; listening to friends' input and our "guts"; and believing in your self can be first steps. They will be steps that lead to a stronger, more secure, safer relationship regardless of a change in therapists.

**I admit that my therapist's boundaries and limits are not always easy to accept.** Knowing she can't take us home with her has been particularly hard. "Parts" of me have pled their case and given every possible justification as to why the rule should be changed — to no avail. Having to accept her limits has caused anxiety, tears, pouting, "I'm mad" pictures, painful memories, enhanced feelings of rejection, abandonment and neediness. While the bottom line remained the same, we learned to know how deeply our therapist loves us; accepts us; understands the way in which we need (want) her; understand the place inside where the feelings come from (like missing not having had a "good" mom.) The knowledge, experience, and re-emerging of all the feelings mentioned above are in direct proportion to the safety we feel with our therapist.

(cont'd on page 10)

**(Boundaries cont'd)**

It cannot be discounted nor ignored that the treatment of MPD is a very intense and specialized process. The issues are abhorrent, memories are excruciating and extreme in the degree of pain each represents. Any therapist who is privileged to treat MPD is certain to have his/her personal issues stirred up sometime during the course of treatment. The therapist will often experience new levels of feeling(s) such as compassion, pain, shock, fear, horror. He/she will have emotions emerge and past issues challenged as he/she literally goes with you into the depths of a personal hell. When you are on that intense level week after week, year after year, an unparalleled knowing and bonding takes place. It is insignificant for me to know what my therapist did

over the weekend, what her favorite color is, what kind of music she listens to, who her friends are, etc. But . . . knowing who she is at her core self has become the significant result of that knowing and bonding process. It takes a therapist with solid insides to share intimacy on this level.

When my own diagnosis of MPD was made, treatment theories were in virgin stage of compilation. It was a difficult enough process to find a therapist who was willing to treat MPD, a hospital which had a program suited for MPD, someone who was not frightened by the words "satanic cult," let alone anybody who understood a treatment plan beyond what they learned from reading *Sybil* or *The Three Faces of Eve*. The hot issue of the late '70s and early '80s was

the treatment of adult survivors of child sexual abuse. As therapists began to deal on a feeling level with the trauma subsequent to child sexual abuse, lo and behold, more heinous acts of abuse began to unfold. The cases of diagnosed MPD increased proportionately.

I feel many therapists did/do their best. Some therapists, however, were/are in over their heads from the very beginning. We need to beware of therapists who have not adequately resolved their own baggage. Well-meaning therapists who have unresolved issues will tend to break boundaries or create an atmosphere of distance, distraction, or disinterest.

We all need to be challenged on this vital issue, regardless of our therapists' style.

MV

## Resources and Support

**Exciting news!** Incest survivors and mental health professionals in New York City are working together to improve therapy access to persons sexually abused as children, *regardless of ability to pay!* They hope to establish a non-profit healing center, called **S.A.F.E. (Sexual Abuse Finally Ends ) HOME**. This facility will provide residential therapy for women, and outpatient therapy for women and men survivors, plus added services such as 24-hour Hotline, job referral, groups for significant others, public education, etc. Plans are underway, but **volunteers are needed** to help make this dream a reality. Write to S.A.F.E. Home, P.O. Box 250341, Columbia University Station, New York, NY 10025 for more information

**Time to play?** Ask your therapist to write for **Childswork/Childsplay**, a catalog packed with mental-health related games, toys, books and more. Adults and inner-children can benefit as well from this selection of hard-to-find materials. Some items can be ordered only by professionals. Write to Center for Applied Psychology 3rd. Floor, 441 N. 5th St., Philadelphia, PA 19123

**MORE NEWSLETTERS:** Ritual abuse is the topic of **Believe The Children** newsletter, offered free to members. Write to Believe The Children, P.O. Box 1358, Manhattan Beach, CA 90266 for info.

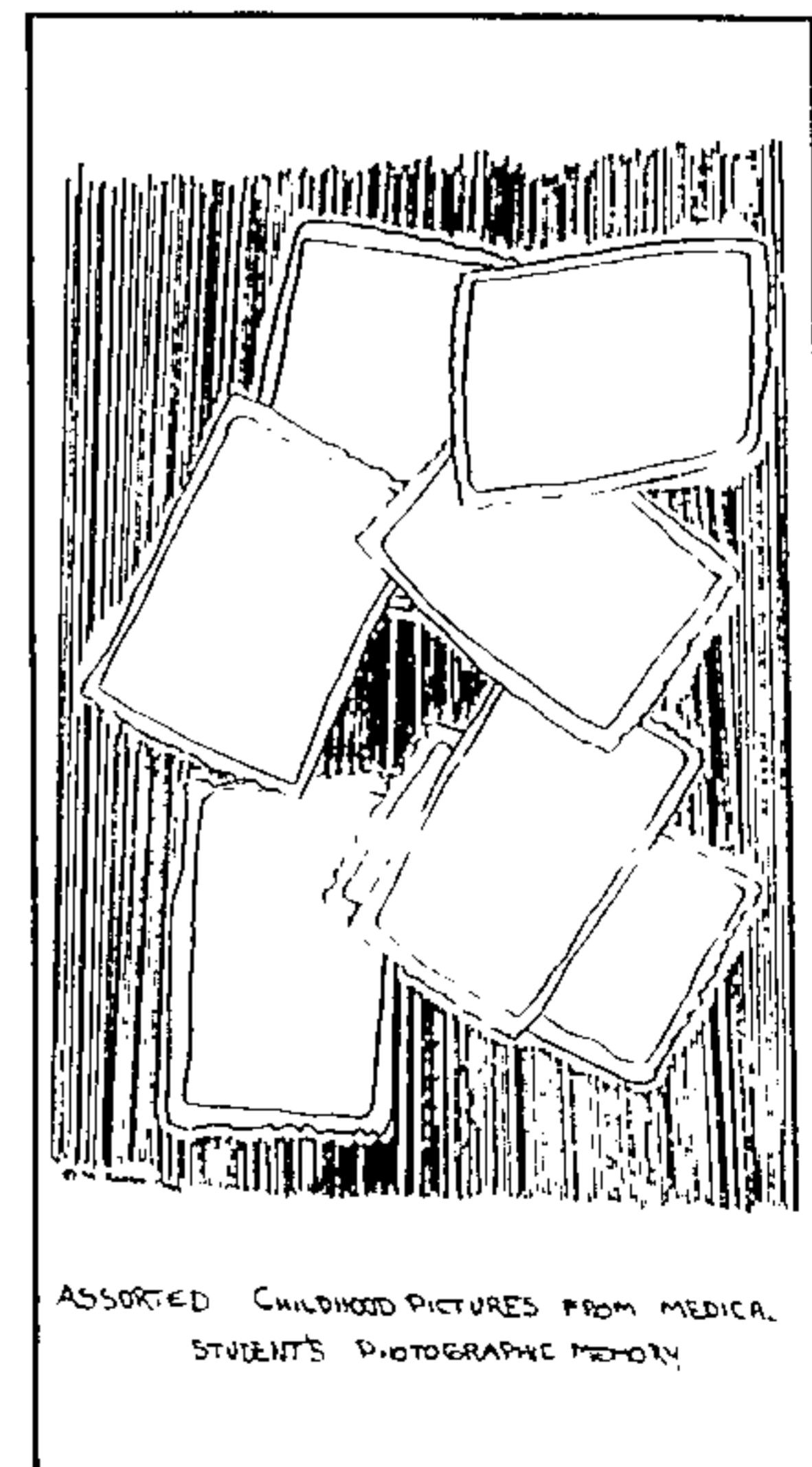
A similar newsletter is produced in Canada by **The Ritual Abuse Awareness Network Society (TRAANS)**. Write to P.O. Box 29064, Delamont Station @ 1996 West Broadway, Vancouver, B.C., Canada V6J 5C2.

**The Cutting Edge** is a newsletter for persons who struggle with self-mutilating impulses. Write to 2469 Nobel Rd. #26, Cleveland Heights, OH 44121 for information.

**Healing Hearts** offers an institute for Ritual Abuse Survivors, a newsletter, and many useful tapes. Write to P.O. Box 6274, Albany, CA 94706.

And last (but far from least!) I want to remind people about **VOICES in Action**, a resource for Incest Survivors, at P.O. Box 148309, Chicago, IL 60614. In addition to a newsletter, a conference, and several other services, VOICES offers 75 Special Interest Groups (SIGS) which allow people to *meet and communicate*

with others who share their concerns. So many people have written to **MANY VOICES** about providing "pen-pal" service. We really can't do it . . . but VOICES in Action *may* be able to help. Drop them a line! -LW



ASSORTED CHILDHOOD PICTURES FROM MEDICAL STUDENT'S PHOTOGRAPHIC MEMORY





*The Soul is Empty  
of love so the face is  
not finished yet!*

## The Soul Is Empty of Love So the Face Isn't Finished — Yet

By Teresa M.

I have been empty of love because of the disease of isolation.

I had no ears to hear, because no father or mother was there to build up a belief of acceptance of myself and to soothe the hurting of loneliness and despair with a loving voice.

I had no nose because the sweet smell of success that is within a person hasn't been taught to grow.

I had no mouth because I did not know how to ask for love and help that I needed. I only gave to be accepted.

I adapted to everyone, to live.

I had no chin to hold up in pride of myself because I never learned that I was good in my own right.

I had eyes that tell of this painful void of life and love. A life filled with false self-reliance that carries false OK-ness, that covers up the terror of not even knowing or trusting myself within.

I had no childhood.

I had taken no chances or risks to let others know me or to let my ownself know there is beauty within.

God has known and patiently waited. And He has given me the tools of a trusting, loving therapist.

This day I will have a face, because God is there to guide the way.

**Dear MV,**

Regarding the December topic, I so wonder how others with MPD have done in regard to "outsider" children and husband(spouse). . . because we haven't done very well at all in any outsider relationship.

The majority of us are children, and taking care of the "outsider children" was an almost impossible task. We spent so much time being angry or sad or afraid and taking care of each other and surviving, that the "other children's" lives were filled with inconsistency and turmoil.

A year ago we found a wonderful doctor who is helping all of us work together to be the best we can be with the "outsider children." We have all made great progress. But we all share great pain because we have already lost three "outsider children" (two to the state and one to a residential treatment facility.)

There are three children left. One is a small boy whom everyone loves and does not want to lose.

The two older girls have been told about the diagnosis of MPD. Although it was overwhelming for them at first, it has helped to clear up a lot of their confusion.

Even though most of us are lost as how to "parent" the little boy, we love him and it was important that he be comfortable with us and his environment.

So Chris Jacobs (our resident author) wrote a story about us to share with him. It has helped a lot. Also, my Little Ones love to listen to their story as it's read. It helps them to understand and not feel so fearful in a world of so many.

I'm sharing this story in the hope that it will help others talk to their "outsider children." —Kathy A.

## 'The Mirrored Child'

By Chris Jacobs

Long long ago in a land far away where the dark of the nights are longer than the light of the days, there lived a little girl. This little girl lived in a large castle that was very beautiful on the outside. But it was dark and grey inside, and the hallways were long and cold and scary. It had many rooms, but none of the rooms were warm and inviting to the little girl.

It could have been a friendly castle, but it was not. For besides the child there lived two others. They were very bad and ugly and frightening monsters, and there was no place in their hearts for good.

She was never safe with them, but this was all she knew of others and of homes. Knowing nothing else, the little girl stayed alone. She lived in a tiny corner way back in the dark under the stairs. It was empty of life, but she was not afraid there, because no one knew of her safe place.

Even though she was safe it wasn't much fun living alone. There were no books or toys or bright sun and grassy fields. No gentle breezes ever touched her face and she never got to play or talk to other children.

She was getting tired living there alone. As every day passed it seemed the monster's footsteps were getting closer and closer and their stomping was getting louder and louder.

She knew it would not be long before they found her within her tiny corner. So one day when a wisp of sun made its way to her dark space, she crept within the light and left.

When she moved into the open dark of her castle the light left and the monsters saw her. They stomped and stomped and growled and growled

and ran towards her. She was so full of fear that she turned and ran into the unknown of her castle. Being small and alone she was afraid to stand and confront her monsters. She ran through many rooms, down the hallways, but always they followed her. Where would she be safe?

Feeling very sad and afraid she was tiring and about to drop on her knees into a deep sleep. But within that very slip of a second a long mirrored hallway appeared before her. . . a hallway she had never noticed before. As she ran among the reflections another little girl reached out to her. She stopped and touched her hand and did not feel so afraid. Now she had someone to help her live and deal with her monsters. She felt stronger and less afraid.

The two little girls sat together in the corner under the stairs, but now it was different. For you see, some days one little girl would venture into the vastness of the castle's walls, out among the monsters.

She would let them see her, and chase her. The other little girl was then able to rest and feel stronger.

Soon this way was also too hard for the two little girls. Once again they decided to visit the mirrored hall. To their delight they found more children and more children. Now there were so many that they began to confuse the monsters and tire them out.

The children helped each other. Sometimes some would close their eyes and rest while the others would go out to the world beyond their corner. When they returned after their tiring times with the monsters, they would sit together and rest and feel safe once again. They shared so many

stories of adventure out among the castle rooms and halls. It was never as much fun to stay behind.

But even though the monsters were tiring and getting very confused, the children still had many terrifying dark secrets tucked deep inside them. Even together, they didn't feel strong enough to confront the monsters and their world beyond the corner.

Gradually the night's dark changed into grey, and the sun of the day lingered longer and longer within their hiding place. And time passed. . . when one day, quite by accident, a little boy stumbled into their castle. He didn't think it was scary at all, but lots of fun. He didn't see the monsters, for they had long gone.

Truly this was a place of true adventure! He wanted so much to play in the many rooms. . . race along the halls and climb the tall stairs.

Although the castle was fun he was lonely. He hadn't seen the children for they were still hiding in their corner. But they saw him and they thought he was another scary thing. They didn't understand about friends or love or happy. They were used to scary running-away feelings.

Now, afraid of this intruder, they yelled at him and ran from him and never welcomed him to their home. As before, each child took turns leaving the corner and confronting the little boy.

One of the children was a good yeller, so she yelled at the boy. Some threw stones and some threw scary words. Each took turns doing what they do best, to scare him. None of them knew how to reach out in love and touch the boy.

(cont'd. on page 13)



**(Mirrored Child cont'd)**

Sometimes the little ones wanted to stop and watch him, to see him... especially the other little boy amongst them. But the older ones "knew better". They "knew" that their castle was full of monsters. They never stopped to take the time to look at the boy or notice that their home was empty of those two monsters now. And because the bigger ones didn't reach out, the little ones didn't either. This made the castle a very unhappy place for them and the little boy.

He was so sad and confused. He wondered how one child could act so many ways with him: angry ways, unfriendly ways, hurtful ways, crying ways and scary ways. Yet sometimes he even felt the soft gentle ways. He was so mixed up. You see, the little boy never saw the many children, for they left their corner only one at a time. Because none got close to him he never got to know them or see how different they all looked

The boy was growing very very tired. This inviting castle with its many rooms and long halls and tall stairs wasn't much fun after all. He began to pack, to leave this pretty place and its scary little girl.

The children saw this and wondered. In all the times they chased him and yelled at him and scared him, he never hurt them or ran at them. In fact, it had been many days since anything had jumped at them and scared them. Maybe the Few were right, that this small boy was a

friendly place.

One night, after the boy was asleep, they silently crept to their secret hall with the many mirrors. But tonight, there within the mirrors waited a gentle and knowing teacher. He began to teach them of the changing world, and showed them that people and places weren't scary anymore. He taught the children to play and laugh. He taught of flowers and colors, of smells and touches and happys as well as sads.

The children went to their teacher many many times. Living so many years among the monsters had made them very afraid and unable to trust.

Their patient teacher taught them much of their new world. He showed them how to make happy come into their days and into their corner under the stairs.

Each child got braver and stronger. Now, instead of frightening the new little boy, they tried to play with him. First one child ventured out to him, then another. They talked to him, played with him and looked at him. Finally, they touched him. He was a gentle child and the children found more and more time to be with him.

They were getting excited. Maybe their castle, this magic home, could be a place for happier days.

The boy was beginning to notice that the little girl wasn't as scary. She was becoming more fun to play with and be with.

All the children were getting anxious. They wanted to go out into their new world together, and play

with the boy and each other. So they decided, one early star-filled evening, to take their new found friend to the hall with the endless mirrors.

He was afraid of the little girl at first, and where she might be taking him.

She gently took his hand and guided him along to their destination. In the reflecting hall all the children were waiting. He was amazed, for there was not one child as he thought, but many children. There were boys and girls, all very different: big and small, older and younger, happy and cautious, quiet and excited. He never realized he had lived among so many children these many confusing months.

The first little girl took him by the hand and introduced him to the others. They encircled him and shared with him.

Before evening was over they led him to a tiny cracked mirror towards the back of the hall. Then each child stood in their special spot in front of the cracked place.

The little boy could see that now, when he looked into the mirror, all the children blended into one. But the reflection was unusual. Even though there was one body, there were many eyes looking back at him, and many arms reaching out to him.

And he knew, and he was afraid no longer. This little girl was a mirrored child who could care for him and love him far more than he had ever hoped. And he felt safe at last.

MV

**Inside**

I don't want to remember  
but I do anyway

I don't want to hurt  
but I know I have to

It's not fair  
but I can't change the past

I don't want to live all the time  
but I guess God has other plans

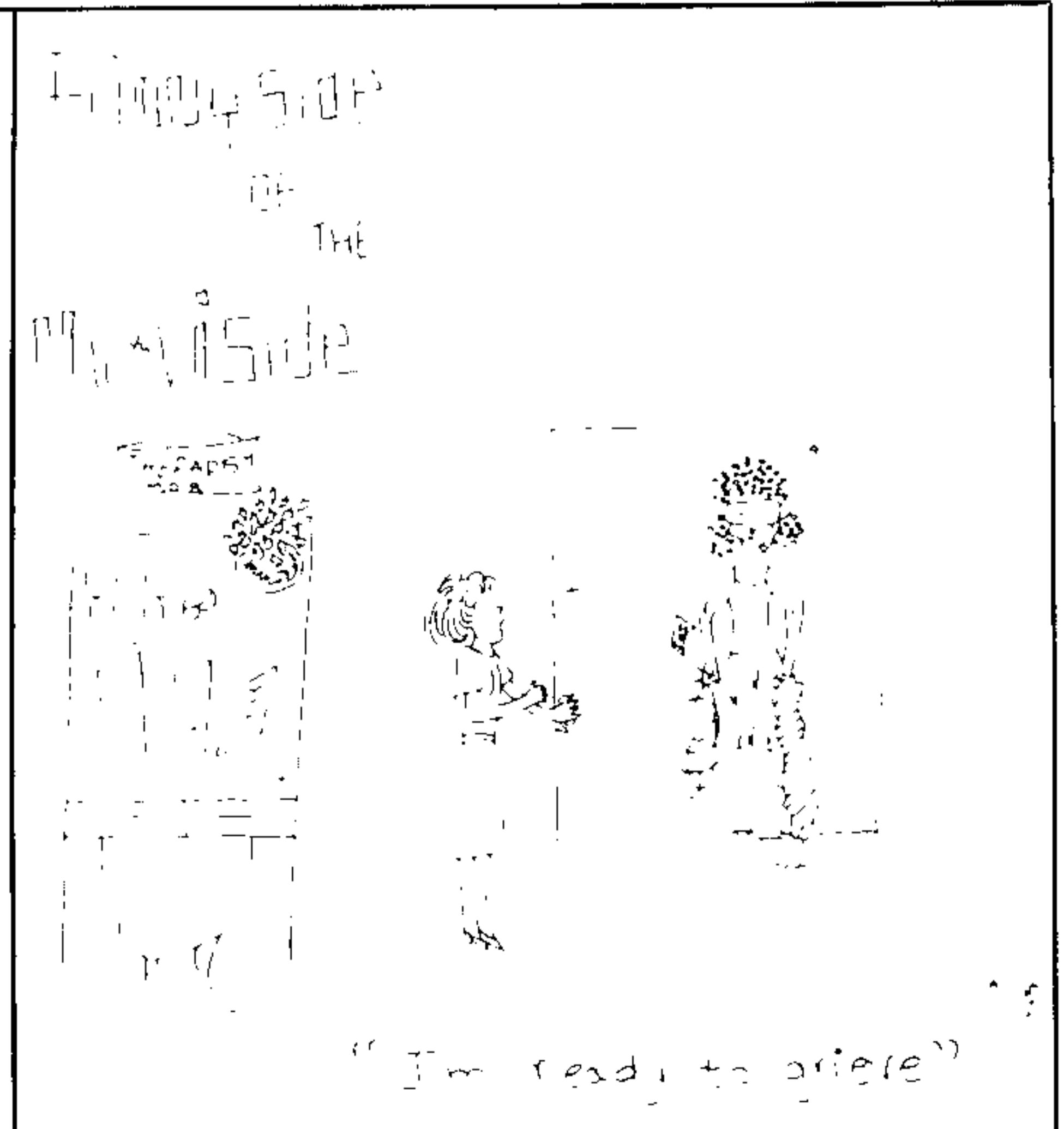
I don't want this process anymore  
but I need it

I hate these words  
but I AM A SURVIVOR

I don't think I can live through this much pain  
but I'm still here

I thought I was all alone  
but I think God is always with me

by The Writer for Terry and friends



## Healing Self-Affirmations

Developed by Moshe Torem, M.D.

*Survivors of child abuse are instructed to read these Healing Self-Affirmations out loud and record themselves on a tape which they can listen to later on, at their own leisure. In addition, they are instructed to write these healing self affirmations in their journals at least four times a day. After a while, these positive messages become internalized, well-memorized and identified on a conscious and subconscious level. The purpose of these Healing Self-Affirmations is to use a form of ego-strengthening to help each individual improve their adaptive functions with the activities and challenges of daily living.*

1. I, (patient's legal name), as a whole person, deserve a great deal of credit for giving myself the courage to survive.
2. I, (patient's legal name), as a whole person, deserve a great deal of credit for giving myself the courage to live, for giving myself the courage to stay alive and for giving myself the courage to go on living.
3. I, (patient's legal name), as a whole person, deserve a great deal of credit for giving myself the courage to grow, and for giving myself the courage to develop intellectually, emotionally, and spiritually.
4. I, (patient's legal name), as a whole person, deserve a great deal of credit for giving myself the courage to move forward on my journey of healing
6. I, (patient's legal name), as a whole person, deserve a great deal of credit for giving myself the courage to develop a new meaning in my life, and for giving myself the courage to find a new purpose in day-to-day living.
7. I, (patient's legal name), as a whole person, deserve a great deal of credit for giving myself the courage to let go of the painful memories of the past, and for giving myself the courage to liberate myself from the past.
8. I, (patient's legal name), as a whole person, deserve a great deal of credit for giving myself the courage to keep myself safe, and for giving myself the courage to keep my body safe as I persevere, with determination, on my journey of healing and recovery
9. I, (patient's legal name), as a whole person, deserve a great deal of credit for giving myself the courage to change, and for giving myself the courage to move forward on my journey of self-integration.
10. I, (patient's legal name), as a whole person, deserve a great deal of credit for giving myself the courage to heal, recover, and get well.



## Silence

Silence used to seem so simple  
 guess that's why we stayed so tired  
 but we're slipping out now  
 bit by bit  
 wanting to be heard  
 not wanting to be heard  
 i come out i open your eyelids  
 i try to peek i know you're still  
 asleep  
 we glance around it looks clear  
 we look at the door we look under  
 the bed  
 we look at the floor. JUST  
 CHECKING.  
 she opens her ears we all can hear  
 it's so bad she doesn't know what  
 she fears  
 the story teller talks we try not to  
 listen  
 she wants us to sleep but you  
 know  
 some of us can't some just want  
 to weep  
 but we don't  
 can't swim we could drown it  
 could be so deep  
 we watch the doors open we watch  
 the doors close  
 we hide in the closets we crawl to  
 the corners  
 we blanket ourselves we just can't  
 blow our covers  
 and we all wonder why  
 sometimes we still wake up there  
 the questions are asked the  
 answers are not heard  
 we run back to the storyteller  
 "please, please, help us back to  
 sleep"  
 but it is way too late.

By lindsey rae

**I.S.H.  
 SPOKEN  
 HERE**



## Why did I survive?

Inside — *way* deep inside —  
is the Energy. The Source. The Light.  
It is guarded by a circle of yellow-light-filled  
Goddesses.

No matter what others do to the body; the mind; the spirit.  
The energy — the light — the source  
Remains intact.

They cannot destroy it.  
They cannot damage it.  
They cannot even  
access it.

Deep inside, behind the locked vault door,  
is survival.

My/our task now, is to allow *us*,  
yes, *us* — the Survivor,  
to access the Goddess,  
The Power. The Light. The Source.

It is frightening.  
but we trust, (we do?!) that in time,  
we WILL access it,  
and Live. and Love, and Learn,  
And BE

Healthy. and Strong.

By Ellie Lane

## Invitation

Clean feet  
feet of respect  
may step inside this room

Fearful that even I, its creator,  
will be sent away  
my heart's song just might  
be heard in here  
for fine-tuned ears

Bird's feathered sage reminds  
me of my secret world  
inside-outside dancer  
I would invite you in if I  
believed you would understand.  
By Pamela D.

## Many Masks

Many masks to hide our pain  
many masks indeed.  
many masks to hide the shame  
many masks we don't see

One mask keeps us happy  
that mask hides our pain  
many masks we don't see  
but these masks keep us sane.  
1990 by Meagan Ashley

# Books

## Dark Obsession A True Story of Incest and Justice

1990 by Shelley Sessions with Peter Meyer. 316 pages. Published by G.P. Putnam's Sons. NY. \$21.95. Hardback

This was a different kind of book. I think that I would change the subtitle to something like "A True Story of Injustice and Empowerment." The story is told in third-person, with frequent italicized first-person quotes from Shelley. Shelley was abused by her aggressive, powerful, wealthy step-father, right in front of her mother, who is a master of denial. Shelley had only a few advocates in life, and they too were seriously threatened by the father, who was a powerful and controlling force in a small Texas town.

As a result of criminal charges, he was given a choice of 10 years of prison or commitment to a

mental hospital, where he was to spend a specified length of time. He made a total mockery out of this. Showing not one moment of insight, regret, or growth, he manipulated the entire situation and was home in six months.

When the chips were down, Mom not only chose to support the guilty (convicted in court) husband, but further victimized Shelley, including having her *locked up for a year* in a notorious program called Rebekah. Shelley was "sentenced without trial" to a harsh sentence twice as long as that served by her father. Only by pretending to go along with announced changes (religious) in her parents, was she able to come back into the abusive home. Eventually, she literally escaped

and hid as a fugitive with various supporters.

Shelley finally brought her father to trial in a civil suit (and I'm in awe of the strength that it took to do that), and was awarded \$10 million. (Her father was extremely wealthy.) Of course, he managed to weasel out of most of that, but she did get some property.

Shelley is married and has a child. I would like to think that she is healing and gets therapy if she wants it, but that isn't really covered in this book.

The feelings in this book are very real. Shelley, who was beaten down from an early age, had to be incredibly strong to fight back as she did, and I salute her for that!

— Alycat

**Coming up for you! Months of Hope and Healing!**

**February 1991**

MPD Conferences. How (or if) clients benefit from attending. Why some conferences are closed (except to professionals in the field.) How to know if you are ready to attend, and what to do once you get there. Open conference listing. ART: Draw your "student(s)", or the way your system learns. DEADLINE for submissions: December 1, 1990

**April 1991**

Your thoughts about prevention of child abuse. How to stop passing it along in families. What you've done (or hope to do) to assure an end to the pattern of abuse in your life. ART: Draw the self you are becoming. DEADLINE for submissions: February 1, 1991

**June 1991**

Working with your Dark Side. Coping with rage. How you keep your angry self from feeling betrayed or forgotten when you modify violent acting-out. ART: Draw your inner protector(s). DEADLINE for submissions: April 1, 1991

**August 1991**

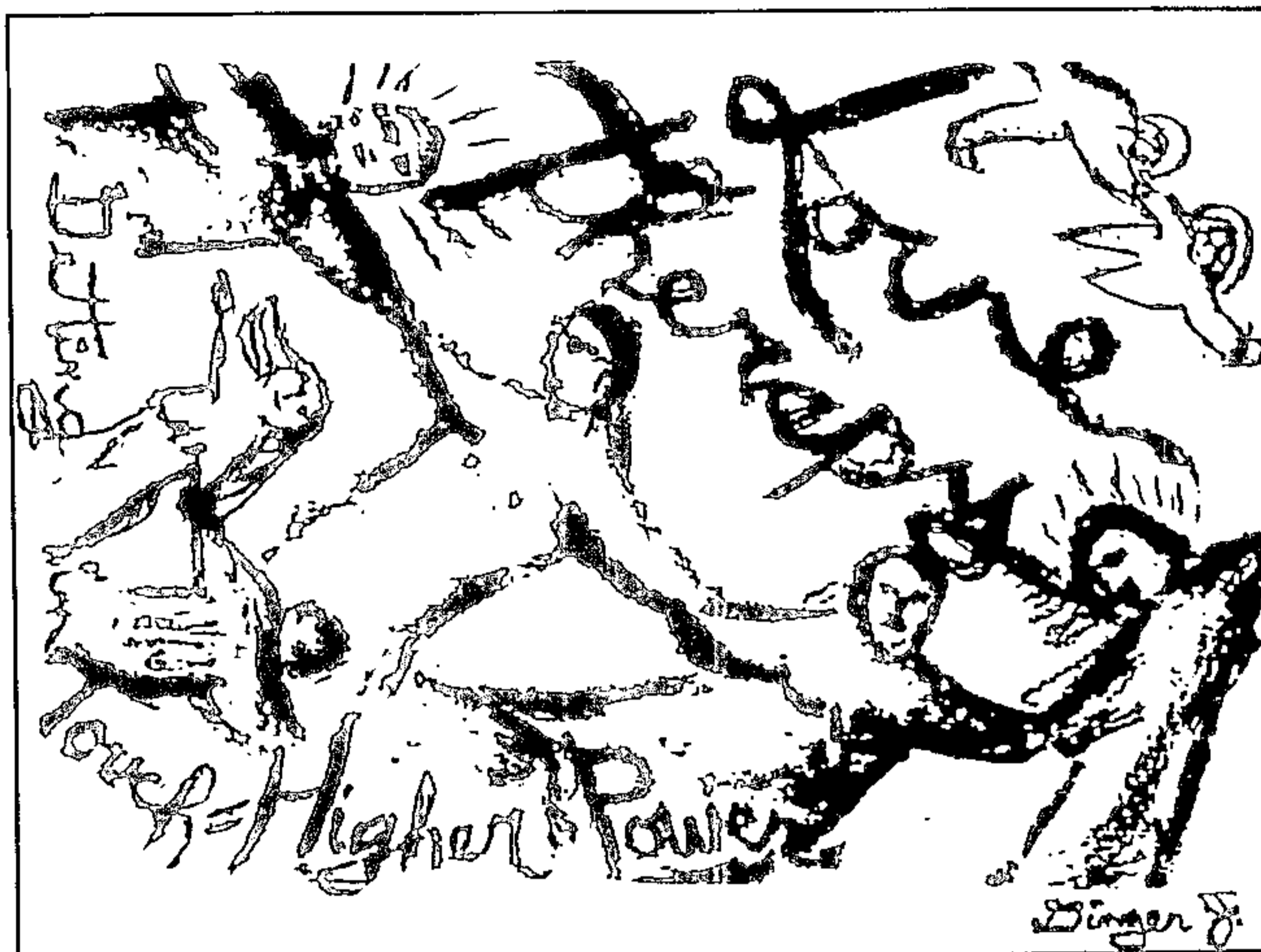
It's easy to talk about the little kids inside, but what about the teens and adults? How do you balance their needs? What are their skills and responsibilities? Their problems? ART: Draw an inner adult helping an inner child. DEADLINE for submissions: June 1, 1991

**October 1991**

The stages of therapy you have experienced. What you see as progress. What is your most stubborn problem. How you are working on it in therapy. ART: Draw your special comforts. DEADLINE for submissions: August 1, 1991

**December 1991**

Transforming holidays into happy (or at least tolerable) days. What you do to protect yourself from memory triggers on 'special days'. New "traditions" created for healing. ART: Draw a picture of you and your best friend. DEADLINE for submissions: October 1, 1991.



**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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