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**Proudest Accomplishments**

**Integration**

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**June 2001**

Spirituality: all views. Do you have a "spiritual side"? What beliefs are helpful to your recovery? Have some beliefs harmed you? How do you reconcile a "Good God" with your painful past? ART: Your image of spiritual safety. DEADLINE: April 1, 2001.

**August 2001**


**October 2001**

Supporting Yourself: financially and emotionally. Tell us about your struggles and how you work to resolve them. ART: Winning the battle of living well. DEADLINE: August 1, 2001.

**December 2001**

Life After an Encounter with a Bad Psychiatrist

By RR with special input from Paul and Angela

Unfortunately, I have had many encounters with very bad psychiatrists, both men and women. It seems to me that somehow during their extensive schooling to learn how to “help” people, they think they have become “deified” (1) to make a God of (2) to glorify as of extreme worth. Some think they have become “god” when they get their license.

For those who have encountered this type of psychiatrist, you are not alone. And I am here to say you can “have a life” after such an experience.

My first encounter with a bad psychiatrist was quite disheartening. It occurred during the infancy of my recovery. I think of him as “the drug doctor.” He gave me drug after drug that did not work. When I would tell him the drug was not working and that I could not take it, he would write in my file, “Patient is rebellious and refuses to follow my orders.” During this time, I systematically overdosed myself because (1) the drugs were not helping and (2) I was “rebellious” and needed to be punished. We very nearly did not survive that psychiatrist.

Bad psychiatrist #2 was an eye-opener. While I was lying in the hospital just out of ICU, coming in and out of consciousness, he appeared out of nowhere uninvited. He proudly marched up to my hospital bed, bent down over my face until I could feel his breath on me. Then he said, “Your past is NOT bothering you. Get over it!” I thought he was “god” and therefore I must be completely insane.

Bad psychiatrist #3 wasn’t quite the shock that the others had been. By then I expected them to “vomit out of their mouths rotten and vile things.” While recovering in the psychiatric ward from another interrupted death attempt, I was ordered in to speak to my attending psychiatrist. (Who needs one?) I entered a room where he sat along with his student-in-training. He said, “Close the door.” Ah-hah! This could be trouble! Then he went into a tirade about how I was acting like a spoiled rotten child, that I should grow up! That acting like an infant would get me nowhere. Can I tell you I was already very weak and victim-feeling? I proceeded to go back to my room, shut myself in the bathroom and for many hours bash my head on the bathroom cement/lino floor as hard as I could in an attempt to get that stuff out of my head. Or at least to end that stuff happening in my head. It took me years, and inner ear surgery, to recover from this. I tried to take legal action and was told that I could never win in court, as I was the “crazy” one.

But I thought my bad encounters were over.

Not!

Bad psychiatrist #4 I actually handled. Yes! They didn’t get any better, but I did. Having never seen me before, looking at my file, she said, “So, you think you have multiple personalities?” I nodded. I was ready for the set-up. “Well,” she said. “You don’t.” This one was “god” for sure. “The sooner you let go of that notion, the quicker you will get better. I have evaluated hundreds of multiplets,” and only two were real; the rest were fakes,” she said. (I wonder why the two convinced her.) “And furthermore, most of what you have recovered from your memory probably didn’t happen,” she added. “So, are you open to a new line of therapy? What do you think?”

I said, “I think this is funny. You don’t even know me.” That was all. Can I add that she wrote in my file, “Patient is suffering from DD.” Now why in the world did she make me the third non-fake? Go figure...
My Fury, My Struggle

I struggled to get free
but no one listens.
My fury changes me
but others feel threatened.
I cannot break out without movement
but I am "supposed" to keep still.
I yell and scream
but others leave me.
I change forms as I grow
but no one sees the beauty.
Wasn't a butterfly once a worm?
Wasn't a diamond once a piece of coal?

God's anger is righteous and redeeming.
Mine, but a pitiful cry to be heard.
Hear my anger. Hear ME!
Hear who I am—a gem set free.

By Julie for the J Team

MV

Many Thanks to Our Angels!

Del Amo Hospital - Torrance, CA
Call Chris McMillin: (310) 530-1151 or (800) 533-5266

Forest View Hospital - Grand Rapids, MI
Call Bill van Harken: (616) 942-9610 or (800) 949-8439

River Oaks Hospital - New Orleans, LA
Call Martha Bujanda: (504) 734-1740 or (800) 366-1740

Timberlawn Mental Health System - Dallas, TX
Call Christie Clark: (214) 381-7181 or (800) 426-4944

Two Rivers Psychiatric Hospital - Kansas City, MO
Call David Tate: (816) 356-5688 or (800) 225-8577

These organizations are affiliated with this publication and have no control over its contents. Many Voices and its staff have no influence on their operations.

If you know of clinics or conferences that need flyers, please call us! We appreciate your support! — Lynn W., Editor

MV

Dear Friends,

As you see from the themes announced on the front page of this issue, we're preparing for the year 2001...which will mark 13 years of continuous Many Voices publication. Our goal is to make 2001 the best year ever. However, to do this, we need some help.

What sort of help?
You name it, we can use it.

#1: We need to find more ways to let people know about MV. Increasing readership will help keep MV alive and well, and will benefit all readers by the broader range of input from people in recovery. So if you know a clinic where flyers can be placed, a mailing list of likely subscribers we can borrow, rent or buy, or any conference that may be attended by mental health professionals who work with trauma survivors...please let us know! A better website is hopefully on its way; your ideas are welcome.

#2: If anyone is aware of grants that can go to organizations which are NOT "non-profit"... but are public-service and/or creative, please tell me. I've checked into transforming MV into a non-profit, and at this stage it would be pretty difficult to do, even though this operation has been subsidized by me, personally, for years. Unfortunately, I'm running out of room on my credit cards. I'm not an expert at grantwriting, either... so any advice about this is welcome. I might even consider partnerships. I'm open to any ideas that can keep MV a well-functioning publication for trauma survivors.

#3: For those who are sending material (art/poetry/prose) to us regularly... bless you! For those who keep thinking "I'm going to send something in to Many Voices," but somehow, it just doesn't happen... Please do it! The backlog is getting thin. For those who wonder what we need, or who are frustrated because you've sent things that have not been used, here are some suggestions that will move your submission to the top of the "to publish" pile:

Our purpose is to help people feel better while recovering. So if you write about what helped you feel better... odds are it will be published, regardless of its theme. We want to be a source of encouragement and strength. We want to provide hope for recovery. Every small step is important and we welcome all writing that is focused on healing. We are also very open to suggestions for the Therapists' Page. Write or call anytime to discuss.

We don't use graphic depictions of abuse. Work with such descriptions (in words or art) will either be edited rigorously or not used at all.

We have a hard time finding room for long poems (over 1 page of manuscript.) Shorter poems are easier to place, and unless you are expert at formal poetry that rhymes, non-rhyming poems are more likely to be used.

Humor is always welcome! So are cartoons. "Dark" humor is used if it's really funny. We almost never use "fairy tale" children's stories, or parables, or work that focuses on details or practices of a specific religion. However, God or a Higher Power or the spiritual side of recovery is often presented, when it is open to a diverse audience.

If you send via email, paste in the message or attach using Word97 or TXT.) If you don't have a typewriter or computer, that's ok. Just print or write legibly and give us a way to contact you (phone preferred) if I can't read some part of it. Artwork (black and white is ideal, colored art is OK) should be mailed flat, if possible. I will scan and return original art immediately, if you need it back right away. Vertical art is best for the front cover, square formats work on the back. We can use horizontal inside. And small but nicely-done artwork is perfect for those special places...so please send it!

Thank you so much for your help! The value of Many Voices is in its dedicated readership: recovering people like YOU!

—Lynn W., Editor
Choosing to Stop Harmful Behavior

Understanding why you do “that thing” helps a great deal if you want to stop it or replace it with something else. When I did it “I” tried to figure out what I felt: before, during and after.

I used to cut on my arm. This appalls people much more than the abuse, it seems. Actually, for me that was the goal. I cut to put the pain on the outside where it could be seen and not denied. Most books on abuse acknowledge that the physical wounds heal rather quickly in comparison to the emotional ones. Cutting put my tension and anxiety out there where everyone both inside and out could see. It was like I was saying, “See how much I hurt inside!”

Since we're pretty good at dealing with physical pain, it didn’t bother us as much as the emotional pain. That, we didn’t know what to do with.

People who get hurt in accidents or get burned, have scars that last forever, and everyone can see the pain they were in once. With abuse, we go through life trying to fit in, but just get ridiculed for being different or weird. People don’t know, or understand, and don’t want to hear about child abuse.

They don’t want to believe that things like that happen. But cuts they can see, and they are real, even if people don’t want to believe the abuse was real.

The problem with cutting is that after we heal the physical and emotional wounds, we still have the scars as a reminder of the abuse. Well, it’s not like I’m gonna forget that it ever happened. Believe me, I’ve tried. But I don’t need to be reminded of it every day. Most days now I can actually forget that I was abused. I don’t advertise it and don’t want to be reminded. Issues come up on their own… I don’t need to go looking. So I realized that I wasn’t always gonna want the pain on the outside. I had to find another way to satisfy that need.

We were never much on art, but crayons got most messages across for the kids, so we tried drawing more than just stick figures. Then we switched from crayons to pencil, because black and white was so much more appropriate than colors. There wasn’t much color in my world then, anyway. So I drew places and rooms that I’d been in, and views from the windows of places.

They didn’t turn out half bad. I actually had a little talent. This was a pleasant surprise. Who knew?

Our therapist suggested that we draw our feelings. It sounded simple, but it’s not easy to do. I drew a wounded heart, with holes and rips and spilling all over. I drew it broken in stages, and then drew it grown over with grass and flowers. I also drew our arm. So instead of cutting the arm, I drew the cuts on our picture of our arm.

I could draw other things that I could see myself doing, but didn’t want to really do. That way the pain and frustration was out there for everyone to see, but only those we choose to see can view it. Granted, some people still only see a picture, and don’t want to see the feelings behind it. But our therapist heard, and actually, that seemed to be enough. I found a means to let others know how bad I felt, without screwing up my chances for good things in the future.

If people ask about the cuts, we have a plausible story, or the truth, depending on who asks and why. Most people don’t ask, or don’t notice, or don’t care.

I still have the drawings and can go back to those feelings anytime I choose.

It seems further back now than it used to be. I don’t need to go as often. Others inside don’t have to be embarrassed by my actions either.

I’ll never forget the abuse, the pain, or the other feelings about it, but I don’t have to express it in a fleshy medium. I can always draw or write about it; clay might have worked too. It’s not OK to abuse others, and it’s not OK to abuse ourselves.

By Casey

I have waged a lifelong battle with depression and suicidal behavior. My earliest recollection of wanting to die was at age 10. My father and I were at the local swimming pool and he was adamant that I dive off the high dive. Feeling fat, clumsy, and totally inept at the task, I stared down at the water and contemplated compliance topped off with purposely breathing-in water at the bottom of the pool and never emerging. However, as usual, I obeyed my father and didn’t act out my fantasy. That day began a persistent pattern of ruminating about all sorts of ways to kill myself. In a way, I was drowning. I was drowning in low self-esteem and depression brought on by sexual abuse.

DID both saved my life and complicated it. My ability to escape in my head from my abusive torment was truly a godsend, but many of my dissociative parts were doggedly intent on inflicting an early death on this despoiled body. Especially over the past decade, I tried a plethora of methods to die—both in dissociative and fully aware states. I was what they call a “frequent flyer” at the emergency room and I was declared clinically dead twice. I developed an intimate knowledge of the torture of stomach pumping and intubation. Each time I would return to consciousness in restraints in an ICU bed, my anger and my resolve to do it right next time would mount.

My husband and children’s feelings were the furthest thing from my mind during my attempts. All I could think of was ending the inner agony, and I could not picture a future at all—let alone a sane one. My pain had rendered me totally self-centered.

After years of dancing on the edge of death, and in spite of successful integration, I was unsafe enough to warrant another of my countless hospitalizations. During psychotherapy, I was given the task of making a list of all the people I would hurt if I suicided. It’s not like the assignment was new to me, but I guess the timing was just right. I had
had enough. The cumulative pain I had amassed by hurting myself had become intolerable and as I read and reread that list, I experienced a quantum shift in my perspective.

What I realized for the first time was that I did not live a solitary life. I had positive emotional connections to quite a few people who would be devastated by my death just as I would be devastated by their demise. It was a simple concept, but it finally hit me like a freight train. My life was not my own. I had been created for fellowship with others, and killing me would be much like mortally wounding them. The connections between us were tangible and had meaning that surpassed my own suffering.

Knowledge alone does not smooth the road when you have major depression, though. The decision to quit trying to die didn’t chase away the desire or the ideations, and the pain of that infamous “black hole” continues to be a reappearing companion. However, it has now been four years since I’ve attempted suicide. Even though I still have many days when I am unable to visualize a future, I am now fully committed to the belief that there is a divine plan for my life and I am going to stick around and discover what it is.

At the foundation of my new attitude is a basic love of people that even horrific abuse could not quench. I especially feel an affinity for all of us who endure mental health problems, and my dream is to make a positive impact on a few fellow-sufferers. Last November, I decided I was finally stable enough to start a mental health support group at my church. It is open to both consumers and their families, and the response has been wonderful. I am so grateful that I survived in spite of myself, so that I could live to see these brave people bond and invest in each other’s trials.

My impact as a group facilitator is not shaking the world, but I am coming to believe that there is a plan for my life, that I do have a responsibility to others, that suicide is not a viable solution, and that there will be some sunny days among the storms ahead.

By CE

Here are some things I am doing to change my life.

I’ve ordered a pair of men’s swimming shorts, hoping they will fit me so that I can go swimming. I can squeeze into a top. It is a mix match, but that is okay if it speeds up the time when I can go swimming.

I bought Richard Simmons’ FoodMover program, and it is helping me. I am learning that I can change myself, by myself (“us” included!) I had always thought that change in lifestyle just happened on its own, but I’m beginning to realize that this false belief was a manifestation of the complete powerlessness I felt over my body. This resulted in a complete loss of control over my food intake. Bingeing came into my life as early as childhood!

I’m beginning to realize that I can make a difference with my body by my own will (my own free choice). I choose to brush my teeth each day and must continue to brush my teeth on a daily basis. I don’t brush my teeth once, and then say I’m done brushing my teeth for the rest of my life! Well, eating is like that. I must choose daily how and what I am going to eat for that one meal, and continue to make that choice for each meal. I don’t just choose to eat one meal, and that’s it for the rest of my life!

I guess what I’m trying to share with you is that I’ve learned and come to believe that I do have the power to choose. Before, I didn’t believe I had a choice, I was so out of control of my binge eating. Now I am trying to make a healthful choice.

I don’t always make the best choices with my food, but I least I know and realize that I can and do have the power to make the choice. Knowing that my choice has a consequence which will make my life better, makes it easier to make a healthy choice. Sounds simple to a person who doesn’t have a food-binge problem, but to someone who never knew (actually, never realized) that the choice was theirs all along, I have come a long way! 590 pounds to 567 pounds! My rock bottom was 590 pounds. For some people, rock bottom is death, and then it’s too late. I’m glad that I didn’t die, but am alive to make my life more fulfilling.

I’m also starting a hobby, which is crafting with pompons and cute stuff like that!

Anyway, life really does get better. I know it is getting better, because I made it better, by trying to help myself and going to therapy, and staying alive to do my “pain work”...getting through the pain or whatever emotion or issue I/us needs to deal with at the time...

I can relate to a lot of the people who write in the newsletter. Eventually, the light will be seen. It is just that sometimes, some of us have more turns to take in our tunnel of life. I know I still have more turns up ahead, but hey—life isn’t a straight road for anyone—multiple or nonmultiple!

By Karen M.

As a child, I raped two newborn kittens, one alive and one dead. Actually, it was Michael (an eight year old alter) who did it. Our body age was 10, and an older alter began spanking us while saying “Never rape again”.

I have determined not to ever rape or molest another animal, or to harm another person.

When tempted to do these things I’ll picture in my (our) mind(s) the negative consequences of acting on our impulses...then picture in our mind a brick wall with a big stop sign on it. Then we become involved in a positive activity and think of other things.

Also we’ve learned to channel violent thoughts to “stop.” Instead, we visualize the alter involved “slapping” the water while swimming. (When we do swim they sometimes “bang the water” literally). Alter Jordan (14) beats on hand drums.

These ideas really do work for us!

By Sally B.
Reflections on Recovery from DID

The most important thing I want to share with individuals struggling to recover from a dissociative disorder is Hope. For years I asked myself if it was really possible to get well. I asked if it was really possible to move past the PTSD and dissociative symptoms. I asked if I could ever recover and have a normal life. It took a long time but the answer, for me, is yes.

For so long, I lived in a chaotic and confusing world. Flashbacks and nightmares. Remembering and working through trauma memory after trauma memory. Years on disability. Years of going in and out of psychiatric hospitals (30 admissions in one three-year period). Year after year unable to be a full-time mom to my son. Unable to do simple things such as going out to eat, driving my car after dark, and purchasing groceries. My energy and life was invested in psychotherapy; everything else came second, including my son, my family, my friends and my work. Staying alive took all my energy. It felt like it would never end.

I would have brief periods of recovery and almost-normal functioning and then I would slip back into darkness. When I felt better I would call my friends and do fun things with my son and sister. I would begin to have hope and then it would be wiped out. I sometimes felt the “better times” were a trick. It seemed my life revolved around punishment. I felt no different than when I was a child. There were brief periods of hope and then the dissociation and depression would take over. I was constantly suicidal.

With help from the therapist who uncovered the layers of personalities and layers of abuse memories, my life finally made sense. It was a relief to understand the thoughts, pictures and voices that had always existed inside me. Yet, in the end this therapist betrayed me. We uncovered more and more material, but my therapist did not help me learn to cope with these memories or the personalities. When I started therapy with him, I was working full time in a professional position. By the time therapy ended with him, I was on disability and unable even to drive.

The six years of therapy ended when he informed me that I was too sick. He said, “I don’t work with people as sick as you.” On that day, he also informed me that this was the last therapy session with him. He hoped I could find other help, but did nothing to accomplish this.

I was devastated and could barely cope with the idea of starting over again. But I was determined to get well. Nothing was going to stop me. I found a psychiatrist with experience and expertise in treating dissociative disorders. In one year, I spent $30,000 out of pocket for psychiatric medical expenses (in-patient and out-patient). Within 1-1/2 years I had returned to part-time work.

Still the struggle continued for 7-1/2 more years. I ended up back on disability. I used up all my coverage from my private insurance carrier, and then used up all my psychiatric Medicare days. It seemed I would never get well. In order to cover my medical and living expenses, I sold my home. (Since then I have lived in apartments. I still have a feeling of being homeless.) The long-term effects of the long-term therapy still impact on me today. I do not have savings and only recently have a retirement account.

Was it worth it? Yes. I have what I wanted—my mental health, normal relationships with my family and other people, and return to my professional career. Was there a turning point? Yes. If I had to do it all over again, would I still do it? Yes.

The fall of 1989 was my lowest point. I had been diagnosed 10 years previously and was more sick than when I started. I saw no future and began to think of achievable suicide plans. I could not tolerate the thought of more and more years of emotional pain without some hope for recovery.

For what was to become the last time, my psychiatrist again admitted me to a psychiatric hospital. I felt overwhelmed and hopeless. In desperation, my psychiatrist and I agreed to try different treatment approaches. It seemed the traditional model did not work for me.

I agreed to take psychiatric medication—an anti-depressant, an anti-psychotic and an experimental medication to minimize my crises and acting-out behavior. I agreed to be locked out of my room and be forced to attend groups and other unit activities. I suggested we stop talking to personalities and demand an integrated response from myself.

I forced myself to take ownership of my thoughts, feelings, beliefs and memories, and talk about myself in the first person. (By this time, I was generally co-conscious.) I admitted I was an addict/alcoholic and began to attend 12-step recovery meetings. (This also helped me to give up the dissociation to which I had become addicted). I became more whole and healed as I turned my life over to God.

My therapist would joke that my treatment goal was to become normal, average and boring. No more drama. No more being a special multiple with hundreds of personalities.

Within six months, I had integrated all personalities and ended my crises/acting-out behavior. I have remained integrated since that time, the spring of 1990. I continued in therapy four additional years to stabilize my integration and learn to cope without dissociation. I was no longer suicidal. I coped with the death
Therapists’ Page, Cont’d.

of my mother and my having cancer. I lost a job and moved across country. I began to reach out to new relationships. I became confident in my recovery and in the future.

For the last ten years, I have remained stable and free of dissociation and PTSD. I wake up in the morning grateful to be alive. I have moments of peace and serenity yet I still struggle with bio-chemical depression. I really love myself and can now unconditionally love my family and friends. Who am I now? A mom, a sister, an aunt, a mental health professional and a lover of dogs. I live in the NOW and fully experience life.

I encourage you to find your own recovery path. Each person with a dissociative disorder is different and has his/her unique needs. What worked for me may not work for you. There is still much to be learned about effective and timely treatment of dissociative disorders. I just wanted to share my struggle and my recovery with you.

I wish you peace, comfort and recovery.

My proudest accomplishment

By Jane

About a year and a half ago, my therapist Bob asked me if I thought I would like to try art therapy. One of the reasons he suggested this is because talking and putting my thoughts into words are not my strong points.

I was eager to try anything that would help me along in my healing from D.D.D. So we set up a meeting with a woman named Shira, who was to be my art therapist. At that meeting of Shira, Bob and me, I could hardly contain myself (myself). I was so excited and eager to tell Shira about one of my parts, a 15-year-old named Sherry; excited and eager because our names were so similar. Shira did not shy away from my (Sherry’s) excitement, and so I thought our working together might succeed. This was confirmed when at the end of our meeting I asked Shira, “Will all my parts be welcome?” and she replied without hesitation—“All your parts are welcome, Jane.” So we jumped right into our weekly sessions.

Shira brings many different materials for me to work with, like watercolors, torn tissue for collages, crayons, clay and pastels. And no matter how often I say to myself as I am on my way to art therapy, “Oh Gosh, I can’t imagine that I’ll have anything to do today.” I have always managed to come up with something and along with that, up come the feelings.

Enclosed is a photo of my very proudest accomplishment. What seemed to show up in a lot of my artwork was a quilt—a safe place where my parts and little ones would go hide under. Shira asked me if I would want to make a quilt in art therapy. I was a little bit reluctant, not having a lot of confidence in myself. But Shira has more than enough confidence in me and with her encouragement, we dove into the project. Every week at our session. I used fabric paints and painted on squares of muslin. After about 16 weeks (16 squares) we decided it was time to assemble the quilt. Every week Shira lugged her sewing machine in for me to sew the squares together. It still touches my heart that Shira trusted me to use her machine. I decided to use muslin for the first border, because I have such a hard time choosing and making a decision, and then bordered that with a muslin-colored fleece that felt oh-so-good between my fingers and I just couldn’t resist. The clerk at the fabric store said she had never known anyone to use fleece for a quilt border, but Shira said, “We can do anything!”

A special time for me was sitting on the floor tackling my quilt with embroidery floss...something Shira and I did together. Although I don’t remember what all the squares mean, they are all a part of me and my quilt is my proudest accomplishment in Art.

By CJ Wilson
Partner’s Page:

Don’t Even Think About It!

By Richard

“Y”ou expect too much!” my wife yelled at me. “If it’s not my smoking, it’s my weight! If it’s not my weight, it’s sex! If it’s not those, it’s sleeping too much! You’re always complaining about me reading too much, or watching too much TV, or spending too much time on the computer! It’s always something!”

Well yes, it’s always something because there’s almost always something. Is there any group with more quirks and tics and ways of hiding from reality than sexual abuse survivors, especially multiples?

But how we support people deal with those constant dysfunctions and problems depends a lot on our attitude. And our attitude depends a lot on what goes on between our own ears.

It’s called “self-talk.”

“Self-talk is messages we repeat over and over to ourselves, or how we interpret what we see and hear,” said Rev. Tim Teague, Director of Pastoral Counseling at Truro Episcopal Church in Fairfax, Va. “Our self-talk can be positive or negative. If we try to see the positive side, we tend to treat our spouse better. If we interpret negatively, then we treat our spouse worse.”

I’ve known for a long time that self-talk affects the way we treat our partners, but it took the fight mentioned above to show me that my negative self-talk had gotten out of hand and I was treating my wife badly. But negative self-talk is an occupational hazard when you live with a poly-fractured multiple with a background of Satanic ritual abuse. When your partner:

— Lives in the same pajamas and doesn’t bathe for days;
— Is always watching television when you come home from work, and you have to compete with a sitcom for her attention;
— Gains 100 pounds;

— Tries to stop smoking but can’t because she needs the crutch;
— Isolates in the house for days;
— Every other statement is “I just wanna kill myself”;
— Turns you down for sex for the umpteenth time;

it’s damned hard to maintain a positive mental attitude about her and your relationship.

But that’s something you must do. “If you get on a negative train of thought, it can become a worsening downward spiral,” warned Teague.

He’s right. That “worsening downward spiral” in your head and your gut is a real danger, and it can happen faster than you can ever imagine. Once I started worrying about my wife’s behavior, and worrying what might happen next, it quickly turned into anger verging on hatred, and I found myself fantasizing about everything from divorce to suicide to escape my marriage. It would take an almost-physical effort of will to pull out of that spiral and see reality again.

So changing our self-talk from negative to positive is an absolute necessity for us support people.

“The first step is to realize the consequences of negative self-talk,” said Teague. “It just worsens a relationship; it doesn’t help you or your marriage.”

For me, changing my self-talk seemed to involve two things. First was to see the total reality and find some positive glimmer in it. For example, in the past my wife would hardly leave the house for two weeks, but at least she still got out to go to therapy. We didn’t make love for ages, but at least we still kissed and hugged so I had no doubt that she loves me. We didn’t sleep together for months because of her snoring, but I knew she needed that medication to relax and sleep.

Things like that went a long way toward keeping my self-talk on a positive track.

The second thing I do seems to be a facet of the first - I try to live in The Now.

Zen masters say there is no future and no past, only The Now. When I went through Lifespring training, they hammered on Be Here Now! My wife put it this way: “You never seem to see the progress I make in the little things. You’re always comparing what I’m doing to my past behavior, or measuring me against what you want me to be in the future. You never seem to see what I’m doing right now.”

She’s right, and I realize that I need a bit of that timeless Zen Now to focus on her present progress. For example, although my wife is still overweight, she is now carefully monitoring her food intake and has lost 15 pounds, so that’s good enough for now. She still spends a lot of time buried in the computer, but she’s not endlessly playing solitaire. She’s communicating with people in recovery chatrooms, or researching the side effects of her medications, so that’s good enough for now. As I write this, she has spent the afternoon watching television, but she got up early, went to early Mass then went to church with me, plus had a demanding therapy session, so that’s good enough for now.

I’ve warned her that I will never stop looking forward to the day she completes her healing, and I will still sometimes wonder if she’s repeating past negative behavior patterns. But I promised I will stop measuring her against the past and the future and see what she is doing in the present. She laughed and said that was good enough for now!

All of this, working to change my self-talk from negative to positive, and trying to live in The Now, has helped me feel far more positive about my wife and our marriage. As a result, my
Words From a Partner

My boyfriend is a multiple. I didn’t know that when I met him, or when I fell in love with him. He’s known about his personalities for fifty years, that’s another story, some other time.

I’m inspired to write about my therapist, and how vital she’s been, in teaching me about DID and reassuring me that I am not insane for loving him and the many people he is.

I was lucky to find her. I made a lot of phone calls and a few visits to the wrong support groups, looking for any help I could find, not knowing what I might find, or if it was possible to have any kind of relationship with a person with split personalities. All the wrong people, luckily for me, were honest in telling me they didn’t know enough about multiple personality to help me. So I kept looking. I was finally led to ISSD, which has a small listing of qualified therapists specializing in DID. Even those were either no longer valid or no longer in my area. But I was very lucky; I found the right one.

Therapy and support is as important to us friends and partners as it is to a multiple. There are times I don’t think I can live with him anymore—but I have a loving therapist who encourages me to keep loving him, without taking any abuse from those personalities who would treat me badly. The better I am—the better he gets—and the happier we are together.

I love my therapist for teaching me about DID. And I want to say how much I appreciate how she takes the time with me, and keeps her time open to include my multiple friend anytime he wants to be included. I don’t know if we would still be together today if I hadn’t found her.

Thank you, my therapist. I love you for being you, and teaching me and encouraging me to nurture my sweet friend when others would call me crazy.

Thank you from the bottom of my heart for being in our life.

By Christine

What Matters Most to Us

It doesn’t matter what we do for a living—but that we are living and doing what makes us happy within. By doing life, we can dare to dream what our hearts are longing for.

It doesn’t matter how old we are—but that we are dreaming and actively doing and choosing the adventure called life.

It doesn’t matter what day, month, or year it is—but that at this moment in time we are openly and actively seeing life as it is. The betrayals we’ve known are going to shrivel and close from fear of further pain. That we can sit with the pain without having to fix it or to hide it, but to know the joys of living and let the ecstasy of this joy fill us to the tips of our fingers and toes—being realistic in remembering the limitations of being human.

It doesn’t matter if others ever believe what we say, but to honestly know that we only disappoint and hurt ourselves when we are not truthful to ourselves. If we can bear the accusations of betrayal but not betray our own souls, we can be faithful to one another; therefore we can be trustworthy. We want to know that we can live with our faults and failures, and still carry on with life, answering to no one but ourselves. When we can see the beauty of life, even when it’s not pretty, then we can release ourselves to enjoy the sights and sounds of the world around us.

It doesn’t matter where we live or how much money we have—but that we have each other, knowing that we can get up and move away from that which has caused us grief and despair, and to know that together we can do what needs to be done, to live quietly and safely.

It doesn’t matter where we’ve been or how we came to be here—but to know that we can stand in the center of the fires of life and not shrink back.

It doesn’t matter where, what or when we’ve studied—but that we have the knowledge and ability to do what successfully sustains us from the inside.

What does matter is that we are learning to like and enjoy just being with ourselves. We’ve always had each other to hold on to—now we must realize that we will always have each other to listen to, to love unconditionally with all our faults and failures, and especially with the joys and successes of being human.

Working together and enjoying the company we keep, even in the empty moments, will allow the painful memories we have to be easily placed in our Museum of Hurts until the time comes when we can understand and be willing to place the memories in the museum and allow ourselves to lock that door forever. At that point we will then be truly free, and able to spread our wings and soar with the eagles, free from harm forever.

By NK
No Rules—Retraumatization

By Frances (et al)

And she said her name was Fear. Fear is never just in the
periphery. Fear overwhelms,
recognizes, and gobbles. Fear is the hard
cold core from which human boluses of excrement dropped in the sizzling
sand...become this shell we call human.

And she said her name was Fear.
And with the mere quiet but audible utterance of her name, a miniscule
speck of dread flaked away.

Although her heart was a tad lighter,
she dreaded existence both night and
day. Fear is most afraid in the dark, but
into the darkness is where she fled.

The deeper she drifted into this forest
of pain, the more afraid she became of
never finding a way out of hiding again.

Terror swam before her eyes as the
blood pulsed behind tightly-clamped
lids. The optical lightning incensed
every neuron in her mind. An
impending implosion was inevitable.
Fear needed to come out of the hiding
place, where she lived in terror behind
closed lips.

The very first time she saw him she
asked for some guidance. She asked
for the rules. "They call me 'no rules
Rules" was his reply.

That first session took place at his
house on a Saturday. He had asked if
she wanted to meet his puppy. He had
partial custody of his dog, he
explained. Half the time Maya (the
puppy) lived with his ex-girlfriend.

When he asked if she wanted to fly
the airplane on the computer upstairs
in his bedroom, she asked if he was
going to hurt her. Fear lurked. He said
"no" and gave her a stuffed toy
instead. She named the toy dog
"Laddie." She, Laddie, and "No Rules"
became inseparable over the next few
years.

The holding was his idea. Sure, she
was scared and wanted comfort. But
that first hug and holding session was
initiated by him. She craved physical
comfort. It had been forever since
someone had held her. He said, "You
know, I won't reject you if you ask me
for a hug." And so it began. Fear
lurked. And so he held her.

"Someday when you're finished with
therapy, I will be your mentor," he
promised her. "We'll always have some
kind of relationship, you know. You
don't think you could get away from
me, did you?" Fear continued to lurk.
And so he held her.

She felt special when he gave her
gifts. But she remembered that when
she was a little girl, she was told she
was special every time she got hurt. "Is
special a good thing?" she wondered.
Fear lurked. And so he held her.

He came to the hospital where she
was an inpatient. When she asked for
the holding session he said, "No! Staff
here won't understand." She asked
why holding was okay in his office but
not in the hospital. "I can do anything I
want in the privacy of my office," he
replied. Now she had another secret.

The confusion set in as she was told
to keep yet another secret from people
who wouldn't understand. But the want
and need for the physical comfort of
being held every day (yes, he saw her
every day) for the next six years won
out over the thought that maybe(!)
something was wrong?!? But after all,
she was special. And she was led to
believe that someday they'd have a
forever, together, long-term
relationship as intimate companions.
She got scared. Fear lurked. And so he
held her.

He told her she had a "right to her
history." Then he filled in the blanks for
her. Filling in her own blanks between
fragments of uncertain memories, she
told him what she thought he wanted
to hear. Chaos and confusion prevailed
as constant crisis persisted, and kept
her in a suicidal state, overshadowed
by hypnotic flashbacks and
retraumatization. Fear lurked. And so
he held her.

The process of "therapy" wasn't
helping. Always in crisis, she called him
several times a day, everyday. She even
occasionally called him at 2 A.M. He
never expressed anger about this. He
never got mad. He just did his
damnedest to try to rescue her.

Rescue was not what she needed.
The more rescue attempts, the more
the episodes of chaos, confusion, and
crisis intensified. It seemed that
everything in the world was a trigger,
and incessant flashbacks pursued and
haunted her. He began an
almost-religious one-man crusade to
save her. Fear lurked. And so he held
her.

Therapy obviously wasn't working.
He turned to electronic gadgets to
make her "better." First it was auditory
integration training. She said "no to
the concept. He persisted until she
gave in and agreed to try. When it
didn't cure her (or even help in the
least little bit) he insisted she go
through this New Age treatment two
more times. (She may have been
special, but apparently not special
enough to have the word "no"
respected.) Finally he gave up on
hearing health, and set her up with
light-sound equipment. She put on the
goggles and watched the flashing
colored lights behind closed eyelids.
Fear lurked. And so he held her.

Next he paid for acupuncture. It
didn't work. Flashbacks, chaos, and
crisis persisted. Fear lurked. And so he
held her.

He loaned her $700. She didn't know
how she'd pay him back. Fear lurked.
He wrote it off. And so he held her.

They never talked. He didn't seem to
believe in the "process" of therapy
anymore. The secret of only office
holding felt yuckier and yuckier as she
became more and more confused
about this thing she wanted, yet
worried to be wrong. She got scared
and went to him to try to sort out the
confusion. Fear lurked. And so he held
her.

When she finally walked out he tried
over and over again to get her to
resume treatment with him. He wrote a
letter indicating that therapy was a
mutual relationship and that she wasn't
keeping up her end of the bargain. She
A Healing Journey Through Colors
By Barb M.

Oh, how we love colors! It is colors that we struggle for. No blues though, we think. It is too close to depression in its beginning stage. Too near to our struggle in low self-esteem, guilt and shame feelings. If we feel at all.

No reds please. The approach is not good for old or addicting behaviors we have seen through a childhood of abuse. The line of pure red seems like blood and relatives who have attacked us in their rage or self-fulfillment. Therefore, the color red is what provokes us, upsets us into our own adult rage.

No yellows either. Fear is in an abundance and is something we work on to lessen with our little ones. Even with some of our adults.

Definitely no black. It is the border line of fear, since some parts within are afraid of the dark and the unknown. It is also the old technique of trying to avoid that deep dark hole, but we fall in sometimes anyway.

Yet another part of me comes to the surface and thinks—wait a minute! Hold on, all! Aren’t the colors of the rainbow red, blue, yellow, green etc.? Basic colors, they are. Isn’t a rainbow a promise? Isn’t that what most of us think?

And isn’t red truly our anger? Yet, when used in an appropriate way, anger can be very healing. Yellow can be as bright as the sunshine, too. Remember our young ones drawing a smiling face, resembling the sun?

These were our happy, true colors before our child was broken.

Even black is the color of the night for our own rest and peace, even dreams as they may be, and memories. It all helps us to learn to work toward healthiness. And isn’t blue as pretty and as high as the sky? Sure it is.

Oops! Wrong turn again. Wrong direction. One more fall into my deep dark hole. No downs, we should remember.

Today is a new day. I will stand up, be upwardly mobile, and be proud of all my colors and my rainbow of promise. I choose to touch the sky today. Maybe it will happen! Just maybe, I can touch my own rainbow of colorful personalities and be proud, knowing we all survived.

Factually, our load is a huge one, living with MPD. Our hardships are many. Yet such is life, they say. My choice and mindset is how to live it...and that is to win.

This means, in my belief, healing is our justice. Our truth and hardships are the very thing that will set us free for personal freedom and serenity. Something we all search for. A peace of mind.

Our true colors are the strongest thing we all hold. It is how I use them that is important to me.

May we all find our own healing power through our journey toward a healthy, colorful life.

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Cleansing Tears
(This poem was written while watching a “safe” dad with his two little girls)

Please don’t
mind it
if I listen to your conversation

Please don’t
mind it
if I smile inappropriately.

Cause I hear in your voice
just how much you must
love them

And I hear in their giggles
what my eyes long to see...

But my heart cries in sadness.
"Wish this had happened to me!"

You’re a father, a mother,
an aunt, a dear brother...
A teacher, a preacher,
a friend they believe.

 Doesn’t matter position
or living condition.
If you care for a child
it’s their trust you receive!

Let your heart
cry
with pure love.
"It won’t happen
from me!"

By Joy R.

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MV
Grief: A River to Travel

By Meredith Hall

Grief is a river every healing individual must navigate in order to reach the goal of wholeness. As survivors determined to complete the journey, once we locate that sometimes-elusive river, we will want to maneuver our boats downstream, with the flow of that grief. We will want to follow it, no matter how rough the journey, until we reach the mouth of that river and the calm seas of our own peace. But we must be forewarned: we need to steer by the north star of our own intuition; we need to make frequent stops by the river banks to rest at friendly campsites; and we need to be wary of a powerful undertow which is invisible but deadly.

As odd as it may seem, there is a sweetness in the bitter waters of this river. For those of us who have long buried our grief under various layers of rage and dysfunction, finding that grief is a homecoming. It is our human birthright to own and experience the grief that should have been ours during the years of our abuse. Therein lies its sweetness.

Most of us who were abused as children did not have access to grief in the midst of that abuse. Agony, yes; grief, no. To grieve implies the ability to fully cognize one’s loss and the enormity of the wrong endured; it presupposes a relatively mature vision and the ability to grasp an overview of at least the most powerful elements of a tragedy. Most children are not in this position, either emotionally or developmentally. In addition, children in an abusive situation rarely have freedom of emotional expression; if they were to take that freedom, it might literally cost them their lives. Therefore, to find and own that grief as an adult can be powerfully self-affirming; it enables us to reclaim a central core of ourselves which has long been out of reach, preserved and guarded in an inner vault.

But herein lies the undertow I warned of: if grief is too long and too often a companion on the journey of healing, it can become a powerful enemy, pulling us below the surface until we become too weakened to complete the journey.

There must come a time when the river has been left behind, when the sea of peace becomes ours. Our lifeboat must not sink by remaining in one place on the river, but must continue to move downstream at a healthy clip. When the boat slows and the undertow threatens, it is time to dock at one of those friendly campsites and rest. We must stay there until we are again strong enough to maneuver the rudder skillfully through the rushing torrent of waters.

Accompanying us on that journey is the north star of our own inner wisdom, our intuition. If we learn to listen within through some form of centering, we will know when “enough is enough.” Our reliable north star will indicate, “time for a funny movie and a bucket of popcorn.” Later, it will guide us back into the boat, when it is safe to continue the journey.

For each one who intends to complete the journey required by grief, the practical aspects will vary enormously. I always sought privacy to release my grief, with the one exception of seeking out my husband for the comfort of his acceptance and his arms. I never let loose the full extent of my grief with my therapist or friends; this was simply my way, and others will choose differently. There were desperate times when I was out in public, and grief would rise like a geyser within me, threatening an immediate release; I did the best I could and headed for as private a place as possible until the torrent had eased: then I continued on my way, promising myself to pay attention to that need once I got safely home.

When I first found my own grief, I often felt that I could sob for the rest of eternity. It seemed that there would never be an end to the tears because the grief was so profoundly deep. I have heard other survivors say the same thing. But the good news is that if we navigate our boats wisely, grief will support our process but never drown us. And the best news is that one day there will truly be no more river to travel. The voyage will be over.

When that day comes, we will be free to use our experience to great advantage in triumphing over the lesser sorrows ahead, of which there will likely be a sufficient amount.

Perhaps we should not expect otherwise; perhaps we should not expect to escape some rather intense training from time to time. After all, we live on a planet sometimes regarded as a School, and one of continual graduation ceremonies at that. But what we can expect is to become more adept through these training exercises, to eventually be able to use them as skillfully as did those great men and women of history.
Facing Ourselves,  
Or, a Trip to the Store by Someone

We need to go outside of the house to do some things for the outside body.  
We're all alone in the house.  
Some would be glad but we are spooked  
We must go out of the house but will we ever get back in?  
don't go away house.  
be here when we get back.  
The outside world needs us for errands.  
should we? Can we?  
What errands do we do first?  
do we really know how to get there?  
do we really have to do it?  
This should be very simple and perhaps enjoyable and fulfilling or satisfying, to get things done that are of mundane nature, but yet important in everyday life for us.  
But instead our mind is spinning like Alice in Wonderland.  
We're falling up and down and sideways  
We are big, we are small.  
we are one, we are many.  
we are all together, but we are alone.  
we are here, but we are lost.  
We are going out of the house.  
are we going in or are we going out?  
are we going out to the world?  
are we going into the world?  
We walk around a busy shopping area trying to convince ourselves that we're really here, but we feel like we are so physically empty inside.  
A few leftover bones inside rattle around.  
Where did all our insides go?  
are we sure we are here?  
are we here?  
should we be here?  
our feet are like cotton and we are invisible.  
do we know anyone—Really?  
does anyone really know us?  
are we going to fall off the earth?  
We need an anchor.  
our therapist is our anchor.  
Remember Jesus!  
He is our Rock.  
Our daughters and husband, do they feel this way?  
I must go to them quickly to make sure that they never feel this way.  
I will make sure of it.  
I will go home quickly—so they see me and I see them.  
If I see them then maybe I am real.  
If I hurry home they will see me and know that they are not alone that they are not going to fall off the earth—that they are safe.  
I am there for them always.  

By Dyann B.  

Therapists Who Help

Sometimes our helpers deserve some positive recognition and a boost to self-esteem, too! We can never say too many Thank You's to the people who stand by and guide or encourage as we recover.

The Neverland

In a land called Neverland lived a family no one else knew about. In this land all was safe.  
Then one day a big Happening occurred. A space was opened in the land and these big people who know about a lot of things came in and said that they knew everyone was there.  
Everyone grew scared and thought, "Oh no, We are going to get hurt by these big people. Where can we hide from these big people?"

As time went on we all found out that these big people were not as scary as we thought they would be. The big people even talked to us, and we told them who we were.  
Joe said it was fine for these big people to come inside the Neverland. Neverland is never pain, name calling, black belts, being hurt if accidentally wet the bed. No kids fighting on us after school.

In Neverland it is a very protective place, but Joe wants us to have help, so he lets Dianna, Sandra in.  
We know that Rick (a community worker) is leaving and that is hard for Angry. Rick was like a big brother. I think I am going to miss him a lot.

By Joanne K.
Dialogue with Crying

By Karleen, et al

Me—Hi Crying! You’re not a feeling, but a response to feelings. You’re OK.

Crying—Well, thanks. I’m glad you think I’m OK. I am...

Me—Sometimes it’s hard for me to believe that it’s OK to cry. I do you a lot, but always wonder at my motive. Are you a response or a request?

Crying—What do you mean?

Me—You’re an appropriate response to grief, a response to sadness, or tearing associated with eye irritation. Mostly you’re very normal.

How do I use you as a request? Whining and teariness to get my own way. I did it some when I was a little girl (I’m not a ‘kid’ anymore). Crying, you’d sometimes stop punishment. I remember crying when I knew or thought I’d done something ‘bad’ or naughty. Parent’s response was “She’s already sorry and repentant; we won’t spank her.”

Crying—You didn’t need me as much as you thought. You were pretty good. Mostly you did as you were told. I think you were afraid to be bad.

Me—We’ve already talked about this. Maybe some more some other time. I’d rather tell how wonderful you are. How very normal you are.

Crying—OK. Tell me...

Me—Grief is a loss, missing someone is a very sad time. It’s OK to cry. It is necessary to cry. I delayed full healing when I refused to cry for so long after Dad died. (Dad was not my abuser). I had this mistaken belief that I should be happy (I wasn’t)...He was not in pain (I was)...I believed he was with God in heaven (a very happy event. I missed him. I Envied him.) I could remember some very wonderful times I had with him throughout my life (I wanted to be with him again). I’d had several weeks at the end that were very special. (It was all over). Anger and crying would have been very appropriate at the time of his death. When grief is an issue again, it will be OK to be angry and cry appropriately, immediately. Jesus wept.

Crying—When else am I appropriate?

Me—Physical pain sometimes brings tears. I think that’s OK.

Crying—It is...

Me—You mean I’m not just calling attention to myself? “Pity me?” I have a headache, my back hurts, my shoulder was dislocated. It’s really OK to cry?

Crying—It is very OK. It’s also very, very OK to cry with emotional pain.

Me—During crying (more like "enduring")...I hurt, my face is hot and red. my eyes burn, I sweat. I often need to pee. It’s like my whole body is crying. I hate it (the short term of it). There’s something about you, Crying, that heals, a release of tension, a brightening of the spirit, an end to the hurt. (So in the long term, you’re OK).

Crying—Don’t be afraid of me. I’m not forever. I’m necessary. I’m helpful. You can do me alone or with a trusted friend. It’s OK to do me in the therapist’s office. It was OK today to do me on the phone. Some people won’t understand. You need to cry somewhere else, some other time. Above all else...be safe.

Grief

Walking along the forest path, I find myself able to listen, to feel the language and rhythm of grief.

Its ebbs and flows, as it weaves and wanders through every fiber of my being.

Grief strokes my heart with its time-worn fiery fingers of pain and loss and plumbs my soul with deep resonance.

The kinship I feel with nature lightens my burden as I walk among the trees enveloped by the heavy, sweet scent of honeysuckle.

The easy sunlight of late afternoon filters down, dappling the tree tops in bright, gentle hues of emerald and gold.

I breathe deeply and realize that there is loss in all of life.

Nature knows loss each day, each season, as time passes and turns this loss into new life and re-birth.

This awareness brings me the courage to feel keenly my own grief; to face it, and even welcome it, so that I can know it, grieve my losses and move forward into new life—changed and yet more whole.

By Anne of Anne & Others
Deja Vu

What's in the back of our minds as we stretch
the fabric of our lives around us like a
cocoon.
Do we conceal to protect, as the delicate
new tendrils
uncurl to reach out and take hold?
Like the fingers of the blind take in all that
they feel, as if
to form images of what our eyes can not.
as of yet, see.
I've been here before, in this state of
motionless motion, the kind
that rolls through you from the inside out.
The many faces of distraction appear
within windows as ghost-like images of
children, with eyes that see but cannot of
themselves be seen. There is a dance, not
of joy but of frenzy, that begins when sight
and sound merge into that one horrific
moment, which then rises onto the toe
with arms outstretched until
the dance is all there is. A flight of the
mind rising toward a moonless night sky
as the body
bellowing far below, behind the bars of
injustice. These are the things in which we
know, but know nothing of.

By Pam B.

Books

Healing from Childhood Abuse
We have a Voice Now
By Julie Martin's Miracle System
© 2000. Order from publisher Julie
Martin at PO Box 3852, Costa Mesa,
CA 92628-3852. $20 + $3 shipping.
122 pages. Paperback.

Julie Martin subtitled this
self-published volume "My sides and
their journey back to life. Poems
reflecting my many lives." Several
different type styles and writing styles
are revealed in this book, which reveals
a strong Christian faith. A wide range
of experiences and emotions are
expressed here. Many MV subscribers
will relate to the subjects and feelings.

Body Scripture
A Therapist's Journal of Recovery
from Multiple Personality
By Barbara Hope
© 2000 by Barbara Hope. Published by
Wyndam Hall Press, 52857 CR 21,
Bristol, Indiana, 46507-9460. $40. 225
pages. Paperback.

Other therapists who are currently
struggling with dissociative disorder
themselves may be particularly
interested in this book, since this
subject is rarely discussed in public. In
this carefully-written document.
Barbara Hope identifies herself as a
lesbian, a feminist peace activist, and a
social worker as well as a mother.

Her therapy history is extensive and
convoluted. Her traumas included
ritual abuse, and much later, seduction
by one therapist, and the death of the
therapist who led her through the initial
diagnosis of DID and memory work.

The process of therapy, and the
emotional transfers that take place are
well detailed. So is the struggle of
accepting or denying a cult history. A
very readable and interesting book.

CAPTİV
By S. Marie
©1998. Published by The Express
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92023, www.captivpoetry.com $10.95
+ $2.90 shipping. CA residents add
85 cents tax. 83 pgs. Paperback.

This poetry book follows the journey
of healing from remembering child
abuse to the recovery of hope.
S. Marie's creates lucid and vivid
images to raise the disturbing
question: Why? Why does incest
occur? What is a child in such a
situation supposed to do? What is it
like, to feel the pain and confusion all
over again, as an adult? There are no
pat answers here, but there is a strong
sense of growth and healing to
encourage the reader that the struggle
to overcome is worth the energy it
takes. —LW
THANK YOU for Your Wonderful Writing and Artwork! Please Share Your Best with Your MV Friends! Send it NOW!

See our early-stage webpage: http://hometown.aol.com/mvwebnews
Tell us what you'd like to see on it!
THANKS!—Lynn W.

COMING SOON!

October 2000
Mental health legislation. Your concerns about health insurance, HMOs, hospitals. Pros & cons of going on "disability"...and how to get back to work when you're ready. ART: Structure your day for healthy living. DEADLINE: Aug. 1, 2000.

December 2000
Tough therapy problems. Did you resolve them without dumping your therapist? Did you have to 'move on' to someone else? Pros and cons of 'working things through' when the going gets rough. ART: Your 'perfect place' for therapy. DEADLINE: Oct. 1, 2000.

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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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