

# MANY VOICES

WORDS OF HOPE FOR PEOPLE WITH MPD OR A DISSOCIATIVE DISORDER

Vol. III, No. 6

December 1991

ISSN1042-2277

**HOLIDAY  
HEALING  
and  
Much  
More!**



Me and two of my  
little ones.  
*Merry Christmas  
&  
Happy Holidays  
to all...*

# Healing Through the Holidays

We used to be depressed because everyone was going to be with family/friends on Christmas. Well, we don't want to be with our family, but we felt depressed not doing what everyone else does." So we stay at home. We go to the grocery store and get whatever we want for dinners, Christmas Eve and Christmas Day. Usually it's a pizza, or egg rolls or a frozen dinner we usually can't get because we don't have a lot of money, but Barb says it's Christmas, so we can have whatever we want. We also found an artificial tree in the garbage (people in our building through out lots of good stuff and we decorate it and our apartment. We make paper chains and every year we buy a couple of ornaments (they go on sale after Christmas). Barb's mom calls us all the time and tells us (Barb) we (she) won't want to be alone on Christmas. Barb points out that it's her MOM who doesn't want to be alone on Christmas. We also read books from the library that we really like (such as *Wizard of OZ* and *Little House on the Prairie*). It is kind of sad we don't have a family or outside friends, but we know separating from the tentacles of Barb's family is one of our big steps in finding new friends and maybe a family (if Barb ever gets married.) We know we can't have friends until we ditch Barb's family (except her sisters, because they are OK. And one even has Others like us. She just doesn't know it yet, but we know them.)

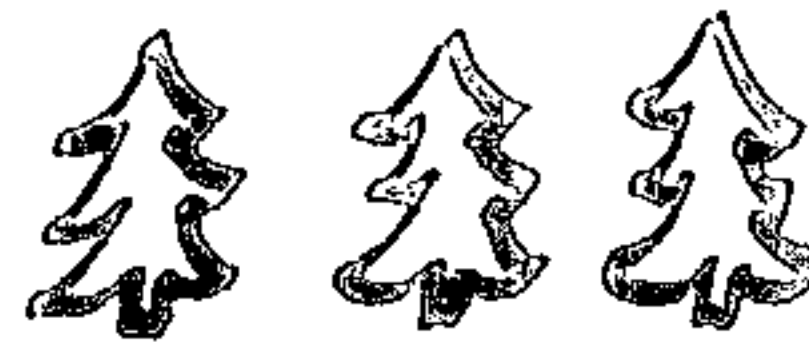
If people at work ask us what we did for the holidays we just say "Oh I spent it with friends and I relaxed at home." Then we ask what they did.

As far as presents, we usually don't get them for each other. We make cookies for our therapist and work (it's our social skills practice) and the dinner and ornaments are the group present. Sometimes the little ones want stuff and if they get real whiny we'll try and get away with a candy-cane bribe, but sometimes we have to break down

and get them a toy. It's hard saying "no" to little kids during the Christmas toy hype.

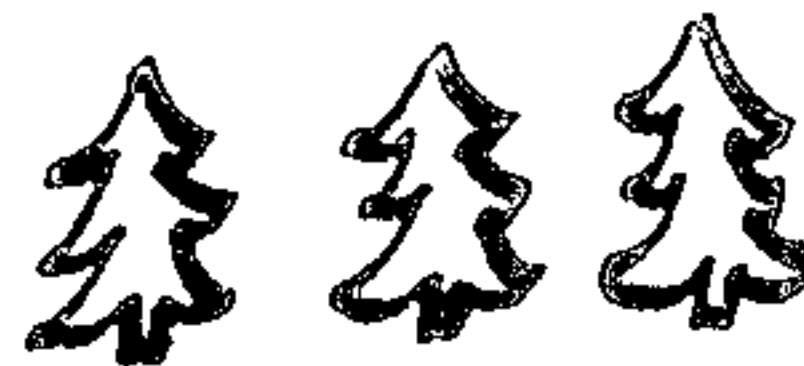
Also, we stopped sending presents to relatives. We say we just don't have the money and are only sending cards. This means more money for *our* Christmas!

By Barb W.



I take everybody (adult and child alike) to shop for presents, to look at outside lights, to special plays and shows. I let my children talk to other children as much as possible. I try to let the excitement, love, and joy of the season fill up each one of us so that there is no room for sadness within the system.

By Aileen et al



How many times over the years have you heard or sung "Rudolph, the red-nosed reindeer", thinking it a cute little ditty written for children?

Until recently, I never thought it might have a deeper meaning in my life. Then I thought about the way Rudolph's plight is similar to those of us who have experienced being different.

When I thought about all the pain I'd felt over the years because I was different from other children — how I wasn't allowed to play with other children because I was kept isolated, and how, as an adult, I have often felt that I didn't fit in anywhere, whether at work, at church, or even in my own family, my tears overflowed.

As a child I was called names and laughed at and the pain was unbearable. So, like Rudolph, I kept to myself. This of course only made my "difference" more apparent to me.

Then, one foggy day when I was deep into my confusion and pain I realized that my difference would always be there unless I did something about it. And like Rudolph, I had a decision to make: could I take that fearless step into the unknown? I did, and I was amazed to find that when I exposed my differences, I received the love and support that I had always longed for. I also learned that because of the suffering I had experienced, I actually had a wonderful gift to give — love and education!

That special holiday song will always remind me that my "difference" will help me to move forward. I give my life story and knowledge to others. I shall receive even more abundantly.

By Susan 1 of 20

I grew up in a place that believed in sacrifice on some of the holidays and to me all of the holidays were evil and bad. I didn't like holidays. We stayed in a big eighteen-room gray house with my Aunt Anner and Uncle Harry and other relatives. The family believed in practicing witchcraft so I hated holidays even more.

Every Halloween I felt more suicidal than usual and I would end up in the hospital, because I felt I had a lot of demons inside me. I thought it was because I was a bad and ugly little girl when I was growing up.

I still feel that way sometimes but not as often, since I found help for me and my parts.

But about a year ago I decided to transform the holidays into happy times. I began by treating the holidays as I would any other day.

One of the main things I'm learning to do is pray, and I couldn't do that before. I also called some of the other women I think of as my sisters (because they are in my MPD group). That helped me a lot. They don't really care about holidays, but we all

(continued on page 3)

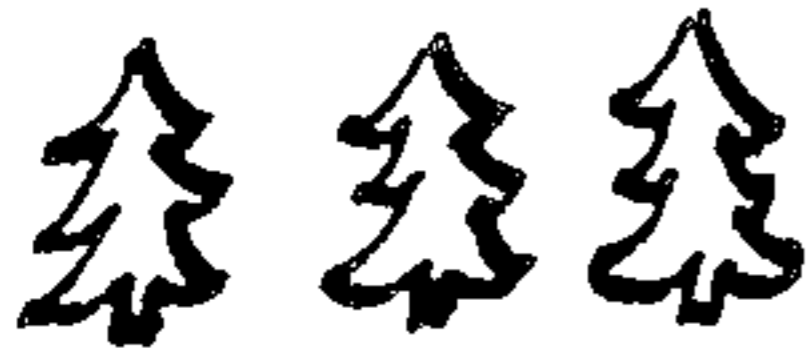
**(Healing cont d)**

talked about the Christmas decorations and how pretty they are. I still don't have to be a part of celebrating the holiday.

Healing for me is accepting Jehovah God in my life, and having other people like me to be there for me on the holidays and other days. I'm there for them too. I'm beginning to realize that my parts are all special and creative, and when it gets close to the holidays some of us work that much harder to reach out to other ones.

Most of all we have to learn to love ourself more on holidays, because on those days we used to hate ourselves the most. So we try to pull all of us together and become a group. We let all the parts know that we're there for them, and that we can give each other a hug, or they can hug themselves... a good thing for them to have on a holiday when they're feeling upset.

By Avern M. age 5  
(with help from some others)



As Christmas Season begins to show itself, my thoughts drift back to the time I was in counseling and was working hard to remember specific memories of

physical, emotional, and sexual child abuse and confinement (being locked in closets.) When the memories began to take hold, the grief lead me to the path of mourning all of my losses. When my separate persons/personalities began sharing memories or "comparing notes", it was important that even though my/our flat/surface outside person (the host?) was over 18, I/we retained a lawyer and changed my name legally and made out some legal forms to disconnect myself/ourselves from the abusive side of my past (my mother's second husband, my stepfather and his side of the family.)

This was an important foundation for Communication, Cooperation, Compassion, and Consideration... which means sharing goals, or integration. I/we also made a will, and delegated non-family members on my side to any money or possessions that I/we might have accumulated.

I/we also began to establish new friends, that over a period of years became our new family. These are the persons we spend our holidays, birthdays, Christmases, etc. with.

These days I feel grateful, almost lucky, that I have not only survived and am now thriving, but also have lived long enough to have met non-abusive men and women who have been good to me.

By Sally/Shirley

This issue is made possible in part by a contribution from:

**The National Center for  
the Treatment of  
Dissociative Disorders**  
4495 Hale Parkway #180  
Denver, CO 80220-6204  
(303) 370-6227  
Walter C. Young, M.D.;  
Clinical Director

The National Center is not affiliated with nor does it have input to or control over the contents of this publication.

**Rebecca**

You came to me when I was small;  
You have helped me all these  
years.  
Now you have come out to let me  
know  
You will always be here.  
I hear you talking,  
I hear what you say.  
You come out when I'm scared,  
when I'm afraid.  
You tell me what to do and what  
to say.  
When all I want to do is run away,  
I know of the others.  
I know them by name.  
But they are not quite the same.  
You are my protector.  
You are my guide.  
You are my friend from inside.

By Donna C.

**Especially for Partners:**

Weekend intensive workshops for couples in intimate relationships where one or both partners were sexually abused are being conducted by healing survivor Betty Button M.A. and Allen Dietz, CSW-ACP. This married couple regularly train therapists and consult in the health and human services field. Current schedule includes workshops in Salado, Texas and Orcas Island, Washington. Call 512/444-9822 for information.

Stand Fast is a new networking/newsletter organization for partners of those sexually abused. For information, write to PO Box 9107, Conimicut Station, Warwick, RI 02889.



# Therapists' Page

By Mary Helen Hopponen, M.Ed. and Mychal K. Blue M.Ed.

Ms. Hopponen and Mr. Blue are counselors at South Dakota State University and are founders of Windbreak, Inc., a non-profit organization that emphasizes holistic treatment of abuse survivors. The following article is based in part on a presentation made at the ISSMPED Conference in Chicago in 1989.

Our practice is a part of a "team effort", actively engaged in facilitating physical recovery for survivors of extreme abuse. Many different-skilled professionals have participated in this work: physicians, chiropractors, physical therapists and trainers, of course — but also occupational therapists, movement instructors, recreation specialists and coaches. Our focus is to help abuse survivors restore the links to their own personal, unified sense of body/mind links that were damaged or broken by torturous assaults.

The success of this program is enhanced by a consistently high degree of peer involvement. Consultations usually involve survivors who have worked through issues then make themselves available as resources for others.

Integration of the body/mind complex must be understood as much more than physical therapy to relieve pain and tension. The physical impact of trauma goes far beyond the obvious body-memory, as the following examples show.

(1) Despite the process of abreaction aided by a counselor, survivors tend to retain certain "out of body" states related to the torturous assaults of the past, including numbness, distorted posture and movement. Other persistent problems are hatred of the body and body functions and aversion to touch by the self or by others.

(2) People with dissociation may never really "sleep". Instead, they experience a series of dissociative states, with different parts taking turns being "on watch". In some cases the individual is up and down all night. For others, the switches are less drastic. In either situation, the lack of REM sleep

states interfere with physical recovery from fatigue, as well as with longer-term recovery from the abuse.

(3) Nutrition and food-selection are frequently conflict-ridden areas. It may be hard to choose food that is nutritious, yet appreciated by several alters. It is also difficult to stop destructive eating patterns connected to the abusive history.

Our groups learn to laugh in recognition over the Victim's Basic Food Groups: Fat, Sugar, and Salt, with Caffeine and Nicotine on the side. Laughter eases the tension that accompanies survivors' failure to know, as adults, how to feed themselves.

We've found that taking the nutrition problems a step at a time (confronting addiction to diet pop or chocolate, for instance) can lead to a significant improvement in eating patterns.

(4) Rest or recovery from fatigue is something many survivors don't understand. Prior to therapy, child alters may know the adult's exhaustion and numbness, but have no power to intervene. An important part of this therapy is teaching a client to identify and consciously feel the physical signs of fatigue.

(5) Our current focus is understanding and working through the intentional, selective use of pressure, apparatus, and electroshock techniques designed by prostitution and pornography groups to mold the body into a more sexually useful machine. This alteration of the muscle and connective tissue of the neck, ribs, pelvis and legs allows different sexual access and activities. Recovery work brings back the pain of the original trauma and adds the new pain of realignment. Good supervision and a range of supports for that recovery is essential.

Applying a range of physical

therapy modes encourages clients to begin to think about recovery in holistic health terms. But it is not

(continued on page 5)

## Cautions

1. Be especially cautious about touch. Victims and survivors of profound abuse may have strong aversions to any kind of touch. For the protection of clients and therapists, every suggestion made here should be carefully chosen and even more carefully executed to suit the particular individual's needs. No client or therapist should participate in an activity that is personally inappropriate.

There are many resources that help in this work, but two books we strongly recommend are *Thie's Touch for Health* (1979), and *Meta fitness* by Suzy Prudden (1989).

2. Go slow. Overt health concerns may be addressed as soon as the client can tolerate medical assessment. But it may be months or years before the individual is able to participate in reconstructive physical therapy on a regular basis.

3. Reduce the need for the client to dissociate during exercise sessions by providing a safe workout space. The presence of a sensitive coach or peer who gives spoken encouragement may help clients stay "in the body". Mirrors placed so clients can watch their bodies move may increase the session's effectiveness.

4. Be aware that real relief for clients comes only when the physical activities, bodywork or massage are designed to assist the working through of a specific body memory. The optimum results occur when there is a close working relationship between the psychological counselor and the physical therapist or other practitioner(s).

*(Therapists' Page, cont'd)*

a quick or simple process. Reclaiming a body long seen as the enemy of the mind because of the pain s/he endured, the pleasure s/he may have felt from sexual arousal during the abuse and now displayed in continued dysfunction through weight or other addictions, can seem a very unsavory task.

Our process begins early in therapy, when clients begin to realize the profound impact of abuse and neglect on every aspect of life. The result is anger and frustration—emotions with definite physical accompaniments which are dealt with as therapy progresses.

In working with abused clients, we first help them let the mind slowly register the extreme trauma that the body experienced. Next we find ways to regain regular functioning for the traumatized physical system or body part.

The team structure used in physical activities adds support and encourages progress. We emphasize the concept "I am a body", not "I have a body."

We use a variety of breathing and centering techniques to help survivors claim their own body space. One clue for identification of survivors of abuse is reverse breathing. The stomach is pushed out as the air is exhaled, pulled in as it is inhaled. High shallow, rapid breathing and long periods of holding the breath with no eye blinks are also significant.

Another issue along with breathing is timing. It is easy to push survivors to be involved in the physical activities before the psychological recovery is far enough along for the mind/body to begin working together. It is beneficial to have persons working on physical development processes any time during the therapeutic recovery. However, the connectedness cannot fall into place until the later stages. In several cases the client worked diligently and laboriously over a period of two or three years with some benefit. When the time was finally right, everything became exciting, new, meaningful and rewarding. They, in fact, couldn't

get enough of activities that had been a chore a few weeks before.

We suggest an evaluation by a physician or other physical health professionals before the client enters exercise therapy. The goals are to give permission for movement, improve physical well being and endurance that will be needed for the difficult psychological process of integration. Teams or partners reduce the level of shame and fear clients feel about the body being seen in public.

Initially, we try to establish full range of motion. This rebalances and strengthens muscle groups and allows them to return to healthy functioning. If painful spasms occur, (often grounded in old trauma) medical attention, physical therapy or other manipulative therapy may be needed.

The anaerobic exercises help to

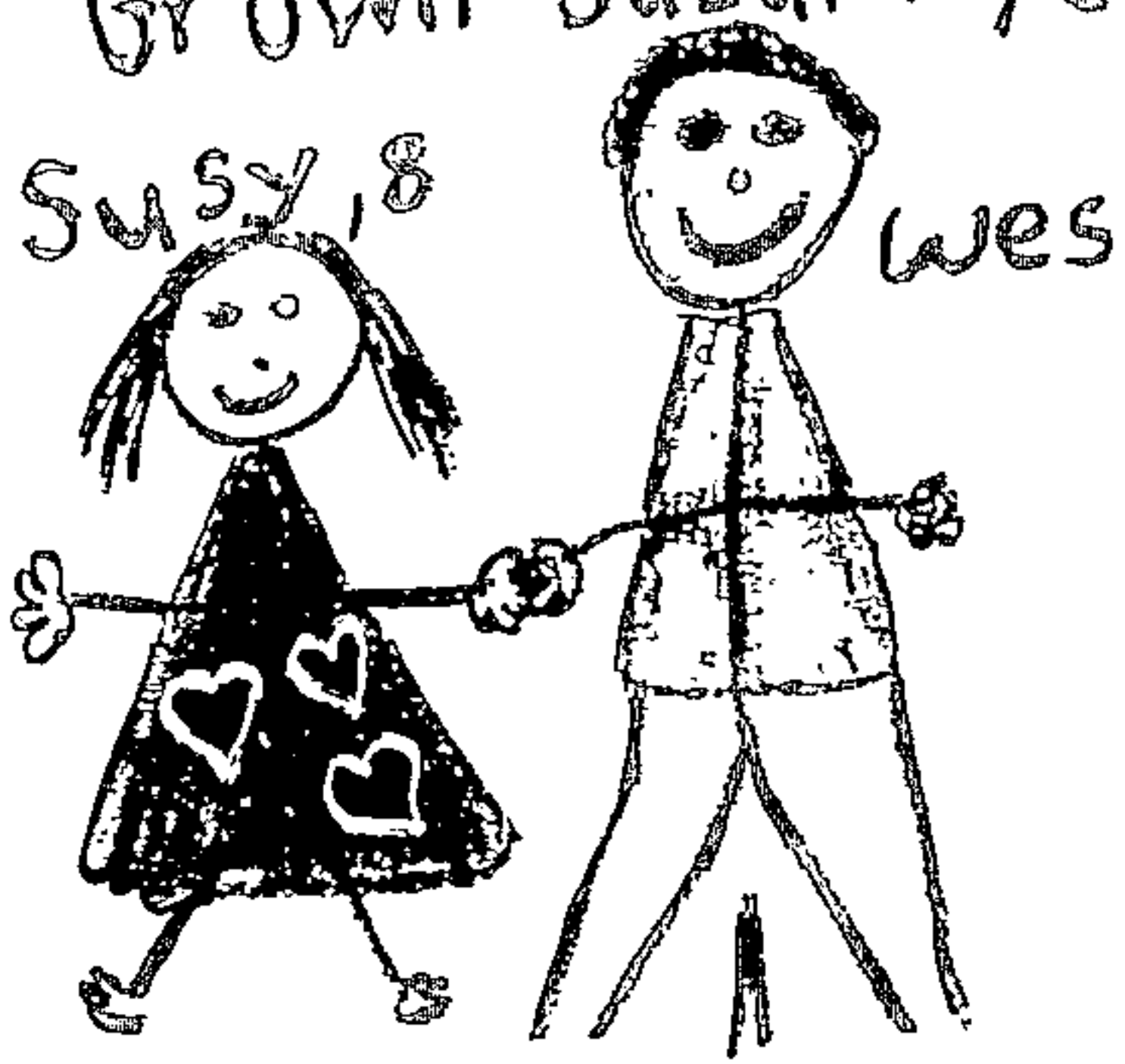
deal with the stress locked in the muscles from the combination of terror and trauma. One young man, age 14, would get tears in his eyes from the pain if his shoulder muscles were depressed by touch by even a quarter of an inch. Six months of carefully designed weight training activities allowed him to work that rigidity and pain out of his body system.

The movements designed can be isometric or free weight, or by weight machine. The exercises must develop the muscle by moving from origin to insertion, because the locked muscle can be further injured with incorrect activity.

We found that our clients had trouble with simple exercises like mirroring another's hand motions. Other difficult, yet therapeutic exercises, are cross-pattern crawling and alternating right and

*(continued on page 6)*

THIS IS MY BEST FRIEND IN THE LAND. HIS NAME IS WES BEAR AND HE IS GOING TO MARRY GROWN SUSAN. YEAL



Dear lady at MANY VOICES.  
 We have wanted to be in your book but we were wearing scardey pants because you might not like our pictures. I want to surprise Wes for Christmas by having my picture in your book, because he takes care of me and the other girls and loves us beyond death. That is my wish for you and Santa. I know I don't color as good as some big girls but I tried real hard.

Love,  
 Susy, 8 (I live inside of Grown Susan, 26)

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

left side exercises where arms and hands cross the body midlines. An interesting benefit: clients who mirrored hand patterns with the therapist at the end of an intense counseling session had increased coordination levels for the drive home.

Those people who feel safe in swimming pools may begin with slow easy movement in warm water. This decreases weight strain on body structure and allows a wider range of motion.

When approached in a careful, delicate manner, massage, physical therapy, chiropractic and other bodywork interventions have proved very useful to our clients. But issues around touch should be explored thoroughly at the outset. (See "Cautions" sidebar.) Bodywork can be very triggering to clients, bringing painful memories that must be handled with infinite care to avoid overwhelming the client.

With time, our clients come to

understand that a new painful body-memory is actually *progress*, reconnecting the messages of body and mind. We try to give child alters encouragement to pass the pain along with the other memories to the functioning adult alter. This frees the child from hopelessness and despair. As the agony is accepted at the adult level, the child can move more freely...broadening the range of physical activities the individual may engage in. Once the body can move freely without pain, clients often experience safer expression of emotional energy, particularly anger.

In many clients, individual alters may seem to reside in, or be connected to, specific body parts. The therapist(s) must be acutely aware of changes in posture, emergence of marks or scars, and the presentation of symptoms while maintaining sensitive connections to earlier memory work.

Physical activity offers many opportunities for helping the adult learn to provide appropriate parenting for child alters. The little one who just can't get enough swimming or bicycling presents the adult with a chance to learn about healthy parental direction at several levels. Our clients report a strong sense of moving from "victim" to "survivor" during this stage.

In later stages of therapy, bouts of flu-like illness with vomiting, diarrhea, and headaches mark critical fusion and integration points.

In short, the work dissociative clients do to reintegrate the body with the mind seems to be paying off for them. Participation in regular physical activities increases awareness of the body and energy for the whole therapeutic process. As the client takes more and more responsibility for the physical self, therapy for the whole dissociative reaction is enhanced. MV

## A Survivor's Checklist

By Cathy

WHAT I NEED TO KNOW is that:

- NO ..... is not rejection
- LIMITS ..... are not abandonment
- ENCOURAGEMENT TO GROW .... is not a subtle request to hurry up and get through

WHAT I NEED TO FEEL is that:

- LOVE ..... doesn't equal pain
- TOUCH ..... doesn't lead to abuse
- MY BODY IS JUST THAT ..... my most sacred possession and only I decide who shares it on any level

WHAT I NEED TO DO is to:

- CREATE SAFETY ..... for the child who fears
- PROVIDE NURTURING ..... by surrounding her with loving people
- PUSH ..... when she needs to move; respecting her need to stop
- HONORING THE WAYS SHE'S LEARNED
- TO SURVIVE ..... while encouraging her to move beyond them

WHAT I NEED TO REMEMBER is that:

- I AM STRONG ..... but strength today doesn't mean pulling away; it's knowing when to reach out
- THERE IS SAFETY ..... it comes not in hiding, but in staying open to the loving relationships I've built, the ones I have learned to trust

But Most Importantly:

That Inside Of Me There Has Always Been A Light; A Sparkle Of Hope That Has Never Stopped Burning... And Today I Can Let It Shine... I Am Whole And In That Wholeness...

THERE COMES CHOICE

## Items of Interest

**MARS STATION BBS** is an on-line computer bulletin board for sexual abuse survivors. Operating at 2400 baud, the specialty board hopes to offer any survivor in the U.S. listings and descriptions of treatment facilities within their area. Facilities may write to PO Box 038 Rockville MD 20848-0038 with info and \$20 to be listed. Call data line at 301/294-5182 or for information, call voice line 301/294-5321.

**The RA Project**, a survey of 33 ritual abuse survivors from 13 U.S. states examines the history of abuse along with perspectives and feelings of survivors. The study was recently conducted through the University of Colorado at Boulder. Copies of the 75 page report are available for \$8 from RA Project, 5431 Auburn Blvd. Suite 215, Sacramento, CA 95841. Delivery 3-6 wks.

# Recovering

By Rita M.

**Q:** Please explain about ritual abuse, and therapy for it.

**A:** Ritual abuse refers to many types of groups, not just to "satanic" cults. For example, there are certain "Christian" sects that are very cult-like and have abusive rituals that all must participate in. Ritual abuse also refers to any rogues [ie. non-affiliated group(s) or individual(s).] There are abusive individuals who take whatever information they have learned or been raised by and augment it (add to it/ 'improve' upon the concept), making up their own "cult" or set of rituals as they play out their own past abuse on their own or other people's children.

Therefore, not all ritual abuse is "satanic" and not all "satanic" ritual abuse is the same. Much depends on the players in the game, how organized the group was, was it intergenerational, how many abusers were involved, and what sort of abuse (exactly) was going on. To emphasize the point I made before... the damage sustained by a child who is abused depends greatly on the number of perpetrators involved and whether or not they were family members, the type of abuse (physical, sexual, emotional), the level of violence involved, and so forth. I do not mean to discount the ritual abuse experienced by some survivors. However, there is some hysteria among therapists and clients about "ritual" abuse, and I'd like to address this in a small way:

The descriptions of ritual abuse by clients are horrible, to say the least. A client with ritual abuse issues is going to have a harder road, but I do not believe that therapists should treat their ritual abuse clients differently (aside from discussing safety issues and boundaries regarding expectations, etc.) than non-ritually-abused persons with MPD. I think there is a real trap in thinking one is "special". All people are special, each in their own way. What I've seen happen, and I think it's really a tragedy, is that clients and/or therapists get into this mode of perceiving people with MPD (in general) and those ritually abused as "special." The trap is that boundaries get blurred, expectations on both sides go beyond what is reasonable, and ultimately, *everybody* gets hurt.

If I could make an analogy here... MPD is like a puzzle. Some puzzles are quite simple. Others are much more complex. However, a puzzle is a puzzle. No matter how many pieces a puzzle has, it still has to be put together one piece at a time. Certainly, a thousand-piece puzzle is going to take longer than a thirty-piece puzzle. With hard work, determination, and concentration, each can be put together. I really don't want to see clients or therapists get caught in "how much worse" one sort of abuse is over another. It's all tragic.

The key question is "Okay, now that we know this... what are we going to do about it?" **MV**

---

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

---

# Incantation of the Hollow Children

We are the unnamed ones  
we do not smile  
we dwell in the shadows and  
corners.  
We have learned to tiptoe over  
broken glass without wincing.

We are the invisible ones,  
erased into a misplaced childhood.  
We bleed when you do,  
and cry when you don't.  
We have never grown up.

We are the undaunted ones  
we have all the answers  
we need no one  
untamed and haughty,  
we gnash our teeth at you  
and play hide and seek with  
headless horsemen.

We are the hollow children,  
We do not believe in angels  
we search for corpses in dumpsters  
while you sleep.  
We will not let you forget.

By Jeannette M.



# Overcoming an Eating Disorder

By Pat and Alters

**R**ecently, mental health professionals have acknowledged and reported the strong correlation between eating disorders and childhood sexual abuse. Many of these professionals are beginning to consider that some of their most troubled patients with eating disorders may have MPD.

National statistics in the general population indicate that 1 in 4 girls and 1 in 5-6 boys under the age of 18 are sexually abused by an adult. In the eating disordered population current literature estimates that as high as 80% of people with eating disorders have been victims of childhood sexual abuse. In the support group organization dealing with eating disorders, of which I am director, we find these statistics to be true. Many have totally repressed or dissociated any memory of these painful experiences until they were adults. Others have minimized or denied the effects of their sexual abuse so completely that they cannot associate it with current problems in their life (eating disorders, drug/alcohol abuse etc.) that are the consequence of their hideous childhood sexual abuse.

There are many, including mental health professionals, who would rather not address these alarming figures or this extremely painful issue for various reasons, but address them we must. For there are too many people who have spent years silently screaming for help, living a silent nightmare of isolation and denial of their own pain. They need not be silent any longer. There is hope! There is help!

I, myself, struggled with compulsive eating, bulimia, and being overweight for more than 25 years. I began treatment for my bulimia 8 1/2 years ago. It was as recently as October 1988, when I was a month short of age 43, that I began to suspect I was sexually abused as a child. I had been in therapy for the better part of 6 years for what I now call in humor, normal family of origin

dysfunctional issues. when on October 17, 1988 I began having nightmares. These led to the memories of extraordinary ongoing childhood sexual abuse and "I believe and don't believe" ritual abuse.

After an increasing awareness of internal changes taking place over a period of months, I felt compelled to consult with one of the experts in the field of dissociative disorder and MPD. At this time, 10 parts came forward identifying themselves and describing their roles in our system. I was diagnosed as having atypical dissociative disorder. My treating physician agreed.

I had been symptom free (of eating disordered behavior) for some time. But when we started dealing with childhood sexual abuse issues in October we began overeating, vomited a bit and gained a great deal of weight.

About 18 months later, after a therapy session, I felt one part inside (Patti, the 6-7 year-old) say that the food was almost killing them and that they (the children inside) had been vomiting the food for the last week. (Incredibly, the vomiting for the previous week had actually had a different feel to it than usual.) Patti had

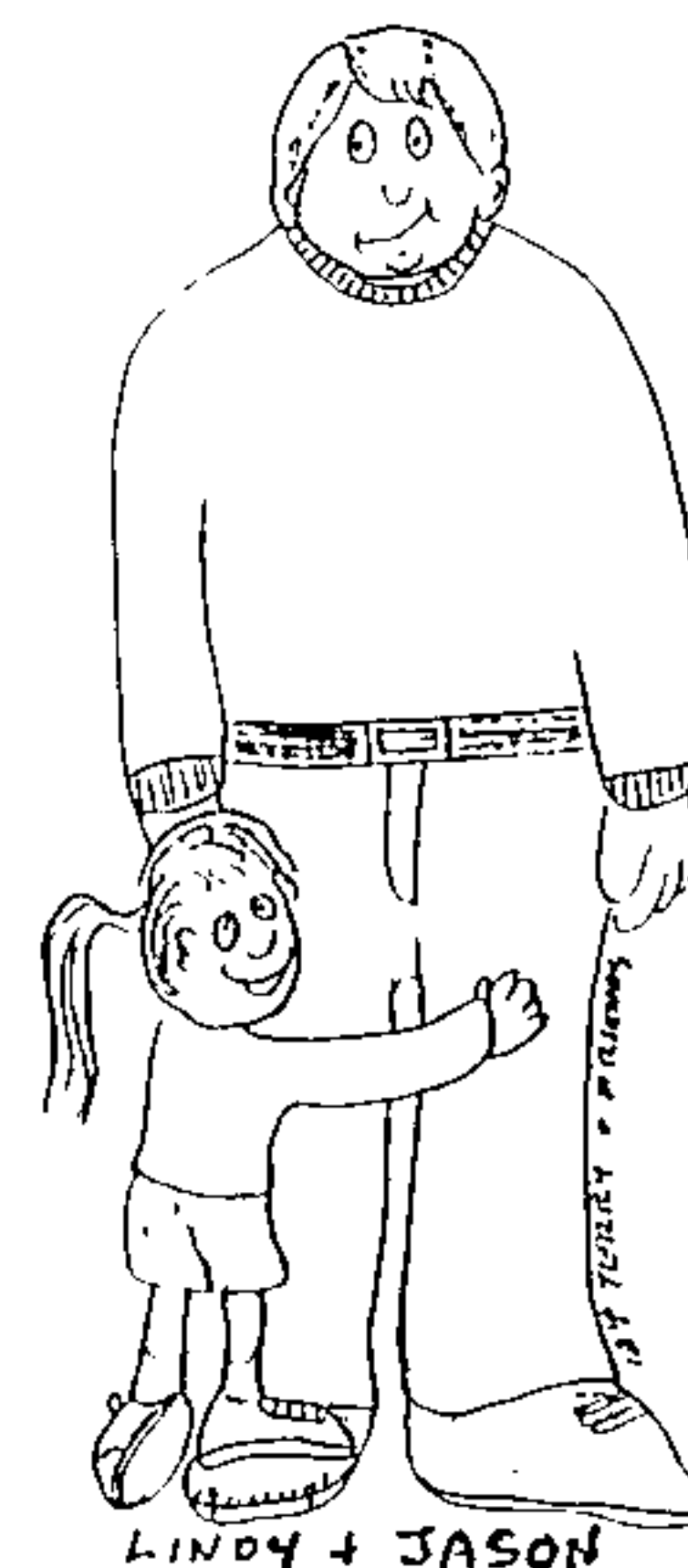
acknowledged that those inside knew I had been trying for years to nourish and take care of their pain through the eating disorder behavior. Another part (Patsy, the four-year-old) said the alcohol I drank confused her. I was basically a social drinker at the time, with occasional episodes of drinking excessively.

That evening at home I asked inside what they wanted to eat. Patti wanted a mini-cheeseburger (like I would feed my young grandson). She wanted a small amount of mayonnaise plus ketchup and relish. I had always put gobs of mayonnaise on everything. This was the best tasting cheeseburger we had ever eaten. Patsy wanted a small brownie and milk. Since that day in March, 1990, when I weighed 216 pounds, we have not overeaten, purged, or drank alcohol. We have lost 70 pounds without even trying. We have maintained our weight loss for over 9 months with no effort or concerns around food. We have not become rigid but eat anything we want, including sweets and chocolate. We enjoy food and basically eat when we are hungry, and stop when we are full. We no

*(continued on page 9)*

## Please Note:

A national television documentary film is being made about dissociative disorders and MPD. It will address the abusive origins of MPD/DD and a survivor's life experience and healing. People who might be interested in sharing their experiences and insight with the documentary researchers, please write Michael Mierendorf, PO Box 80761, Minneapolis, MN 55408. Your responses will be totally confidential and you will be contacted by writing or by telephone, according to your preference. Deadline December 10, 1991.





(Overcoming *cont'd*)

longer live in fear of food or gaining weight, as we did all of our lives.

In June 1990 we entered a well-known dissociative disorders unit for the safety provided on an in-patient unit, where we could explore our rapidly-opening system. This stay was an extraordinary opportunity to be with other women dealing with the same terrifying memories. It gave us the chance to gain validation of our memories from peers and an experienced, sensitive staff of mental health professionals.

I truly believe, dealing with dissociative disorder/MPD and facing our family-of-origin issues is the way to freedom from the bondage of an eating disorder. As I wrote for my organization's newsletter awhile back:

"I am convinced that the only way to get beyond the pain disguised by the eating disorder

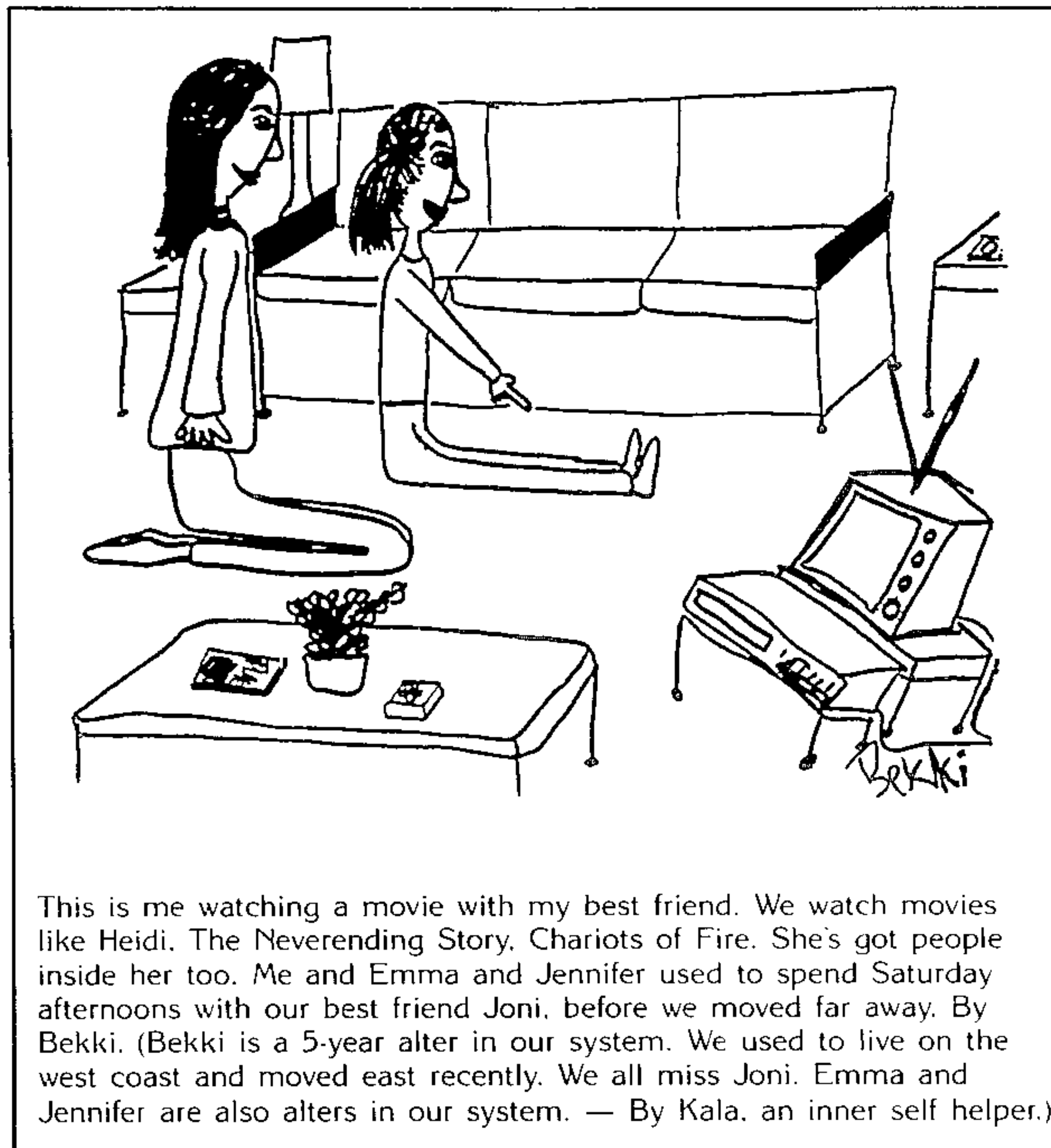
behavior is to go through it. The family issues I am challenging, just now, warrant every single Hershey bud and chocolate chip cookie I've eaten in recent months. I am very much aware that, at times, I am still using food as a way of coping, along with the more positive coping tools I am acquiring. While I believe the elimination of eating disordered behavior is possible, I also believe the gradual shift to freedom from the bondage of food and weight-related issues will continue to take place in direct proportion to my dealing with the rest of the painful issues associated with my childhood experiences, and not a minute before or after. Though, at times, I'd like to believe I should or could be over this already, through the pain, and have put it all behind, it isn't over until it's over."

MV

## The Very First Time

I wish he would go away and stop hurting me.  
*He won't go away.*  
 Who are you?  
*I'm your friend.*  
 What is a friend?  
*They help you through the rough times and take the pain away. Mostly they protect you and they love you.*  
 I don't have any friends because I'm in a lot of pain and there is no one to "take it away."  
*Yes there is. I'll take the pain away. All you have to do is give it to me!*  
 Really?  
*Yes, really.*  
 Okay, you can have my pain. Now, what do I do?  
*Just don't think about it anymore and it won't be there.*  
 Yes, I can do that. Thanks. Friend!  
*You're welcome!*

By Melody M.



This is me watching a movie with my best friend. We watch movies like Heidi, The Neverending Story, Chariots of Fire. She's got people inside her too. Me and Emma and Jennifer used to spend Saturday afternoons with our best friend Joni, before we moved far away. By Bekki. (Bekki is a 5-year alter in our system. We used to live on the west coast and moved east recently. We all miss Joni. Emma and Jennifer are also alters in our system. — By Kala, an inner self helper.)

## Gifts

By Laughter, for Regina A.

On the Twelfth Day of Therapy my Clients Gave to Me:  
 12 broken contracts,  
 11 bleeding wounds,  
 10 pages of homework,  
 9 gory drawings  
 8 emergencies,  
 7 hospitalizations,  
 6 hundred state forms,  
 5 threats of homicide,  
 4 crying alters,  
 3 family fights  
 2 frightened secretaries,  
 and a dead cat in a brown bag!

On the Twelfth Day of Therapy my Therapist Gave to Me:  
 12 rules to live by,  
 11 signed contracts,  
 10 pages of homework,  
 9 yucky memories,  
 8 new-found alters,  
 7 books to read,  
 6 hundred state forms,  
 5 years of therapy,  
 4 videotaped sessions,  
 3 cups of coffee,  
 2 tag-team sessions,  
 and one grueling headache!

# In The Land of Abundance

By US

Once upon a time there was a little girl named Rosa Maria who was born into the world of "Terrible Sorrows". She didn't know it then but her mother and father were being held captive by the wicked wizard in the land of "ScareCity" where there was never enough of anything to go around and everyone lived scared to death to ask for help for fear they would be eaten up instead.

The rule of this land was the survival of the fittest. If you wanted anything you had to play the survival game. The rules of the game were to fight, steal and kill for what you needed, or you were left for dead and forgotten.

Rosa Maria was very smart and quick to learn this game and enjoyed playing it at first because she became very powerful. Until one day she realized that the game had turned into herself. She was fighting, killing and stealing pieces of herself little by little. This realization was so painful that she wanted to stop playing the game but then was filled with the terror of being left for dead and forgotten. She knew she couldn't endure that agony. She felt she was on a fast moving merry-go-round that wouldn't slow down to let her off. She was confused and filled with despair of ever ending the pain this game caused.

Then one day a small child came to her and asked why she was so sad and Rosa Maria told her of the terrible merry-go-round game that she didn't like playing anymore.

The small child laughed and said, "Well when I don't like a game I'm playing I just say 'I DON'T WANT TO PLAY THIS GAME ANYMORE' and walk away. If you don't play the game the rules of the game don't fit anymore."

Rosa Maria thought about how simple that seemed. Just when she was about to say those same words to get out of the survival

game a large ugly toad came along and started singing his terrible song "You'll never stop this game of terror. To think you can will be your error!"

This terrified Rosa Maria and she told the small child what was happening. Again the small child laughed and started singing her own song in perfect harmony. "I don't see an ugly toad and if there is no toad there is no song."

Rosa Maria joined in on the child's song getting louder and louder to drown out the toad's song. At this the ugly toad got so angry it began to blow itself up to look even more ugly and frightening. The louder she sang the more he blew. He was so intent on blowing himself up that he didn't realize how big he was getting and suddenly there was a big explosion so loud that the entire earth shook.

The fallout was so powerful that it blew Rosa Maria and the small child to another land. When they got up and looked around they saw that the explosion had released all of Rosa Maria's beauty that the toad had swallowed when she was born into the land of "ScareCity". For awhile they thought they were still in "ScareCity". Then all the abundance around them started to sing their song: "We are the treasures you've long searched for. Journey through us to share your abundance. We hold you in high esteem."

At first Rosa Maria was disbelieving because of all she had already been through. She turned to the small child and said, "Is this too only an illusion?"

The small child laughed again and said, "Real is what you make of illusion. You are the creator of the games you wish to play. Use the wisdom you have gained to make rules that bond, not bind." With that the small child jumped into Rosa Maria's arms and said, "Take me home now. I'm tired and want to rest."

Rosa Maria said "I don't know

where you live."

Again the small child laughed and said, "I am a part of you and I live in your heart. I am the heartbeat you've been missing."

Rosa Maria grew very sad because she didn't want to let the small child go away and leave her alone again. Seeing her sadness the small child knew what she was thinking and again chuckled, "I'm not going anywhere except inside you. Whenever you need me just call 'Me'. I love to play games when the rules are simple."

Trembling Rosa Maria held 'Me' in high esteem. She listened to her heart beat for the space where a beat was missing and then tenderly placed her there. Tears filled her heart and soul for this newness left her feeling fragile yet complete. She closed her eyes out of fear and for a moment she refelt the terrible aloneness from the world outside of "Terrible Sorrows" and she thought she had returned to the land of "ScareCity". But just when she thought nothing had changed many voices deep within her began to sing, "We are the world, We are the Children. We are the ones who make a better place because we're living! Open your eyes and see yourself for you have made yourself REAL! From this day forward you are held in high esteem for your gentle strength."

Rosa Maria slowly opened her eyes and saw her beauty mirrored inside and outside of her and she sang back, "I see in your eyes the love I've always wanted, and for the first time it's in me, looking back at you." She then stepped forward to begin her journey through this land called "ABUNDANCE" filled with wisdom, age and grace.



# What Would You Say?

By The Painkeeper

*If I met someone today who told me they'd just been diagnosed with MPD, and had uncovered a long history of sexual, emotional, and physical abuse... what would I say to them?*

Dear \_\_\_\_\_

Although I have known you for only a moment, I feel as though I know your soul. In your eyes I see confusion and disbelief, in your soul I see pain and fear. Yet your whole self emits immense strength and determination. You see, my dear friend, you are truly a survivor.

Your journey through life has been travelled alone. Throughout each and every trauma (and there have been many) you, somehow, found inner strength to go on, searching, not only to receive love and compassion but to give it to those who are deserving of it. You are an asset to life. I feel joy in my heart because you are here. I am truly honored to have met you. You see, my dear friend, I am also a survivor who has been diagnosed with MPD and — I am afraid. Somehow, just by meeting you, I do not feel so alone.

And now you have found someone who is dedicated to your healing. You are about to embark upon the biggest challenge of all. I salute your courage. You are about to enter what may at times seem to you to be the twilight zone. The world of strange concepts, altered definitions to words, honest communication, encouragement to defy your past and to believe in you. I see that you are skeptical and suspicious of this new world. However, I also see the deep desire to trust and to be free. I am making a personal challenge to you, to risk. I am confident that you will prevail. You are, after all, a survivor.

To the doctor they say, "Doctor, heal thyself."

To the survivor I say, "Survivor, survive thyself."

It is important for you to realize that your tour of duty is over. The only war you have left to fight is

the war within. Although your abusers are no longer here, they left with you their lies and feelings of worthlessness. These belong to them. I encourage you to discount their voice, and come to understand that they tried desperately to pass their worthlessness on to you.

Acknowledge your strength in stopping this horrible cycle. As a survivor, you hold the keys to being permanent, durable, lasting, persistent, endless. I encourage you to keep those words in mind in your travels through healing.

It is unfortunate that this process is necessary. I don't think you will find a single person who has either completed the journey or is at the beginning, minimize or lie to you that it isn't the most painful thing they have ever done. Maybe that's because, for the first time in our lives, we are actually feeling. Our entire self is beginning to thaw after a long, long time of being completely frozen.

I encourage you to reach out. By doing so you not only empower your own process, but also the continuous journey of those around you who are trying and struggling as they heal. When we let someone in, we are not alone. When we are able to help, we feel worth. We all need each other. If you do not reach out, you actually deprive us of witnessing your strength and determination to heal. There is a lot to be said for collective consciousness. The strength of others to heal becomes our strength to heal. What a truly awful world it would be if we all stayed within ourselves.

By being diagnosed with MPD, that tells me that you had an open mind towards creative ways of surviving. I encourage you to have an open mind towards creative

ways of healing. The necessary steps are known; the tools are available. However, you are the only one who can take each step. You are the only one who can utilize the tools. For the first time ever, you have a choice. Do you choose to run? I have chosen to become whole.

I don't know what else to say to you, except that I care. Maybe that's all that ever needed to be said.

MV

---

## You Are Never Alone

You are tired  
 You worked hard  
 You remembered true pain.  
 You were unloved.  
 You were hurt.  
 You have never been able  
 to rest and sleep.  
 That is over.  
 We give you:  
 dreams to replace nightmares  
 love to replace hate  
 comfort for your pain  
 wishes for a peaceful life.

We only ask that you trust and  
 accept  
 Us as your friends.  
 So long we have hidden from you  
 but now  
 We come to let you know us at  
 last.  
 I am the child in you.  
 I am your protector.  
 I can take over your pain.  
 I will handle your anger.  
 I am strong.  
 I can help you now.  
 You will no longer be alone.  
 We are here for you.  
 Go to sleep now.  
 Rest.  
 We are here for you.

By B.A.D.

# Ending Therapy — Going on Alone

By A Survivor

All my years of therapy, to this point, have been with the same therapist. He has been my support in times of struggle and my nemesis in times of backsliding and denial. Therapy is not easy for anyone, but when abuse is involved, it is especially difficult to learn to trust another person enough to be honest and accept their help. In my case it took several years of therapy for 'intermittent unexplainable depression' before my inner self could trust enough to reveal my abuse and for my other personalities to begin to emerge. Even my therapist, who worked extensively with abused and dissociative clients, was unable to break the barrier and was surprised at the brutality of my experiences and the extent of my inner world.

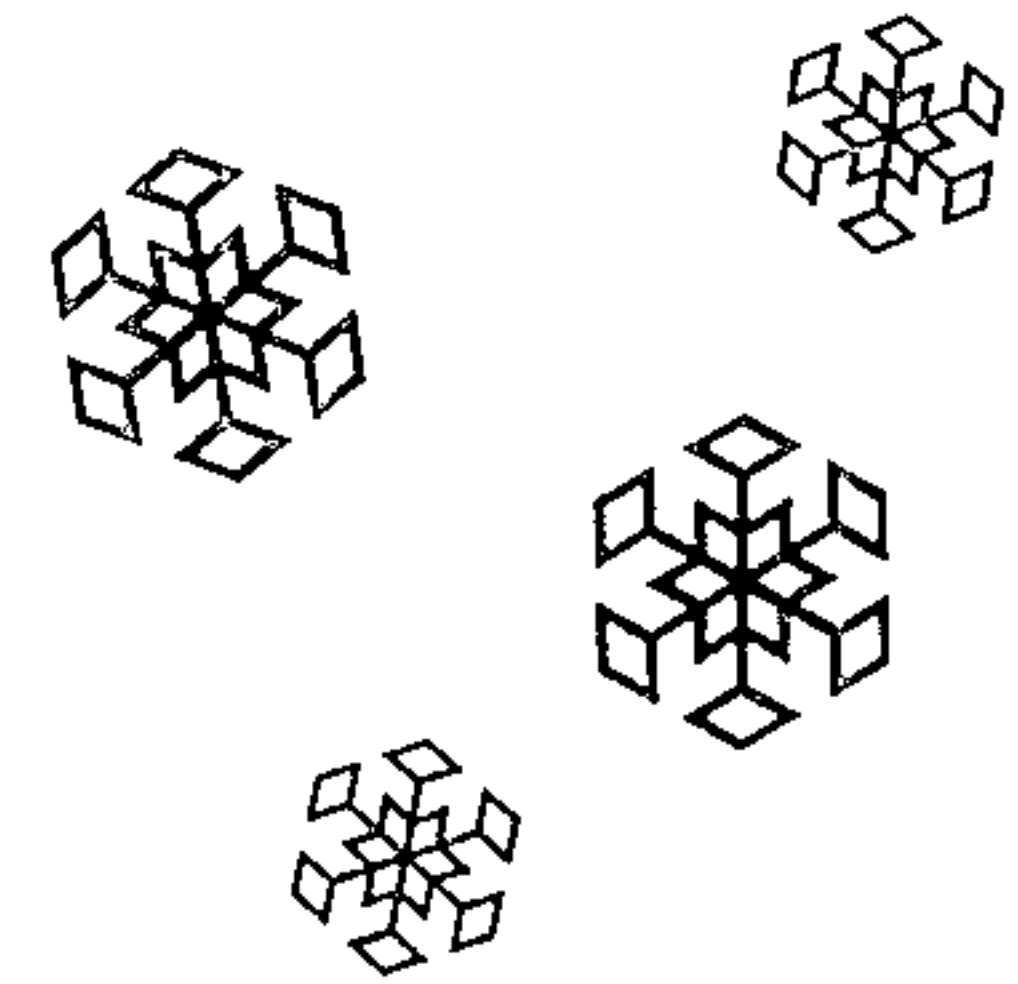
Despite all I have experienced in therapy, today I am dealing with my most difficult stage. The End of Therapy. I never really gave much thought about ending therapy. I always felt that at some time I would realize that I no longer needed the support of therapy and that my therapist and I would come to a mutual decision about when to conclude. This was not to be. Although I was given plenty of notice my therapist chose to close his practice before I felt I was ready to conclude. Over the years I kept my personal problems and history very private, only sharing with my therapist and infrequently with short-term groups. Being a very private person, I rarely shared my pain and needs with family or friends. Even when hospitalized, I would depend almost entirely on my therapist, not utilizing the therapeutic milieu, the staff, or other patient contact. The "perfect patient", never acting out, never demanding attention, followed all the rules and therefore rarely benefitted from all the excellent help available.

I realize now that this was a

mistake. Although my therapist frequently encouraged me to seek out others and to use all available resources, I stubbornly kept everything to myself. I now realize that relying entirely on single therapist treatment is not wise. I believe that both clients and therapists should reevaluate treatment modalities and integrate a system where there is always a back-up resource available to the client. Another trusted person or support network to turn to is needed when a separation with the primary therapist becomes necessary. The separation may be due to vacation, leave of absence for medical or educational needs or retirement. Whatever the cause, the client must have alternative help readily available, not just an "on call" person, but someone the client knows and has learned to trust. This is especially important to those persons with a history of abuse because trust is the most important factor in their therapy and a very hard-won commodity. If I can help anyone in some small way with my experiences, it would be to encourage both clients and therapists to utilize some form of alternative co-therapy to provide maximum support for the client.

Today I am depressed, tearful and angry. Angry mostly at myself for not utilizing outside resources and building a support network to help me through this difficult time. My therapist gave me the best therapy I could have asked for. He was my rock and my salvation. I would not be alive today without his help. I wish him peace and contentment. He has truly earned his rest and retirement from being a tireless caregiver. Although together we neglected to build an adequate support system for me to utilize, he has helped me build the inner strength to go on alone. The sadness will pass and I will have the strength to move forward and grow as a whole person. One thing about those of us with a dissociative disorder: WE ARE SURVIVORS.

MV



## Between the Lines

Lately there is no definition  
to the line of sky —  
the coastal range of mountains  
is purple and white  
like the city and the smoke.  
The water gleams with smooth  
opals  
like the windows on the lower hills.

I cannot tell if I am seeing  
or being —  
if my vision is of the outside or  
within.  
The haze, the film, the trance  
hovers all day long,  
and the only sure moment is the  
morning light  
coming up over the dark pines  
outside my window.

My cat on the sill chatters at the  
birds  
and doesn't know who I'll be this  
time  
as she turns around to see —  
and neither do I.  
She looks as surprised as I do  
but she is not afraid  
and I am.

Time is way back behind my eyes  
and moves with images I never  
want to see.  
There is comfort in the green of  
the winter grass,  
the rush of wind against the  
window glass,  
and the way that children sound  
when school lets out.

They stay the same.

Otherwise I am lost  
between the lines of losing time  
and the undefined December sky.  
By S. '90

## Jeremy's Poem

One of the members of Our Family is blind. He is Jeremy and he is 12. He is black. I never knew about him before. My doctor told me about him because she met him. Then later Mickey told her why, because when the boy was 12 a man on the next street used to follow us in the woods and try to do things. One day he trapped me and pulled his thing out. I guess he thought I was a girl, but I'm not. I forgot about that til Mickey told about it. I didn't like remembering it. I blacked out after the man did that, and that is when Jeremy was born. The doctor said he is blind so he didn't have to see that man's thing. Sometime that year or the next year I kept feeling a pressing issue to learn braille. I thought it was because I read a book on Helen Keller, because we are partially deaf. We wear two hearing aids. I sent away for braille stuff and learned it. I did not know it was Jeremy wanting to learn it. He must have seen me read the book somehow, about Helen Keller. And made me want to learn braille. I did it. Now he writes poetry in braille! I want to put one of his poems in for you. I interpret it all into sighted-English. It is hard, because I forgot a lot of it. I have to look things up. But I do it because I want to know what the braille things say.

Here is his poem called *Colors*. I am typing it the same exact way he wrote it.

### COLORS

Colors

If I could see colors  
What would they mean  
To Me?

They won't mean nothin.  
Cas I can't see.

(I am blind.)

what does colors mean  
To Me Now?

I tell you man.  
There is Red.  
Red is Embarrassing.  
Cas That Father  
He always say  
You face is red  
You NO you lyin!  
Red too be the  
LIES  
That make the face Red.  
Red the Anger  
That old Man carry.

Blue.

Blue be the  
Warm sun  
Warm my face.  
Cas people always say  
"Look at that blue sky."  
on a warm day.

Yellow.

Yellow be the Heron  
that people shoot up  
because they always say  
The Heron Man gets  
Yellow Eyes  
I ain' gon say  
All the colors  
Cas you know there are too many  
I gon tell you about TWO  
Colors now.  
You listen up close now  
Cas they reel important to me.  
There White  
and there Black.  
You lissnin Man?  
Don be wastin my time

White be the soft fur

On my best dog in the world  
Cas then everybody they say  
Dat Holly she so prety an  
White like snow.  
Never us got no presheation  
We be the ones brush her and  
stuff.

Black is best and it is Last.

And it be  
What I see  
All the time.  
But don' swet  
Because to me  
Black be  
The Color of  
That beautiful Woman  
I gon have one day.  
So black be Love  
For you aint never hear that  
before  
Then you just saw a new idea

*(Jeremy's Family asks if others have alters who are blind or deaf or have other physical differences from the body. How do they cope? How do you help them? Write to us and we'll print what we can — LW.)*

## Items of Interest

**Comments/concerns** regarding sexual contact between therapist/counselor and a client may be shared with **Stop Abuse By Counselors**. A book, *What to do when Psychotherapy Goes Wrong*, is also available for \$11.95. Write to 5651 S 144th St. Tukwila WA 98168

**The Southeastern Regional Conference on Multiple Personality and Dissociation** will be held Feb. 21-23, 1992 in Atlanta, GA. It's

sponsored by the **Ridgeview Center for Dissociative Disorders**. For information, call 1 800 345-9775, ext. 3025.

**March For the Children** will be held at LaFayette Park in Washington DC, Monday, May 11, 1992. Concerned citizens, protective parents and survivors will call for legislation to protect children from sexual abuse. For more information, call Kitty Kruse, 319/354-7396.

**VOICES in Action Inc.**, will exhibit survivor art at its 10th annual international conference in July 1992 (Chicago area). The exhibition is open to all adult survivors of incest and child sexual abuse. Do not send art until you receive information on how to submit. Deadline June 1, 1992. Write to Vickie Polin, VOICES in Action Inc., PO Box 148309, Chicago IL 60614 or call 312/327-1500 for information.

# It Bears Repeating

By CAT

**T**here is so much pain and misery connected with MPD and problems dealing with the diagnosis itself I AM NOT A MULTIPLE PERSONALITY!!!! (Words I live by.)

But then, how else to explain the unexplainable. The occasional warm and loving feelings I experience when I'm told about some things my alters have said and/or done. Good things, funny things, told to me by my therapist (most often) but occasionally by my own children.

I want to tell you about one of these incidents that at first caused me to feel *very* angry but now brings feelings of much love and warmth.

After a particularly harrowing few weeks? (Months? A year?) of dealing with past garbage, and the diagnosis itself (or not dealing with it) everyone was exhausted, depressed, suicidal etc. In other words, ready to Give Up. Most therapy sessions were missed and many dates cancelled. The only things that were manageable were those that had to do with daily living, such as marketing. And it took every ounce of energy to

accomplish even these simple tasks. Most days were spent in bed feeling crazy and wishing for death. (Most days still are, but not to such extremes.)

After one particular trip to the market I walked across the parking lot to get a few needed things at the pharmacy and suddenly found myself with a large teddy bear in my arms.

Ok! What's this damn bear doing in my arms? And I try to put it back on the shelf, but my arm won't let go of it.

I'm struggling with this furry thing in my arms and people are beginning to give me funny looks and I'm feeling *very* embarrassed. I start mumbling to myself, "Come on! Put the damn bear back! Don't need another bear!"

I take my purchases to the check-out counter, bear in arms, hoping the sales person will help to take this appendage away from me. Wrong! When ringing up the sales and needing to check the price of the bear (\$60! Shit!) he had to do it with bear in arms.

I walk back to the car, holding this bear; drive home, holding this bear; in the house, with the bear

and *Boy am I pissed!*

It didn't take me long to find out that it was two of my alters, Katie and Amy, who were the culprits. One, seven years old. The other four.

Then a few weeks ago my daughter had her first child, a girl. My second grandchild. Wow! What an experience! So much excitement!

I immediately went out and purchased armfuls of pink frilly things for the baby. Oh, was I ever in heaven! I came home and began packing everything to send to her and the next thing I see is *the* teddy bear in the box. What? Hey Wait A Minute! What is This? There's no room in the box for the bear. Out with the bear! OUT!!

But the bear is back in the box.

What can I say? What can I do? Katie and Amy *love* this bear. They sleep with it every night. And they're willing to, *want* to part with it. But this is a three-foot bear!

So OK. But the bear goes in another box. The bear will have to fly solo.

Katie and Amy packed the bear and we sent it off.

Yes, I love them. YES YES YES.

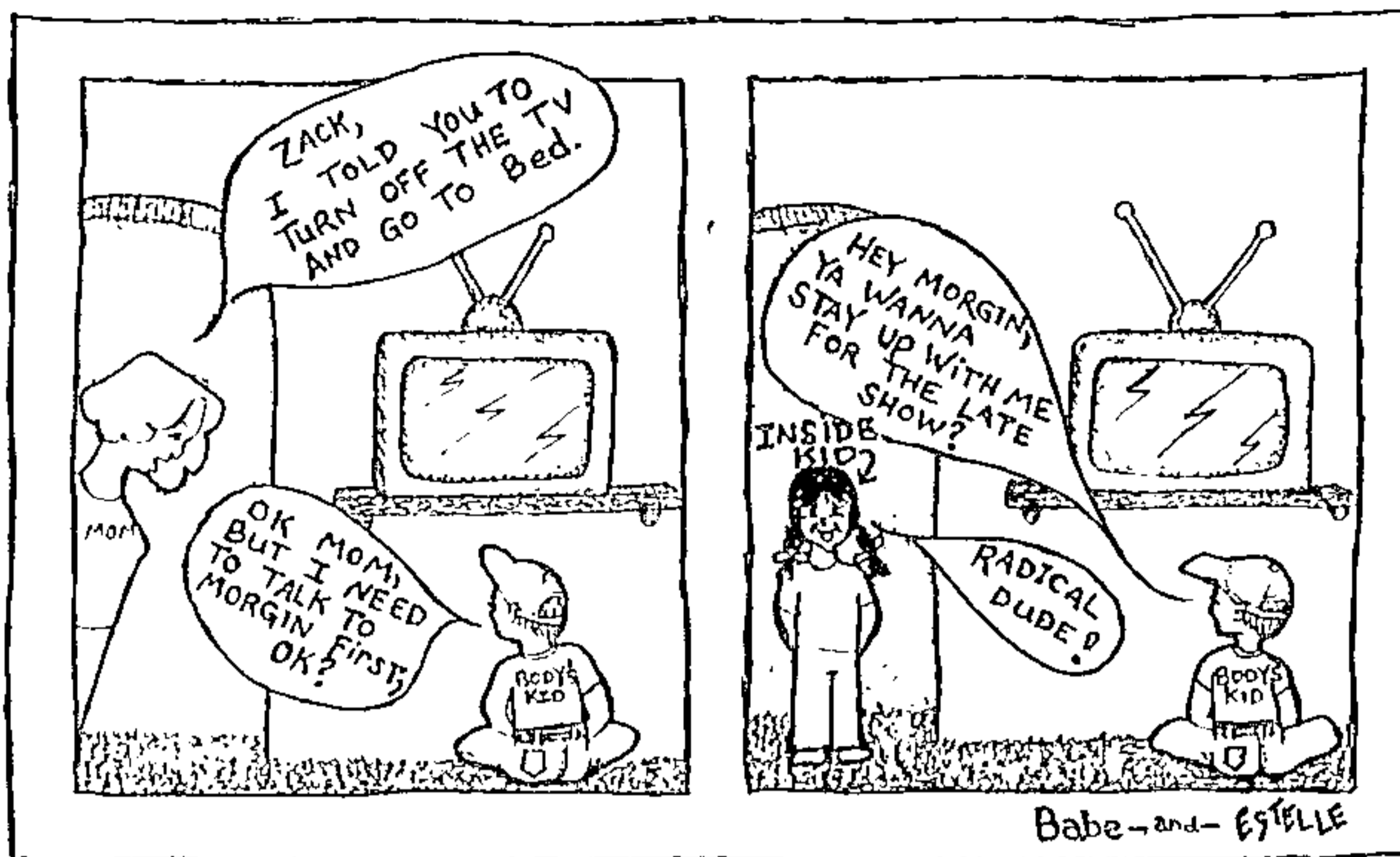
MV



## Reeee-Raaah

Reeee Raaah  
 Reeee-Raaah  
 Someone singing in my ears.  
 Words of movement.  
 Words of comfort.  
 Rocking. Swinging.  
 Reeee-ing us up.  
 Raaah-ing us back.  
 Again and again.  
 We hear the words ringing  
 deep within our ears.  
 A sign of comfort.  
 Someone must be content.  
 Within (or without)  
 the struggle of our day.

By Twinkle



## Great Ideas From Survivors

Leather "survivor bracelets" are stamped with one of three sayings (WE ARE SURVIVORS or HEALING WOMAN or HEALING MAN). Bracelets are 5 inches long, stained antique or dark brown, with your choice of brown or purple leather straps and a turquoise fastener. Price of \$5.50 each includes postage and handling. Send your check and choice of design/wording to JFP Inc., PO Box 6933, Denver CO 80206.

# Books

### Allies in Healing When the Person You Love was Sexually Abused as a Child

1991 by Laura Davis Published by HarperCollins/Publishers, New York. \$13.00 350 pages, paperback.

Laura Davis, co-author of the deservedly-renowned bible of the survivor community "Courage to Heal", has done it again. This time, she's put her organization and writing talents to work for partners of survivors... those who suffer as their loved one suffers, not only empathically, but for themselves.

This book begins with the basics of defining child sexual abuse, through the agonies of changing relationships, the partner's needs, crisis, communication, and naturally, sex. But there's so much more... and as in *Courage to Heal*, this book uses the real questions of real partners to structure answers that come out of practical, daily-life situations, not abstract theory. To me, that's a major strong point. It doesn't just go on and on about how awful things are... it suggests ways to deal with the awfulness, or, if that's not possible, how to make the decision to leave.

Most of all this book is about the healing process and how to

facilitate it. That's why I'm reading it, even though I'm not in an intimate relationship. I figure my parts are partners within, with conflicts, misunderstandings, and many of the challenges "outside" relationships endure. If I/we learn and practice, maybe my inner selves will be "Allies in Healing", too.

By Lynn W.

### ... And For Kids...

#### The Newberry Medal.

Since 1922 a book is annually honored for being the most distinguished contribution to American literature for children published during the preceding years. These books are generally geared toward juvenile readers

#### The Caldecott Medal

Since 1938 an award is given to the artist of the most distinguished American picture book for children. These books are generally for preschoolers and early readers. Copies of these lists of award-winning children's books are free and available in public libraries in the children's sections. We keep our lists in our purse at all times.

The Caldecott Medal books please alters and fragments in me of all ages. Also they introduce us to illustrators and authors whose other books we can then enjoy.

Sometimes we read them or show them to our cuddlies.

It seems to me that the Newberry Award-winning books are the ones my adults are most able to appreciate. Possibly there are teens and others in me enjoying them too. Emotionally none of us are particularly advanced, so these books reveal truths to us and show us how life can be. Many of us really love these books and reflect upon them often.

One of our ways of taking good care of ourselves and treating ourselves well is by going to different libraries. One has live animals in glass cages; another has an aquarium and an indoor fountain; some have special chairs that are sort of like lying on the floor, or sitting inside a shell; one is beside a river; one has gorgeous mosaic art work in its stairwells.

For some of us libraries can be "away" places. No responsibilities. No need to interact with anyone. We especially like adult quiet study rooms or chairs by windows. Once we borrowed a video, "Follow Me Boys," which helped us to cry healing tears.

And all of this pleasure, quiet, comfort, artistic beauty, learning... has cost us not one penny!

By Rose

Thanks to all for your excellent contributions! Keep 'em coming. Please note the February theme of Hospitals. I'd like comments from CLIENTS AND PROFESSIONALS, regarding hospitalization of people who dissociate. The more input we have, the more useful this will be. Please help! — LW

### Coming Up!

#### February 1992

The role of hospitals in treatment of dissociative disorders: professional and client opinions. (ALL INPUT WELCOME) Who benefits and why? Selecting a facility: When outpatient treatment is preferred. ART: Cartoons about hospitals (funny or ironic). DEADLINE for submissions: December 1, 1991

#### April 1992

Finding an effective therapist: Innovative ways to budget for therapy and other essentials (food/shelter/stuffed animals) ART: Draw your strong wise self. DEADLINE for submissions: February 1, 1992

#### June 1992

People parts fragments ego states: What is your concept of self? How do you deal with differences between your outside (physical) self and internal (psychic) structures (different genders, animal alters, etc.) ART: Exotic alters and their purpose. DEADLINE for submissions: April 1, 1992

#### August 1992

Memories: are they all real? Does it matter? Retrieving and processing memories safely. ART: Draw memory containment or pacing images that reduce overloading your system. DEADLINE for submissions: June 1, 1992.

#### October 1992

Employment and dissociative disorders: Keeping a job or getting one while in therapy. Strategies to improve self-control. ART: New Fall Styles in defensive barriers for the workplace. DEADLINE for submissions: August 1, 1992

#### December 1992

How to build a safe support system, with peers or normals or both: Info list of support groups/resources. ART: Draw your connections with society, as they are or will become, with healing. DEADLINE for submissions: October 1, 1992.



### 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.

Subscriptions for a year (six issues) of *MANY VOICES* are \$30 in the U.S., \$36 elsewhere. Please enclose the form below (or a copy) with your check, and mail to *MANY VOICES*, P.O. Box 2639, Cincinnati, OH 45201-2639.

# MANY VOICES

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Please check one:

I am a client     Professional/therapist     Relative/friend

Subscription type:     New     Renewal     Gift

Please start subscription with Feb '89    Feb '90    Feb '91    Feb. '92

Other \_\_\_\_\_

1 year: \$30 in U.S.; Elsewhere, \$36 in U.S. currency.

Make check payable and send with this form to *MANY VOICES*  
P.O. Box 2639, Cincinnati, OH 45201-2639.