

THE EFFECTS OF INTRAFAMILIAL RITUALISTIC CHILD ABUSE
ON AN ADULT SURVIVOR: A SYSTEMIC PERSPECTIVE ON RECOVERY

by

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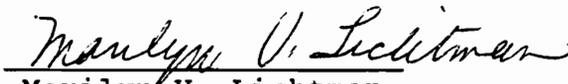
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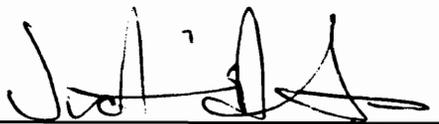
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(ABSTRACT)

This exploratory study examined the effects of ritualistic child abuse, with its attendant sexual abuse, on a single adult survivor. It sought to investigate the impact of such severe psychological, emotional, and sexual trauma on her function in a variety of social roles, such as wife, mother, employee, friend, parishioner, and therapy client, roles which are particularly salient to the practice of marital and family therapy and which offer potential resources for healing.

The study employed in-depth interviewing of an adult female who was ritually abused during childhood and adolescence by family members. Her husband, son, friends, minister, and therapist were also interviewed in order to provide understanding of their perspectives about the survivor's recovery process and to determine their involvement. This researcher, also a survivor of similar abuses, utilized direct exposure to the survivor's

therapeutic process through participant observation and examined her artistic creations, completed during the recovery period, in efforts to explore creativity as a further resource for healing.

This report has attempted to describe aspects of a complex phenomenon, ritualistic child abuse, by capturing the candid recollections of the subject and outlining the interpersonal relationships that formed her recovery context. This researcher has shared a brief analysis of the results, suggestions of questions for further research, and personal reflections.

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THE EFFECTS OF INTRAFAMILIAL RITUALISTIC CHILD ABUSE ON
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INTRODUCTION

Overview and Purpose of the Study

This exploratory study examined the effects of ritualistic child abuse, with its attendant sexual abuse, on a single adult survivor. It sought to investigate the impact of such severe psychological, emotional, physical, and sexual trauma on her function in a variety of social roles, such as wife, mother, employee, friend, parishioner, and therapy client, which are particularly salient to the practice of marital and family therapy and which offer potential resources for healing. To achieve these ends, this study employed in-depth interviewing of an adult female who was ritually abused during childhood and adolescence by family members. Her husband, son, friends, minister, and therapist were also interviewed in order to provide understanding of their perspectives about the survivor's recovery process and to determine their involvement. This researcher utilized direct exposure to the survivor's therapeutic process through participant observation. Finally, in efforts to explore creativity as a further recovery resource, this investigator examined the survivor's artistic creations during the course of therapy, and ascertained from her ways in which such productions have promoted healing.

The purpose of this study was to provide for marital and family therapists an in-depth self-description of an adult ritual abuse survivor and of her recovery experiences, as well as detailed information about the relationships that set her recovery context. It is hoped that such information will enable clinicians to more systematically consider and utilize other similar clients' perspectives and healing resources in planning treatment, making available more effective, efficient, and holistic services. Ritual abuse and other clinically relevant theories, terms, and concepts are described in greater detail in Chapter II for the purpose of educating the reader about current theories and treatment options.

Background and Current Problems

There exist several roadblocks to researching intrafamilial sexual abuse, or incest. Among them are: the cultural value of the privacy and sanctity of the family; the reluctance to examine the family social environment; the disturbing nature of the subject matter; the academic mistrust of the scientific validity of post facto victim self-reports; the repression, denial, and underreporting of incidents of incest with the assumption that anything so important would be remembered and reported; and, the hesitation to believe the stories of children (Vander Mey & Neff, 1986; Wyatt & Powell, 1988). In addition, many suggest that violence is socially

tolerated, particularly in the media, and especially when directed towards women and children, evidencing vestiges of a norm of patriarchy which allows incest (Vander Mey & Neff, 1986). However, in spite of continued denial, the existence of incest and single-perpetrator stranger abuse have gained some general acceptance and research interest among mental health practitioners, though doubts remain about the incidence and severity of such abuse. There exists much stronger denial about the existence of ritualistic and cult-related abuse of multiple children in which extreme sexual violence and psychological manipulation occur at the hands of multiple perpetrators, especially family members.

Clinicians who treat adult survivors of cults and ritualistic abuse are coming to terms with the effects of such trauma when faced with multiple personality disorder (MPD), post-traumatic stress disorder (PTSD), a plethora of emotional, behavioral, and somatic symptoms, and bizarre and unsettling stories which challenge the imagination. Several therapists with whom this researcher has informally spoken are receiving increasing numbers of inquiries and reports from clients regarding ritualistic child abuse and satanic or other cult involvement. Few are prepared to handle such cases. Most learn from experience. Assistance for them has come from specialized support groups and presentations at professional meetings by a few

seasoned practitioners. Moreover, not all therapists are suited to deal with such extreme sexual abuse. They may not uncover the abuse because they do not attend to the client's descriptions, possibly due to their own conflicts about the issues. Or they may doubt the human will to survive such horrors, and so believe that their clients are exhibiting proof only of their pathology rather than a reaction to credible abuse (Tower, 1988).

Reliable estimates of the extent of ritualistic abuse and cult involvement are not yet available. The majority of professionals fail to recognize indicators in histories of victims of child sexual abuse (Kelley, 1988). Also, since victims are usually too terrified to disclose the abuse or feel guilty about their participation, most cases go undetected and unreported. If reported, they may not be categorized according to whether or not there was ritualistic involvement. For adult survivors, the tendency to deny and repress childhood incidents and to dissociate unpleasant feelings means that such events may never be uncovered or treated in therapy; rather, the symptoms are addressed without knowledge of underlying causes. "The core confusion and the perennial objection to validation resides in a characteristic of the abuse cycle that [we] have repeatedly refused to acknowledge: dissociation. The more dreadful the abuse, the more likely it will be shielded from consciousness. If we define abuse according

to what survivors choose to remember, we systematically ignore those most telling assaults that must be forgotten" (Wyatt & Powell, 1988, p. 54).

Because ritualistic abuse has only recently been recognized as a serious problem (Braun & Sachs, 1988; Gould, 1986; Kaye & Klein, 1987), there is a void in the professional literature on this multidimensional form of child maltreatment. Only one study to date has systematically examined the impact of ritualistic abuse on child victims (Kelley, 1988), and none appear to be available which investigate the impact on adult survivors beyond descriptions of the abuse endured and the recovery of memories and healing process in therapy. There is no more than a cursory mention of the dynamics of the recovery process in the context of relationships and social roles, especially as related to the family of origin, sexuality, marriage, child-rearing, work, and spirituality. Any of these neglected areas, which this study addresses, could offer new avenues for healing if they are sources of competence, emotional strength, or support for survivors. Current accounts of the therapeutic recovery process provide little information about what clients feel is most pertinent to recovery, nor do these accounts provide sufficient details such that therapists can extrapolate guidelines for treatment of similar clients, particularly in the context of group, marital, or

family therapy. Most of the information available consists of brief narratives and lay literature from support groups; personal accounts written by survivors which give insight into the abuse and general effects, but lack enough technical sophistication for inclusion in professional literature; and case studies written by therapists which focus only on the individual client's history and psychopathology, omitting discussion of the systemic nature of relationships and roles. Unfortunately, there are also many sensationalized reports in the popular media when the criminal activities of cults come to public attention.

Beyond the difficulties encountered with researching nonritualistic incest, several factors may help explain the lack of professional attention given to ritualistic abuse. First, definitions of terms such as "ritualistic", "satanic", and "cult" are not often explicitly stated. If they are, they are often used interchangeably. Ritualistic does not necessarily mean satanic. "Ritualistic" merely means a "ceremonial act or customarily repeated act or series of acts" (Kagy, 1986). Many of the ritual abuse cases, however, do appear to have satanic overtones with similar cases being independently reported from all areas of the United States. Those responsible for such abuse include individuals, sex rings, child pornographers, and small groups of self-styled cultists who have begun to

incorporate new philosophical beliefs and rituals into their own sexual behavior patterns. Ritual abusers are intentional abusers, part of a sub-culture which embraces a belief system that places a certain positive value on harming innocent children.

Linda Wallace Pate, a Los Angeles attorney who represents child victims, stated: "It's not accepted as reality in this country. More people believe in UFOs than in ritual abuse. When you talk about black robes and human sacrifices, the case goes out the window" (Moss, 1987, p. 60). In reference to the McMartin Preschool case in Manhattan Beach, California, Pate said the case has had a chilling effect on the prosecution of ritualistic child abuse cases, making everyone afraid to even talk about ritualistic abuse because they are afraid they will lose their credibility. The lesson has been that it is not smart to believe the children. Pate, as do others studying ritualistic phenomena, suggests that lack of acceptable legal evidence does not justify dismissal of belief in cult crimes (Moss, 1987).

Ritual abuse has never been validated in a court of law, though prosecutors have admitted that they have suppressed information in hopes of prosecuting a case on conventional charges. Many cases never make it into the courtroom (Loewenstein, 1987). In other cases in the Rogers Park area of Chicago, Bakersfield, California, and

Jordan, Minnesota, those accused of ritually abusing children were not prosecuted and children were accused of making up inconsistent stories after being led by overzealous investigators and therapists. Such fantastic stories are viewed as the product of childhood imagination and fantasy, of dreams and daydreams in which children are constantly pursued by angry animals and giants - symbols of their own guilt and fears threatening to devour them, though experts in child development say that children are incapable of making up such stories and rarely divulge fantasies in which they are victimized (Gould, 1987). In fact, many cult practices use the guise of fairy tales replete with themes of cannibalism, murder, and dismemberment, such as Hansel and Gretel, to confuse children and lessen their credibility should they tell (Lyons, 1988).

Therapists are faced with two predominant groups of ritual abuse survivors: children who have recently been abused and adult survivors who report such abuse during childhood. For the purposes of this study, the focus is on the adult survivor who has been subjected to intrafamilial ritualistic abuse which typically involves nuclear and extended family members, and is often multigenerational. Children born into families that engage in ritualistic abuse are at risk for abuse from as early as infancy, with intercourse often completed by the age of three (Braun &

Sachs, 1985; Gould, 1986; Kagy, 1986; Loewenstein, 1987).

In cults that do not play "follow the leader" blindly, natural nurturing feelings of parents for children generally come into play and prevent the extensive child abuse seen in more destructive cults. But when the leader's control is absolute, children are viewed not as individuals but as possessions of the group.

Totalitarianism may be so complete that the cult even controls the conception of a child, sometimes called an "altar baby" born for sacrifice. Members who permit abusive treatment of their children or even practice it seem under a type of mind control or psychological coercion. Although they may be aware of what is going on, they lack the critical judgment and will to stop it (Spencer, 1989).

For clinicians, ritualistic abuse research needs to extend beyond the dialectical discussions characteristic of current investigations, which often result in polarized and hysterical arguments. The arguments focus on whether or not there is sufficient evidence to substantiate the existence of occult crimes, whether or not such allegations are merely the result of fundamentalist religious ideologies and their overzealous, controlling adherents, and whether or not anyone brave enough to speak out is credible. The law enforcement model of cult crime has been accused of being ill-considered, based on

nondocumented secondary sources or other unsubstantiated information (Lanning, 1989). Critics say that cases should be dismissed when, for example, a child reports an alleged murder and the victim is found to be alive, or no body is found. Rather than consider what has happened to make the child believe that a death occurred, or what kind of people simulate a murder in front of the child, skeptical investigators often conclude that the child has fantasized or deliberately fabricated all of the allegations. Such events reinforce what the offenders have previously told the child: "no one will ever believe you". Events are purposely distorted to destroy the child's credibility and prevent disclosure and detection (Berg, 1988). Lyons (1988) said that "many of the stories of occult crime are 'urban legends', a term coined by contemporary folklorists to describe a popular story that spreads swiftly by word of mouth and is soon accepted as truth. These folk tales are always reported as having actually happened, often to the friend of a friend, which is what keeps them 'immediate'" (p. 139). Cult crime models driven by fundamentalist Christianity would assert that everything from rock music to fantasy games such as Dungeons and Dragons lures unsuspecting individuals into dangerous cult involvement, countered only by intensive educational and proselytizing efforts. "Presentations are one-sided, unchallenged representations of what community members see

as a clear and present danger going unchecked (MacHovec, 1989). Critics of this approach claim that most proven cases of religiously related child abuse are among fundamentalist Christian groups, yet these are not labeled "Christian crimes" (Hicks, 1989; Lyons, 1988). Both cult crime models have their own self-proclaimed experts, some quite knowledgeable in their area of expertise (Hicks, 1989).

Amid the rabble, however, descriptions of ritual cult practices as the latest twist in the long history of crimes against children involving sexual abuse continue to come to the attention of therapists and law enforcement officials and to evidence similarities. These stories often seem to come out of nowhere in the backgrounds of the children reporting them. Nor do the parents or therapists involved necessarily have any background or knowledge. Finally, the reports of children in these recent cases match rather perfectly details related by adult survivors who survived such abuse as much as 30 to 40 years ago (Gould, 1986; Kagy, 1986).

Rationale for the Study

For marital and family therapists, the good and evil debates and arguments about "what really happened", with which most current literature is replete, are irrelevant when working with an adult survivor whose behavior and beliefs about the world indicate that for her, on some

level, the experiences were real. To assume that distortion of the facts, worsened by dissociation, in some way indicates minimalized impact, or to see abusers as instruments of the devil, is not terribly helpful and may prevent therapists from addressing underlying needs. Therapists with whom this researcher has spoken admit that they are initially overwhelmed by the horrible details and have trouble focusing on the client. However, to see the experience from the viewpoint of the survivor, and to view it in the context of family life, demystifies the process, lessens the fascination with gruesome details, and promotes healing. Whether or not the human sacrifices and other horrors actually happened, the client was terrorized and threatened and confused into believing that they did. The emotional trauma resulting is the same. From conspicuously trustworthy families who seem incapable of malice or perversion are coming adult survivors with severe impairment in self-esteem, basic trust, intimacy, sexual function, mental health, and who on occasion pose a threat to personal and public safety (Wyatt & Powell, 1988). Therapists need not be so concerned at present with the goals of law enforcement, namely, belief, proof and prosecution. Rather, therapists pursue different goals - the ability to listen and to help the client to overcome the multiple traumas and maximize functioning and personal satisfaction in adult life.

Considering the increasing number of clients, which an informal questioning of therapists personally known to this researcher and therapists at ritual abuse and Multiple Personality conferences has revealed, and the potential benefits of specific services, it is a grotesque oversight that there is no standard or recognition, evaluation, diagnosis, referral, or treatment. Each individual is at risk of being ignored, misdiagnosed, mistreated, or overtreated in a random search for professional understanding. This investigator hoped to clarify the needs of one survivor, expressing to the therapeutic community her opinion of what has and has not been instrumental in her own recovery, and thus begin discussion about possibilities for more effective, efficient, and holistic conceptualizations and treatment approaches.

Roland Summit succinctly expressed the dilemmas in investigating such outrageous abuses and the need to utilize the detailed accounts of adult survivors in order to understand them. Using navigational metaphors, he stated:

In every eye there is a spot that is incapable of sight. The optic disc exists as a black hole right next to the central point of clearest vision. Yet anyone who has not learned the trick of finding it would swear there is no such void. Throughout history, there have been human beliefs and group phenomena that exhibit the perceptual equivalent of a blind spot. A people will develop a cherished view and defend it against revision, despite the presence of a glaring central defect. It took eighteen

centuries to give up the sacred notion that the world was the center of the universe, for example, despite an irrefutable accumulation of evidence to the contrary.

The blind spot dilemma confronts the potential believer in child sexual abuse. Anyone proclaiming it as vitally important imposes a dismal flaw in our hope for a just and fair society. All of our systems of justice, reason, and power have been adjusted to ignore the possibility of such a fatal flaw. Our very sense of enlightenment insists that anything that important could not escape our attention. Where could it hide? Parents would find out. Doctors would see it. The courts would spot it. Victims would tell their psychiatrists. It would be obvious in psychological tests. Our best minds would know it. It is more reasonable to argue that young upstarts are making trouble. You cannot trust kids. Untrained experts are creating a wave of hysteria. They ask leading questions. No family is safe from the invasion of the child savers. It's time to get back to common sense. We are an enlightened society.

What if we are protecting such a massive societal blind spot? What if judges have been trained not to hear, doctors schooled not to see, and psychiatrists encouraged not to believe? What if the instruments of social scientists have been calibrated to filter out an insistent static of posttraumatic pain that is central to the origins of violence and emotional disturbance? What if our charts are still embellished with monsters to prevent explorers from going over the brink? Who will sail beyond allowable frontiers and where would such a voyage end?

In a rational world there should be rational avenues to enlightenment. Thousands of people have survived the trip in the hidden world of sexual abuse. Why not ask them what it was like? Adult survivors can serve as "pilots in the fog". They can lead us, one by one, into the oblivion of their past, but only if we are willing to follow without protest, steering the hulk of our presumptive wisdom through uncharted waters. We have to consider that even the distorted recollections of someone who has survived the journey might be more reliable than the beautiful engravings of landlocked geographers. Like Columbus, we have to take the chance that the mapmakers were wrong. (Wyatt & Powell, 1988, p. 51).

There exists a need for systematic research into the problem's nature, incidence, mental health and family consequences, and legal implications to improve treatment of victims. This study focused primarily on the nature of ritual abuse and the consequences and recovery for one adult survivor. "Professionals familiar with ritualistic abuse should teach psychologists, therapists, physicians, nurses, social workers, police officers, child protective workers, judges, and prosecutors about the nature, dynamics, clinical indicators, and sequelae of ritualistic abuse" (Kelley, 1988, p. 235).

Theoretical Orientation

Data were interpreted through a variety of theoretical frameworks and clinical treatment models specifically relevant to the dynamics and sequelae of ritual abuse and pertinent to the practice of marital and family therapy. Included areas are: intergenerational dynamics and transmission of dysfunctions; incest dynamics and treatment; ritual abuse; manifestations and treatment of trauma, especially sexual trauma; dissociation and multiple personality disorder; and experiential treatment modalities. These theoretical perspectives, with their attendant definitions of terms and relevant clinical literature, as well as support for the use of qualitative methods, are elaborated upon in Chapter II.

Limitations and Scope of Study

This study was intended to address the effects of ritual abuse on a single female adult survivor and her recovery strategies. In-depth interviewing was chosen to allow for a broadening of perspective beyond current research as well as beyond the individual's report, to assess functioning in a variety of roles. This method also utilized the unique skills and insights of the author, also a ritual abuse survivor as well as a marital and family therapist. This combination has facilitated the development of a trusting relationship with the subject for this study, a relationship conducive to the pursuit of such complex and intimate information.

A detailed social history was constructed, not simply to gain details of the abuse, as is the case in the literature currently available, but to define the context in which other adult relationships and roles occur. There is no such study in the literature at present. In fact, there exist no studies about ritual abuse in any of the literature specific to the practice of marriage and family therapy.

This study was not intended to thoroughly address the issues of: the current ritual abuse of child victims; law enforcement concerns; the practices of cults beyond the scope of intrafamilial abuse; the formal practice of Satanism; or, the abuse of male victims. These topics are

mentioned, along with a variety of other tidbits about various theories and treatment modalities, but the intention of the following literature review is to provide a basic understanding of context in which to interpret the data obtained, not to outline exhaustive categories for understanding each of these complex phenomena.

LITERATURE REVIEW

Overview

The following review of the literature is designed to elaborate theoretical perspectives and treatment models, clarify the terms and concepts associated with these perspectives and models, and review related studies currently available in the literature. It is intended to provide enough fundamental information to enable the reader to later synthesize the various areas, understanding how each related and contributed to the subject's experiences. It is also intended to provide a point of comparison for resulting data suggesting deviations from current treatment theories and methods. The areas of review include: theoretical frameworks, definition of terms and concepts, clinical literature related to the topics, the rationale for the use of qualitative methodology for this study, and the significance of this study in relation to existing literature.

Theoretical Frameworks

Intergenerational Theoretical Approaches

A variety of intergenerational theoretical approaches have been used to explain the dynamics of incestuous families and to account for the repetition of patterns which allow for incestuous behavior across generations. These were delineated and used to understand the

interactional and emotional patterns of the subject's family.

Bowen (1978). Bowen based his theory on his work with entire families of schizophrenic inpatients on psychiatric wards. Bowen noticed a striking lack of ego boundaries between the patient and at least one other member. He began to conceptualize the presenting disorders in terms of family dynamics and to view the health of each family member as a function of the degree of emotional differentiation from other members. The six basic interlocking concepts of Bowenian theory are: emotional triangles, differentiation of self, nuclear family emotional system, family projection process, multigenerational transmission process, and influence of sibling position. Techniques derived from a theoretical assumption of the need to differentiate oneself from other family members involved developing person-to-person relationships, practicing observation skills, learning to control emotional reactivity, and learning how to de-triangulate from emotional family situations. The goal of therapy is for one or more family members to think more objectively about intense emotional processes, to increase levels of differentiation of family members, and to assist family members in gaining more intellectual control over their emotional processes. Bowen conceived of almost any disorder as a result of emotional fusion transmitted from

one generation to the next.

In terms of marriage, Bowen assumed that people tend to marry at or near their own level of differentiation. As such, patterns of family instability or stability repeat themselves over generations in an orderly and predictable manner.

Critical to this study is the idea of "emotional cutoff" which often occurs at some point in the recovery process of incest survivors when they attempt to distance themselves from family members (Calof, 1987; Courtois, 1988). Emotional cutoff occurs when the anxiety generated in attempting to resolve relationships on an adult-to-adult level is greater than the corresponding resolve to carry the process through. Instead of persisting, people decide simply to distance themselves from the relationship, physically or emotionally. This distancing may generalize to relationships in the family of procreation as well.

Boszormenyi-Nagy (1973). Boszormenyi-Nagy developed contextual therapy which placed emphasis on transgenerational entitlements, indebtedness, and invisible, unconscious loyalties or bonds across generations. He postulated that loyalties arise from a basic human concern for fairness, and that family members keep unconscious "ledgers" of what has been contributed to the family, balanced by what is gained from participation

in the family. Therapy deals directly with these expectations that influence family members' behaviors, exploring legacies that have been passed down for generations. Nagy contended that when the ledgers are out of balance, exploitation results. Exploitation is the imbalance between receiving and being used. People's actions then lack merit and the trustworthiness breaks down. Trustworthiness implies the concept of proven merit. Interaction becomes ethically stagnant or pathological and no support is left for future acts of merit. Reciprocity, the mutuality of benefits or gratifications, breaks down as well. Family members cease to invest in the family. The basic capacity for affection and warmth cannot be preserved if there is no honest effort being made to balance the ledger.

In well-functioning families there are always occasional imbalances of fairness, but parental responsibility is an anchoring point. Children's accountability increases as they increase in ability to reciprocate. Role definitions are arrived at by fairness rather than by legacy and tendencies toward scapegoating and exploiting are noticed and corrected. No hidden ledger of unpaid debts exists in the presence of open negotiation.

Paul (1965, 1967, 1986). Combining an intergenerational, experiential approach to families and relationship process

with an object relations theory of intrapersonal processes, Paul conceptualized that each of us represents a composite of experiences since birth, and that these experiences, emotionally laden and then forgotten, are continually influencing our present functioning. Paul also suggested that families develop a pathologically stable equilibrium when grief is not expressed appropriately, getting stuck with the rage, terror, profound sadness, helplessness, and acute loneliness and despondency in response to the loss of a loved object or situation. He asserted that unexpressed grief in a family resulted in maladaptive behaviors and subsequent rigid family interaction patterns. The goal of therapy was to facilitate operational mourning, increase empathic responses, increase the ability of family members to tolerate and accept differences in each other, validate reality against impressions, encourage development of a firm sense of self and self-reliance, and dislodge rigid patterns, allowing for resolution of grief and emotional reconnection of generations. Techniques included the deliberate introduction of belated grief experiences, reciprocating expressions of empathy, relieving the scapegoat, interpreting dreams and free associations, and temporary acceptance by the therapist of the clients' projections. This work focuses more overtly on the shared feelings in families. There is overt emphasis on the

empathic characteristics of the therapist as important to successful therapy, an overtly experiential endeavor to help people get to know the unknown parts of themselves. Paul's work was based on Bowlby's attachment theory.

Bowlby (1960, 1980). Bowlby's work originated from studies initially based on work with young children separated from their parents. Bowlby defined attachment behavior as behavior which results in a person attaining or retaining proximity to a preferred individual. This behavior was viewed with equal importance as feeding and sexual behavior. Healthy attachment leads to the development of affectional bonds or attachment, initially between the child and his or her parents, and later between the grown adult and other adults. The attachment bond is thought to endure, but the attachment behavior is required only when there is a perceived or actual threat of separation and lasts until new conditions arise which reduce separation anxiety. Intense emotions are formed, integrated, and structured during formation, maintenance, disruption, and renewal of the attachment relationships during childhood. Failure to form attachments resulted in pathology. Bowlby also operationalized four phases of mourning for the lost individual: numbing, searching, despair or disorganization, and reorganization.

Object Relations (Dicks, 1963,1967; Framo, 1970, 1976, 1981; Scharff & Scharff, 1987). Object relations theory

deals with the fundamental human need for attachment and with relatively fixed predispositions established early in life. It focuses on the internal other, the mental images that people have of others, built up from early experiences and expectations. Framo postulated that internalized conflicts from past family relationships are being lived through one's spouse and children in the present family of procreation. The goal of treatment involves putting the burden of responsibility on the individual to think about, and take up with his or her family, the issues about family relationships that have concerned them rather than to just act them out by repeating them for another generation. Such confrontation loosens the grip of the internalized representatives of family members. Techniques include discovering previously unknown information, clarifying old misunderstandings rooted in childhood misperceptions, demystifying magical meanings family members have for one another, and establishing adult-to-adult relationships between real people rather than introjects.

Object relations speaks to marriage in that marriage partners are thought to unconsciously select a mate who represents another person or fulfills incomplete parts of the self. Thus, spouse selection is also rooted in past relationships (Framo, 1980; Framo, 1981; Stewart, Peters, Marsch, & Peters, 1975).

All of these theoretical approaches were integrated in formulating hypotheses about the ways in which the subject's family permitted, even expected incestuous participation of all family members in the family cult rituals, and the methods of transmission of such expectations across several generations (Calof, 1987; Leight, 1988; Mastrich & Birnes, 1988; Nasjleti, 1983).

Incest

This section defines incest and outlines some of its dynamics and related treatment issues, providing guidelines for interview questions. This information was used to compare resulting data about ritual abuse with this categorical data about incest to look for common themes and distinctions. These issues were considered in a manner appropriate to working with an adult survivor, using "retrospective treatment", which refers to helping the adult, victimized as a child, to look back on that victimization in terms of the impact it has on her now. It involves a process of grieving for what was lost in childhood and learning to let go of childhood needs or expectations (Sgroi, 1988). Though intrafamilial ritualistic abuse involves additional abuses, the sexual exploitation at the hands of family members during cult rituals shares characteristics common to nonritualistic incest, which is described here.

Definitions. In 1980, the National Center on Child Abuse

and Neglect presented its definition of child sexual abuse to include: "contacts or interactions between a child and an adult in which the child is used for sexual stimulation of the perpetrator or another person. The abuse may be committed by a person under the age of eighteen, when that person is significantly older than the victim...or is in a position of power or control over the child" (Vander Mey & Neff, 1986, p.26). The term "sexual abuse" includes incest, sexual assault, child rape, sexual molestation, and sexual victimizations. "Incest", derived from the Latin word "incestum", which means unchaste or low (Schetky & Green, 1988), refers to sexual abuse within the family or committed by any adult related to the child by surrogate family ties;- an ineligible partner because of blood and/or social ties to the victim and her family; someone from whom the child should rightfully expect warmth or protection and sexual distance (Benward & Densen-Gerber, 1975; Haugaard & Reppucci, 1988; Schetky & Green, 1988; Tower, 1988; Vander Mey & Neff, 1986). It assumes a willful perpetrator and powerless victim. Such victimization includes: fondling, "talking dirty", unnecessary nudity and exposure of genitals to children, masturbating or having the child do so to the adult, oral/anal/vaginal intercourse, taking pornographic pictures (any visual reproduction of the sexual abuse of children, Schetky & Green, 1988), invasion of sexual

privacy, unwarranted enemas, medical exams, or inappropriate invasion of the child's body during routine care, lack of respect for privacy (reading letters, monitoring phone calls, refusal to allow closed doors) and excessive interest in the child's developing sexuality (overfocus on clothing, physique, birth control, partners) (Brenner, 1984; Covitz, 1986). The central theme is one of inappropriate sexual and emotional boundaries between family members.

Most of the incest literature deals with the abuse of females by fathers and step-fathers, though there are increasing numbers of reports of sibling incest in which sexual behavior was forced with power and coercion from the perpetrating sibling (Courtois, 1988; Finkelhor, 1986). For the purposes of this study, it is also helpful to note that grandfather-grandchild incest accounts for about 10% of all reported cases of intrafamilial child sexual abuse (Russell, 1986; Schetky & Green, 1988). Even when discovered, few cases are investigated or prosecuted by child protective services because the grandfather and grandchild usually live apart. The cases have often been reported by mothers who were also abused during childhood by the same person, giving credence to transgenerational phenomena.

Family Dynamics. Abuse within the family contradicts everything a family should be: a protected, safe, secure

place which nurtures the growth and development of immature children (Courtois, 1988). Incest families evidence pervasive relational imbalances and distortions. Following Boszormenyi-Nagy's theory, these families exhibit pre-existing, long-standing relational patterns of unfairness which progressively converge and focus on the scapegoated child who becomes the primary victim (Sgroi, 1988). The abuser not only betrays a relationship, one of the few the child knows, trusts, and should depend on, but he or she exploits the child's appropriate dependency, vulnerability, trust, and love, and then uses it against her (Sgroi, 1988). One often sees patterns of general family violence, male dominance, social isolation, and role disorganization. The marital dyad may be poorly bonded affectionally and sexually (Ochberg, 1988; Vander Mey & Neff, 1986). Conversely, the family may appear normal - solid and well-functioning with a long term marriage, financial security, and social integration into the community (Calof, 1987; Kempe & Kempe, 1984; Ochberg, 1988). Courtois (1988) proposed four dynamics of incestuous families: (1) psychodynamic - focuses on personality dynamics and backgrounds of various members of the family and well as their interactions; (2) sociological/sociocultural - focuses on social and cultural factors conducive to the development of incest; (3) family systems - examines the family as a unit to

determine dynamics, interaction patterns, and family roles; and examines inappropriate boundaries between family members and generations, enmeshment with emotional and physical deprivation, and role reversals between children and parents; and (4) feminist - analyzes family roles and patterns in the context of societal norms and sex-role stereotyping.

Preconditions for Abuse. Finkelhor (1986) developed four preconditions for abuse: (1) motivation to abuse - children hold some special meaning for the perpetrator, who is sexually aroused around children; (2) internal inhibitors - there is no voice inside saying "STOP", or the perpetrator feels he or she is boss or not responsible because of substance abuse; (3) external inhibitors - the opportunity to abuse the child exists due to poor supervision or lack of protection; (4) overcoming the child's resistance - the child is powerless and unable to choose or decide to participate; he or she trusts adults; he or she is often bribed, coerced, or threatened (Tower, 1988).

Impact. Finkelhor and Browne proposed a social/psychological model to explain the traumatic effects of sexual abuse. Four trauma-causing or "traumagenic" factors are: (1) traumatic sexualization (reinforcement of the child's sexual response to adult abuse results in the child learning to use sexual behavior

to meet nonsexual needs); (2) powerlessness (helplessness occurs during the assault due to the child's inability to stop it); (3) stigmatization (the victim's sense of being "damaged" and blamed for the molestation is reinforced by peers and family members when she is scapegoated and shamed, resulting in guilt and low self-esteem); and (4) betrayal (victim experiences cruelty and disregard at the hands of trusted caretakers from whom love and protection are expected, resulting in disillusionment, distrust of others, hostility, and anger) (Schetky & Green, 1988).

Tower (1988) listed factors which mitigate the impact of the incest as follows: identity of the abuser, duration of the abuse, extent of the abuse, age of the abused child, reactions of others to disclosure, and the victim's personality.

Therapeutic Issues. Gil (1988) provided an excellent summary of common therapeutic issues for adult survivors of incest.

- I. Psychosocial problems:
 - A. Intrapsychic: depression, dissatisfaction, low self-esteem, lack of motivation, control issues, dissociative phenomena.
 - B. Self-destructive: addictive behaviors - drug abuse, alcohol abuse, gambling, compulsive spending, suicide attempts, self-mutilation.
 - C. Interactional: parenting problems.
- II. Physical and eating disorder problems:
 - A. Physical: headaches, stomachaches, skin problems (rashes, blemishes, scabs from picking), pelvic inflammatory disease, bladder infections, cramping, sore throats.
 - B. Eating disorders: anorexia, bulimia, obesity.

III. Relationship and sexual problems:

- A. Relationships: fear of commitment, length of relationship (short, multiple, abrupt ending), poor choice of partner, violence.
- B. Sexual: sexual preference problems, sexual dysfunctions, sadomasochistic practices, desire disorders, promiscuity (compulsion to engage in sexual activity, leading to physical satisfaction with little emotional comfort or connection) (pp. 49-54).

Other authors describe similar symptoms often encountered in adult survivors: mistrust, inability to judge trustworthiness of others, expectation of exploitation, poor work or school performance, self-hatred and distortion of body image, self-abuse/mutilation, fear of men, discomfort with or avoidance of sex, confusion about sexual identity and sexual norms, confusion of sex with love, fear of intimacy, sexual compulsions, flashbacks and intrusive memories, guilt and shame, drug and alcohol abuse, social isolation, depression, anger and hostility, nightmares, phobias, somatic complaints, extreme dependency, powerlessness, low self-esteem, numbing of feelings, memory deficits for childhood experiences, feelings of aloneness and alienation, dissociation, compulsions, excessive caretaking of others, grief, difficulty deciding to parent, fear of repeating family patterns, and desire to or history of sexually abusing others (Calof, 1987; Courtois, 1988; Mastrich & Birnes, 1988; Ochberg, 1988; Schetky & Green, 1988; Tower, 1988; Vander Mey & Neff, 1986).

Therapeutic Goals. Each survivor has his or her own unique healing process. The value of therapy to an incest survivor was described by one therapist as follows: "When you're in a troubled family, it's like trying to survive at sea on a raft. You worry about getting through it. You don't spend a lot of time worrying about how you feel about trying to get through it. Therapy is giving the survivor back his or her feelings - the ones he or she never dared express or try to understand" (Tower, 1988, p. 87). The goals of therapy involve helping the client gain the tools, lost in childhood or never learned, to build a fulfilling life. Survivors can learn: to express and understand their feelings; to experience the self as mind, body and spirit; to channel anger; to project and protect themselves; to experience control and choice; and, to play. Therapists need to understand these recovery needs of survivors in order to develop their own intervention skills to help address these needs.

Courtois (1988) recommends the following guidelines for assessment in order to determine therapeutic goals.

- (1) identify the chief complaint and symptoms;
- (2) collect family history and pre-trauma functioning;
- (3) outline traumatic incestuous events and any additional trauma;
- (4) ascertain the idiosyncratic meaning of the events to the client;
- (5) assess the client's psychosocial context and developmental adjustment.

Maltz & Holman (1987) provide another treatment paradigm to achieve goals. (1) Establish an involved commitment to the therapeutic process; (2) identify old patterns by which the client flees from relationships or emotional commitment to relationships; (3) develop a mutual working relationship based on trust and active self-management; (4) build client self-esteem about survival; (5) develop constructive channels for expression of anger; (6) identify and gain control over self-destructive and self-defeating behaviors; (7) network with other support systems and help the client to develop meaningful and healthy relationships; and (8) increase the clients self-esteem through improving her body image and understanding of the human sexual response. They recommend the following techniques to achieve these goals: telling the story, reframing, encouraging power and responsibility, communication skills training, review of personal and sexual history, inner child work, Gestalt therapy, visualizations, positive affirmations, Rational-emotive therapy, relaxation, hypnosis, journaling, dreamwork, psychodrama, body work (bioenergetics), letter writing, family therapy, sex therapy and education, marital or couple therapy, and desensitization exercises.

Ritual Abuse

This section provides definitions of ritual abuse and outlines characteristics and treatment issues. Its

intention is the provision of a framework in which to relate the experiences of the subject of this study to other survivors described in the literature and to understand her intrapsychic and interpersonal dynamics.

Definitions. Modern satanism began as an occult revival in the last century. Satanism and the occult have always been entwined with sexuality, with the fundamental tenet that followers have a right to abundant and guilt-free sex of every description. Moreover, because Christianity believes that children are special to God, satanism, which negates Christianity, considers the desecration of children to be a way of gaining victory over God (Crewdson, 1988; Gould, 1987; Kelley, 1988). In addition, the preference for younger children seems to be based on the notion that a cult can have a more profound effect on a young child's belief system, shaping him or her for future participation and adult membership, thus guaranteeing the cult's survival (Cozolino, 1989). The less formal, self-styled cults, such as the subject of this study experienced, often espouse similar ideologies, so often the literature uses the terms "satanism", "occult", "cult", and "ritualistic interchangeably.

As mentioned in the introductory chapter, few concrete definitions of ritual abuse exist, and ritualistic does not necessarily imply satanic. "Ritualistic" merely means a "ceremonial act or

customarily repeated act or series of acts" (Kagy, 1986). Kelley (1988) defines ritual abuse as "repetitive and systematic sexual, physical, and psychological abuse of children by adults as part of cult or satanic worship" (p. 228). Finkelhor, Williams, and Burns (1988) defined ritualistic abuse as: "abuse that occurs in a context linked to some symbols or group activity that have a religious, magical, or supernatural connotation, and where the invocation of these symbols or activities are repeated over time and used to frighten and intimidate the children" (Cozolino, 1989). They have also developed a three-fold typology for the categorization of ritual abuse:

Type I. "Cult-based ritualistic abuse" - involves in elaborate belief system and an attempt to create a particular spiritual or social system. The sexual abuse is not the ultimate goal of the perpetrator, but rather is a vehicle for inducing a religious or mystical experience in the adult perpetrators. Satanic and other cultic groups that practice sexual abuse fall into this category.

Type II. "Pseudo-ritualistic abuse" - ritualistic practices not part of a developed belief system. The primary motivation is not spiritual but rather the sexual exploitation of the child. Rituals, such as the use of costumes and the killing of animals are used primarily to intimidate children and are not part of an elaborate

ideology.

Type III. "Psychopathological ritualism" - includes ritualistic abuse of children as part of an obsessive or delusional system of an individual or small group, rather than a developed ideology. In such cases the abuse may simply involve sexual preoccupations or sexual compulsions (Finkelhor, Williams, & Burns, 1988; Kelley, 1988).

In contrast to popular notions of lone male pedophiles or incestuous fathers, ritual abuse is characterized by a number of perpetrators of both sexes and the presence of many victims (Kahaner, 1988). Aside from supposedly religious motivations, ritually abusing animals and children is thought to give a sense of power and exemption from all rules and laws of society. There is a hierarchical structure for the ritualistic sessions, totally controlled by a leader who is worshipped and whose commands are followed absolutely. Members are punished for poor participation in tortuous rituals. "Normal" people are involved, those intelligent, upper-middle class families who live in nice homes and are respected in the community and seem incapable of such atrocities (Winfrey, 1988). However, they are selected and constantly kept under pressure and extreme discipline, even given a sense of superiority and elitist group affiliation. Torture is a matter of routine and duty. Abuse is often carried out in the context of a preschool or other situation, where

children are in groups, as well as within families or groups of families (Cozolino, 1989 Crewdson, 1988). Common sites are member's homes, parks, deserted beaches, open fields or groves, churches, basements, abandoned buildings, meat packing plants, cemeteries, and mortuaries. For the purposes of this study, the focus is on "intrafamilial" ritual abuse, which typically involves nuclear and extended family members, often multigenerational family groups. Children born into these families that engage in ritualistic abuse are at risk for abuse from as early as infancy (Kelley, 1988).

Characteristics. Following the lead of Kelley (1988), ritualistic abuse can be categorized in terms of the psychological and physical components. Psychological components include: supernatural threats ("Satan always knows where you are and what you are doing and thinking"); animal sacrifices ("this is what will happen to you or your family/friends if you tell"); threatened dismemberment and other forms of extreme violence; being told that the cult members are "real" parents; programming/brainwashing to commit suicide if abuse is revealed; "magical surgery" (child is drugged, wakes up covered in blood, told that demons, animals, or bombs have been implanted to explode upon revelation of the abuse); witnessing rituals performed by robed and hooded adults, possibly wearing masks; witnessing human sacrifices;

distortion of perceptions of people who could help (example: the judge wears a black robe, so if you go to court, he'll be just like us); confusion induced with symbols, chanting, costumes, candles, knives, chalices, incense, use of common childhood games and themes to involved children (Santa Claus, Hansel & Gretel) (Kagy, 1986; Kelley, 1988; Schetky & Green, 1988). Physical components include: beatings; forced ingestion of human and animal excrement, blood, and flesh, semen, and drugs or medications that alter consciousness; physical restraint and bondage (being gagged, tied, chained, taped), confinement in small dark spaces (closets, coffins, graves, boxes, cages, garbage cans, bags); being urinated and defecated upon; electric shock; removal of skin or body parts to show allegiance to the cult; forced sexual activity with humans and dismembered human parts, animals, and objects; birth and death rituals; and forced murder or simulated murder of other cult members, children or animals (Crewdson, 1985; Kagy, 1986; Kelley, 1988; Gould, 1987).

Impact. Finkelhor (1988) stated that as a result of this extreme, multifaceted type of maltreatment, child victims experience severe, persistent psychological disturbances (Kelley, 1988). Because of formal hypnotic induction and brainwashing techniques, victims come to believe they are to blame and deserving of punishment. Children are told

that the pain inflicted during physical and sexual rituals is actually an expression of love intended to purify them (Kaye & Klein, 1987; Kelley, 1988). Convinced they are evil, ritually abused children are persuaded to physically and sexually victimize other children. Simple tasks are often requested initially, such as age appropriate touch or games. More complex tasks are required and the child, not the perpetrator, must choose to escalate the level of violence in order to avoid punishment. Consequently, they see themselves as perpetrators rather than victims, a perception which elicits intense guilt feelings. Such conviction of complicity often leads adult survivors back into cult involvement.

The use of isolation and drugs to force conformity, reinforced by physical and mental torture, add to the impact of such abuse. Once control is obtained, personal, social and religious values are systematically destroyed or distorted and replaced with cult ideology. One sees the emergence of philosophies, convoluted logic, and cultic behaviors practiced without questions or external conflicts. Victims are taught to ignore their own experiences and cues. Most utilize and develop an innate ability to dissociate, turning inside to the only safe place to protect themselves from overwhelming horror and helplessness. Such dissociation lays the groundwork for later manifestations of multiple personality disorder

(MPD), post-traumatic stress disorder (PTSD), and other clinical presentations.

Years after the fact, many adult survivors have reported nightmares with devils, animals, blood, violence, bats, and monsters. Suicidal ideation is common, as are night terrors, spontaneous abreactions, hallucinations and delusions, confusion, severe headaches, chemical dependency, occult practice, prostitution or pimping, sexual identity confusion, and the systematic conditioning of simultaneous sex and pain (Morse & Morse, 1987). These symptoms are all the more confusing to survivors who suffer amnesia for their initial cause. Most survivors are misdiagnosed for a number of years in the mental health system because they rarely present their sordid stories, as they do not recall them, and clinicians do not know what they are seeing.

Treatment. The theoretical assumption behind many of the current treatment techniques is the idea that healing lies in recognizing and getting to the root of the symptoms, resolving the incomplete emotional traumas, and moving forward into a productive life. Memories surface when the environment is safe. Trying to rush the process seems to drive memories deeper. The primary goal of therapy is to help survivors regain a sense of free will. As part of this process, guilt needs to be alleviated and dissociative defenses recognized and addressed. However,

the difficulty in accepting such clinical material as reality for the client is the therapist's first challenge. Relegating ritual material to the realm of fantasy or untruth may be the reflexive response. Though symptoms often mimic age-appropriate developmental stage behaviors and characteristics, there is literature available which helps to distinguish these symptoms from other clinical presentations (Allen, 1987; Gould, 1987; Kaye & Klein, 1987). Organizations such as Bothered About Dungeons and Dragons (B.A.D.D.), Believe the Children, American Family Foundation, and the Cult Awareness Network provide information, speakers, and referrals to survivors and the professionals who work with them. Detectives such as Sandi Gallant of the San Francisco Police Department Intelligence Unit and Robert Simandl of the Chicago Police Department gang Crime Section have become occult crime consultants giving lectures on recognition of cult phenomena around the country. Organizations of therapists such as the International Society for the Study of Multiple Personality and Dissociation (ISSMP&D) are specifically dedicated to investigating dissociative clinical phenomena such as multiple personal disorder and have conferences and study groups around the country.

Crisis and Trauma

The purpose of this section is the provision of select information about crisis and trauma which were

necessary for a thorough understanding of the subject's responses to the ritual abuse. This section primarily contains definitions, though it also deals with some post-traumatic stress responses, assessment, treatment, and categories of types of crises in the family.

Definitions. Figley (1985, pp. xviii, xix) offered the following definitions related to trauma and the study and treatment of post-traumatic stress disorder.

Trauma. Greek for "wound". Trauma is a concept about an emotional state of discomfort and stress resulting from memories of an extraordinary, catastrophic experience which shattered the survivor's sense of invulnerability to harm.

Catastrophe. A situational prerequisite for the emergence of a trauma; an extraordinary event or series of events which is sudden, overwhelming, and often dangerous, either to one's self or significant other(s).

Traumatic stress reaction. A set of conscious and unconscious actions and emotions associated with dealing with the stressors of the catastrophe and the period immediately afterwards.

Post-traumatic stress reaction. A set of conscious and unconscious behaviors and emotions associated with dealing with the memories of the stressors of the catastrophe and immediately afterwards.

Post-traumatic stress disorder (PTSD). The clinical

manifestations of problems associated with the trauma induced during the catastrophe and represented by the post-traumatic stress reactions.

The concept of PTSD developed in the mid-nineteenth century when Charles Dickens wrote of his experience and slow emotional recovery after a railway accident. Psychological trauma has also been noted in war veterans. At its inception, the concept of PTSD was formulated exclusively in application to adults. Increasingly, clinicians have seen its applicability to sexually abused children (Wyatt & Powell, 1988). For many incest survivors, PTSD is often misdiagnosed as adjustment disorder, major depression, closed head injury, or borderline personality disorder (35% of BPD are incest survivors). Many conceive of multiple personality disorder (MPD) as chronic PTSD (Patten, Gatz, Jones, & Thomas, 1989). Both PTSD and MPD are common to victims of cult crime and ritual abuse (MacHovec, 1989).

Psychic trauma. Psychic trauma occurs when an individual is exposed to an overwhelming event resulting in helplessness in the face of intolerable danger, anxiety, and instinctual arousal. It results in deleterious effects on cognition (memory, school performance, learning), affect, interpersonal relations, impulse control and behavior, vegetative functioning, and the formation of symptoms. There are shattered

assumptions about one's self and personal invulnerability and the world as a safe place. If the trauma occurs in adulthood, coping strategies often include self blame, redefining the traumatic event(s), searching for meaning or purpose in the event, changing behaviors, and seeking social support. However, young children experiencing psychic trauma have limited cognitive and social resources with which to cope. Such children are often helpless, passive, and in need outside assistance (Figley, 1985).

Traumatic sexualization. This is a process in which the child's sexuality (feelings and attitudes) is shaped in a developmentally inappropriate and interpersonally dysfunctional manner (Ochberg, 1988).

Assessment and treatment. As many of the coping strategies clients present are not unique to PTSD, a thorough assessment is mandated. This assessment includes the following steps: (1) assessment of pre-trauma history; (2) immediate pre-trauma psychosocial context; (3) the traumatic event and immediate coping attempts; (4) active or passive role during the traumatic event; (5) idiosyncratic meaning of the trauma for the client; (6) immediate post-trauma reactions; (7) post-trauma psychosocial context and reactions; and (8) symptoms and reactions (Figley, 1985). A clinician may also look for symptoms in the following categories:

- (1) Fear and anxiety about being alone or abandoned, recurrence of the event, losing control, and

- physical assault.
- (2) Anger and frustration evidenced by the need to blame, anger at fate and at those spared such trauma.
 - (3) Guilt and remorse over responsibility and hostility toward perpetrators.
 - (4) Shame and self-disgust concerning helplessness, lack of control, loss of self-confidence, personal vulnerability, and disrupted basic sense of trust.
 - (5) Sadness and grief over losses and emotional emptiness (Figley, 1985, pp. 227-233).

Treatment. Treatment focuses on crisis intervention, developing a trusting therapeutic relationship, education regarding recovery from trauma, stress management and reduction, regression and re-experiencing the trauma, integration of the traumatic experience, and group and family treatment when possible if indicated (Figley, 1985). The survivor needs to address the following questions: what happened to me, how did it happen, why me, why did I act as I did, and what will I do in another catastrophe? (Figley, 1986; McCubbin & Figley, 1983).

Crises and the family. Pittman (1987) stated that stressors in the family context may be overt or covert, unique or habitual, permanent or temporary, real or imagined, universal or specific, arising from intrinsic forces in the family or from forces extrinsic and outside the family's control. Covert stressors compound the confusion and the family's ability to cope. Pittman also stressed that the reality of the specific details of the stress is less important than the relationships in the family and the tensions that the stress causes. The

emotions are important even if the physical details are fuzzy.

Central to solving a family crisis is the identification and definition of the stress. Every crisis involves the interplay between this stress and the characteristics of the family which make the family vulnerable to this particular one. Pittman (1987) listed four categories of crises which are to be considered in understanding the subject's family. These are:

(1) bolts from the blue - the stress is overt, unique, "real", specific, extrinsic, and rare (such as winning the lottery or having a child kidnapped). In a functional family, everyone joins together to solve the problem. Even in dysfunctional families, such a stress often temporarily improves communication between members with a common goal.

(2) developmental crises - universal, expectable, overt with a few covert features. May represent permanent changes in status and function rather than just temporary phases. Stress arises from the nature of biology and society rather than the family structure.

(3) structural crises - those recurrent crises in which forces within the family regularly become exacerbated. Even if there are extrinsic stresses, the crisis is essentially an exacerbation of an intrinsic pattern. There may be no perceptible external stress. Arises periodically like an earthquake. Truly pathological families have crises of this sort. The crisis is not an effort to produce change but really an effort to keep change from taking place. The stress has a nonspecific quality with no resolution.

(4) caretaker crises - one or more members are nonfunctional and dependent. The functionally dependent member ties the family down by requiring caretaking. When the family depends on outside caretakers, the family loses control of the results (Pittman, 1987, pp. 7-18).

Dissociation and Multiple Personality Disorder

The section provides some basic information about

dissociation and multiple personality disorder as it relates to the survivor of ritual abuse. It also addresses the nature of dissociation in abusing families.

Survivors often present to therapists with amnesia of amnesia - they do not know that they have forgotten abuse experiences (Braun & Sachs, 1988). If they do remember, they may not present the facts for inspection.

Dissociation is not a weakness or a pathological trait any more than being sexually victimized is a confirmation of badness or unworthiness (Wyatt & Powell, 1988). It is a psychological defense, and skill, which offers the appeal to children to buy time in their own generation, in hopes of finding healing acceptance and caring in the next (Wyatt & Powell, 1988). Therapists find experiences of ritual abuse in the childhood of about a fifth of their adult clients with multiple personality disorder (MPD), a clinical disorder which is being increasingly recognized and diagnosed (Braun, 1986). They also discover high frequencies of MPD among clients who are adolescent and adult survivors of ritual abuse (Cozolino, 1989). The frozen remnants of a hopeless child, encased in multiple personalities, can be revived and restored with appropriate therapy.

Multiple Personality Disorder

History. One hundred years of case reports have firmly established clinical descriptions of MPD. French,

Dutch, Italian, and German MPD literature has all existed but appears to be lost to investigation (Kluft, 1988). From the days of Mesmer, exorcism, hypnosis, animal magnetism, and suggestion, MPD has been recognized. Interest waned as dissociation was overshadowed by Freud's concept of repression. Moreover, schizophrenia, which encompassed much MPD symptomatology, led to declining interest in MPD until the 50's, 60's, and 70's when the cases of Eve and Sybil captured national lay and professional attention. 1980-1984 brought new scientific literature, especially as clinicians began finding MPD when working with adult survivors of childhood incest. In October 1984 the First International Conference on Multiple Personality and Dissociative states was held in Chicago and has since become an annual event.

A confluence of several forces has begun to stabilize, legitimize, and encourage the contemporary study of MPD. These forces include: (1) sensitization attributable to the rise of feminism; (2) a significant increase in awareness of incest and child sexual abuse; (3) psychopharmacological advances; (4) lay attention; (5) interest in hypnosis; (6) interest in physiology; and, (7) emphasis on Post-Traumatic Stress Disorder in the post-Vietnam era (Kluft, 1988). The scientific research into MPD is in its infancy with the first controlled studies appearing only in the last few years. So only recently has

it been suggested that psychotherapists routinely maintain an index of suspicion regarding dissociative disorders. Research has shown that most clients with MPD receive some form of mental health services with several diagnoses and little improvement for an average of 6.8 years before they are accurately diagnosed (Kluft, 1987). It has also shown that the vast majority of MPD individuals have endured severe and repetitive abuse within the family unit in which they were raised. This abuse may be denied early in treatment, but some form is almost always found as neglect, abandonment, extreme and inappropriate punishments, physical and sexual abuse and/or ritualistic cult abuse (Kluft, 1987; Kluft, Braun, & Sachs, 1984).

Definitions. The Diagnostic and Statistical Manual of Mental Disorders-III-Revised (DSM-III-R) defines the criteria of MPD, a dissociative disorder, as follow: (1) two or more distinct personalities or personality states, each with its own relatively enduring patterns of perceiving, relating to and thinking about the environment and self; and, (2) at least two of these personalities or personality states recurrently take full control of the person's behavior. A personality is defined as a relatively enduring pattern of perceiving, relating to, and thinking about the environment and one's self that is exhibited in a wide range of contexts. Personality states differ only in that the pattern is not exhibited in as

wide a range of contexts. An alter refers to another personality or personality state. The use of the terms personality and personality state represents an attempt to incorporate the quantitative and qualitative concepts of the dissociative continuum into DSM-III-R definitions. The term personality is quantitative by definition, whereas personality state is a qualitative, fluid concept. Thus, both quantitative and qualitative views of the dissociation continuum form the theoretical basis for DSM-III-R (Franklin, 1988). Clients who show some of the symptoms of MPD but do not meet all the criteria for this diagnosis are classified in DSM-III-R as one form of Dissociative Disorder Not Otherwise Specified (DDNOS) (Franklin, 1988).

Kluft (1987) states that what is essential to MPD across its many clinical presentations is no more than the presence within an individual of more than one structured entity with a sense of its own existence. Such entities are, by tradition, called personalities. However, the term personality may imply a higher degree of elaborateness than is consistent with clinical reality in certain cases and imply as well that such complexity is essential to the condition.

MPD can further be conceptualized as chronic PTSD or as affective memory present in the absence of cognitive knowledge. MPD shifts differ from normal state shifts in

that there is a change of identity, self-representation, ownership of activity, and barriers of memory. The client's inner sense of separateness may or may not be expressed in overt behavior.

Personalities may vary in age, voice, behavior, value orientations, movement characteristics, gender, sexual orientation, race, or any other conceivable dimension of behavior or self-representation. One also frequently notices physiological differences and different responses to psychological tests, such as the MMPI, among personalities in a given individual (Braun & Sachs, 1985; Coons, Bowman, & Milstein, 1988). It is a mistake, however, to consider each personality totally separate, whole, or autonomous. Each secondary personality was created for a precise function. Only taken together can all the personality states be considered a whole personality.

Etiology. Kluft (1984) posits a 4-Factor Theory of etiology which requires the following for MPD to develop: (1) dissociation potential; (2) life experiences which traumatically overwhelm the nondissociative adaptive capacities of the child's ego, leading to the mobilization of dissociative potential as an emergency or drastic defense (usually abuse experiences or loss or death of significant others); (3) shaping influences which determine the form taken by the dissociative defense, such

as imaginary companions, hidden observer structures, developmental stages; and, (4) failure on the part of significant others to provide adequate stimulus barriers, sufficient restorative experiences, and/or to facilitate the internal processing of traumatic experiences.

A similar model of etiology has been proposed by Braun (Sachs, 1986) and labeled the 3-P Model. The model requires: (1) predisposing factors (inborn dissociative capacity, psychosocial environment characterized by consistent but unpredictable physical and psychological trauma); (2) precipitating factors (occurrence of a single highly traumatic event which triggers chaining between a number of dissociated memories); and, (3) perpetuating factors (separate states take periodic control until each develops a separate life history. Dissociation continues in a traumatic and unpredictable environment. Because the child is often in trance, learning is state dependent.). Children with dissociative capacity not exposed to abuse might be highly hypnotizable. Those exposed to abuse without possessing dissociative capacity would most likely suffer another mental disorder.

Putnam (1984) suggested that MPD is caused by the client's unrecognized abuse of self-hypnosis. It should be stressed that the self-hypnosis mentioned is spontaneous and differs from consciously self-induced trance after instruction by a hypnotherapist or hypnotist. Spontaneous

self-hypnosis is rapid, unpremeditated withdrawal into a trance, a dissociation, a primitive defensive reflex which clients experience when anxious or fearful in response to some psychological or physical threat. It may occur when the client is trapped or terrified and unable to cope. This is precisely the situation where alter personalities are usually invoked or created. Clients have described these spontaneous hypnotic experiences by saying that "my body loses all sensations, my mind is detached from the body, the words time and space lose their meaning; everything is just blank, there is nothing (Bliss, 1983).

Spiegel (1986) talks about family chaos and notes that a child's repeated need to mobilize a dissociative defense tends to make its use habitual. Moreover, this defense becomes incorporated into a cognitive framework. The child preserves his or her integrity by saying that these experiences did not happen to me, but to him or her, it happened to some dissociated and separate part of the self that in the extreme is identified as another personality. This position is reinforced by amnesia for details of dissociated episodes. Trance provides a sense of distance or uninvolvedness. Emotions are concealed. Problems occur when what was once a coping mechanism which reduced distress creates stress when no longer needed in adult life.

Assessment. Clinically speaking, MPD is a disorder of

hiddenness. Clients present a polysymptomatic picture, often referred for therapy with complaints of depression, eating disorders, or anxiety. DSM-III-R criteria are excellent for research purposes, but have not proven as helpful for clinical recognition of specific symptoms.

MPD is difficult to diagnose only when one does not know what to look for, though sharp observational skills are needed. Initial assessment sufficient for preliminary diagnosis takes only a few minutes to a few sessions and employs a variety of techniques, among them symptom checklists and psychological testing. It is imperative to remember that only 6% of MPD clients give a Mouseketeer's roll call of alters at the initial intake session. Moreover, only 15% do so in the first 2 years of treatment (Kluft, 1987). Revelation is most likely to occur during individual, marital, or family treatment in the context of a well-established therapeutic relationship, usually only if the clinician recognizes dissociation and if the material being explored is sufficiently traumatic to stimulate dissociative reactions (Sachs, Frischholz, & Wood, 1988). There are often windows of diagnosability - periods during which dissociative activity is more easily detected. Overtness is not a basic ingredient of MPD. The idea is to file away all unpleasantness and keep on going. A child is trying to be someone else somewhere else in the face of extreme pain. Secretiveness and suppression and

denial all make diagnosis more difficult. In addition, some personalities have pursued different interests, acquired different wardrobes and possessions which reflect their separate tastes, interacted with others extensively, and become invested in their separateness. Distinctness can be quite marked. Conversely, when they remain relatively bound to their original defensive purposes and attempt to remain hidden from detection, their differences may appear so bland as to call the diagnosis into question. They may find it expedient to pass as one or dissociate more obviously only when alone.

MPD clients do not have the internal cohesiveness and consistency one sees in other clients. There are subtle, rapid fluctuation in thoughts, moods, and behaviors. They may have discrepant memories and feelings about the same situation or person. These fluctuations and inconsistencies are often the first suggestive evidence of MPD. What is essential to all forms of MPD is the intrapsychic dissociation that separates out and maintains multiple concepts of self and the world within the same person.

Adult MPD clients often report many somatic complaints. Migraine-type headaches are extremely frequent and often accompany shifts in personality. Anxiety is common and often clients have been told by friends that they act completely unlike themselves at

times. They experience dizziness, palpitations, trembling, gastrointestinal upsets, fear of choking or dying, suicidal impulses or attempts, auditory and/or visual hallucinations, blocking of thoughts, spontaneous trance, and phobias. Abreactions of trauma often occur spontaneously (Ross & Gahan, 1988). Most MPD clients have a mean number of 2.3 previous other diagnoses: major depression, drug abuse or dependency, alcohol abuse or dependence (evidenced by amnesia mistaken as blackouts), schizophrenia, bipolar disorder, brief reactive psychosis, and/or eating disorder. Signs and symptoms suggestive of concurrent or alternative diagnoses are almost invariably present (Coons, Bowman, & Milstein, 1988). Occasionally a client may use "we" in the collective sense. Clinicians may encounter anywhere from 2 to 200 personalities and/or fragments with an average range of 8-13. Adults often notice changes in their social relationships for which they cannot account. Transferences and developmental levels may vary along with psychiatric and somatic symptoms. Thoughts, behaviors, affects and memories are incongruous or disconnected from each other. Different attitudes and viewpoints about the same person or problem area are often present and the client appears indecisive within a brief period of time (Coons, 1980). Clinicians must be alert to brief evidences of forgetfulness and fluctuations of voice, speech, and movement

characteristics within the interview. Hypnosis training is helpful to sharpen observation skills. A surprising number of clients avert or partially cover their face and lower their voice or eyes to minimize the emission of such evidences of switching (Kluft, 1987).

Amnesia in these cases may be difficult to assess because clients may be reluctant to discuss it for fear of being labeled crazy. Or the client may be unaware of lost periods of time because dissociation has occurred since early childhood and discontinuity of time is not perceived as unusual. Abuse experiences may be denied or dissociated. Suspicion of dissociative disorders may first be raised in the therapist when taking a childhood history where the client may be missing large blocks of time including memories of home, schools, teachers and friends. MPD clients also often have a history of several prior therapists and treatment failures.

Clinicians should also be aware of autohypnotic symptoms which indicate high hypnotizability: enthrallment (books, movies), spontaneous age regression (do you ever get "little"?), spontaneous negative hallucinations, voluntary anesthesia (can you block out pain), out of body experiences (beyond depersonalization), trance logic (tolerance of logical inconsistencies), and eye-roll with switching or remembering (Loewenstein, 1987).

Families. Families may present a pseudo-normal veneer and

collude to represent circumstances as normal, even ideal. Challenges to this myth are treated as affronts, perfunctorily dismissed, or rapidly rationalized. Sadomasochism may prevail. Parents may have low self-esteem, impaired ability to empathize, severe misunderstanding of their children's developmental processes and needs, and regard children as self-objects rather than separate entities, misreading virtually all autonomy as misbehavior unless it is congruent with the parents' needs of the moment. These parents may be poorly differentiated from their own families or origin and have problems in trusting others. They may overvalue control and demand perfect obedience at all times. They have immense dependency needs which the child is pressured to serve, and are able to nurture only when identifying with the child or when the child is fulfilling their expectations.

This irregular availability of nurture and overemphasis on discipline functions like a variable interval partial reinforcement paradigm. The child is always trying to figure out how to behave to regain that nurture and faults himself or herself for not being good enough. Success is unlikely because the parents' provision of nurture is largely related to their own narcissistic concerns. When the child does succeed, it is often at enormous emotional or physical expense. Children

then judge themselves by adult standards and continue to be hypervigilant for others' needs Miller, 1981).

Boundaries and roles are poorly differentiated and children are often their own parents. Parents may be secretive but the children are afforded no privacy. Parents make mistakes but the children are thought to misbehave on purpose. One often finds a veneer of moralizing and religiosity with no tolerance for disagreement or individual differences. Parents rarely have meaningful social relationships, but some function well in circumscribed roles in which they appear to be very social, affable, and gregarious. They may even be successful and prominent, especially in military or religious settings when ritualistic and paradoxically hypermoralistic behaviors may prove adaptive (Kluft, Braun, & Sachs, 1984). Family members disbelieve the obvious and accept the improbable. The family behaves as if there is no problem and the child learns to distrust or even not to recognize his or her own perceptions. All transactions are on the surface without analysis or critical judgment. Family trance allows continuation of these behavior patterns.

Calof (1987) has spoken of family trance as the collective denial of all family members characteristic in most incestuous families. Shifting reality is used to maintain family integrity and avoid dissolution. There is

collective denial and shared secrets about a multitude of problems, and duplicity and deceit between family members preserves the defensive myths. To assure secrecy, social isolation is enforced by the parents, who are expert at manipulating contexts and shifting reality to avoid problem recognition. Roles are confused and often reversed, and discipline reflects overly moralistic attitudes. There is poor tolerance for anger and conflict. There is no touch except for inappropriate sexual contact, which is equated with love. Humor is low; sarcasm is high, with frequent criticism, belittling, and lack of encouragement. Children are often unwanted and treated that way. There is violence and the threat of violence, with unpredictability and reinforcement, and no time nor safe place for recovery. The family message is "don't feel, be in control, deny reality, don't trust, keep the secret, and be ashamed of yourself because it's your fault" (Calof, 1988). This message and family dissociation patterns are transmitted from one generation to the next.

Fossum and Mason (1986) noted intergenerational patterns of shame in families suffering from single or multiple dysfunctions such as addictions or compulsions in addition to physical, sexual, and/or emotional abuse. Shame is the organizing intrapsychic principle in these families' dynamics, masked by a myriad of well-developed, sophisticated defense systems. Denial is the primary

defense mechanism, further supported by intense family reliance and loyalty, in turn fostered by an insecure family emotional climate. Denial leads to forced silence and causes a selective restructuring of reality. Inconsistent responses from parents lead to mistrust and attempts to avoid further conflict, criticism, and punishment. The child develops a fragmented sense of self when he or she splits different experiences of reality, behaving one way at home, another way at school, and so forth. As the splits continue and take on a life of their own, the groundwork is laid for a dissociative disorder. This splitting reinforces and corresponds to the adults' denial of reality because the child looks as if nothing is bothering him or her and never acknowledges a problems. Without outside intervention to break this cycle, it becomes self-perpetuating. It contorts and distorts the individual personality of family members and the relational patterns among them.

Family therapists, in particular, may recognize the parallels between the inner structures of MPD clients and families of origin. The client may be understood as a family of personalities or selves. Like the family, the client keeps secrets and relationships may be superficial and guarded. Alters represent a virtual closed system with inner lives and punish those among them who break the code of silence. Much as the family was characterized by

boundaries at once too rigid for intimacy and too enmeshed and symbiotic for autonomy (double bind), the personalities remain blocked from full empathy and co-consciousness which would erode the barriers among them, yet remain incomplete without one another and depend on internal collusions, coalitions, and at times, upon exploitation of one another. Viewed in a family context, the unusual and complex phenomena of MPD clients' internal systems of personalities become comprehensible as a preservation of their developmental experiences within pathological family systems. The behaviors of the personalities can be understood as a special form of enacted memory in which the past is acted out rather than cognitively recollected and recalled. Much of the treatment of MPD can be understood as a family treatment carried out within an individual. Mapping, via the use of a genogram (McGoldrick & Gerson, 1985), may be helpful to gather information about alters such as names, ages, sexes, functions, origins, alliances, power, degree of amnesia, key current conflicts, overall principles of organization of the system, rules governing the amnesia barriers and switching/sequences of alters (Kluft, Braun, & Sachs, 1984).

Treatment. Treatment involves helping the client map the system, recover and possibly abreact the original traumas, and grieve for the immense childhood and adult losses. He

or she also needs to let go of prior dissociative coping strategies, grieving for the loss of the "specialness" they engendered. For ritual abuse survivors, there is a need to separate from the family "triggers", to which the client has been brainwashed to respond in a characteristic way. There is also a need to help the client resolve his or her guilt over the false perception of a sense of choice in participating in the abusive acts and rituals. The therapy needs to address the separate lives the different personalities may lead and to offer a flexible support system as the client discovers he or she is not the person he or she thought. The therapist's job is to pace the therapeutic process, though this may feel like another loss or failure to the client.

Survivors cannot be cured of their history. The pain has already happened; it is not caused by the therapy. The client has survived before and will again. Healing is not an event, but a process of accepting and living with the once repressed truth. This process may best be facilitated by supplementing the verbal therapeutic exchanges with a host of experiential techniques.

Experiential Treatment Modalities

Numerous authors have recommended experiential and expressive cathartic techniques to be utilized to abreact trauma, break through denial, and promote ventilation and catharsis (Blatner & Blatner, 1988; Courtois, 1988; Tower,

1988). There exist structured treatment experiences which involve the systematic combination of bioenergetics, to access feeling memories and release energy, and psychodrama, used to give a visual representation of current dysfunctions and to interrupt, correct, and restructure the belief system about the self, world, and abuse. This section provides the theoretical bases of bioenergetics and psychodrama in order to facilitate a richer understanding of the subject's treatment process.

Bioenergetics. When children are told not to express a certain feeling in a particular way, or not to express that feeling at all, or not to feel that feeling, or not to get excited, or sometimes not even to have certain wants, they accept these verbal or nonverbal messages without question, introject them, because of their dependence on the parenting figures for survival. This response is the only one available to the child and is complicated when children are terrorized or confused into silence, thus severing the possibility of outside assistance. The child has little life experience against which to judge these bionegative messages - messages which do not support the child's aliveness and, when internalized, which block healthy growth and development (Cohen, 1987). Such toxic introjects are usually maintained, unexamined and unchallenged throughout one's life. The result is a lifelong internal conflict between

the natural urge for aliveness and the toxic, introjected message which calls for deadness. Once the toxic message has been introjected, the threat of loss of love for disobeying becomes a conditioned phobic belief in imminent catastrophe whenever the toxic message is not honored. Progress in therapy is evidenced by the ability of the client to relinquish such tight control in favor of a reexamination of the accepted messages. The goal is to reclaim the self by using the energy and power that was taken at a time in life when there was no adequate defense.

The body responds to such messages by quelling aliveness upon command. By means of tightening the diaphragm, and thereby limiting its excursion, and tightening the muscles of the rib cage, breathing becomes shallow. This shallow breathing involves use mainly of the upper chest on inhalation and an incomplete exhalation, the result being a diminished oxygen supply. This leads to a diminished level of energy. This mechanism of blocking or inhibiting excitement is a reflex action in response to a scare which is in response to the voice of the toxic introject. Injunctions such as "good girls or boys don't cry and scream" may be closely tied to muscular tensions in the throat and arms which block the impulse to open up and reach out. On the body level, the issue is not whether it is good or bad to cry or scream. When the

tensions are very severe, it becomes almost impossible for the person to cry, scream, or even to make sound. Similar tensions are found in the shoulders which make it equally difficult to reach out fully with the arms. On the deeper emotional level, there are suppressed feelings of sadness, despair, rage and anger with impulses to bite, plus fear and longing. Different traumas are thus remembered in the body but denied with the mind because the context demands compliance for survival. The heart longs for love, the feelings demand expression, the body wants to be free. But if a move is made in that direction, defenses choke off the impulse and throw the person into anxiety. In most cases this anxiety is so severe that the person retreats and closes off, even if this means dissociating, or keeping his or her energy level low, desires at a minimum, and life at a standstill (Lowen, 1975).

There is also a clouding of awareness. No matter how energized a person is, without the focusing of that energy through awareness of wants and needs, of the self, there is little hope for satisfaction. Without awareness for a guide, a person is likely to deflect contact with others as a means of self-regulation and protection, by avoiding touch or eye contact, by keeping the trauma at a distance with amnesia, by joking excessively or being abstract, or by talking about feelings rather than feeling them (Smith, 1985). The messages taken in and given out are diluted and

awareness is further dulled. We often call this state trance. Little attention is given to the needs of the body because it may try to express aliveness if given half a chance. It is difficult to be creative, spontaneous, or sexual if one operates in a mind/body dualism. Indeed, it may be difficult to recognize that one even has a body if one's psychological and physical boundaries between self and others have been violated time and again, if basic rights to consistent nurture and security have been exchanged for the right to survive.

Smith (1985) asserted that even Freud, as early as 1899 in a letter to Fleiss, implied the expansion of verbal techniques into body work. "From time to time I visualize a second part of the method of treatment - provoking patients' feelings as well as their ideas, as if that were quite indispensable" (p. 4). Freud never persisted in this arena, however, and thus psychoanalytic tradition was skewed away from the body plane.

Bioenergetics rests on the simple proposition that each person is his or her body and can be challenged to name a part of the self that is not part of the body (Lowen, 1975).

If a person is the body and the body is the person, the body expresses the self and needs attention in therapy. A person is the sum total of his or her life experiences, each of which is registered in his or her

personality and structured in the body. When it is tensions that are stored, the tensions have both a qualitative and quantitative effect. Qualitatively, they determine how a person will act or behave, with what feelings he or she will respond to situations. Quantitatively, they determine how much feeling or excitation a person can bring to bear in a given situation.

My personal observation is that therapists, like most other Westerners, have regarded mind and body as separate though related entities. We may pay lip service to unity but fail to apply it in our daily practice when we focus on facts to the exclusion of feelings and energy levels. Former clients have told stories of their therapy experiences which frequently involve repetitive short periods of therapy with little change on a feeling level because the intervention was aimed at behavior rather than grief or was focused on symptom relief. What is needed is a holistic therapy which minimizes the need for both passive and invasive treatments by adding self-healing restorative techniques. The greatest resource for self-healing is one's life energy, or bioenergy, a relatively unexplored therapeutic avenue.

Bioenergetics and other therapies which include cathartic emotional release of painful memories and feelings stored in the body help to release the energy

needed to heal and aid in remedying illnesses caused by energy blocks. Psychodrama helps to focus the energy in the direction where healing is most needed. More will be said about psychodrama later in the text.

Reich first delineated a body-oriented psychotherapy, providing a solid base for movement beyond the limitations of Freudian analysis. Several of Reich's students carried on the tradition with great creativity and innovation both in theory and technique. These include the familiar Perl's Gestalt therapy and Lowen and Pierraki's bioenergetics. While Gestalt, also an organismic mind-body therapy, approaches healing from-the-head-down, bioenergetics works from-the-body-up (Smith, 1985). A truly organismic therapy not only focuses on the body as a way of understanding the person, but actually works with the body therapeutically, on the assumption that talking sometimes gets mired in the thinking about and talking about memories. "One rationale for body work in psychotherapy is that the body intervention more predictably gives access to the feelings...It provides more direct access to the affects which are connected with the past, the unfinished business. Even more importantly, body work tends to evoke the feelings in their full power. Feelings accessed strictly verbally by the therapist frequently appear in diminished form and often are brought to their full intensity only with great difficulty" (Smith, 1985, p.

47). Reexperiencing the feelings, or rather experiencing them freely for the first time after years of repression, mobilizes energy for healing.

The body-oriented therapist can arrange a situation in which it is physically and interpersonally safe to experiment with and practice new expressions previously avoided. This means allowing appropriate action and interaction in safety so that previously interrupted cycles of need and satisfaction can be completed. Thus, the necessary and sufficient conditions for growth are provided in the therapy situation. The therapist's responsibility is to recognize what, where, and how the client fails to get needs met and interrupt the cycle, while the client has the responsibility to grow and change. Because growth and change are integral to continued existence, the client ultimately chooses whether or not to avoid death and become fully alive. Therapy then facilitates awareness by clearing confusion regarding negative introjects and sharpening dulled awareness.

The guideline for beginning is to go where the client's energy is, as determined by reading the body, as he or she tells his or her story. Locating energy in the body is aided by knowledge of the chakras. "Chakra" is a Sanskrit word meaning "wheel". The wheel is the disk or wheel of rotating energy that some clairvoyants can see in the major chakra areas of the body. It appears to be just

above or below the body surface, and each chakra is conventionally distinguished by the color or colors composing its rotating disk. In yoga, the activation and development of the chakra system is the pathway to illumination, because each chakra running from the root to the crown at the top of the head confers its individual powers and states of awareness (Joy, 1979, p. 158). One basic energy, bioenergy, operates in an individual. The chakra system modulates that basic energy. In addition, each of the seven chakras has been correlated with different types of psychological phenomena. The first chakra at the base of the spine reflects our basic concerns regarding security. The second relates to sexuality and emotion. The third involves issues of power. The fourth encompasses functions of integration. The fifth relates to spontaneity. The sixth and seventh chakras reflect transpersonal forms of psychophilosophy and practice. All of these dimensions are present in everyone, although some areas are more conscious and developed than others. Each chakra is considered an integral part of the whole, and all function together in a healthy system (Blatner & Blatner, 1988, p. 66). For the purpose of treatment of patterns established in response to abuse which entail habitual and rigid behavior, spontaneity develops through the ability to open to, rather than block or distort, the lower four chakras. It is part of the

process of psychodrama to work on all levels of psychological issues to release the dynamic health of the whole system and to generate free expression of creative interactions.

Both breathing and grounding are fundamental concepts for bioenergetics. Deep breathing increases oxygen intake and thus energy flow. Lowen once stated that every emotional problem is reflected in a disturbance of breathing. Perls pointed out the connection of shallow breathing and sighing with depression, chronic yawning with boredom, and the fight for breath with anxiety. Failure to breathe deeply limits physical motion of the chest, abdomen, and pelvis. The task of the therapist in working with breathing is to facilitate the client in learning to breathe fully and deeply, as a body unit. The simplest breathing work consists of just calling the client's attention to his or her nonbreathing. The therapist may notice this particularly at a point in therapy when the client feels the forbidden aliveness and quits breathing for several seconds or decreases the rate and depth of breathing dramatically without awareness. The reminder to breathe restores the normal rhythm and may have to be repeated several times within a single therapy session (Smith, 1985, 121). Grounding refers to the idea that a person's contact with the ground is crucial to proper energy flow and centeredness. For this reason,

bioenergetic work begins with the legs and involves claiming one's power or "holding his or her ground" against the negative introjects. Grounding increases one's tolerance for high energy without loss of balance and implies adequate self-support.

Once breathing and grounding are established, bioenergetic work addresses energy blocks in the body which often cause tension and pain if the tension is strong enough and long enough in duration. In cases of ritualistic abuse, there is often pelvic pain associated with sexual abuse or abdominal pain associated with drug-induced nausea and helplessness.

Psychodrama. Psychodrama is used to give a visual experience of the bionegative introjects from childhood which keep a client stuck in unhealthy coping patterns. It has some basis in object relations theory; the central dynamic is conceptualized not as an individual reacting to outside forces, but rather as the person in relation to other people, in rigid roles. This reaction has become an internalized process. The internal representations are not static and left over from the past, but rather are continuously being created, like figures in a dream - "a little drama created in the mind. One way to correct these private fictions is to play them out in a context in which social validation can allow for at least symbolic fulfillment, followed by an opportunity to correct

perceptions and resolve conflicts" (Blatner & Blatner, 1988, p. 119). Life struggles are made explicit so that the client can spot stuck places and choose a course of action. When the feelings emerge, bioenergetic exercises help to release the blocked energy and redirect it in the direction of healing and aliveness. "Psychodrama has the capacity to address the widest range of issues; past, present, and future; intrapsychic, interpersonal, and group dynamics; support, education, expression, and insight; imagination and reality; emotions and cognition; spiritual, artistic, playful, and political aspects; prevention, diagnosis, and treatment; nonverbal communications; setting and props; and time for warming-up" (Blatner & Blatner, 1988, p. vii). The approach is holistic and involves reclaiming the parts of the self that were silenced or depressed in childhood: exuberance, animation, imagination, playfulness, adventurousness, and sexuality. These are the mature elements of the "inner child". Psychodrama seeks to redeem the healthy potentials to be found in the natural tendencies toward exhibitionism, omnipotence, regression, and acting out. Psychodynamic psychologies have tended to focus on the pathological expression of these qualities, and as a result, the terms have negative connotations for some. Moreno, the creator of psychodrama, recognized that they are inherent psychic dimensions and potential sources of

creative energy that can be cultivated and transformed into personally and socially constructive channels.

Psychodrama is an action therapy which uses movement, motion, and action as part of the therapeutic process (Heisey, 1982). It integrates the processes of the mind, the thoughts, the vocalization, the musculature, and anatomy and the physiology into the learning and relearning process. It uses action techniques for both feeling and emotion. It uses normal expressions of posture and body language to convey messages. It combines words with serial action to work through conflicts, resolve problems, discover new resources, and to reach out to human need, recognizing that we are social beings. It deals with the individual who is enacting his or her own problems and real life experiences. It is not simply role play.

Psychodrama has many uses, but for ritualistic abuse survivors it provides an opportunity to access repressed memories and subconscious desires and give corrective emotional experiences. Unhappy or even traumatic scenes can be enacted with role-played family members or others from past or present relationships, the final scene being one in which there is a more positive outcome. In addition, the client is offered active mastery and the receptive experience of being empathized with, held, comforted, encouraged, or appreciated. Similarly, Gestalt

employs the "empty chair" technique, while Virginia Satir often utilized "family sculpture" (Blatner & Blatner, 1988, p. 8).

The most pervasive theme of Moreno's theories is the place of creativity and the importance of cultivating this source of vitality in the processes of healing and growth. He felt that lack of creativity and retreat from responsibility were predominant social problems. Psychopathology in society included addictive behavior, anomie, values diffusion, and general stress disorders. Psychodramatic methods were to empower people by reminding them of their potential as creative beings (Blatner & Blatner, 1988). Each of us can create what happens in our minds and that experience is malleable. The focus is on individual experience. In line with current constructivist thought, each person brings forth a slightly different set of variables which interact with the environment to build that person's story. Since the set of meanings, rules, coping strategies, and ways of communicating are learned rather than inherited, a person in recovery can transform unhealthy patterns into new rules. In this assumption there is respect for individual differences and hope for change.

Clinical Literature Related to Topics

In the marriage and family literature, there are no formal qualitative studies on the dynamics of ritualistic

abuse and the impact on the lives of adult survivors. There are, however, three studies which begin to examine the effects of children ritually abused in day care settings (Finkelhor, Williams, & Burns, 1988; Kelley, 1988). One book tells the personal story of a ritual abuse survivor, focusing on her adult life as well as graphically detailing the abuse in childhood, but it does not say much about family life, work, and spirituality or give treatment guidelines (Spencer, 1989).

Finkelhor, Williams, and Burns (1988) studied sexual abuse in 270 day care centers and noted an increased psychological impact on ritually abused children. Therapists involved in the study said that this probably results from the cumulative effect of the extreme physical and psychological abuse which accompanies the sexual abuse.

"Believe the Children", an organization founded by parents of children ritually abused in day care settings, conducted a survey to document ritualized, multi-victim, multi-perpetrator abuse occurring in child care settings. Distribution of questionnaires to parents and child serving professionals across the country began in December 1986. Results represented 36 separate cases documented by 59 complete questionnaires from 16 states. No anonymous responses were included. The preliminary results indicated the following: high representation of female perpetrators;

89% of cases had multiple perpetrators; 92% of the cases involved both male and female perpetrators; 92% of victims were between the ages of two and six at the time of disclosure; 78% of victims were photographed nude; 61% were photographed during sexual activity; 20% of the 59 reports 9% of the 36 cases involved intrafamilial abuse; 100% of the cases involved sexual activity, physical abuse, emotional abuse, and acts/behaviors labeled as "bizarre".

Kelley (1988) conducted a study comparing questionnaire responses from parents of children who had been sexually abused in day care settings. She compared reports of 32 children who had been nonritually abused with 35 who had been ritually abused. She concluded that ritual abuse is associated with significantly greater psychological distress as measured by the Child Behavior Checklist (Achenbach & Edelbrock, 1983). According to Kelley, ritually abused children showed marked deviance on internalized behaviors, representing an increase in fearful, inhibited, and anxious behaviors. As compared to nonritually abused children, the ritual abuse cases indicated more types of abuse, greater number of abusive incidents, greater number of abusers, ingestion of drugs to induce drowsiness (74% vs. 28%), the use of physical restraints (71% vs. 37%), consumption of excrement (51% vs. 25%), sexual activity with other children (94% vs.

43%), and threats of death (85% vs. 56%), threats of dismemberment (37% vs. 15%), and threats of the death of the child's parents (94% vs. 75%). Kelley reported that all these differences were statistically significant.

Suffer The Child (1989) was written by Judith Spencer, a writer, pediatric nurse and master's level nurse educator. She tells the story of "Jenny", an adult ritual abuse survivor with multiple personality disorder, with whom she worked for five years, beginning when Jenny had been in therapy one month. By examining the therapists' records of session notes, audiotapes, videotapes, and copies of Jenny's journal, and by interacting with Jenny and her alter personalities, the author pieces together an insightful look into the dynamics of ritual abuse during childhood. While there is some mention of marriage and parenting, few details are given.

Jenny was ritually abused in a satanic cult, given over by her mother, from the age of two. At 14, she was briefly treated in a state mental hospital. She married at 15. After 27 hospitalizations in 20 years, and a host of outpatient therapies with mental health counselors and ministers, Jenny was properly diagnosed with multiple personality disorder as a response to childhood ritual abuse.

As is evidenced by this brief list of studies, there

is virtually no clinically relevant research currently in existence which addresses the combination of topics this study seeks to explore.

Significance of Study in Relation to Existing Literature

To the best knowledge of this author, this study is the first of its kind to systematically synthesize the areas of incest, ritual abuse, trauma, dissociation and multiple personality disorder, and experiential treatment (bioenergetics and psychodrama) into a framework for understanding the impact of childhood ritual abuse on an adult survivor. There is no mention at all of ritual abuse in the professional literature specifically devoted to marital and family therapy, though these clinicians often see adult survivors, whether or not they recognize them. This study was intended to introduce the topic into this literature utilizing a systemic framework deemed helpful to marital and family therapists treating such clients.

Qualitative Methodology

Qualitative methodology has been chosen for gathering the data for this study for a number of reasons. First, the use of in depth interviewing provided the involved individuals' desired descriptions of the phenomena in question, while simultaneously taking advantage of the unique relationship that this researcher had with the subject and her social network. These interviews occurred in the subject's home, church, therapy office, and other

settings in which she experienced her life as a survivor. Qualitative research is based on the notion of context sensitivity, with the belief that the particular physical, historical, material, and social environment in which people find themselves has a great bearing on what they think and how they behave (Smith, 1987). Interviewing is a desirable method when the research interests are broad and open-ended, but relatively clear and well-defined, when the settings or people are not otherwise accessible, and when the researcher wants to illuminate the subjective human experience in question (Lofland, 1984; Taylor & Bogdan, 1984). Oakley (1981) suggested that, particularly when interviewing women, personal involvement is more than a dangerous bias. It is the condition under which people come to know each other and to admit others into their lives. The idea that interviews are a one-way process is absurd. Oakley asserted that structured interviewing in which the interviewer does not share himself or herself is basically a masculine paradigm which does not take advantage of women's feelings and their cultural importance.

Secondly, qualitative methods allowed access to interactional and emotional dynamics which address the concerns of marital and family therapists and utilize their unique interviewing skills (Fine & Norris, 1989; Mathews & Paradise, 1988). Marital and family therapists

are particularly interested in the interactions between persons and their extended social systems and ways in which these interactions create problem and solution contexts. Interviewing enables the researcher to explore interactional relationships in depth and assess their idiosyncratic meaning for those interviewed.

Thirdly, qualitative methodology addressed this study's purpose of generating grounded theory and additional research hypotheses (Allen & Gilgun, 1987; Glaser & Strauss, 1967).

Fourthly, the triangulation of data from a variety of sources and methodologies increased the validity of the research findings and evaluation (Mathison, 1988). Taylor & Bogdan (1984) suggested guided interviews with a variety of people and examination of personal documents, such as diaries, letters, pictures, records, calendars, and memorabilia to foster the subject's memory and conversation.

Fifthly, participant observation was useful for exploring a particular setting in depth and giving a descriptive account from the inside, increasing limited knowledge about the setting and determining variables (Kurz, 1983; Lofland, 1984).

METHODS AND PROCEDURES

Overview

The purpose of this chapter is to describe how this study of the impact of and recovery from intrafamilial ritual abuse was conducted. It includes information about the subject selection, data collection procedures, areas of research interest which guided the interviews, and data analysis procedures.

Subject Selection

The subject for this study was selected because she was one of only a few intrafamilial ritual abuse survivors known to me. I met her during a residential therapy week devoted to treatment of problematic issues in adulthood arising from traumatic experiences in childhood and dysfunctional family of origin patterns. We have been acquainted for a period of 2 years. She was willing to participate in a study and allowed her family, friends, therapist, and minister to be interviewed. These other individuals gave verbal and written consent to participate.

We did not know each other well when the research began. Shortly after our meeting, during two short visits over lunch or dinner and occasional phone calls, we discussed my research interests and her willingness to participate. She expected that she would learn some things and benefit from telling her story. She trusted me because

she knew that I had been through the same horrors and would not hold her responsible for her childhood involvement or judge her recovery process. She also assumed that I would be less reactive to gruesome details than would others who doubt their truth or put her off as a way to manage their own anxiety about the existence of such atrocities. I believe she told me what she would have shared with no other researcher and few others outside of her established support network.

We contracted for four weekend visits in her home, where she said she was assured of comfort and privacy. A fifth visit was planned, but cancelled due to my unexpected surgery. We became closer during the interviews, as could be expected because of our mutual experiences and time spent together, but I did not permit social interactions between our families or mutual friends during the research period in order to protect her confidentiality and to maintain the research focus. We agreed to change these rules after the conclusion of the project. Most of the interviews occurred at the kitchen table, or in the living room, with other family members away from home or in another room. We usually started the evening of my arrival, after dinner, and worked for a couple of hours before spending time with the family. We got up the next morning, usually Saturday, and worked for a few hours before lunch, ate, did something fun, and then

worked until dinner and sometimes afterwards. Sunday mornings we usually attended church, ate lunch, and worked for a couple of hours before I left to return home. The subject's tone during these interviews was rather matter-of-fact, though she did get more emotional when discussing particularly painful memories. At these times, I noticed more flagrant personality switches. Sometimes we had to take a break when she felt overwhelmed. I occasionally felt that way myself. We often planned ahead of a working session which topics we would address in terms of their perceived emotional threat/difficulty. Sexuality and the ritual abuse specifics were discussed when her son was away from home because she did not want him eavesdropping. Each interview was taped, except for on one occasion when the tape recorder refused to function.

Interviews with the other informants occurred in the subject's home, in a friend's home, in a restaurant in the community, and in a professional office. These sites were agreed to in advance by all informants.

The subject has been in intensive individual and group therapy for approximately 3 years, diagnosed with multiple personality disorder.

Data Collection Procedures

The primary instrument for this study was the in-depth interview (Taylor & Bogdan, 1984) to detail demographic information and salient life history events.

We spent hours asking and answering questions, often coming back to the same material time and time again with new details, changes in previous answers, or a different perspective. Much attention was given not only to the facts, but to the idiosyncratic meaning these facts have had in the subject's adult life; to the ways in which they shaped her perceptions of the world. Interviewing was chosen because I believed that more detailed and sensitive information could be obtained than through the use of questionnaires or other written response formats. In addition, my own personal abuse experiences enabled me to act as a research instrument, asking pertinent questions and following up answers, utilizing the established trust relationship as part of the research process.

Completion of the subject's genogram to outline the family of origin was included in this process (McGoldrick & Gerson, 1985). This was how we started to explore family members and their relationships. As I have found in my clinical work, from a Bowenian perspective, the genogram often provides a relatively nonthreatening structure for ascertaining pertinent family information. As the characters unfolded, the subject provided more and more information about relationships and abuse patterns. This information was clarified after more trust had developed, with specific categorical questions which are included in Appendix A.

Several interviews were conducted with the subject and with each of the other related informants. A semi-structured interview format was developed for each of the additional informants prior to scheduled interviews based on what further information I deemed necessary to adequately address research areas. The primary subject participated in these interviews because she was interested in others' responses and because she felt less threatened when present. Topics for these informants were submitted to the subject for her approval prior to interviews to help ensure her confidentiality. I met each informant on at least one occasion prior to scheduled interviews. Interviews were initiated with warm-up, rapport building dialogue and descriptive questioning (Taylor & Bogdan, 1984). I observed the interactions between the subject and other informants and used "probing" to elicit as much information and detail as possible and to ensure clarification of meaning (Taylor & Bogdan, 1984). The subject and other informants were informed about the nature of the interviews and asked to think about their responses before the date of the interviews. A Consent Form was provided for the primary subject and for each additional informant (Appendix B). These forms specified the nature of the research and what was expected of the informant in terms of participation and confidentiality. The form was signed by each informant

and the primary subject of the study. All interviews were audiotaped with permission.

I took field journal notes during the interviews, making mention of problems, ideas, feelings, and areas to pursue, and utilized the interview guides developed for each informant. I also made notes during private time away from the family, between interviews, to record questions and observations. Audiotapes were transcribed within 2 days of the interview to ensure greater accuracy of memory when the tapes were difficult to understand. All interviews were transcribed verbatim on Microsoft Word. These transcripts, with names changed to protect confidentiality, were periodically reviewed by my clinical supervisor, a researcher and clinician holding a doctorate degree in social work. He was able to enhance validity and integrity of the research methods by checking to see whether or not the intended topic areas were covered sufficiently without obvious researcher bias and expectation for certain answers. He also offered some objective views about ritual abuse, an unfamiliar topic for him, and Bowenian theoretical approaches to studying the family, with which he has had extensive training and experience. Phone conversations were recorded in the field journal.

I incorporated the technique of participant observation (Kurz, 1983; Lofland, 1984) to gather

information about the subject's home environment and therapeutic treatment. This was accomplished by four weekend visits to the subject's home. We talked about my participation with the subject in an experiential treatment week which occurred prior to the beginning of data collection because I was prohibited, for health reasons, from attending another one with her.

Finally, I examined any letters, pictures, artwork, drawings, or poetry that the subject felt comfortable sharing and explaining to generate ideas about the role of creativity in the healing process. This occurred throughout our time together. During each visit, she would share something new or something that had been worked on since our last meeting.

Research Areas (Appendix A)

1. Personal history/story/family genogram
2. Specifics of abuse
3. Relationships - family of origin, other perpetrators friends, lover/spouse, children, therapists, minister, community members
4. Sexuality
5. Parenting
6. Work/employment
7. Treatment/therapy
8. Spirituality
9. Other coping resources (support groups, education)
10. Creativity

Analysis of the Data

The data analysis for this study involved the three phases suggested by Taylor and Bogdan (1984). The first was an ongoing discovery phase, during which themes and concepts are identified. The second occurred after data collection and involved categorizing the data and expanding my understanding of the subject matter. In the third phase, I attempted to understand the data in terms of the context in which they were collected. All of the data were extracted from the audio-taped transcripts, my journal notes about the interviews and participant observation, and examination of the subject's personal artifacts. All of this material was made available to the subject for her approval prior to the final submission of the results. Final analysis emerged from a synthesis of the research topic literature, my own personal insights, observations, and experiences, and the data obtained from the subject and related informants.

In terms of style, the use of the first person was chosen to demonstrate this researcher's critical involvement in the data collection process, to create ease in reading, and to reflect the informal approach and nonthreatening mood with which the information was gathered (Wolcott, 1990). Wolcott (1990) also offered suggestions for organizing a narrative in qualitative research, chronologically as the events occurred or as you

learned about and recorded them. I chose the former to lessen the confusion generated by frequent flashbacks and repetition of details. Much of the original data was retained unedited to enable the readers to "see for themselves" and have access to the information from which I drew observations (Eisner & Peshkin, 1990; Wolcott, 1990).

RESULTS

Overview and Introductory Comments

She began her poetry journal with a note to other survivors, former children who grew to maturity with damaged emotions shaped by their abusive role models, their parents who had probably been victims once as well.

I am the child of two such people, victims who became perpetrators (sic). As I remember (sic) my past, much of which has been buried deep inside me for three decades, I find little that was joyful in those memories. My inner child is telling me memories of such horrible events, that at times I feel I can barely cope and will go crazy. I am the survivor of both incest and ritualistic abuse. This is my story written in poems, essays, and narratives (sic). It is a story of a very young child and of an adult in recovery. It is a story of pain, rage, loneliness, and fear but also will be a story of hope and triumph.

The journey of recovery is a very rocky road filled with many feelings and emotions. It may take the rest of my life to reclaim all of my lost self but I am determined to do so. My own path to recovery uses group and individual therapy, support groups, literature, support from family and friends, support from clergy, and, most important of all, a personal relationship with Jesus Christ.

The story she captured in the pages of this collection (copyrighted by letter to herself on November 2, 1990) is the story she unfolded in our three months of work together. During the four weekend-long visits totaling more than 200 hours in her home, interviews with persons in her life who comprise her support system, numerous phone calls, and an occasional letter, we explored together the process of her recovery from incest and

ritual abuse as she saw it at that moment in time.

No one style of presentation can adequately contain all the rich details gleaned from this research. No words can completely convey the horror, grief, confusion, joy, and peace she has experienced as the life she thought she led is rewritten by the story her memories now tell. The purpose of this project was to provide to readers a three month snapshot description of her recovery process, with direct quotations included where appropriate (she admitted she has trouble spelling but wanted the original left unedited). All names in this document, as well as locations and other identifying information have been changed to protect confidentiality. The letters and poetry included were written and signed by alter personalities. Expect to find some facts that change at different points along the way. Expect to hear conflicting views on different issues. Expect to encounter occasional chronological chaos as the past, present, and future become indistinguishable. Expect to read a story of incredible courage and perseverance and hope. I have no doubt that each of these expectations will be met, for each is a component of recovery. That's the way it happens for many survivors. That's the way it has happened for her. She is no longer merely "the subject". She is Carolyn.

Family Genogram and Personal History

In our work together, it seemed most logical to begin by diagramming Carolyn's family to set the context for the story and to introduce key players (See Figure 1). Basic identifying information about these persons is provided here, but the relationships are developed further in subsequent sections of text. This section also provides some basic chronology of Carolyn's life to this point in time and briefly identifies other nonfamilial support persons involved in this research process.

The Walker Family

Mark Cates came from Cornwall. His initials, M.C. and the date 1322 were embossed with copper nails on the family's ceremonial knife used in the satanic meetings. But more will be said about that later. Somewhere along the line, the Cates married the Walkers who had left Wales, passed through Scotland, and come to reside near Belfast, Ireland. They came by their love of alcohol and Druidic traditions naturally. Great great grandpa Walker was a keel layer and came to the United States to work in the shipyards. Carolyn credited him with bringing the cult to America. "This cult business is multigenerational. There's a part of me that says this goes back to the dawn of time in this family. It happened because it had always happened. I had a feeling it probably started out as pure Druidic faith that was never Christianized. Our family

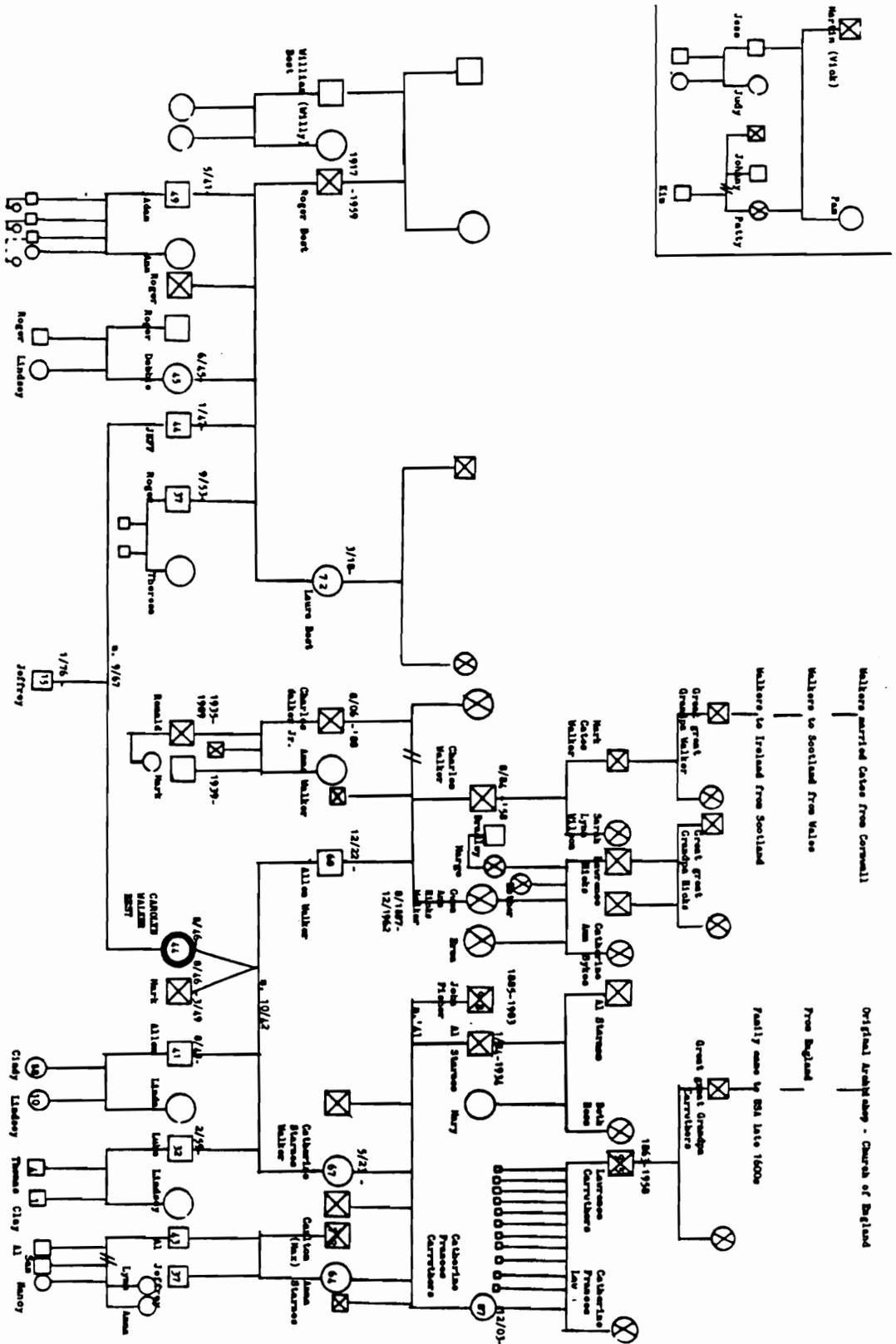


FIGURE 1: FAMILY GENOGRAM

never converted (laughed). When the Romans came and brought Christianity, our family didn't".

Carolyn couldn't remember Great great grandpa Walker's wife's name, but did recall that an infant son, Mark Cates Walker accompanied the family to America. Details are fuzzy because Carolyn's information comes from years of family discussions and reminiscing which was, like for most of us, incomplete and tainted with the idiosyncratic biases of the informant. However, the adult Mark Cates Walker was said to have been stern, violent, and given to drink. Nonetheless, Sarah Lynn Wilson married him, a very loving woman with whom Carolyn feels some kinship though separated by generations. Carolyn used the name Sarah Lynn for the part of herself who writes poetry and had a doll by the same name who resides in the guest bedroom. She's a beautiful doll with severe china curls painted on her china head, a prim mouth, a blue calico print dress with an eyelet petticoat peeking out, worn leather hands and shoes, and hazel eyes protecting the secrets and wisdom of the years the two have survived together.

In August of 1884, Mark and Sarah Lynn gave birth to a son, Charles Walker. We didn't talk about his childhood, but began with his second marriage, to Gwen Ann Hicks. Gwen was born in August of 1887, the third of four daughters born to Lawrence Hicks and Catherine Ann Sykes

Hicks, whose marriage brought together north and south. Lawrence was a minister and died from tuberculosis when Gwen was a teenager. Catherine Ann took in sewing to support her daughters and ruled with a domineering and strong will. Gwen was said to have been weak and ineffectual, a "fixture". She worked as a secretary before marrying Charles, was reserved during the marriage, and was only really noticed as a person in her own right after his death. Carolyn described her as a "steel magnolia" who tried to give the appearance of helplessness. Charles and Gwen lived with Carolyn and her family from the time Carolyn was seven years old until the family moved to another part of the country after Charles's death in 1958, four years later. Gwen died in December of 1962. But more should be said about Charles, referred to as Grandpa Walker by Carolyn, as he was a key participant in the abusive drama of this family.

Charles was a certified public accountant (C.P.A.). His first cousin Bradley was married to Gwen's oldest sister, Marge. Bradley and Marge, both cult members, introduced Charles and Gwen. Carolyn recalled Grandpa Walker as an evil and violent man who headed the cult, set the ritual schedules, picked her for the role of high priestess, and was feared and obeyed at all costs. She couldn't remember if he was also an incest perpetrator with her father while he lived in the house with the

family, but did recall his lead in ritual activities. She went blank at my questions, but said about the incest, "He's certainly capable of it." In thinking about him, she also said: "I can tell you I did not remember any of the ritual stuff and I went to a treatment group, my first treatment week, and I did not realize I had a picture of him in my billfold. And I was going through looking for pictures of Jeffrey to show my roommate. I came across his picture and I said, 'what are you doing here', and I looked at him. I didn't remember any of it. I just knew I detested this man." More will be said about this later. Grandpa Walker had several strokes and left Carolyn's home when her father committed him to a state mental hospital in 1957, where he broke a nurse's arm and eventually died in 1958 having never returned home. The ritual abuse stopped with his death and Carolyn's family moved.

Carolyn didn't know anything about Grandpa Walker's first marriage, but explained that it produced a son in August of 1906, Charles Walker, Jr. (Uncle Charles) Carolyn's father, Allen Walker, was born in December of 1922 into Grandpa Walker's second marriage, to Gwen. Carolyn suspected another child between Charles and Allen, killed as part of cult activities. The second-born child was the one chosen for sacrifice in each generation. She said the family only talked about these details during cult meetings, also referred to as "the circle".

Carolyn described Uncle Charles as evil and violent, like his father. He was likewise a C.P.A. As the oldest son, the cult leadership should have passed to him by all rights, but he didn't get along with his father, Grandpa Walker. It was a love/hate relationship. He embezzled some money, served some time in prison, and stirred his father's rage by failing to keep up appearances. He married Anna, who also participated in cult activities. Carolyn remembered Aunt Anna as "weird" and jealous that she was not the one chosen for high priestess. Charles and Anna had two sons, Ronald, born in 1935, and Mark, born in 1939. Again, Carolyn thought there was a child who died in between. This family rarely visited with Carolyn's family except in the circle. Ronald was married and a professor at a state university. He shot and killed himself in 1989. Carolyn recalled that he appeared violent and stern, but was really "soft inside and played their game. I hadn't talked to either of my cousins in years and years and I called and talked to Ronald, and it wasn't too long after that he killed himself. I felt like it was kind of my fault, I did it." Carolyn thought Mark is also multiple. Mark never married. He was remembered as "the invisible child" who faded into the woodwork, broken by the cult and hospitalized since college, never able to function in the real world. Charles died two years ago. I don't know what became of Anna.

In contrast to Charles, Carolyn's father Allen was the "fair-haired son" in his father's eyes. Despite family tradition, he was given more responsibility in cult activities. Carolyn ruminated that as angry as she is at her father's participation, he probably split as well into Allen Walker and Daddy and never risked noncompliance for fear of losing his favored status. He was an engineering draftsman by training and worked in missile research and development. In 1970, he began studying for the ministry by correspondence and was ordained in 1975 without attending seminary. Working as an engineer, he was a weekend minister. He retired from his engineering job at the age of 57 and continued to work part-time as a minister in a variety of settings. Carolyn has remembered that her father was the primary incest perpetrator from her early childhood through about age 19 and active in cult activities. "I know that Dad grew up in the cult. I know that he was abused...from little things that he said along the way. I knew that my Grandpa was a very violent man and would beat him." He became increasingly active in church activities after circle meetings ceased following his father's death and has told others he has been forgiven by God and taken under the wing of the Church. He never admitted, however, those misdeeds for which he required forgiveness.

When Allen was 14, he met Catherine Starnes. Carolyn

knew her parents talked about their courtship, but didn't remember many details. They were engaged at age 18 and married at 19, in October of 1942, while Allen was in military service. Catherine was raised Catholic and had left the Catholic Church to marry Allen. Together they chose a denomination in which neither had been raised to begin a religious life together. Catherine worked once as a housekeeper, for room and board when Allen was in the service, but never again worked outside the home. When I asked Carolyn if her parents loved each other, she replied, "If they can love, I guess they did."

Before outlining Carolyn's beginnings and those of her brothers, let's turn our attention to her mother's side of the family to get a clearer multigenerational picture.

The Carruthers Family

This family had roots high in the Anglican Church with its own original Archbishop of the Church of England before the family came to the United States in the late 1600s. Great great grandpa Carruthers, again with an unknown wife, was educated at a prominent law school. He was ahead of his time in that he educated his daughters as well as his sons. For him, the only acceptable professions were teaching, medicine, law, and the ministry. I suppose that's why his son, Lawrence Carruthers, born in 1863, was the black sheep of the family. Lawrence was a plumber. He

loved his family, but was strong and stubborn and ran away from home to do plumbing projects for large city buildings. Lawrence married Catherine Frances Law from Ireland. Twelve children were born into this marriage, eleven sons and a daughter. The youngest of these was Catherine Frances Carruthers, Carolyn's maternal grandmother (Grandma Fisher). Carolyn knew Lawrence, who lived until age 95 and died in 1958 five months after Grandpa Walker.

Catherine Frances Carruthers was raised by her brothers. When she was two her mother died of tuberculosis. In 1921 she married Al Starnes, born in January of 1894, who was described as weak and ineffectual compared to his strong domineering wife. Al's people came from Holland in the late 1600s. His father, Al, died young of a gangrenous hernia, leaving his wife Beth Hess Starnes and two children, young Al and his sister, Mary.

Young Al and Catherine Frances had five children, but the first, third, and fifth were stillborn. In May of 1923, Catherine Starnes was born, Carolyn's mother. Another daughter, Anna, was born three years later. When Catherine was 12, Al died. Catherine Frances remarried, to John Fisher (Grandpa Fisher) in 1941, one year before Carolyn's parents married. There was no incest in the Fisher home that Carolyn could recall. Grandpa Fisher, an alcoholic, loved her and would have met many of her

emotional needs if her father had permitted. He died seven years ago at age 98. Grandma Fisher gave Carolyn lots of love and attention. Her sins were more those of omission than commission. She redeemed herself when she confided that the twin brother Carolyn imagined had really existed and that birth records had been destroyed by Grandpa Walker's political connections. She refused to say more, but promised to look for a rescued picture of this child, Mark, which she never found. Another piece fell into place.

Catherine's sister, Anna, felt that Catherine was the favored daughter and the two often clashed. Anna married a Hungarian fellow, Carlton (Uncle Max), who was abusive to Carolyn during a couple of summer visits, kissing and touching her inappropriately. Anna and Max had two sons, Al and Jeffrey. Al married twice and had three children. Jeffrey, a chiropractor, lives with his mother in an upstairs apartment at Grandma Fisher's.

With the stage set, let's return to the marriage of Carolyn's parents in 1942. Carolyn (and twin brother Mark) were born in August of 1946. Mark was ritually sacrificed in the spring of 1949. Her family says he never existed. She can find no records. But Grandma Fisher told another story validating Carolyn's memories. Another son was born in August of 1949, Allen, and a third, Luke, in February of 1959.

Carolyn married Jeff Best in September of 1967. Jeffrey was born in January of 1976. Carolyn is a nurse; Jeff is vice president of a flooring and ceiling contracting firm. Brother Allen married Linda in 1969 and they have two daughters, Cindy, 18, and Lindsey, 10. Allen is an architect. He has had some limited memories of the family dysfunctions and has refused to see his parents. His oldest daughter, Cindy, denied any incest with her grandfather, but also refused to visit. Carolyn hoped that if anything did happen, it will be different for Cindy because family members cared enough to ask and would have stopped it. Luke and his wife, Lindsey, are both engineers and breed dogs on the side. They married in 1982 and have two sons, Thomas, 4, and Clay, 1. Luke still sees his parents and lives in the same town with brother Allen. The family had moved and the cult activities had stopped before Luke was born. But Carolyn knows he was exposed to being taught the facts of life by his father's demonstration.

Let me now offer some information about Carolyn's husband Jeff's family because these are people with whom she spends time each week in the town where she lives. They know about the incest, though not the ritual abuse, and have provided an alternate family context throughout the years.

The Best Family

For the purposes of this study, the focus was on present generations of Jeff's family. Though they probably did not arrive on the first boat, this family was part of the early United States settlement in Jamestown. Jeff's paternal grandfather was also a contractor, but died before Jeff's birth. His grandmother lived in the house when he was young. These people remained nameless throughout our discussion. But we know they had two children, William (Willy), who lives in another state, and Roger, Jeff's father, who died at 42 of a heart attack in 1959 when Jeff was 12. The family moved frequently as the military dictated and lived in a South American country at the time.

Jeff's mother, Laura Best (Mother Best), was an only child. Her father died of dysentery in a World War I training camp before her birth, her mother when Laura was three or four. Left orphaned, she was raised by a maiden aunt who later married. Like Carolyn, Mother Best was a nurse. She lives across town from Carolyn and Jeff and her current news is that she is to be remarried in April of 1991 for the first time since Roger's death. She is to wed Carl, the first cousin of another family member whom she met at their 50th high school reunion.

Roger and Laura had five children. The oldest, Adam, was born in May of 1941. He married Ann, also a nurse.

They have three sons, two married and one engaged, and a daughter. Adam scared the family with a heart attack in 1974 at the age of 33. With his father's early death, he and his brothers feared the same for themselves.

Presently, he is in better health and enjoys cowboy boots, guns, and hunting with Jeff. I never met him, but he sounded like a fun character. The second child, Roger, was born premature and lived only a few weeks, finally succumbing to pneumonia. Debbie was born in June of 1945. She married Roger Warner, an attorney, and now works as an office manager in the same town. They have two children, a son Roger who had a nervous breakdown while at college, and a daughter, Lindsey, currently in college. The fourth child was Carolyn's husband, Jeff, born in January of 1947, and the fifth child, Roger, born in September of 1953. Roger and wife Theresa live out of state, to be close to Theresa's parents.

Other critical family members are Mother Best's first cousin, Pam, and her deceased husband, Martin (Uncle Vick), who died in December of 1989 from a heart attack. Pam is currently on a respirator in a hospital in the eastern part of the state, battling emphysema. Pam and Vick had two children, Jess and Patty. Jess married Judy and they had two children, the oldest of whom is Carolyn's son's age. Patty married Jimmy and they had a son, Kim, also Carolyn's son's age. Jimmy was abusive and was

intrigued by guns and crime. He is currently wanted for embezzlement and robbery. He kidnapped Kim for a brief period years ago and Patty divorced him. Patty remarried three or four years ago. Her new groom was to provide some stability. On their honeymoon, they were both killed in a tractor/trailer accident. Kim has lived much of his life with Pam and Vick and was adopted by Uncle Jess and Aunt Judy. Pam has told the family when they visit that she is ready to die, but remains on the respirator because another death would destroy Kim.

Carolyn's Recollections

I asked Carolyn to recount nonabusive day-to-day activities of the family. The following paragraphs relate her comments.

"The early years are lost. We moved when I was between one and two, again when I was six, and then finally out of state when I was 12. I remember going to school some and other snippets, bits and pieces. We played games as a family, Monopoly and card games when we were older. There was not much t.v. I know I was sent out for physical play after school and encouraged to ride my bike or see friends."

"We ate together as a family, promptly at 7:00 for breakfast, between 12 noon and 12:30 for lunch, and at 6:00 p.m. for dinner, always and forever. You were expected to be there and tell about your day, though the

tone was more one of reporting than of conversation." Sundays were really flexible, because lunch was 30 minutes later and dinner could be eaten from tray tables or even be missed for youth activities at the church. After dinner, homework was completed and Carolyn read until bedtime, a strictly enforced hour. Mom put the kids to bed; Dad got them up in the mornings before school. This is when much of the incest occurred. "These people were rigid. Everything was scheduled, even sex."

In terms of relationships between family members, "Allen and I were close, though there was typical sibling rivalry. Luke was more like my child. I had responsibility for raising him when Mother would abdicate her responsibilities and retire to the sickbed. I used to think that boys were favored because they got more privileges. There were some cultural norms for that, but Luke was also the fair-haired child and could do no wrong. He was born later in life and raised like an only child."

"There were some good times with Mother. I tried so hard to please her but never did. I tried to dress and act a certain way, did needlework as young as five, but it didn't please her. Mother always found mistakes and pointed them out. I often had to redo the work. That dynamic has always been there. Dad always had a lot of anger. We all had to do it right, though Luke was less. There was not much one-to-one with Dad outside the

craziness. He played sports with my brothers but never with me. Mother did things with me and Allen together when we were little."

I asked Carolyn how her parents got along. "There was a lot of yelling in their room or in the basement, but never at the dinner table. If they'd had a fight, they were ice at dinner. They got along well sometimes and seemed to enjoy doing things together, going out to eat and to the movies. We had babysitters. My parents had friends over, but the only overnight guests we ever had were family from out of town. I got to go to some slumber parties elsewhere, but they had to know all of our friends. Dad knew how to get rid of friends. They just disappeared. I thought it was my fault. Some of them told me later that Daddy scared them."

What about child-rearing knowledge and discipline? "Mother knew our physical needs. She read Dr. Spock with Luke. Mother's job was taking care of us, but Dad was the disciplinarian. Mom did some - we got it twice, once from each of them. Daddy beat us with his hand or belt on a bare bottom, sometimes the belt buckle. Mother would send us to our room with only swats on the hand when we were little, no real spankings. I wasn't hit after age 12, just grounded. Grounding consisted of being confined to your room for sometimes a month or more. Or privileges were taken. You could come out for meals and the bathroom."

"We went out as a family. We went to church every Sunday and Sunday school. I had no social life though I was allowed to date. Others saw a good family. Allen got into normal trouble, writing dirty words on the auditorium seats, but there were no visible problems. People came to Daddy at home with their problems. People still tell me they think my parents are wonderful."

"Throughout my early years, we saw Aunt Anna and Uncle Max and my great grandfather (Lawrence Carruthers) lived in the house with Grandma Fisher. The family was close for a while, but after Daddy's parents moved in when I was seven, the relationships were always strange. A different-acting child visited with them." When I asked Carolyn about life in the house with them, she drew a blank. "Mother told me I threatened to kill Grandpa Walker after he hit her, and said I told him 'I hate you'. We never saw Daddy's half-brother, Charles, except in the circle with his kids and Anna. There was family infighting, but I think that was normal. Mother wouldn't talk to her mother when mad at her, so we wouldn't see Grandma. I hated that."

Through high school, Carolyn was not allowed to work for pay. Daddy said, "I'll give you everything you need". Nurturing a desire to practice medicine, she volunteered in a local hospital and rehabilitation facility. She left town for nursing school, bitter that her parents refused

to permit pre-med training though she had been accepted at a prominent state university. It was a battle she had not intended to lose. She completed a three year diploma school, attending classes and practicums for 36 consecutive months (See "Work and Employment, p.189). She and Jeff began dating while she was in school in his home town where they now live. They went to a ball game on Friday, a movie on Saturday, church on Sunday and then home to meet his mother. They were engaged after four months. The engagement lasted two years while Jeff was in the service. In September of 1967, they married in Carolyn's parents' town, one week after Carolyn finished nursing school. Daddy gave her away during the wedding. At that time she remembered about the incest, though the bride was later to repress these memories, seeking a new start. She made it clear that this chapter with her father was closed. About Jeff, Daddy said, "You've slept with that boy, haven't you." Before marriage, she and Jeff sat on the couch and held hands, but got hard looks from Daddy. She told Daddy if he came at her again, she'd kill him. I believe she meant it. She would marry whether he liked it or not. "I told them I was 18 and could make up my mind and it could be in a church in a way that would make them look good or it would be elsewhere...It was a way out. Somebody in there knew that this time I was gonna do it." They still demanded that she write home weekly

from her new home in the state where Jeff was stationed. She complied.

In 1970, Carolyn and Jeff returned to his home town, where they still live. After many years of infertility and medical problems, a son was born, Jeffrey. Through these years, there were no memories of the incest and the ritual abuse had yet to be discovered. As this story continues to unfold, keep in mind the family members thus far introduced. Add to that list friend Carol, ministers Jeff Bender, Anita Simmons, and Allen Bradley, colleague and friend Marsha, and Carolyn's primary therapist, Lawrence, who have been discussed or interviewed as part of this research process. This brings us to the beginning of the recovery journey, March 1988.

Recovery Chronology with Abuse Flashbacks

Recovery is in no way a linear process. Dates are used in order to provide a skeleton of structure for the memories and Carolyn's attempts to manage them as they surfaced. She began therapy in March of 1988, though incest memories returned as early as 1985. Because she coped with the multiple traumas in the only way possible, by dissociating and developing alternate parts or personalities to handle overwhelming memories, the events did not necessarily return to consciousness in a consistent fashion. Some personalities, or alters, remembered details that other parts continued to block.

There is much confusion, clearing as historical and emotional pieces fall into place. I introduce you to these alternate personalities as she introduced them to me, by explaining their origin and function. I discerned some of them in our meetings, but followed their comings and goings with the ease in which I follow my own. I have presented her story as she told it, not trying to contact any persons other than those interviewed to validate her recollections. She believed these things happened, if not with precisely corresponding detail, therefore has lived her life and pursued her recovery with this set of assumptions. For the record, I believed her.

The Shadow Children

The little ones hide from being seen.
They are the shadow children.
They prefer the darkness to the light,
In the darkness, none (sic) can find them.
No one can make them do terrible things.
No one can cause them pain.
It is better to hide in fear, in the dark,
Than to stand in the light and be found.
They are little and powerless,
And those with more power than they
Force them into a world they do not understand,
A world of confusion and pain.
Yet, when they cry out they are punished.
You must not cry out or show your fear.
So they become the shadow children.
They hide who they really are in the darkness of
their souls.
They must not let others know how much they hurt.
Shadow children look like other children
But they know they are different.
They run and play on the outside,
But inside they must hide.
Who will help the shadow children?
Who will stop their fear and pain?
Who is willing to take the risk to help these little
ones?

They deserve to run and play in the sun.
 Some of the shadow children are now grown.
 They live in adult bodies but they are still little
 children.
 Because they had to hide, they could not grow
 straight and tall.
 They are still scared and hurt and in pain.
 Someone must help these children to be free.
 I am a shadow child learning not to hide
 We can be free if we help each other.
 We can learn to run and play and grow straight and
 tall.
 When we have learned to stand tall,
 We must help other shadow children.
 Those living in fear and pain.
 We must try to change the world to a place
 Where there are no more shadow children,
 Where all children can run and play without fear.
 Then we shall all truly (sic) be free.

Written 5/19/89
 Sarah Lynn Wilson

Who Am I?

If you know who I am please tell me?
 Am I a woman or a child or both?
 I really don't know.
 Sometimes I think I am many people.
 Maybe I am because it seems that many people inhabit
 this body.
 Most of them are children, hurt, scared, confused
 little children.
 A few of them are adults who must protect the
 children.
 When the children are in charge of who I am, I am
 often confused and unable to function.
 It is a frightening world for little children but the
 world we grew up in was more confusing.
 I must sort all this out so that I can be free of the
 confusion.
 Then I will be able to figure out who it is that I
 am.
 I will not have to ask you because I will know.
 I hope that day comes soon.

Carolyn doubted she'll ever know all the origins of
 the 30 or more fragments and alter personalities she's
 come to know as self. It is hard for her to distinguish

inside people from those in the world beyond the boundaries of her own body and imagination. Some were born out of the incest; many had their beginnings in ritualistic ceremonies at the equinoxes, solstices, Halloween, and Lamas (August 1). There is the child less than three who witnessed her twin brother's death. There is the Demon Child who tore her way out of the coffin. They told her that she died and that they'd brought her back to be one of them. She is about five or six years old with an attractive, flirtatious manner masking claws and fangs beneath. The child who originally went into the coffin has been silent for many years but is beginning to surface. She came out during a massage in September of 1990, growling with clawed fingers. The Demon Child knew they were not the same. Carolyn remembered a hammering sound and an open grave. Memories are still triggered by the smell of damp earth. She directs the gardening, but rarely does it herself. Part of the Demon Child grew into the Priestess, about age 10. The Priestess was chosen by Grandpa Wright for the honor of high priestess and assumed her new role in a ceremony in the family church. This was the only ceremony Carolyn remembered that took place away from the grove of trees behind her Daddy's boyhood home on the family farm. The child who became the Priestess married Satan at the altar of the church and consummated the relationship. She was then allowed to shed the white

robe for one like the others, purple with inverted crosses and a hood. Her new role gave her perpetrator status. No longer would she be the one in pain on the altar. The Priestess still thinks she is powerful and wants to "make the magic", especially around Halloween. She is too powerful to be a victim. Carolyn has realized that she was always a victim, regardless of her ceremonial role. Mary Ann, also about 10, is the compliant counterpart of the Priestess and finds in closets safe haven. Sherry is about 13 or 14, her father's sexual partner and a better housekeeper and mother than Carolyn's own mother. Sarah, whom Carolyn confuses with the doll Sarah, is the Watcher who knows everybody, storing her vision in Memory. The Spirit Lady, once confused with Sarah, is ancient and wise, the mother they needed. "I had to look for her. Lawrence had seen her, but I hadn't."

Allison

Carolyn had a close girlfriend in high school, Allison. The two did many typical teenaged things together, such as sharing secrets and attending cultural events with their parents when traveling artists came to town. They also shared secrets closely guarded from others who could not possibly understand why fathers physically abuse or have sex with their young daughters. After graduation, they were separated by geography but remained close. Allison attended Carolyn's wedding three years

later and married as well shortly after Carolyn and Jeff moved out of state. Less than 20 years later, in 1985, Allison was dead. She had become involved with a psychotic cousin, an involvement that left many members of her ex-husband's and her own family dead, including her two children who died with their mother in an explosion. Because it involved a prominent family, the news permeated the media and eventually became a book. Carolyn didn't connect her friend to the incident because her married name was used, but after seeing Allison's picture in the paper, the incest memories came flooding back, along with the conversations the two girls had shared. I'm unsure how Carolyn handled them at that time, but she said she told Jeff about the incest. She then recalled that years earlier she had been visiting her parents and had taken a ride in the car with her father. She was feeling badly because she couldn't have a baby and felt there was some connection with Daddy. So Jeff spoke with her father, who said nothing went on; it was just a fantasy between a father and daughter. Jeff believed him and it never came up again until March of 1988.

Lawrence

Carolyn's Perspective. For the four of five months prior to March 1988, Carolyn had been feeling increasingly "out of control", at home and work. The incest memories were strong and she felt like she was going crazy. She visited

her parents and Jeff and her brother noticed that she would not stay in a room alone with her father, who was trying to be affectionate. Her friend at work, Marsha, recognized that Carolyn was coming unglued and recommended that she seek professional help. Carolyn confided her desperation to her minister at that time, Jeff Bender, who was overwhelmed by what he heard and checked his denominational list of respected psychotherapists. He called three on the list, but only one could see Carolyn the next day. That one was Lawrence Oneal. This section includes Carolyn's perceptions of her relationship with Lawrence; his are included later.

Carolyn recalled: "I remember going into his office and seeing two men talking at the top of the stairs. I assumed one of them was probably Lawrence. We talked about the incest stuff and made a suicide contract right then and there. He asked me did it need to be written and I said yes. One day recently I thought, we can get rid of that contract because we aren't feeling that way any more, and he looked at me and said, 'that's not an option' (laughs). Somebody tried, testing."

What did you think about him? "I didn't trust him, but then I didn't trust anybody." Do you remember his manner with you? "I remember him telling me what I could expect from him. I don't remember what all it was, I can remember him telling me. And that if this didn't work

between us, he would help me find someone that it would work with at any point along the way. And I can remember mentioning how I couldn't work with someone who was Godless. I knew when I went that he had been to seminary...From where I sit now, looking back, I went to the church. The spirit works in strange ways, how I ended up where I needed to be."

How did the relationship develop over time? "It was very important that he was there during panics, though I got the recorder, I knew he would call back." Carolyn dislikes answering machines and has on occasion hung up on mine, but Lawrence told her she had to leave a message or he wouldn't know her need. Her minister, Jeff Bender, often assumed she'd called when he heard someone not breathing followed by a click. Initially, Carolyn got angry when Lawrence did not immediately return calls. Perhaps he was out of town and hadn't told her. This improved as she recognized that he and his family were entitled to their privacy. He eased the panic by providing numbers where he could be reached or other therapists to contact in his absence. Though she hates to bother him, Carolyn has called him during panic attacks, suicidal moments, or just to ask parenting advice. She now has a better sense of when it can wait until scheduled appointments. When it can't, Lawrence says, "BOTHER ME!" and then appeals to an adult part of Carolyn over the

phone to handle the problem.

"Some of the kids see Lawrence as the ideal father. He models that. Does he do that consciously? Not to be our father, but to show us what it might look like. I don't think he did that in the beginning...Some of my kids would love to be Lawrence's child. I've met Paul (his son). On snow days or when Paul's been sick, I've seen Lawrence interact with him. My kids go, 'I want that, I want it!' My kids get jealous, but it's not aimed at Paul-it's more 'I don't have that and you do'. The process has become gentler. I respect Lawrence. He makes amends if he thinks he's mishandled something. If he wishes he'd done something different. That feels good."

I asked about physical touch and distance during the session, because this is a question therapists working with such clients often ponder. "He respects my personhood. I would feel violated if he came into my space. Typically, he's in his chair. I may beat on his footstool. That's a nice link between us: I couldn't hug him in the beginning. Now I give him an open hug, not a closed hug. It depends on the session. I used to call him after he'd been away, to make sure that he was back, but I don't do that much anymore. Or I'd say, 'be careful' before he left, which was my way of saying 'come back'."

How is the session structured? "That depends on the problems. Sometimes we deal with the present, here and

now, or the past. A lot is kids coming out and saying what they need to be heard. I don't know when that started, but it has gone on for a while. Sometimes people go through, sometimes one person. Lawrence has told Sherry to go to her room in a nice way while talking about relations with Jeff. My kids don't feel free to walk around the room. They may come out saying things or reacting to what he said. I don't draw in there, but have taken some drawings in. I took in photos very early on. Many pictures have been destroyed."

What about the future for the relationship with Lawrence? "My adult would like to think Lawrence and I could be friends. I could share my expertise and he could ask. Is that fantasy or real? I have kids who cry on his shoulder. I put bad people on him and have to get them off. I hope he sees my creative talent...Something about the person that Lawrence is just clicks. He is a person who will work for me. I have a great deal of respect for him. He keeps the boundary - where he ends and I begin. It's ok to disagree. He's the total antithesis of my family. He's rock steady. As long as the therapeutic relationship is needed, he'll be there. After the therapeutic relationship ends, I don't know where it goes. I would like something to remain, but not like with Carol or you. But every time you interact with other human beings, they touch your life."

What about future therapeutic goals? "Lawrence sees it as integration. I don't always. I could be wrong, but it seems like it. I would like to be one whole person some time. The reluctance comes from kids going 'no way, woman. Forget it'." Carolyn said she may come to a point in therapy where she decides to take a break before the work is done, but doubts it because of her personality. "Damn the torpedoes, full speak ahead, one of those admiral people said."

What have the major gains been in their almost three years of working together? "I have fewer fears now. Life is calmer with fewer anxiety attacks. Work has improved. I understand more of who I am even though I'm many."

Lawrence's Perspective. We met with Lawrence at his office, where much of Carolyn's recovery work has begun. I asked lots of questions, seizing the opportunity to get the perspective of another clinician, one whom I had known and seen evolve over the years. I also enjoyed observing the two of them together. There was a notable feeling of openness and trust in the room.

Lawrence said that about 90% of his clients are incest survivors and a good number of those are survivors of some sort of ritual abuse and multiple. He estimated 10-15%. His name has gotten around in the area and clients have come in with some awareness of what they've been through. The numbers are increasing. He got involved in

recovery work when he had clients heading themselves in that direction and giving him clues about the work he needed to do himself. "The biggest learning, my greatest teachers are the clients that I work with who lived through this stuff and persisted in their own process of healing from it, and persisted even when I might not have been tuned into it. And gave me feedback that helped clue me in to what I needed to be doing so I could be open to what they were doing. Clients get the credit for that. And then I'll take some credit for being willing to look at my own stuff which I think is a strength." Many therapists who work with severely abused clients learn in this step-by-step progression. But Lawrence's situation is unique in that he has a wide support circle of clinicians doing similar work. He has to remind himself, when he hears of therapists working in greater isolation, that there are still those out there who don't take the existence of such abuses seriously.

I inquired about his definitions of incest and ritual abuse. He gave a broad definition of incest as "when somebody in a position of trust or power uses that trust or power for their own gratification, pulls the energy, or does damage to somebody who trusts them. It can be sexual or emotional." I wondered, then, if all attempts to use other people would be categorized as incest. He replied, "I think all those ways have some sort of incest dynamic

in that they involve the abuse of power, so I wouldn't say everything is incest, but I would say if you take a particular angle of that kind of power abuse situation, particularly when it's a little kid and an adult, that kind of major violation, then there's an incest dynamic. But yeah, you're right, there's a tricky edge there and you don't want to water it down so much...I think of it particularly when it's a child whose universe is very small and limited and the parent or parent figure who is in a position of representing a major portion of that universe draws sexual gratification and power gratification from doing damage or violation to that kid."

What about ritual abuse? "I think when it's formalized and repeated and when it has regular participants...there's nothing absolute about this, but I usually think of it as having more than two or three regular participants in the violation...And I carry that from two or three people who meet regularly to abuse a kid, without any of the satanic overtones, to a fully organized coven situation." He believed that a single dissociated perpetrator could ritualize single victim incest. Most of the literature has emphasized satanic cult involvement. "From a clinical point of view, you run into someone who's been exposed to something that provokes the same kind of splitting and the same kind of reaction and there's no cult history that you can come up with, then

you're in odd territory. And to set it up so that you've got to force the client into a position where its either a cult or its not real seems in that sense like another violation."

What do you think most people believe about incest and ritual abuse, society in general? "A lot of people are in denial. I think that denial is cracking in this culture. But for the most part, people think it doesn't happen very much." He attributed changes to 12-step programs, the recovery movement, and an increased tolerance for openness. "It's surfacing more clearly in a lot of different ways, like those big cases, the day care cases. No matter which way the outcome went, they're bringing that into public awareness." He also gave credit for the shift to therapists, the few who are willing to see. As for ritual abuse: "I think people have it still pretty much compartmentalized, pigeonholed...I think people tend to deny that it exists. If they acknowledge it exists probably think it happens, you know, in Columbia or Mexico or maybe once in a while by weird drugged people who listen to hard rock or heavy metal satanic lyrics...It's amazing how hard people are working to keep their denial in place. You know, all the stuff about, 'well, we never found bodies'...It's like people saying 'no, no, it couldn't have happened.' People don't like to think about the implications of that." He predicted people

will eventually acknowledge that it happens in places they'd never expected as more stories are told. We talked about society's tolerance for a certain amount of incestuous behavior as "normal". Lawrence responded: "I think the feeling is normal, I mean, I think every parent and child have a...the feelings are bound to be there. But the issue isn't about whether the feelings are normal, only about if they are acting on them. It's never ok to act on them. It's better to be able to acknowledge it and not be in denial about it...not pretend it's not there. But what's never ok is to act it out."

What impact do these experiences have on survivors? Lawrence laughed at the absurdity of asking such an involved question for a short response. "Oh, life changing! Gee, it kind of has a mega impact on one's ability to trust the universe. One's ability to trust anybody, any manifestation of the universe, human or otherwise. To feel safe in the world, I mean, that's just an immense question...It's such a massive, massive violation. Trusting that the impact of even just a moderately dysfunctional family is lifelong, of long standing, healable from but long standing. And the impact of a family that's out there in this realm is deep." I said that many people would prefer to see childhood abuse as an historical event to be forgotten and moved beyond. The three of us joked about ludicrous comments like,

"Aren't you well yet?...It only happened once or twice or 10 times, so?...That was years ago; you were just a child." Lawrence said more seriously, "All that shit comes out of that whole belief that children don't feel. That long, lurking belief that children don't notice things....It's an important question to explore impact to know what to be watching for. That massive distrust of the universe doesn't come from growing up in a healthy family and when you run into somebody who's got that, then you need to be looking, from a clinical perspective, for what happened...And you want to be delicate, I mean, you want to be gentle about it, and not force a definition onto somebody...The truth of it has to come from the client...But there are some things we know are going to be there." I said there was a fine line between how much you educate and normalize and how much you wait and let come out from the client. Lawrence responded, "Yeah, and I think that's the dance."

We talked about the function of dissociation and the accuracy of memories as literal, metaphor, or imagination. "I think it's a mix. I think you're in such an overstressed, shocked, drugged, internally or externally drugged state, going through that is agonizing. I don't think of the memories as absolute videotape memory, but I take them seriously. It doesn't make any difference whether they're metaphor, overwhelmed little kid, or an

absolute accurate report or not. It's like, have you ever heard anybody describe any situation completely accurately...Try focusing an unfocused picture. Try to reproduce and unfocused picture and put it into clear focus...I think you can focus up to the point where it's not focusable anymore. But if you're in a state of panic, shock, drugs, then lots of stuff is going to start slipping by. Lots of perception is going to be lost. I guess I believe somewhere in the brain,, this stuff is there, but it may not be accessible...It doesn't seem to matter more than when people come in with other kinds of problems. You're not doing therapy anymore when somebody comes in and says, 'I believe this happened' and you say, 'Well, prove it to me.'" As for the role of dissociation? "Survival. I think the ones who couldn't dissociate didn't live. It's the most amazing miracle, that capacity...I really believe the people that were able to do that are the ones that survived."

Why do you think these things happen; what meaning do you give them? "Well, you know, I have no idea...If I was really pressed, I would start talking to you about the dysfunctionality, the shadow side of the culture. The dark, repressed side of this culture, the belief...which is 'everybody's really nice, really ok...that kind of Reagan idea. And the shadow, the hidden part that gets repressed when people do what Jung calls identifying

themselves with the collective unconscious and believe they're just right. Then something very disastrous starts to happen; they can do no wrong...There is a dark, repressed shadow that people will not acknowledge and therefore act out on themselves or on their kids. It looks like the unconscious, the dark side of the unconscious in action, just put out there." He believes that everyone has the capacity to participate in abusing, but that acting on that capacity is a vastly simplified distinction between healthy and unhealthy. The idea of incest and ritual abuse is scarier to those who are out of touch with their insides and deny that capacity in themselves. That's part of the transgenerational transmission of the dysfunction. Lawrence agreed that for some families it is easier to continue the abuse cycle than to look at it and feel the devastation. "I think in terms of internal perception, there's a certain amount of self-preservation involved in keeping it rolling rather than taking responsibility for it...It takes a fair amount of courage and support and heroism to be willing to look at that and acknowledge it and work on it...And when we're talking about something as horrifying as the cult stuff, that's a huge amount of horrible, horrible material to have to look at. You're pulled into it with this kind of set up that you either go into this or you die, which do you want...And then the indoctrination goes on and on and on about how you did it

and so you're one of us, I mean, there's a lot of brainwashing that goes on...It's stuff that's passed on when kids are real little and built in and built in and built in. Like the Nazis getting caught up in it. The other option is to go into the death camps and die. And be killed. That has a kind of persuasive edge to it...Plus all the people, particularly in a cult situation, all the people that are around you, they don't have any question about this is what is supposed to happen, so where are you going to go for a point of reference to say there's something wrong?"

What stops the abuse cycle? "Awareness...The people I work with are people that are survivors that are not perpetrators...people who were in the position of being programmed as the sacrificial kid and who split and maybe have a fully programmed alter walking around but who held on somehow to a wise watcher who never went in and who at some point, when things are safe enough and the situation is ok enough and are out away from it enough begins to feed the material back in and says, 'you are not dead.' I don't know how to put that into clear, clinical terms for you. That somebody survives through all of that, doesn't go fully into it...even if it looks like somehow you perpetrated some. That somebody in there, some alter survives that says, 'no, you're not them.' And when it's safe enough begins to say, 'And let me show you what

happened so you can fully come out of that.'" Lawrence believed that the responsibility is on therapists to do their own work about their own dysfunctionality, "to contact their own insides" so that they can be facilitators in helping their clients to do likewise. "I get stuck when I start to get overwhelmed, when I stop dealing with self-maintenance, or when self-maintenance goes down, then it gets hard to be open. And I work real hard not to let that happen. But that would be what I would conclude, if I went through something with somebody and felt like I missed it or that I'd misstepped or that I misspoke or I wasn't in some way or another open to what they were talking about, then I would know immediately that somehow I was missing some kind of negative stuff...that something of mine would have come up and gotten in the way. And I would work on that. So I would look to myself if there was something wrong before I would look to clients...Where did I go wrong? What happened?"

I asked him about the development and nature of his relationship with Carolyn. He remembered a frantic phone call from her minister and that when she came in crisis, it was sink or swim. "I remember it being real easy because (she) came in and it was all out there...there was a lot of panic and horror. And now knowing what we both know, I think that some of the fuel for that horror was the cult stuff that was underneath the incest stuff...We

connected well right at the very start...It flows real well; there's a lot of trust."

It is not a relationship relegated to the confines of the 50 minute hour. Lawrence has made himself available when needed, but in turn, has expected Carolyn to do the work even when there's something going on that makes the going tough. "I try to treat people with an openness to what I would need if I was in that position...I would not want to come in to work with somebody who treated me like I was supposed to turn on in that hour and turn off...and not bother them. I would want somebody, if I was going to work on this kind of stuff, damn, I should want somebody to be there, to understand that is wasn't always going to perfectly fit into the hour, that there might be hours when I didn't feel like talking about it at all. And hours when I felt like really going into it. There might be stretches when I didn't want to talk about it in the hour but 20 minutes after it I was freaking out. I'd want to call. That I use as my guide, and this is obviously either a strength or a weakness, maybe, but this is what I believe I would want if I was in that circumstance working on that kind of stuff. And where I'm grounded about that is that I pay attention to what I want when I'm working on my stuff...I mean, it would seem like a violation to me to say, 'ok, we have this contract. We only work together 50 minutes and you'll...we'll come in and at a point in the

hour you'll open up about this stuff, you'll work on it in an appropriate way, for only that time, and shut up afterwards and get out of here. That's incest. A violation."

What about body work? Lawrence believed that Carolyn's physical ailments are stored body memories, not in an absolute literal way, but evidence of the human capacity to manage trauma or die. Bioenergetics and psychodrama "give some other ways to discharge the stored up agony that's in the body. So much of this is not in ego memory, it's in body. To give a safe place to see other people do it, a time to work as well as to know that people don't completely disappear when they do that kind of work, and to have a chance to do some of that type of discharging as well. Because I really do believe it's body memory, stored in the body. It can't be stored in consciousness, so I think that's pretty vital. That's my feeling."

Lawrence has witnessed Carolyn's progress over the nearly three years that they've worked together. The person he first intuited beneath the layers of fear and anger has emerged. Carolyn said she's become more herself, but originally feared that when they got through the layers there wouldn't be anybody there. Lawrence responded, "I had a pretty clear sense there was somebody there, and sure enough. But that fear is not a little

one." He said that working with Carolyn and other clients like her has opened him up to the reality of such experiences and been partially responsible for his professional turn towards recovery work. "It has reminded me of a lot of stuff that kept me humble, put me in touch with stuff I might not have gotten in touch with otherwise. Desensationalized a lot of it...I recognize that there are people out there who either are in denial or just haven't run into people who have been through this kind of stuff. Probably the first, not the second...I hear people talk about it and I realize that people who work with this group or don't know that they're working with this group just have a real sensational and arms length kind of view of it...I have an internal grounded sort of sense about how that stuff works, how it impacts, how people live as multiples. I mean, I can't say I know everything about that, that would be grandiose, but I have a sense about it. One of the things that's been wonderful is that I have been invited in to that in some way. Or invited to see that in a way that doesn't feel arms length. It's meant a lot. Continues to mean a lot."

Lawrence recognized the importance of Carolyn's support system beyond the therapy hour and has encouraged her involvement. In terms of remaining work to be done, "she needs to continue working on being able to not switch; to stay in whatever alter she's in through

whatever she's going through without being blindsided. In more conventional language, to stay in the adult ego state to cope with the adult stuff." Lawrence said that some of their most productive work has come from following a trance to a memory or feeling, but hopes Carolyn will eventually have more control over the personality switching. He is not as concerned with integration as he once was. "Maybe when it's safe, step by step...But it's not the end goal...You're not ever through. That's an artificial boundary that's not necessary."

For Carolyn, "I think I've played a lot of roles. I think I've been a safe boundary, a safe parent to come to in some ways, a safe peer to come to, just safe. I think I've played a role of being a safe person to come in and do the kind of work that she's needed to do. That's been real important. I think I've been, at some times, been a life preserver. You know, a reminder of her responsibility to preserve her own life. And I've been real firm about that. So there have been boundaries...I use a lot of metaphors about reparenting. There's been a lot of healing that's come out of that. And reparenting not in the sense of I'm the daddy and she's the kid, but reparenting in the sense of reminding her over and over again the importance of her reparenting her kids. The importance of her being able to invoke a reparenting place with the kids. And

modeling that and modeling my belief that she has the capacity to heal."

Incest and Ritual Abuse

Through the spring and summer of 1988, with Lawrence's support, Carolyn struggled with incest memories, feeling dirty, bad, and extremely angry. She remembered that the incest with her father began when she was quite young and continued until she left home for nursing school. He came after her a few more times on home visits, and even once after she was going steady with Jeff. There was no sense of time related to the abuse. Carolyn recalled that it happened fairly frequently, morning, afternoon, or night. Her mother was often gone or in another room. Her brothers were often somewhere in the house as well. "It was ongoing forever. There was no pattern. I never knew when he was coming. That's just the way it was. During it, I went numb. I learned to go numb early." She recalled inappropriate touching, intercourse, and being required to participate in oral sex. She experienced some pleasure on occasion, as any child does when certain body parts are stimulated and attention is given. But never enough to outweigh the feelings of violation so extreme that she dissociated. "I started my period at age nine. The incest was just there, a part of life. Sometimes he used condoms, after the pregnancy."

In May of 1988, Carolyn sent a letter to her father

telling him what she remembered about the incest and informing him that "his dirty secret was out" and she wouldn't see him anymore. It was Memorial Day weekend, so Carolyn and Jeff went to the lake with friends. While boating, Carolyn shared what she had done and requested support. When she returned home, she found that her Mother, hysterical, had called her brother at his office in another town telling him about the letter. Carolyn recalled her attempts to explain her memories to her family.

I told Linda first, Allen's wife, because I called and let them know we wanted to go for the weekend. I felt I had to do this in person, face to face. I didn't tell her why we were coming but she kept pressing because she thought there was something wrong. And I told her it wasn't her job to tell Allen. I would do that...She pressed me and I told. And she went out and told Allen, he was cutting the grass, and she told him that we were coming, that yes, they had been right. There was something wrong, and it was mental and I was getting help. And that she wasn't going to tell him any more, I was. And Allen started cutting the grass and he said, "all of a sudden, I knew. I knew what he had done. And I had known all those years." But it was my mother who told him. She tried to call me first, but when I sent my father the letter, I got out of town. When I came home, I fully expected him to pull around the corner and we had a plan if we came around the corner and their car was in our driveway. We were getting out of Dodge. We were going to Jeff's mother's and call the police and have them come and meet him. Jeff said that's what we were doing and I was thinking, "I'll let you plan this one."

Carolyn said Mother was doing her "poor pitiful me" routine and acting guilty. "How could it not be an act? She would pull that out when things got intense at home when we were kids and go to bed sick. How could she not

know! A child disappears. Her child. A dog disappeared. How could she not have known when Daddy took me to the abortionist? Carolyn thought her father should pay for the therapy because he made the mess. "I have to give mother this. She was so mad at him in the beginning she wouldn't let him send any money. She told him he wasn't going to buy his way out of hell. Now she did get angry with him in the beginning when the letter went, but that quickly cooled off and things went back the way they were before. It lasted a summer. That's why I have more trouble getting angry with my mother. At least she did something. She doesn't have a lot of her own money, but she has some. She did pay for six months of therapy. She asked me would I take her money, and she told Jeff on the phone before she asked me to put it in the account if I wouldn't take it." Daddy went to a psychiatrist in another town for a two hour visit and said he was cured through the power of studying and prayer. "My grandmother came last year to visit and Allen felt a tremendous need to see her and visited her at my parents' home...Allen said it was very difficult, especially seeing Dad. And he wouldn't say anything else. He did say if the bastard ever touched her - one of his daughters...you know, Grandpa was pretty much told to sit on his hands and sit in his chair and stay there." I asked who told him. "I think my mother did. I have the feeling that was the condition that Allen laid

down."

What follows is a description of what Carolyn remembered since the early incest work and what was going on in her life at the time. Some of these memories came back in bits and pieces; some all at once, "just boom, there they are". Sometimes they came back in dreams and then filtered into consciousness in the days and weeks that followed. They may have been triggered by tastes, smells, or other sensations. Often there was pain, particularly in Carolyn's chest, over her heart. The memories were addressed and clarified in the treatment context utilizing bioenergetics and psychodrama described in Chapter 2 (Experiential Treatment Modalities), either during week-long residential treatment groups or in a weekly group for which Lawrence is a co-leader. Carolyn has attended three treatment weeks and participated in weekly groups with Lawrence, breaking only for summer vacation, since November of 1988. I was present for one of the treatment week experiences.

October, 1988. Anita Simmons was the associate minister at Carolyn's church. She had become a support person since July of that year and as much as put Carolyn in the car bound for the first treatment week. Jeff was supportive, but unsure about that venture. Despite a strong desire to head for home, Carolyn arrived at her destination, a church retreat of the same denominational affiliation as

her father. She called the work (structure) she did there her "baby ostrich structure". The group was led by a male and female therapist team, both friends of Lawrence. During the bioenergetic exercises focused on the pelvis, Carolyn had an asthma attack. One of the therapists had her do some exercises to control her breathing, but reminded her to bring her inhaler next time.

"There was a big man in the group. I was scared of him at first. I built a wall for protection. That man was in the wall, the main support. Whether I liked him or not, I knew he could stop Daddy. Somewhere during the structure, I turned fiercely on my mother (role played by a group member) and said, 'You can't protect me, you're an ostrich. You stick your head in the sand.' The metaphor for this work was that Daddy liked my tail feathers. I kicked off his penis, stomped on it, and buried it. Then I got to my inner child (also role played by a group member). It was the first time I'd found her. I didn't know then about the others, that I was multiple."

"I remember at the end of the structure that I felt elation, really happy. Before I had been terrified, especially driving there. I drove up to the gate and saw the shield on the gate (indicating denomination). When a group of ministers showed up at a meal, I told the counselors to make room at their table even though clients weren't supposed to sit with them. I also told my group

how I felt and they insulated me for the rest of the week...I was disoriented on the drive home and had varied reactions when I got there. I went back to work on Monday. Stuff started coming up, ritual stuff, and I've been dealing with ritual stuff since then. If I hadn't started therapy in March of 1988, I would've self-destructed. You were programmed to die if you remembered. The cult message was, 'you tell the secrets, you die.' Satan said, 'you belong to me.' Now I know that was Grandpa Walker's voice, in a costume." This treatment week took place over Halloween. After returning from treatment week, Carolyn kept dreaming about people with "woad" (blue) painted faces.

December, 1988. Anita. Carolyn's minister who first contacted Lawrence moved. She decided she wasn't going to contact anyone else in the church. Until late in July when the panic attacks at work worsened. Lawrence was out of town. She tried to call the new minister, Allen Bradley, but Anita the associate minister, newly arrived in June, answered the phone instead. Carolyn talked to her and told her she was feeling suicidal. She told Anita her dog had been killed, that she was in a box (coffin) and couldn't get out. Anita helped Carolyn get out of the box using guided imagery. They met at the church and made a covenant which maintained that they were to talk at least once a week. Carolyn was to call if suicidal or upset. They kept

the covenant. Carolyn found additional support in Anita to bolster therapy. Anita reminded Carolyn to breathe. "Anita was the person I needed at just that moment...I never used to believe things...that when God closes a door He opens a window. And when he closes the window he opens another door." I noticed that they were opening and shutting a lot that week.

On Sunday, December 18, two fellow parishioners, elderly ladies, were in an accident on the way home from church, in front of Carolyn, Jeff, and Jeffrey. On Tuesday, December 20, Carolyn's father had a heart attack. Wednesday, Carolyn fell apart at work and was sent home with two days off. She was thankful for group that evening. With encouragement from Lawrence to tell the group what happened, Carolyn did a structure that night dealing with her parents. In the psychodrama role, someone wore a robe. There was a lot of rage. She couldn't remember details when we talked. She had also seen Lawrence individually after trying to call the hospital to check on her father without talking to family. On Thursday, December 22, 1988, Anita, her husband, and their three children were traveling from visiting family in another state and were hit by a drunk driver. Anita and her two daughters died; her son died a week later from injuries. The husband was unscathed. Jeffrey, home alone, got the news first. He called Carolyn at work, screaming,

"I don't want Anita to be dead, Mom!" Carolyn said she died inside and felt a door close, but had to be a mother at that moment for Jeffrey's sake.

The whole town was shaken; the congregation was numb. In her few months there, Anita had touched many lives. Carolyn's family went to the memorial service to see the family, but avoided the funeral. They watched the three white hearses on t.v. Friday, the day after the death, Carolyn went to church to pray in order to be able to endure the Christmas Eve service. She calls it "the Christmas that was" and has wanted to skip those dates each December since. I asked her if everybody inside knew Anita died. She first said, "Yes, everybody who knew her." Then, "No, I'm wrong. The real little ones don't know she's dead. She was the mother they needed." Carolyn said she'd been so numb all her life that Anita's death was the first time she ever had to feel "deep, profound grief. I was in left field that Christmas, just existing, occupying time and space."

To Anita- In Memorium

Laughter that bubbles up,
Joy at the small things,
Enthusiasm for doing God's work,
A light in a dark world,
That is how I remember you, my friend.
You were a light for me in a very dark world,
A world filled with pain and confusion.
You were a voice at the end of the phone,
Reminding me to breath (sic) and come back from the
darkness.
You were a shoulder to cry on, an ear to listen,

A hug in the loneliness, fear, and pain.
 When I looked in your eyes,
 I could see the light of the Holy Spirit shining out.
 Your obvious love and trust of God,
 Made it easier for all of my selves to trust Him a
 little.
 Baby step by baby step you helped me learn to love
 Him.
 for this you asked nothing in return.
 This loving support was given freely,
 When I was emotionally and spiritually bankrupt.
 Then came a terrible phone call
 And you were suddenly gone - dead,
 Killed by a drunk driver - a fool!
 The pain in that moment seemed unbearable,
 Because I'd never felt grief before.
 I felt anger, grief, and pain,
 Things I had been unable to feel before.
 But even in your going there was a gift,
 I could feel ! - feel things I had never felt before.
 I was alive and for the first time I knew it !
 I also knew a little more about God,
 Than when we met.
 These were wonderful gifts - priceless gifts.
 I still miss you, my friend.
 There is a place in my heart that will always
 Remember you, my friend.
 And when the fear and the powerlessness comes,
 And I can't (sic) breathe,, (sic)
 A voice says " breathe" and I know it is you,
 And I breathe.

January and February, 1989. Lucky. "I did another
 structure in February of 1989. It was a shame structure
 with voices telling me how bad I was, how evil, how like
 them. Someone was in a robe. I also got to role play
 someone else's little kid who got nurture. I was crying.
 But in my structure, Grandpa was there, pacing. I was
 shrinking. At that time I had glimmers of being multiple,
 but I didn't' know by then. The Priestess got angry and
 killed Grandpa then. We've had to kill him several times.
 It was the first time someone else (another personality)

had worked." Additional ritual memories were coming back. The first clear recollection was one in which Carolyn's dog had been killed. The following is a direct quotation from one of Carolyn's journals, a yellow three-subject themebook in which she has recorded poems, prayers, and thoughts of recovery.

I have a new baby brother. I really wanted a sister but a brother is what I got. when Daddy told me, I tried to talk Daddy into sending him back and getting a sister but he wouldn't. The only fun part about getting a new brother is I get to go stay with Grandma. I like going to Grandma's because we do lots of fun things together. Grandma likes to play games and go to the park. The only bad thing about Grandma's is Lucky can't come with me. Lucky is my dog and I love her more than anything in the whole world evenmore than Mommy and Daddy. She even sleeps in the bed with Boopsie and me. Boopsie is my teddy bear.

Today, the baby is coming home. He has to share my room with me, and Lucky and Boopsie. I like having my room just for me but Daddy says I have to share it with the baby. I have to share my room, my dresser, and my toy box with the baby. I tell Daddy that isn't fair because I was here first. Daddy tells me I am a bad girl and gives me a spanking. Lucky doesn't like it when Daddy hits me and she growls. When Daddy hits me, I wish she would bite him.

Now the new baby is in my room. All he does is sleep and cry. He's no fun. He cann't (sic) do anything but cry. I wish he would be quiet so I put a pillow over his head to stop the noise. Mommy found the pillow and got really mad. She told me I had to sit in her room until Daddy came home. When Daddy came in, he told me I was a very bad girl, I was always being bad and I would have to be punnished (sic). I got a spanking and was sent to bed. Lucky got in bed with me and licks the tears off my face. Later, after it is dark, Daddy comes into my room and Lucky growls at him. That makes Daddy mad and he hits Lucky and puts her in the

cellar. When I start to cry, Daddy tells me if I can't be quiet he'll put me in the cellar too. Why doesn't Daddy love me? Is it because I'm bad?

After a lot of days have passed, Daddy says he is going to take me somewhere special. He says Lucky can come too. Maybe he's not mad at us any more. When we get in the car, Daddy says we are going to see my other grandma and grandpa. We are going to play a special game there. I'm not sure I want to go because there is a spooky place there. It is a circle of trees with a big rock in it. I'm afraid of that place but I really don't know why. Maybe we have to go there because I've been bad and was not happy about the new baby brother. Maybe I'm going to be punished some more. Now I'm scared. I don't want to be punished more.

When we get to Grandma and Grandpa's, Daddy makes me change into a long white dress and he puts on a long purple gown. Then he says we are going to take Lucky for a walk in the woods. We go out the back of the house and down the path to the woods. Oh no! This is the way to the spooky place. I don't want to go there. Bad things happen there.

Grandpa is waiting there for us with a lot of other people. I see Uncle Charles, Ronald, and Mark and some others. I can feel my heart beating really hard and I feel real cold. Grandpa and the others all have purple robes on and Grandpa has on a tall hat. It is time to start now. They all sing a funny song with funny words I do not understand. Then they pass around a cup with nasty stuff in it and they make me drink some too. I don't like it. I go and sit by a tree near Lucky. Things start to look real funny kind of fuzzy around the edges. The others are standing around a fire singing funny songs. After a while, they come and get me and take me to the fire and then they sing some more.

Grandpa says it is time now. I'm going to be part of their club. They are going to make me a member tonight. I'm going to be someone special, one of them. I don't like this. They are all acting funny. To be one of them, I have to pass a test. They go and get Lucky and put her on the rock. Lucky has her mouth tied closed

so she cann't (sic) bite anyone. Then Grandpa and Daddy take me over to the rock. Grandpa says we all belong to the Devil and bad little girls get to belong too. He says the devil is watching and he wants me to be his little girl. Grandpa gives me a knife and says in order to pass the test I have to stick the knife into Lucky's heart. Lucky will die! I don't want Lucky to die! I am crying now because I don't want to do it. They are doing this because I am bad, bad, bad! I say I won't do it. Then Grandpa tells me if I don't stick the knife in Lucky that I will die. Now I'm really scared, I don't want to die! I scream and scream and scream but it doesn't help. No one will help me. Grandpa takes my hands and the knife and we go over to the stone again. Grandpa puts the knife back in my hands and puts his hands over mine. Oh no, they are really going to make me do it. Together we stick the knife in Lucky's heart. Now Lucky is real still and I have blood all over me. They put it on my hands and my hair and over my heart. The white dress is all dirty and I am dirty too. I'm bad just like they say I am. Then they take off my white dress and everything else. I have no clothes on. They touch me all over even the place Mommy says no one must touch. I want to run away and hide but there is no place to go.

After a while, we go back to Grandma and Grandpa's house. Daddy gives me a bath and puts my regular clothes back on. He tells me that this is our secret and I must never tell anyone. If I tell anyone, I will die. I'm even to scared to remember what went on. When I am dressed Grandma gives me some milk and cookies. I get sick and throw up on the floor. Daddy says we had better go home. When we get home Daddy tells Mommy that I got sick. Mommy says that is what happens when you keep little girls out too late at night and get them too excited. She doesn't even notice that Lucky did not come home with us. She puts me to bed and turns out the light. I cry because I don't want to be alone in the dark. She says that is silly I'm a big girl now. After she leaves, I cry and cry. No one loves me only Lucky and now she is dead. In this memory I am only three years old.

Carolyn has remembered that she eventually got a sense of what would happen when her father took her to the farm five or six times a year. She doesn't remember much about the rides over, but recalled him once saying, "I paid my dues; you have to pay yours." When she got to the farmhouse, everyone was there, robing. The robes were stored in trunks in the attic. It was insane, but there was a routine. As everyone got ready in the house, there was casual conversation. Carolyn anticipated the circle with fear, but the adults exuded an air of excitement. There was usually some type of animal or human sacrifice, the chalice with the "bitter, nasty stuff" probably containing drugs which made things "fuzzy", fire, cauldrons, chants, and group rituals and sex with adults and children. Some type of artificial phallus was also used for the rape. Carolyn still cannot give sexual body parts their proper names. "I'm never going to make sense of the killings. It was part of the whole crazy mess."

March 1989. Allen. Carolyn's friend at work, Marsha, had recommended religious books that presented a form of Christian counseling and prayer for healing from trauma, David Seamand's Healing of Memories (1985) and Healing for Damaged Emotions (1988). Carolyn asked her minister, Allen Bradley, if he knew of Seamand's work. Allen knew of the work from seminary, but said to Carolyn, "If you're asking if I'll do this with you, I will." Allen gave Carolyn a

list of reading in preparation for the Prayer for Healing which took place in March 1989, July 1989, and March 1990 (See "Spirituality", p.205).

May 1989. Brother Allen. In May of 1989, Carolyn attended her second residential treatment week. Though we had met in December of 1988, this was when our friendship began. Carolyn looked forward to returning to the site of the first treatment week and was less apprehensive the second time around, though still nervous. "This was the first big structure with heavy cult stuff. It was really out there. It was the first time seeing myself on the altar. I realized they'd taken Allen(brother). There was incest stuff in that structure, but that was part of the ritual." Carolyn described feeling real little as she watched the psychodramatic scene of herself on the altar, her father and grandfather, and her brother whom she had not previously realized was present. In the structure, she had to choose whether to rescue herself or her brother. After symbolically killing her perpetrators again, she rescued her child self, knowing that her brother would one day have his own emotional pain to face. "I genuinely wanted to get Allen more than myself. I went for (role player for inner child) finally, but the love was so great, the love was so ferocious. I said, 'let me save him.' I couldn't save Mark, and the shock of seeing him (Allen) there was so great." Prior to this time, Carolyn

had assumed her brother was uninvolved in cult activities. I role-played the brother and watching her make such a choice, as well as dealing with my own memories at that point, was excruciatingly painful. During my work, she had support from other group members but mentally left the room. We suffered together, but each had found another person, finally, who "knew". I remember looking to Carolyn as one of the therapists said after my work, "she knows". I get chicken skin to even think about it. Nobody else in that room mattered right then.

After that structure, she felt elation, but was somber by the end of the week. She put pictures of her parents into a bonfire during our closing ceremonies. She had prepared herself to do this and the time was right. She said Jeff knew of her intentions, as did Lawrence. "I'd been threatening to do it for over a year...Lawrence and I had talked about various ways to roast them very early on. "But she was not in the mood for the dance that last evening. She had metaphorically left her brother there. The next time she saw him in the flesh, she recalled: "It was good to see him, but there was a lot of grief. I know he's been through that Hell."

To You, My Brother

Oh, my brother
Come play in the sun with me.
It is warm and beautiful out here
Come and dance and be free.

I cannot come and get you
Although my love for you is great.
I miss you younger brother
Please come now and don't wait.

I know the fear of things unknown.
I know it's hard to move,
But I will not do it for you.
It is now your time to choose.

I have made my choice to feel the pain
And come out on the other side.
I'm waiting for you brother
Oh please don't run and hide

Feel your pain, do your work,
For are the only one who can
And you can find the strength (sic) to be
Free of that awful (sic) man.

You have my love, you always have,
Which ever road you choose
But if you take the path of life
You really will not loose (sic).

Oh, my brother
Come play in the sun with me.
It is warm and beautiful out here.
Come and dance and be free.

Written 5/23/89
Sarah Lynn Wilson

June through December, 1989. Group stopped meeting the end of June for the summer. Carolyn saw Lawrence a couple of times, but essentially took the month of August off. I was having back surgery in June and I remember us being in contact by phone. At that time, Carolyn was beginning to understand that she was multiple, a disconcerting thought for her though it explained all the voices in her head. Group resumed in September. She did a structure that fall containing elements of a nightmare she'd had in July in

which there was a child with bared teeth and clawed hands, making guttural sounds, referred to as "the Demon Child". In that structure, Carolyn built a wall around herself for protection, but peeped over at the Demon Child. She didn't know whether she wanted to reclaim this child as part of herself, this angry five or six year old connected to the Priestess in some way. She left the Demon Child on the other side of the wall, but told her she'd come back for her.

Demon Child

Demon child, Satan's spawn
 That is what they called you,
 Those people of the ring.
 They had great power over you,
 The power of life and death.
 If you did not do it right,
 They would kill you.
 If you did it right someone else died.
 You lived in fear, demon child,
 I can see it in you eyes.
 The horror and the pain of all you know.
 You are angry but you must not show it.
 You are in pain but you must not show that either.
 So hide it, hide it deep inside.
 As i (sic) look out at you over the wall,
 The wall that I built so as not to see you,
 I don't see a demon child,
 Just a frightened little girl.
 A damed (sic) child, a needy child.
 Can I take you back and make a safe place for you?
 I don't know!
 A part of me wants to take you back,
 A part of me fears you.
 The best I can do is take it one slow step at a time.
 I'll try not to leave you out there in the cold
 too long.

January 1990. Mark. Carolyn remembered telling friends and people at work that she'd had a twin brother who had died. "I thought I made it up. Or I dissociated into

someone who never said it." Even before she had remembered the ritual abuse, she wrote her home state looking for birth and death records, but found none. Hers was listed as a single birth. It took four letters to get any response. There were no family pictures of such a child. I was in town one Friday in January of 1990 and we met at a Chinese restaurant to share dinner and swap tales from the months since we'd last seen each other. I'd had a rough day; she looked visibly shaken as well. We ate little but talked for hours. During this research process, she recalled what had happened to her that week.

She had been to group on that Wednesday and done a grueling structure, thinking she was going to go back for the Demon Child. She didn't remember all the details, but said that someone role-playing a child voice was sitting in front of her. Carolyn started feeling pains in her feet and legs and was told to push against the pain. Her cries sounded younger and younger. She pictured the twin brother, Mark, on the altar dead. She remembered getting very quiet and still and Lawrence asked what happened. She sat up straight, and said: "They've done it; they've killed Mark. I can't look anymore." Lawrence asked, "How old are you?" to which Carolyn replied, "Two and a half." He respected her need to stop. Carolyn had convinced herself that Mark was the good part of her that had died. She was angry at him for leaving her in that mess, but

also felt she was so bad she should have been taken instead. Mark's death occurred a few months before Lucky was killed.

By the next group, she had remembered what preceded Mark's death. He was the second born, sacrificed according to the pattern in this family. Carolyn was born a few minutes earlier. She cried for two weeks. The memory came back in dreams about killing and cannibalism. There were brief glimmers of the two of them in the crib together. As we talked about these memories, Carolyn spoke in barely a whisper about seeing Mark "cut up" and being forced to eat his remains. She remembered his blood being put on her. For the two weeks following this memory, she lost her voice, "because I had told the secret." She took a day off work, an uncommon practice, and went to see Lawrence. She told him what she had remembered and almost threw up in his trash can. Her voice returned to normal in his office. Shortly after this memory came back, she started losing weight without dieting. Carolyn later said that remembering drinking blood and participating in cannibalism after human sacrifices is the hardest part of dealing with the ritual abuse. As an adult, she cannot bear knowing where bodies are buried in pieces, plowed into the farmland. As a child, she had no choice. She now thinks this is when the splits that were to become multiple personality disorder began, in the spring before

her third birthday. The child who went to that first circle meeting never came back. She hasn't yet told her husband, Jeff, about Mark, because of the horror. "You don't eat your brother. I can't make sense of it."

To Mark

Are you real or am I mad ?
 You seem so real to me.
 Are you my twin or just a dream ?
 I know you seem so real to me that I wrote to find you.
 What a shock to find you exist only in my mind.
 The letter said I had no twin but I always thought I did
 I thought you died when we were small at the circle in the wood.
 In my dreams, I sometimes see you, my twin who never was.
 You are blonde and fair and good, too good to live in this evil world.
 That is why when we were small you had to die, you were too good to live.
 I remember the day you died and thought it was my fault.
 You were good and I was bad. You died and I lived.
 That is what they told me those evil people who were my family.
 All these years I thought it was my fault you died. I was really bad.
 The ceremony that they did convinced me that you died but you are really me, the good me.
 Now, as an adult, I can see you in my mind, and you are
 still a little child who has never grown.
 The really startling thing is to realize that you are really me.
 The me who was too (sic) good to survive the terror planned for me.
 They killed you when we were less than two and proved to me I was bad.
 Dear twin Dear brother, Mark, you have been so real to me.
 Now I find you are a part of me, and I am so confused.
 Yet I love you as yourself for you are the good part of me.
 I must take you back inside and we must become one, as we were meant to be.

It is hard but it must be so for we must both be one.
Know that as we become one a part of me is sad to
loose (sic) you as yourself.
But I will always love the part of you who is me.
Because I will remember, you, my twin who never was.

March, 1990. The Baby. When the incest memories returned, Carolyn remembered an argument that took place in April when she was 13. Her mother accused her of being pregnant. Though Carolyn had the same concerns herself, she denied it. In March of 1990, she again remembered this argument. The baby was probably her father's. Sherry was the alter personality who was his surrogate wife, having sex with him and keeping house while Mother was ill or busy. Sherry had the abortion.

After the fight with her mother, Carolyn ran away to the bus station downtown, trying to get to her Grandma in another state. Her father picked her up there. "I had a sense that Dad figured it out and said something about getting rid of it. I didn't want the baby particularly; I just didn't want it to die. And I knew enough to put it up for adoption; it didn't have to die...And I figured if I asked my grannie she'd help me." She went home with Daddy and a couple of days later he took her to an "an old Negro doctor in a back room". Carolyn had few conscious memories at the time we discussed this, but remembered seeing D & C instruments and the fetus. She still feels it was a little boy. She still also feels the pain when the memory comes back full force. No anesthesia was used. "I had it on a

Friday so that I had the weekend. I had to go to school on Monday." Her brother Luke was about a year old at the time. Sherry became his mother; he took the place of her lost child. Carolyn did a structure in group in which she again felt the physical pain of the abortion, but she couldn't remember any other details. She did remember that she gained a tremendous amount of weight after the abortion and weighed 170 pounds by age 16. The summer between her junior and senior years of high school, she lost 42 pounds and changed schools, hoping to be more attractive for dating and to outrun her father's reputation. She was allowed to date a boy as much as four years older than her from the time she was 14, but the boys had to meet her father first. She wasn't allowed to be in the room at the time. Only one young caller stuck it out and took her to the prom. She said he was shorter than her and tough. "Arnie was afraid of no man." She always wondered what Daddy said to drive the others away. "I had one of the boys who wanted to date me come to me and say, 'Carolyn, I like you a lot but there is no way I ever want to be involved with your father again.'"

Small Unformed Child

Small unformed child that grew within the body of another child, I remember you now. It is painful to remember even your existence. You were a child who should have never been. Your mother was to (sic) young to bear a child. your (sic) father was your mother's father. You were not conceived in love but in an act of brutality. You caused much pain and fear but that is not your fault.

Before you could grow into a true child you were ripped from your mothers body by an old man in a back room. Your father took your mother there to get rid of the evidence of his sin, for that is what you were to him. He did not want to get caught as he incested your mother. So in a back room without anesthesia, you were ripped from your mother's body. She doesn't even know if you were a boy or a girl child, Only that you existed for a time.

After it was over, your mother went home and huddled in her room in pain and wept for you. She didn't really want you but she didn't want you to die. She had to try to act normal, as if nothing had happened. She had to go to school and act like a child although she was never really a child. Life had to go on and above all look normal. We always had to look good to the outside world. Know that your mother was only thirteen at the time.

I am writing to you now, little one, because I was that thirteen year old girl who was your mother. I remember the fear of being pregnant, the pain of the abortion, and the emotional pain of losing you. I realize now that in some ways I loved you and in others I feared you. I'm sorry you never had your chance to live and grow. He, who was our father had no right to take that away from either of us. For a long time I've born the guilt of your death. I thought it was my fault but it was not. It was his and his alone. I'm sorry, little one, you never had a chance. Neither of us did. Now I can grieve your loss.

April 1990. The Demon Child. As early as January of 1990, Carolyn made plans to attend a third treatment week the coming May. She had promised the Demon Child that she'd come back for her and that is just what she intended to do. Typically, it didn't happen exactly as anticipated. Instead of Carolyn working in the structure to rescue the Demon Child, that child herself did the work. It took some negotiation between the therapists and the Priestess who agreed to stay in and not hurt herself or the others.

During the structure, someone role-played God, a circle of protecting light. Someone also portrayed ideal parents. There was a theme of the White Knight and the Dark Lord. Carolyn thought the White Knight was the nonabusive father, Daddy; the therapist thought he was God. The Dark Lord was Satan. In this structure, Grandpa Walker was killed yet again. The Demon Child symbolically put him back in his grave. Carolyn said she let the Demon Child do what she needed to do to get out and then she came back on her own. Carolyn continues to call her the Demon Child, but the child found, after this piece of work, that she is not so bad after all. She is not one of them. It is ok for her to have a name now. She calls herself Ruth Ann.

The White Knight And The Dark Lord

On his horse, he gallops to the rescue. His armor gleaming in the sun. The horse is white as is his armor. He is the White Knight. He stands for all that is good in this world: kindness, love protection, and honor. He is the protector of little children. He would never betray a trust, break a promise, or hurt the little girl who loves him so. He is the father I made up, the father I needed so desperately (sic).

Another sits on his horse in that same place. His armor is black as is his horse. He is the Dark Lord. He is all that is evil in this world. He causes pain and terror in all who see him. He enjoys torture and murder especially of little children who have no power to withstand him. He makes promises that are not kept. He does not protect the child that is his. He forces her to do things that no child should be forced to do. He calls her Demon Child, Satan's spawn. He is the father I got.

As an adult, I know the truth of my father's identity lies somewhere between the White Knight and the Dark Lord. The little child who lives inside me accepts one or the other. Sometimes she sees the father she made up, the White Knight, and sometimes she sees the Dark Lord, and believes she is the Demon Child.

I, the adult, also know that she is not the Demon Child. She is just a frightened, angry little girl and I must find the strength to claim that part of me. I have looked into her eyes and she is not evil just living in terror (sic). I need her back because she is a part of me and, even in my fear, I love her.

It is easy to mourn the fact that my father is not the White Knight but I cannot mourn the Dark Lord. I will rejoice in his going. He is evil incarnate. He is also not all that is my father. He is Satan.

May 1990. Mark. As you may recall from the last discussions of Carolyn's twin brother, Mark, work still needed to be completed to clear the confusion about his identity. Around Mother's Day, Carolyn called her maternal grandmother, Grandma Fisher, told her that she kept remembering a brother, and asked her to verify that the suspected twin was real. She said that her parents told her, even as a child, that she was making him up. She told Grandma she really needed to know. Grandma Fisher's response was, "I can't lie to you, Carolyn." Grandma told Carolyn what Carolyn's mother had told her about the child; that Grandpa Walker had used his political connections to destroy birth records. Carolyn's Daddy had destroyed all of the pictures, but Grandma said she

thought she had saved one and would look for it. She never talked about what happened to cause his death and Carolyn didn't push the question. She felt something went on in Grandma's family, too.

Carolyn cried from Sunday until Wednesday. When she got to group Wednesday night, she didn't feel that it was her turn to work, but she said she needed to. She was crying and saying that Mark was real. In that structure, she put Mark outside herself. "I felt so guilty that I couldn't save him. There was so much grief. I was the oldest by minutes. He was good and I was bad." Someone role played Mark. Carolyn said she was sorry and Mark replied, "It's not your fault; I love you." Carolyn recalled: "I knew then that the love was there and the grief was overwhelming. I was two and a half in the structure. The kid there was the one that saw Mark die, maybe a younger Mary Ann worked? I had thought that little one had died, but she's not dead, just sleeping." It was then clear to her that Mark was outside, and she described "a big hole in my heart where Mark used to be. Part of him lives on in my memory. He's free to be Mark now." After the structure, she said she was glad he was himself again, but felt an overwhelming grief. Speaking of the special bond thought to exist between twins, Carolyn asserted: "Though he's not here now, I know he knows." She felt that understanding these early, profound losses shed

some light on her lifelong inability to get emotionally close to other people. When a friend's father died, Carolyn attended the funeral, genuinely grieving the loss, but silently paying tribute to her own lost little boys in a public ceremony she was never allowed. She found much healing that day in finally having a symbolic place to lay both the aborted baby and Mark to rest.

Dear Mark,

You're real and who I thought you were. It seems so strange to know that you really are my twin. I had to know so I finally asked Grandma. It was no use to ask Mama and Daddy. They would only lie like they always do. They said I made you up but I always knew you were real. I often told people I had a twin brother but he died when we were small. So, I asked grandma (sic). Grandma told me the truth, you are real and you are my twin.

I wish I had a picture of you but Daddy destroyed the ones we had of us together and the ones of you. He had to wipe anything about you off the face of the earth. It is so hard to remember what you look like. I have trouble seeing past all that blood.

Mark, I get so scared. I've told about what happened to us that day, or at least as much as I remember. It was really bad and what they did to me after was really bad too. At least by dying, you were spared more fear and pain. I love you, Mark, and I'm so angry that they took you away. You were my best friend. We started life out together. We should have had years together. It is hard to make friends because I'm afraid of loosing (sic) them.

No one protected us. I don't think they really loved us. I know you're safe in Heaven with God and someday (sic) I'll see you again. I hurt, Mark. I hurt real bad. I'm feeling the grief now that I couldn't feel when you died. I'm so angry. The anger at Mama is building. How could she not know what was going on when they murdered you? I don't know which one of them is worse, Mama or Daddy. I hate them both. They made my life hell. They are still trying to make my life hell. It is so hard to deal with what

they have done. Some parents we were give (sic), huh.

I also know that when you died, you somehow became a part of me. I have to take that part back and put you outside where you belong. There is a big empty place inside where you used to live but you must be yourself and not a part of me, Mark. I must be free and one person who is just me and not all the others.

Mark, I know you are too little to understand all this. You are a real twin brother and one of my people. You are real young but so am I. I can grow into an adult but you will always be a little boy. I'm glad I didn't forget you, Mark, and I'm glad I'm not crazy and you are real.

Love,
Mary Ann

October 1990. The Spirit Lady. Group again stopped meeting for the summer. Carolyn saw Lawrence occasionally, but went to the lake boating more than she went to therapy. She did not do any more structures during that period. Her alter personalities were out more frequently and were increasingly open as they got to know each other and developed trust with Lawrence. Carolyn achieved a certain amount of co-consciousness and felt that the core of her personality, or whatever you choose to call the part that gives chronological consistency, was out most of the time though not in control. Group started back in September and she did another structure in October.

Again, Carolyn couldn't remember many of the structure's details. This is not unusual, for much of the work was done as an alter personality or with the adult personality in a trance state. But she recalled that she met the Spirit Lady, whom she described as "a mother in

the nice sense, someone who likes me like I am." It was a short structure (some last as long as two hours) in which the Priestess took in nurture from the Spirit Lady. The Priestess, who thinks she can hurl thunder, learned that she could feel warmth and is not all bad and lies and evil power. She can take and use and claim healthy power as hers and use it for good. Granted, Carolyn said that she took in nurture from halfway across the room, but it's progress for this child. For her, nurture is powerful, scary, and wonderful. She could only tolerate so much.

December 1990. Mother. In December, Carolyn did her last structure to date. She had been feeling "really bad, not good enough, not pretty enough, not smart enough - it was Mother's voice." Sherry came out to work. She built a wall and put Mom on the other side. She is not yet ready to test the wall's strength, but she told Sherry she is not going to listen to Mom's "shit" anymore. "It's hers, not mine. I felt good. We done good." This structure followed on the heels of a phone call from Carolyn's mother in October. Mom wanted to know when Carolyn would be well and if her therapist knew what he was doing. She wanted things to go back to the way they were. Carolyn was livid because Mom wanted things on her terms. She let Sherry vent her feelings in a journal entry dated 10/29/90.

Her mother had indicated that she was glad their

mother-daughter "connection" still worked. Sherry called her an "evil bitch" and said she hated her for telling her that her memories were wrong. She said she was too scared to misbehave at home; that's why she never talked about a problem. She accused her mother of looking the other way, not wanting to see the reality of her predicament. "You can't have me anymore. I'm not yours to have. Get out of my life. I want the parts you took back, and I am going to get them back, they are mine...If the connection is open now, I hope you feel my hate. I slam the door...Don't call, or write, or come - you don't have a daughter. You gave up the right." Sherry said she would not be there for her mother or talk to her. She threatened to hang up the phone. "I don't need or want your kind of love - go away - stay away. Sherry". In another handwriting beneath this entry, I read: "Look out woman. You may get to meet me and you will not like it. I can hurl thunder and you are going to get it." Carolyn showed the journal entry to Lawrence, who added: "I remember what you both did - all of it."

To My Mother

Mothers Day is coming.
It should be full of joy,
Because I am the mother
Of a loving, growing boy.

But the day is laying shadows
Here upon my heart,
As I remember a childhood
Alone, afraid, apart.

I did not understand then,
My world, the way it was.

I only knew it hurt so bad,
To live, my mind a buzz.

You never knew what was going on.
At least, it's what you say.
I really don't believe that lie
Especially so today.

The signs I left, the way I act
The turmoil in my mind,
Now surely you cann't (sic) tell me,
You ever were that blind.

So I write this to you, Mother,
On this your special day
And you know that there is truth
Inside every work I say.

I know you'll never admit it.
I know you'll never see.
I know that you love that man,
Inspite (sic) of what he did to me.

So I will live with the pain,
I, the burden bear.
I will work on through this stuff,
Even if you don't care.

Oh Mother, it's sad you see,
You could have been my friend.
But my gift to you this Mothers Day
Is a relationship at its end.

You no longer have a daughter,
For the price you ask is to great.
I am saying goodbye (sic) to you,
I'm sorry, it's to (sic) late.

Written 5/9/89
Sarah Lynn Wilson

Sexuality

We talked at length about ways in which the abuses affected Carolyn's sexuality. We had agreed ahead of time to do this when Jeff and Jeffrey were away for the weekend, as Carolyn didn't feel that this conversation would be appropriate for her fifteen year old son's

inquisitive ears.

Carolyn has never really been able to enjoy sex. Before she met Jeff, while in nursing school, she said she went further than nice girls went, but implied that was not very far. With Jeff, the sexual relationship has been a point of stress. It was more pleasurable in the early months of marriage before the sexual feelings and responses shut down again. "We always had sex; there were no prolonged times longer than two months without it, but I just did it. I wasn't there, but I can fake it." They were limited to the straight missionary position and oral sex was mostly out of the question. When they had trouble conceiving a child, Carolyn was convinced it was because she was so bad and evil. For a brief period sex was satisfying and the couple involved themselves with nieces and nephews, convinced that they could have a good relationship with each other even without a child. "We thought God was leading us to take care of other kids. Jeff's faith was stronger; I believed in God, but I didn't believe in a loving God." After Jeffrey was born, she was still acting hostile and feeling anger, though she did not know why. She once ran away from home, telling Jeff that Jeffrey would be better off without her. She was halfway to her parents' hometown when she turned around and came home. "I know Jeff's not the one who hurt me. Jeff is wondering if it will ever be over. He walked into this,

but is powerless to change things. I've even offered him divorce, 'if you don't want to stay here, ok'. It would kill me if he said yes. When I said, 'I've got to go away, I'm not good for this family', he wanted me to stay."

They have had many fights about sex over the years. A particularly disturbing one occurred during the early months of therapy. When the memories came up, Carolyn was less present though the frequency of sex didn't change. They fight about a lack of spontaneity. "We fight about the doors not being locked and the dog not being put out and I can't do it, just, there is no spontaneity. Conditions have to be right now and he (Jeff) knows that, he knows what some of the rules are. God forbid he should want to turn on the light. We always have sex at night and have never done anything outrageous." Jeff also wishes Carolyn would initiate sex. She says she cannot, but enjoys it to a point once they've passed the hurdle of going to the bedroom, getting undressed, getting into bed, locking the door, and getting all the conditions set up. "In a recent fight about initiation, Jeff was hearing me say I didn't want to have sex. That wasn't it. I just couldn't start it. He said he didn't want to make me do something I didn't want to do. We lay in bed and wait and wait. Jeff said, 'You're never in the mood that I can tell.' But if we wait too long for Jeff to initiate, it

gets to the point of 'Daddy's coming', and then nothing is happening in this bed. We need to very deliberately go ahead and do it...In some ways it's painful for him, but he also knows I've never had the desire to push him away."

At this point in the conversation, Carolyn had a new memory of a young male playmate whom she had remembered as "just a friend". She now thought they had played sex games together in the woods when she was eight (he was 10), possibly been caught, and that he may have been part of the cult. This led into talking about the physical damage the abuse inflicted. "During some rituals, an instrument the diameter of a crochet hook was put in my urethra and twisted. It hurt like hell. You had to pull up your knees and get in position. You were taught to do that and were dead if you didn't comply. I have a stricture in the urethra that I've had opened up. I don't want to go back to the urologist. Sooner or later I'll have to deal with the urologist. Sooner or later I'll have to deal with the rectal stuff because I bleed every day. I go in there and I can't go or get diarrhea. Every once in a while I get regular and then don't know what to do with it (giggles). I take laxatives on the third day if nothing happens by suppertime. I've abused this body in lots and lots of ways."

Carolyn was quick to say that the quality of their relationship is not equal to the frequency of sex, but she

gets frustrated and would like to see the sexual part of the relationship bloom. I asked her what that would mean. "I would like to be more present in the room. A couple of times recently I've said, 'Hey, I felt something here, what was this!'" I asked if she were orgasmic, and she replied with humor; "My body would go into shock." Some pleasure has come from masturbation, but she is more likely to want to hurt herself and the guilt of Mom and Dad's "don'ts and shoulds and shouldn'ts" is not worth it.

"I do get pleasure out of touching, being held, knowing I'm being loved. I like touching and am more comfortable now than I used to be. I wish there was more of that now, but there were so many years that I wasn't available to be touched...But I'm now getting a glimmer of maybe...I'm waiting for skyrockets! I think sexual healing can happen."

I asked her how she would know such healing had taken place. "We wouldn't have to be so structured." Some of the structure is necessitated by having a fifteen year old son in his room across the hall. Both Carolyn and Jeff have suspicions that Jeffrey has listened at the door. "You don't want to be blatantly sexual in front of your children because I think that's abusive. Hugging and cuddling are ok." She described her "ideal" as "if I can be allowed to have all my body parts, including the sexual parts. That's the area where the most extensive damage

was done, spiritual, emotional, and physical. Spiritual healing is coming more easily, though...When I can buy lingerie, dresses that are more feminine. I tend to buy functional underwear. I have the recognition that I'm beginning to want to be alluring. But that implies complicity. Sexuality is a function and a part of the self. I now see myself as getting that part, getting back what should have been." She did say she now feels satisfaction in being female. "As a child, I wished I was a boy. I was angry that I wasn't a boy, because then I could have done what I wanted. Because I was female, that wasn't acceptable. Now, it's ok. Once I was pregnant...A man has to be involved but we're the only ones that can make a baby. There's a wonderful saying, 'the hand that rocks the cradle is the hand that rules the world.' Because we're the ones, in normal families, who teach the values."

Carolyn doesn't discuss her sexuality with friends and her minister only touches on the issue if there is a pressing sexual concern for her. She said she sometimes talks with Lawrence indirectly. When they discuss it directly, Carolyn or Lawrence one will send the younger alters to their "rooms" because "this is not about you." Carolyn said, "The more the kids realize it's not about them, I can get them out of the room. Part of the problem is that they've been in the room. They want the type of

sexuality that adults have. I say, 'go back to your room, this is not for you' and I get 'but I want to stay!' (giggles) I'm having a bit of a problem putting that boundary up inside. It will get better when that improves." I talked about the difference between having a child alter in the room and having an adult with memories from childhood. "I handle it with them like I handle it with Jeffrey." Jeff obviously plays the largest role in Carolyn's sexual recovery. "I look at the length of my relationship with Jeff. I have lived with him more years of life than any other human. If I count from the day we got married, it's still longer than I lived with Mama and Daddy."

We talked about the sexual legacy she inherited from her family. "My parents have blatantly told us that there was good sex. Daddy made off-colored jokes with Jeff." I asked if she believed him, and I met Sherry, the 13 or 14 year old alter who was surrogate wife to Carolyn's father. Sherry came out in full force to talk about what she knew best. She was quite engaging, energetic with all the mannerisms and expressions of a teenaged girl. Carolyn tentatively asked me the next day if I had indeed met Sherry. I said yes, and a few others too. Sherry talked for a while, saying, "No, if they were having good sex he wouldn't have been in my bed." I asked her if she thought that was the only reason he came to her bed. She said she

was Daddy's wife or his whore, depending. She was the one who had the baby and knew about the incest. "I was literally my father's wife. Mom was in bed, tired a lot. She said she had to take care of Grandma, my father's mother, who lived in the house with us and she was tired. When I came home from school I had to take over because she was tired. I kept house and raised Luke. Luke was a joy. I don't resent taking care of Luke, but sometimes I couldn't see my friends." I then asked Sherry about how the family showed affection for one another. She said about her parents, "They hugged, and touched, and cuddled on the couch. He'd also do that with me in front of her (laughs). Dad's family was cold as ice. I never saw them touch in a nice way, not each other. My Grandmother Fisher was very affectionate. She would hug me and read to me. She was that way when Grandpa was not drinking. Sometimes when we were little, they (parents) were affectionate. I can remember Grandma and me going shopping and out to lunch. She never did that when Grandpa was alive. He was tight with a buck (giggles). I can remember Daddy talking about being afraid of Grandpa. He was in the cult. It was twisted all the way back." I asked Sherry who did a better job, she or Carolyn's mother? She said she did. "Mom used to criticize a lot. The shirts or sheets were not ironed right. The sheets have a wrinkle in them." What happened if the sheets had

a wrinkle? "You got 'em thrown back at you and had to do them again. I didn't get a lot of criticism about my cooking. I cook sometimes now. I was a better mother to Luke. I was not Allen's mother. We were too close in age." She said Daddy gave her the nickname, Sherry. We took a break then. Sherry had said all she intended to say. Carolyn told me later that Sherry gets very jealous of Jeffrey because he can go out socially and she never could. Carolyn talked about this problem with Jeff, and he asked what they could do. Carolyn said, "Let's go to the mall sometime and hold hands and have an ice cream cone, and do dating kinds of things for Sherry, not Carolyn the adult."

Although I later list some symptoms that Carolyn thinks came from her abuse history, it is fitting to say here that overriding themes are those of mistrust, exploitation, and lack of knowledge about normal sexual behavior. Someone carefully watched every word I wrote during the interviews and made unsolicited corrections. Carolyn said she was willing to discuss this topic because there is value for her in talking about it. "I can see where I've come from. Once it's committed to paper, it makes it more difficult to deny." Still, I expected caution from the people inside. "I expect to be used. Not trusting anyone until you really know them well is over the limit." As for sexual norms, I asked her if she

had a sense of what's normal. This question met with hysterical laughter of some duration. "It's very confusing right now because I don't know what's normal and Jeffrey is trying to figure it out. I don't know when to say be careful, is this the right age to feel this and experiment with this. And I know with my value system that I'm not real sure I believe in a lot of promiscuity before marriage. For one thing it's not safe, but I also know that he will probably experiment anyway. If you're committed to one person, it's not the end of the world. It happened in my life. It only happened once, but Jeff and I went 'whoa' (giggle)."

Dreams

How I wish I could close my eyes
 And rest as I really should
 But scenes run before my tired eyes
 Scenes from my childhood.

They are not the happy scenes
 Of a child having fun at play
 They are frightening and confusing
 And make me wish to go away.

The hidden child inside me
 Is telling me of the past
 Telling me of the horror
 So we can be free at last.

She tells me of a father
 Who can hurt and maim and kill
 Of the secret games he made her play
 That took away all her will.

She tells me of a mother
 Who turned and looked away
 And would not help her child
 And still does not today.

She tells me of a grandfather
Who was crazy as can be
And a grandmother so scared of life
She pretended she didn't see.

She tells me of a grove of trees
And the things that happened there.
She tells me of a younger brother
And the terror that we shared.
These things are told to me at night
In very vivid dreams
They are the memories of another child
Or at least so it would seem.

But in my heart I know it's true
The memories of that child are mine
I no longer can deny them
The scars are not hard to find.

So little one come to me
And your mother I will be
I'll hold you and protect you
And together we will work free.

We'll walk into the sunlight
Out of our hiding place
We'll run and play together
In a place that is so safe.

And someday, little one,
When you have had time to grow
You'll also be a woman
With a womens (sic) things to know.

How to live without fear
Of things that women do
How to love a husband
And find joy in that act too.

So little one know I love you
I'll never deny you again
And know that ours is a life
That is surely on the mend.

Written 7/1/89
Sarah Lynn Wilson

Before I left on this particular weekend, Carolyn
retrieved from her bedroom some nightgowns that her mother

had given her. We marched them outside to the garbage can. In the night drizzle we had our own ceremonial ritual of a different nature. We later went to a local mall to shop for new lingerie, though Carolyn avoided like the plague the cult colors purple and gold. She bought a beautiful emerald green satin nightshirt. We then went directly to Victoria's Secret to purchase romantic, floral scented body lotions. I'd say she's progressing toward her intended goals. Every time since then when I've visited, she's shown me some new, less functional underwear or a brightly colored blouse. She seems to be enjoying this newfound self-indulgence. Jeff hasn't complained.

Parenting

I was not sure what a fourteen year old boy (now fifteen) was going to do with some strange researching friend of his mother's who planned to move in with his family over a three month stint. I tried to prepare myself for anything. Add to this anxiety the fact that Carolyn had related the occasional horrors of parenting an adolescent during numerous phone calls. Carolyn had said many times that "when we argue, it's something to behold." I was pleasantly surprised. We seemed to hit it off. And he makes a great hamburger casserole. Any teenager who chooses lobster for his birthday dinner can't be all bad.

Our first interaction involved his indignation that his mother had yet to list him on the family

genogram. He walked up to the table where we were working, and said, "I'm more important than that person that I don't even know...Dad, do you know that Mom had the audacity ("audacity", corrected Jeff) not to put us in her family tree?" He giggled. Jeff said, "That shows you what she thinks of us, huh?" Jeffrey asked a few more questions. I asked him who he knew out of those listed. He pointed to his grandfather's name (Carolyn's father) and said, "I wish I didn't know him that much. Lately." He then went on about his business of watching t.v. or playing Nintendo. I asked Carolyn later how she felt about him reading the genogram chart which contained details about the ritual abuse. "I'm a little uncomfortable." I pointed out that Jeffrey had not inquired about her father's side of the family, and Carolyn replied, "He doesn't have a lot of respect for this side. I think he'd like to get rid of this side. Pretend it doesn't exist." She said if he asked questions, as he's liable to come out with anything, she would deal with it as it happened, but won't "hand it to him on a plate." I thought the family had a healthy sense of openness because I heard Jeffrey ask other difficult questions throughout my visits. I complimented Carolyn and Jeff for making that safe. Carolyn said, "Lawrence keeps telling me I have a normal child and I keep saying, 'No, I've messed him up!'" Jeffrey struggles with what

his grandfather did to Carolyn (he knows about the incest) and his own feelings of betrayal. He sees Lawrence for occasional therapy and has had problems with school. Otherwise, he appeared the typical teen, ate cake for breakfast, borrowed numerous quarters for videogames, and dropped as many hints as possible that he wanted a gun for his fifteenth birthday. Carolyn does not allow unsupervised visits with her father. She hides alternate personalities from Jeffrey when possible, but knows he sees some of them from time to time. For the most part, she says, to Jeffrey "she's just Mom. But sometimes she fights like a 14 year old."

On my second day there, a Saturday morning, Carolyn dashed around doing household chores and feared her mother's call. Jeffrey came into the kitchen and asked point blank what I was researching. I stuttered at first, but regained my tongue. We talked about Anita's death and his strained relationship with his grandfather. He wanted to write a book for other kids with similar experiences. "I've lost my grandfather. My respect for him has gone from 100% to 1%!" He said he didn't want to see him and wished he were off the earth because of what he did to Mom and to him after eleven years of being his idol. Carolyn explained the incest to Jeffrey when she outlined visitation rules. Jeffrey knew Jeff would've killed Carolyn's dad if incest with Jeffrey had ever been

attempted. Jeffrey sees a counselor at school and Lawrence and the counselor have been in contact. Jeffrey talked about his "smile covering tears at school. I would like to cry but I smile because my friends would tease me and call me names or be overly sympathetic. I'd cry if they'd leave me alone." He described his family as fighting sometimes, but over if in two hours. "There's lot of laughter and fun. Mom and Dad laugh a lot in their room. They tell jokes."

I asked him about the impact of the abuse on his mother and about the multiple personality disorder. He has seen her switch. "Sometimes the teenagers are fun to play with and the little kids like animals at the pet store, but that at the mall she should be a 44 year old mom...I'm lucky. It stopped with me. I know Mom has worked to stop it. I wish I could talk to Dad...I remember fishing trips with Grandpa, but it's hard to remember other good things now...I talk with Mom. It's ok because I know Dad has feelings and shares them with Mom. He lost his own Dad."

Other information about parenting came from Carolyn, except for some comments by Jeff mentioned later. She described her relationship with Jeffrey as "no more rocky than any other parent and child, but rocky. Our emotional makeup is similar and we're always butting heads. He's testing all the limits. We have to be firm to keep him

from doing damage, but that's fairly normal." She said that parenting problems arise from the abuse. "There are things I would've done differently if I'd not been abused, but as a whole, we done good. He's never been forced to keep the secret."

As for parenting style, Carolyn said, "I drop back and punt. Jeff does the same. We do what feels right and try to talk about it and back each other up with punishment, etcetera. Jeffrey can't play his parents off each other. That's half the battle, if the parents hang together." Jeffrey's stubbornness has always concerned her. "We read a couple of James Dobson books about parenting the strong-willed child, shaping the will without breaking the spirit, and Dare to Discipline. Parents were not put on earth to be their child's friend. Their peers are. Parents are there to keep the child safe, teach morals, mores, rules. And provide a safe place to grow and learn. That doesn't mean we don't do friendly things together...Jeff sometimes explodes. Jeffrey pushes him too far and you can see the anger in his face and hear it in his voice. Now, boys test their fathers, but fathers don't let them win. He has to still be the parent. Jeffrey is asking, 'if it's not safe, will they stop me?'"

Why did you want children? "I know I did, but I can't answer honestly. I wanted Jeff to be the father; that's a natural by-product of love and marriage. There's

the drive to procreate someone like ourselves to make the next generation. It's inborn, placed by God for a reason." She recapitulated our earlier discussion about their problems with infertility. Jeffrey was their "miracle baby".

"Pregnancy was wonderful, magical. In the early days, I was sick all day for three months. There were lots of adhesions from ruptured cysts. It was painful. There had been a mock pregnancy which turned out to be a cyst. It was like losing a child. But once I found out there was a baby, there was less pain. I didn't care about being sick and hurt. You connect very early. I felt the connectedness as the baby grew and knew he was a son. We played with names early in marriage and knew he'd be 'Jeffrey Allen' or 'Jeffrey Roger'." His nickname in utero was "Booger". A girl would have been named Sarah Lynn. She had no pain medicine throughout the tiring 36 hour labor, only a local for the episiotomy. Because of damage to the uterus, probably from the abortion, the uterus wouldn't contract. "There was pain involved, but I was good at pushing. We were ready when the time came. We knew we created this life. Jeff cried."

In the early years, Jeffrey was a "sunny, happy little boy, but always stubborn and strong willed." Carolyn hoped this trait will make him a leader. She enjoyed him, but of course got frustrated on occasion.

"It's normal to get angry, but you have to back off. It's better to admit it than to deny. It's protection for the child versus laying into them with the anger. Then you're abusing rather than disciplining." She doesn't know where the strength came from to be a good parent. "Someone inside made a conscious decision (I asked who; she heard giggles from inside). It's not the family way. Sometimes Jeff said, 'back off, you're being too hard.' Jeff knows more what's normal." Carolyn described lots of support from Jeff's mother, Mother Best, who has been known to talk to Jeffrey on the sly and tell him he's not being nice to his folks. Mother Best took Jeffrey on museum and other outings when he was little. They're still close, though Jeffrey's teenaged interests, and her new romance, cut into their shared time.

Carolyn felt that Jeffrey has some anger at her for allowing the relationship between himself and his grandfather to develop. Either Jeffrey would be angry that he'd lost the relationship or unsafe if she allowed it to continue. It was a no win situation for her as a parent. But he has benefitted indirectly from some of the good things that her parents were able to give her that she has given to him herself. "They modeled activities, vacations, educational yet fun trips. We went to Washington, D.C. They gave me an appreciation for history and the beauty of this country. We had fun when Mommy and

Daddy were there. Mom read to me lots. I sat next to her or in her lap; we'd get in bed and I'd put my head on her shoulder. I could take nurture there. The bond with Mother was harder to break. I felt closer to her because she was less bad. Her betrayal was worse, though, because she tricked me into thinking she was good."

Both Carolyn and Jeff think that kids should leave home when financially able. Because they chose to hold Jeffrey back in third grade due to his struggle with phonics and his small stature, he will be at least 19 when he graduates from high school. They have agreed to pay for four years of college. He can live at home and go to graduate school if he pays tuition at one of a number of excellent colleges and universities in their area. "When Jeffrey is 20, we'll be 50. We have to provide for ourselves if possible and not ask him to do it. I would not leave my parents on the street. I would feel guilty. But I would want to do something, I don't owe it to them." She admitted to financial advantages of an only child. "We take more extravagant vacations and will be able to spend more on his education. You probably spend as much emotional energy with one as with many. He gets all of his parents' attention. The disadvantage is there are no playmates for Jeffrey. I'm sorry Jeffrey missed that. There's no guilt; it was not a choice. It just happened."

I asked about their hopes. "When he reaches

adulthood, I hope that he goes out and makes a life that makes him happy. He must complete high school; that's a rule in this house. I hope he goes on further. We might make an exception if we see a problem. Financial success is not that important if he has enough for the basics. I want him to be happy, not rich and powerful. That answer would've been different once. I'd like him to have a meaningful relationship with another person, preferably female." I wondered aloud if a homosexual relationship would bother her. She said, "I would have a problem if he turned out to be homosexual, but I wouldn't stop being his mother. He has no particular girlfriends right now, but he's into games at parties and likes to kiss. I know he's interested in marriage, that it's in his future dreams for himself, because he talks about his wife and kids."

"Right now, in his teens, the joys are fewer. When he was little, I saw such wonder through his eyes. He was learning. With the abuse, we were never children. Looking at things through his eyes was like a vicarious childhood. He was a joy to raise more than a frustration. His strong will causes friction. And his lack of interest in education. He's not perfectionistic like me. He's interested in learning on his terms. He doesn't fit the mold and is not easily pushed into the mold. We've had problems with the school system trying to make him fit. Jeffrey won't. I did. That causes friction. Part of me

says, 'Don't make waves, son.' I try to teach him that you may have to play the game though you don't believe, otherwise you get labeled a bad kid. He's bright, but not interested." Carolyn expressed relief that Jeffrey's school counselor knows about the incest and his feelings of betrayal. The counselor has been a support for Jeffrey, but recommended Lawrence because she knew her own limitations.

Parenting support has come from neighbors, close friends with kids of their own. Like Jeff, they came from healthier families and have a better sense of normal child development issues. And support had come from work. The nursing supervisor expects kids to call at work and allows for occasional emergencies to take priority. She gave her own children that attention and expects that her nurses want the same for their kids as well. A former supervisor was much less flexible; the hospital always came first. Carolyn once went over that woman's head, risking her job, to get permission to leave and tend to Jeffrey's broken arm. The church has helped with education, social life, and instilling values similar to those held by Carolyn and Jeff.

In what ways do you think the abuse affected parenting? "It's more that MPD affects parenting. That's the result of the abuse. Jeffrey has to deal with more people, but they all look like Mom. He has seen the kids

clearly a couple of times. How the abuse left me affects him. He has rage and grief. He has lost a set of grandparents and is angry that it happened. It's not my fault. I didn't plan it. It's a safety issue. I feel some guilt, but that's different than my fault. I was responsible for an adult decision. That anger may be the root of his school problems. But he's also bright and gets bored when school is repetitive. He's interested in other things and wants to pursue his interests, nothing else. He doesn't yet see that he has to do the other, too, and gets angry when he can't see where the rest fits in. I get that way at work about things like charting, but it's protective as well as repetitive. It's jumping through their hoops."

I watched Carolyn and Jeff over the course of three months in their efforts to set limits, educate, show affection, and share themselves with their son. My own children inside felt some jealousy because his home has been and will continue to be safer than mine ever was. But there was joy in knowing that such horror will not continue for another generation in this family. That brought the adult parts of me peace and quieted the small voices. Carolyn wrote:

Small Unborn Child

Small Unborn child,
 Growing under my heart,
 I wonder who you are.
 Are you a boy or a girl?

What will you look like?
 What do you think down there,
 In your warm dark world?
 Can you hear my voice?
 Can you feel my love?
 For although I have never seen you,
 I love you already.
 You are a wonder, a true miracle,
 A gift from God.
 I wait with great anticipation,
 Your arrival in the world.
 Your father and I are making
 A warm, safe place for you here,
 And when it is time and you are ready,
 You will leave your present world,
 And come into ours.
 Until that time, little one,
 Feel my love come into your world.
 Love, your Mother.

Children

Children make you crazy, sometimes
 But they are also a gift from God.
 This child of mine sometimes makes me crazy
 But I love him just the same.
 As a mother I want him to do well in this world.
 I want success for this child (sic) of mine.
 But I can't (sic) do it for him no matter how hard I
 try.
 Is this the way it is for all mothers?
 A mother's job is not easy because she has to know
 when to let go and when to hold close.
 Sometimes as a mother I am so confused.
 I don't know which way to turn, but I must make the
 right choice.
 It is so important to the growth of this child I love
 so much.
 I pray often because only the good Lord knows what is
 best.
 It is especially hard for me because I don't even
 know what normal is.
 The world I grew up in was very crazy and that makes
 it hard to know what normal is.
 I hope I've done it right and he has no demons to
 fight when he is grown.
 I love this child so much and don't want him to
 suffer as an adult.
 Please, Lord, Let me have done it right.
 I do love him so much, it almost hurts.

Work and Employment

Everyone interviewed had something to say about Carolyn's job and the joys and stresses it has brought. Much came from Carolyn herself and from her friend and work colleague, Marsha.

After completing nursing school and working in a nursing home for a short while, Carolyn had her nursing license in the state where Jeff was stationed from 1967 until 1970. She then worked in a small hospital in labor and delivery for a year and a half before moving back to Jeff's home town, going to a major medical center's orthopedics, and then to an in-bed rehabilitation unit for paraplegics and quadraplegics. She loved this work more than any she's ever done, but was forced to give it up in 1972 or 1973 because of degenerative disc disease. From the winter of 1973, until the spring of 1974, she worked in the medical specialties clinic of a psychiatric hospital. It was awful because her supervisor was psychotic. "She was physically violent. She smacked the tar out of me one day." She didn't remember why. She left to do private duty nursing until June of 1979 when she went to her current hospital full-time. This hospital does about 90% same-day surgery, so there are no patients on weekends and many nights. She started as a floor nurse after three unpleasant months in the operating room with nurses who "made my life hell because I was taking the

place of someone they liked. And I broke. That was the reason for the transfer, which was not at my request. I'm not sure who requested it."

Carolyn was head nurse on this floor from 1982 until the spring of 1989. I asked her what she remembered about the early years in her current position.

I had a hard time delegating. I felt I had to do it all myself or it wouldn't get done right. I had to control the universe to be safe in it. I had to control the whole environment to be safe. Sometimes I was, "you do this, and you do that, and this is what I want you to do today". I felt safe if I knew what everyone was to do. I once fought with an orderly who challenged me. He'd been in the Air Force, so I said to him, "Tony, I wish we were in service and all you could say to me was yes ma'am and no ma'am and no excuse ma'am" (laughs). Our relationship got better. With charge duties, I was ultimately responsible for decisions, and that brought some real problems. I can remember feeling tense an awful lot of the time. I'd get a lot of anger, I didn't know why. It was not directed at anything. At the end before I started therapy, I was crying, out of control. Here I am in charge, I want to die and I have the narcotics keys. And I knew there was enough stuff in that cabinet to do the job. I'm coming apart and I'm in charge...I started therapy in March of 1988. I probably saw problems the last three or four months, probably November and December of 1987. The incest memories were pretty well back by then. I had no new incest memories...I lost the position of charge nurse in the spring of 1989. I had been in therapy about a year. The satanic stuff was coming back heavy... Nothing got better until therapy. I had to lose control, my authority and work before working on my control addiction. I was too hostile and aggressive. The head nurse came up a few weeks ago and said she was proud of what I had done because I was not the same person. Three of the doctors asked her what she had done to change me. She told them that she hadn't done anything, but that I had seen the problem and done something about it. She said, "she's in therapy, I can't say. I didn't tell her to go or anything". My former supervisor would've taken credit for the change.

Why did you choose nursing? She reminded me that she had wanted to be a doctor, but it wasn't allowed by her parents. "I also admired a nun, a nurse assistant. When my great grandfather, when I was a little over two, my great grandfather got real sick and almost died. And they had given him last rites. And Sister smuggled me in to see him because he wanted to see me before he died. That was my first contact with nursing...They (parents) did not want me in medicine. Nursing was not done in my family. That was not respectable for young ladies...There was a history of nurses being considered women of loose morals. They weren't...But there was adamant opposition." I asked her how she did it. "I don't know. Mother whined, 'I don't want you to be a nurse, you shouldn't be a nurse, nursing isn't a good profession, it's not clean, be a teacher.' Dad wasn't thrilled. Dad didn't fight the nursing so much...They said no to medical school. Dad said he couldn't afford it...That was his excuse." They wanted Carolyn to go to nursing school in the town where they lived. But a woman she had worked with while volunteering at the local hospital told Carolyn about her alma mater. That's where Carolyn went, in order to "get out of town."

I inquired about career satisfaction and future goals. "I like nursing, but I think I'm always going to feel I missed something. I'd have been a hell of a

doctor. But at this point in my life I don't know if I want to give it the dedication I'd have given it at 18. I'm going to be 45 in August. I have thought rather recently about going back. But I would have to give up too much of the other stuff I like and miss too much of Jeffrey. And those things are more important now. I'm pretty satisfied, although I have thought in recent years of taking counseling courses, not for a degree. There is a lot of work nurses can do if they have counseling background." She talked of possible correspondence courses, but said she had no plans now. "Of the available places to work, (hospital name) is a Cadillac of a job. I have my weekends and holidays free, rotations are limited. Unless someone is out. I probably only worked 20 to 25 nights last year. More evenings, but they don't kill me as bad as nights."

"If I had not come from the family I've come from, life would have been totally different. My career choices would have been more open. Some of the resistance was social at the time. It's hard for me to imagine what it would have been like or how it affected me, because it's so much a part of self. I knew I wanted to be, it may have been because of the abuse, that I knew adamantly that I wanted to be a healer, not a hurter...There's some anger that choices may have been stunted. There were times I thought of being a singer, and I know now that I had the

voice. I didn't have the self-confidence. It probably affected me in a thousand ways."

How has work affected family and friends? "Jeff understands the nature of the work. His mother's a nurse. He knows about shifts and went into the marriage knowing. It was tough when I came home from work upset. Nursing is a high stress profession...I don't think it affects Jeffrey as much except when I used to come home from work very angry and he would catch some of the brunt. But I learned to say, 'I've had a bad day, I'm in a very bad mood, now is not the time for this. This is not about you; this is about work has made me crazy.'" In the early days, Carolyn and Jeff planned their social life around her hours, but now she mostly works days and no weekends, so there is rarely a scheduling conflict. Many of her friends and neighbors happen to be nurses. Because of patient confidentiality, there are some job details they cannot discuss.

How does the job affect therapy? "It sometimes makes it hard to schedule. I cannot leave the job, go see Lawrence, and go back. It just doesn't work...We've talked about work related problems because I was angry. They were a trigger for something else usually. And we have had to talk about how to deal with being a nurse who is multiple. How to keep the kids, you know, you don't let kids give meds, you don't let kids make nursing

decisions. That helped organize it once I recognized that there were kids."

"If I'm going to group from work, I always change clothes. I never go as Nancy Nurse. Nancy Nurse has never been to group. I take that back, she went once. It was terribly inhibiting. I guess I was in another role."

I asked which of the personalities works, because she joked about Nancy Nurse but made her sound like an alter. "I don't know that she has a name other than Nancy Nurse...I'm not sure at times she isn't a split...Sometimes when the kids will come and go, if something bad happens at work that's very triggering for them, they will come out. And we have to say, Nancy Nurse says, 'it's time to go to your room.'...Or someone else may send them to their rooms and Nancy then comes in. There are times when they want to watch and she says, 'this is not appropriate, you have to wait out here.'"

How does your overall function affect work? "If I'm not doing well, I'm not doing well anywhere, including at work. Although I can pull it together better at work." I asked how that happens. "I don't know; it just does. I'm sure someone knows." She said her performance doesn't visibly change, most likely, but she is less emotionally available when upset. "I may feel scattered and I know I'm scattered, but the nursing part doesn't scatter. I have to think harder and at that point I'm double checking

everything. To the outside world, they don't see it. I appear ok...But I'm thinking, 'Now, this person has this drop, in this eye. This eye is on this side of the body. Did we check that the operative consent is correct? Yes, yes, yes (giggles). You have to do it because you have the responsibility, too. If you're doing that type of job. I mean, if I made a bad enough mistake, somebody dies. God knows we don't want to do that again. And you notice I said again." I got chills from the way she said it. She said, "I know somewhere that at some level I have been involved in death of other human beings and animals. Of live things. I know how to make them dead (her voice sounded cold, like the Priestess). My legs just went numb. I mean numb. I mean numb. My right leg is gone." I said maybe it didn't need to be present for this discussion, and asked her if the death and power of medical knowledge were an attraction of the profession for any of the alters.

"I think yeah, you could get into the power thing. I think some of my early stuff, when they saw me as angry and hostile, was a power thing. A control thing. Lots of people are in the helping professions for the power only; they do it just for that. I think I went into it just for a genuine desire to help, but I like the power thing. And I have one personality who eats it up. She is in charge of the universe and knows it (evil sounding laugh)." I

sarcastically added, "and who would that be?" Carolyn, or whoever was out at the moment, replied, "She knows who she is. She's very self assured." Can she nurse? "She likes to make things dead. She likes to make things hurt." So I replied, "and not flinch doing it." Carolyn said, "No, she doesn't bat an eyelash. Her rage is more focused now." The Watcher keeps a tight rein on this alter, making clear that she cannot drive to Daddy's town and kill him. I recognized that there are points at which alters think they have power and are fueled by rage to the point where they could be dangerous. Usually someone inside, like the Watcher, mediates.

"Work has a lot of triggers...Blood, needles, body secretions, shit, pain, but pain triggers a desire to make the pain stop, not to inflict more for some reason...It used to be a daily battle. Every now and then it gets me. The blood, you know how bloody nasal surgery can be. Noses bleed like you've killed the pig and you've barely done anything...And there's some little kid in there who wants to play in the shit...The desire's there." She still dissociates at work sometimes, but says she will "ride it out. The hands do what the hands know how to do. A part of me goes off somewhere." The work always gets done. "I've always managed to pull it off. God only knows how." I found it interesting that Carolyn's work mostly involves body parts above the neck.

"It used to tear me apart if work wasn't going well. It used to be a big barometer of how I judged myself, but it's not now...Sometimes I get bent out of shape, sometimes I don't." Mistakes once made her nuts because they challenged the drive for perfection. I questioned whether or not she expected perfection from others as well. "I expected everybody to be perfect, but I was going to be more perfect."

Carolyn has been open about the fact that she's in therapy, and many colleagues know about the incest. Some even know about the twin brother who died, though they don't know details. The ritual abuse has been kept private, except with Marsha. Sometimes someone just popped out information that the collective Carolyn would have kept to herself. Then her attitude was, "It's out, shut up. Don't do any more of this." She said there is a fine line in giving information because "there's safety in them knowing something because then they don't see me as strange. But then you have to decide how much is safe." On a nursing scale of one to ten, Carolyn rated herself at eight. I thought it was an accomplishment that she could recognize her value at work.

Marsha

Before our meeting with Marsha, Carolyn and I talked about their relationship. She gave Marsha a hard time when Marsha first came to work. She feels that Marsha,

like others, has seen changes in her and has noticed that her anger is more controlled. They have supported each other at work over the years and shared much. She talked about some personal tragedies in her friend's life that had helped her to understand Carolyn better and recognize some of the warning signs in early 1988. They share a common religious faith, though they agree to disagree on a number of points. Marsha believes that Satan is real, that he has power and has let loose demons. Her friend has been willing to listen and to believe. Carolyn wished Marsha were freer to seek a grief counselor for her own problems, thinking it might help her.

We met with Marsha one Saturday morning over breakfast bar delicacies from Shoney's. The restaurant was crowded with athletic teams, burly young college men who no doubt had given the waitresses a busy morning. I set up my tape recorder amid the clatter of diners and we started, interrupted the first 10 minutes by waitresses bringing coffee, juice, and Carolyn's morning Coke. Marsha was an enthusiastic conversationalist. I could tell I would enjoy myself, and that the two women had a level of comfort in their relationship that would enable them to be in such a setting with a veritable stranger.

Marsha had worked at the same hospital in the sixties for six years, moved, and returned to work in the nursing department about 1986 since the records room had no

openings. "Carolyn and the nurses had complained that they needed help. But it was a rocky beginning. Carolyn was harsh, judgmental, impatient. I was beginning to wonder if I'd made a mistake. There was a lot of contradiction more than anything else when I first met Carolyn. The very first impression I got of her was almost a head-on collision and I didn't do anything but walk by. I went to ask Carolyn to clean out a locker so I could have it and she seemed to bristle up. I later found out that a lot of that was in reaction to the director of nurses, not me. I didn't understand her reaction. We laugh about it now. Lots of times she would bristle at nothing. And I had to work with her very close. She was head nurse all the time then, my superior. She seemed at times to care; other times she was hostile. Very inconsistent."

Marsha recalled their early conversations. They talked about the trivial personal details a new person on the job usually talks about while getting to know other employees. "In talking about my husband or my father, either one, I noticed Carolyn would bristle. She probably doesn't remember." Carolyn chimed in, "Because it probably wasn't Carolyn." Marsha went on to say that she had a very good father, but other family members helped her read meaning into Carolyn's behavior. "This increased understanding buffered my reaction to Carolyn rather than

a woman who gave me a hard time or didn't like me for some reason. We'd be chattering and then Carolyn would be mad - or someone who was in her body. It makes sense now. Like I said, especially if we were talking about something Daddy did or I'd make some comment or something and it seemed to just irritate her to death. And then she would get on this soapbox about how great her dad was. She was very defensive. My husband was a minister. If I said anything about the church, Carolyn became protective of her Dad being a minister." Carolyn said, "He had to be perfect. That was confusing for a long time. At that point, I was fighting remembering so hard. I didn't want to remember. None of us do. Still it comes. 'I made this up, I am crazy.'"

They bridged the hostility when Carolyn admitted she needed help and got it at Marsha's suggestion. "After therapy, Carolyn was beginning to talk more, was less a mystery. She related details she was remembering, even though this was slow and guarded. She talked around the point, though, you know she was telling you something but you're not really sure what it was. She would tell you something in little pieces and then skip right past it. Like she wanted to confide but was afraid."

Marsha spoke of the spring of 1989, when Carolyn's duties of head nurse were revoked. "As far as I'm concerned, Carolyn is one of the most knowledgeable nurses

we have. And I'm not saying that because she's here. I really believe that...I know it was hard when head nurse was taken away, but I think in the long run, it was best. She knew she needed to stop, but felt displaced and rejected." Carolyn felt she'd failed. In anger, she had said she'd leave if she wasn't good enough and was mostly embarrassed to return to work after the role, in which the other nurses had know her for years, changed. She cried for days, even at work. Marsha said, "I know it was hard, but I don't think Carolyn would've made the same progress. She would've cracked; it was too much stress. In the long run, it was better for her welfare. One time she fell apart in the first three months of therapy. I called Jeff Bender (minister). She broke one day, came unglued. The nursing supervisor wouldn't let her go home, but gave her a break. She was afraid for Carolyn to go home...It was more of a feeling you have about a person than something you could put your hand on. She just looked like she was at the end - about to break. It's hard to say exactly, really keyed up and crying a lot. She stayed in one of the rooms and basically got off the floor... I had seen it coming."

Carolyn recollected a round of anxiety attacks one April. "I controlled, and I controlled, and each release was more spectacular than the one before" (laughs). Marsha replied, "I mean, she didn't play around with them.

It was all out there." About that time another diner jerked her crying child. I noticed Carolyn flinch and we got into a discussion of parenting. She asked Marsha, "Do you notice, though, as I've done my own stuff that I've gotten more patient with children?" Marsha said, "I think you're more patient anyway. I have told Carolyn this many times, that I'm proud of the changes she's made, the progress...I think she's a lot more honest and open than she used to be. She doesn't have to be right. Her Dad is not perfect. She may still get angry, but it is at the real object of her anger. She can be more open, and because of that you see her other side, compassion and artistic ability. She expresses herself a lot better. She has quite good writing." Carolyn said it was a joy when the long dormant poetry came back.

Marsha has seen Carolyn's personality switches at work, but is never sure exactly what she's seeing. "At times she's very soft-spoken, quiet. Other times she talks more boisterously. There is very definitely a difference in tones. Sometimes she talks real real sweet almost like, I don't know who that is. I was wondering because I work with kids and I've seen teenagers, that depending on who they're around, are different people. I didn't know it was a split. There were definite differences. But I was thinking of her trying to impress. I saw it more as that at the beginning. I do know kids do

this...Most people aren't really paying attention." Marsha again lauded Carolyn's nursing skills and overall grasp of medical knowledge. They talked about their common interest in counseling. Carolyn said that the Watcher pays attention when Lawrence works with her, remembering the intervention skills employed for use in her nursing work. We then spent quite some time in theological discussion, sharing opinions about how difficult it can be to find healing in the church when there are needs you have that many people find too painful or bizarre to discuss. Marsha amused me with comments like, "Christians are the only ones who kill their wounded...Listen, God kept saying, you are sheep. Don't you understand what sheep are? Sheep are dumb, and helpless. Read a shepherd's look at the twenty-third psalm. It will tell you in detail how dumb and stupid and helpless sheep are and we are sheep."

Carolyn said, "We have a confused message. It's not confused now, but it was. All right, if I believed in Satan, I believed in God, but, God was stern, unforgiving, judgmental, and I had played with the other one, therefore I was doomed. But what I was doing was putting what I'd learned from the satanic cult and Daddy on God." We talked of self-love, and salvation by grace, and trying to collect on the debt Jesus paid with his blood by holding grudges against our perpetrators. Carolyn said, "The

sheets aren't ever going to tally up in our case." We shared revenge fantasies after Marsha quoted, "Vengeance is mine, sayeth the Lord" and wondered if God would strike down the abusers. Carolyn said, "You know, speaking of thunderbolts, it is really ironic that my mother got struck last summer a year ago. Yes. My mother got struck by lightning. When we were talking about going to (that same place) this summer, she kept saying, 'you can't go there, it's dangerous there.' And Jeff turned around and looked at me, and said, 'don't worry about it honey, you won't be standing next to your father.' He had a feeling that someone got in someone else's stead, but I have a feeling it came where it was needed. Literally, she fell to the ground. The lightning came out her ring, part went up her arm. She was confused; she couldn't think; she had trouble speaking. Of course she never went to a doctor...She had a black eye too (giggles). I got a lot of satisfaction out of that one. She's telling me how awful it was to be hit by lightning and I'm going hahahahaha (much giggling)." I said, "tell it again Mom, tell that story about the lightning again. What was that about hurling thunderbolts?" Carolyn said, "It so happens that the day she was there I was raging at her here. I know up here (points to head) that I had nothing to do with it. I will leave lightning in God's province." She wanted to behave herself and go to Heaven, because she's

sure her family went elsewhere and is convinced she doesn't want to spend another eternity with them.

Spirituality

She had a black leather Holy Bible, zipped closed to hold leftover prayer requests and lists of members from Sunday school class. The inscription read: "Presented to Carolyn on her confirmation day with a prayer that she shall be guided by His word throughout her life.

Lovingly, Mother and Daddy. December 1959." The "h" in the word "His" had been changed from a small to a capital letter. We wondered when we looked at it just which Him was to guide Carolyn's life, God or Satan. The handwriting was her father's.

" I have this recurring dream and I guess I'll have to have it with each of the kids. But it's Jesus sitting under a tree, just sitting. There are people around. But I'm back...I could never make it across the field. Today I can't...the children want to get up on his lap and put their heads down on his shoulder and just bawl their little eyes out. Or have him hold them and tell them it's all right. Or something like that. One kid can get close now and stand next to him, but can't touch him. There's only one kid that can do that...Maybe I don't have to do it with all of them, but I know there are few key people who have to make that journey." She has found much spiritual healing and said she didn't know if Lawrence

realized that most healing, for her, comes from the Lord, not from therapy. "Jesus/God was right there walking beside me during the ritual ceremonies. They didn't take my soul."

She believed in Satan, both horned and at times beautiful, because of her experiences. He is a fallen angel who thought he was greater than God. "The people who did it were crazy, but they had to be able to be crazy. A bigger force was the enabler. People can stop; they have a choice between good and evil." The adult part of her assumed there was another side. She wasn't a "committed Christian" until about a year and a half ago, though the family was active in the church growing up. Daddy taught Sunday school and was active in leadership. There were ladies' circles, bazaars, and carnivals. She remembered singing in the choir and feeling joy. But it was mostly about the family "looking good" in the eyes of their community.

It helped when her minister, Allen Bradley, was sensitive to recovery issues and also made a suicide covenant with her. "His support has meant a great deal. He's available to listen and understands the hurt to my spirit. He knows I don't totally trust God, others, or him. And he doesn't recommend you forgive and forget. That's what got us in trouble in the first place." He helped Carolyn go through the steps of the Seaman's

prayer for healing and it was to Seaman's books that he directed me, thinking they would give a better description of the process than he could himself. Allen delivered powerful sermons about healing on the Sundays that I attended Sunday school and church with the family. During one class, the teacher asked, "What is spirituality?" A young voice from Carolyn said, "connecting with God." She later said it was one of the children. For Carolyn, there is no other place like the church, not even therapy group, which is more individually than family oriented. "The church provides Christian education, a spiritual aspect to life, a sense of community among believers. When you're sick, someone calls to check on you. When there's a celebration, they celebrate the joy with you...I ate it up, but I don't always. Sometimes I'm too ashamed to ask for help if I can't do it myself."

"It's been easier to connect with Jesus than with God, but "I'm not giving up on God. Spirituality is a part of the self and you must address it to recover the whole. It's an important piece, especially for incest and ritual survivors. We were robbed of the spirit; it was taken and perverted. I was taught that my soul was sold to the devil. The abuse destroyed trust, even in God, and creates a lot of anger. My adult knows God doesn't directly intervene as in the Old Testament." Carolyn's memories often get triggered in church; she may become

emotionally absent or get up and leave when she feels like screaming. Her support people there understand and may follow to check on her.

The prayer for healing is designed to assist those driven into futility and loss of confidence in God's power and those who suppressed the futility by repressing inner feelings and denying to themselves that anything was wrong. For some, the emotional scars from life have damaged the emotions such that they are not subject to ordinary prayer, discipline, and willpower. One sees a sense of unworthiness, a drive for perfectionism, supersensitivity to love and approval, fears, and sexual dysfunctions. In these cases, there is a need for an unlearning of past wrong programming, and a relearning and reprogramming transformation by the renewal of the mind. This is not done overnight by a crisis experience (Seamands, 1988, p. 14). The books address the need to love oneself and correct one's faulty theology, as self belittling is not true Christian humility. The prayer itself is the second of three phases for healing. The first phase is the time of counseling, used to uncover hidden hurts, unmet needs, repressed emotions, and patterns that prevent spiritual growth. The second phase, the prayer, involves a conversation with God so that the Holy Spirit may actually touch the barriers to health. There is an emphasis on visualization and imagination

focused on the time period in which the pain was inflicted. Each person's prayer is different. During the third phase, follow-up, the memories are integrated into one's life and invested with new meaning as new behavior patterns are established.

Carolyn met with Allen for prayer on three occasions. She had prepared for a month during the counseling phase and went in with her list of hurts and needs. In March of 1989, Allen had her visualize her child self walking down a hall, like a picture gallery, with Jesus at her side. She looked at the pictures on the wall which showed what she remembered. At each picture, she would stop and describe the scene. Jesus then took the picture down and hurled it into the sea and wiped the wall clean. This was the sea of god's forgetfulness, though the sin was not Carolyn's. Then she went on to the next picture, completing five or six in a couple of hours. During the second prayer, in July 1989, she prayed for comfort and support for the Demon Child. In March of 1990, she had remembered the baby and was feeling tremendous guilt. She described the abortion in explicit detail - the room, the man, the fetus and then knew at a spiritual level that it was not her fault - the true mourning began. "Each time I prayed it was like committing a piece to God, though there's more to do. It brings peace. I can grieve the baby, have it acknowledged and committed to God, who sees

what it did to me and feels the grief and loss. You come to an acceptance place, but you don't forget." She said she couldn't have come to that place without God. "He offers what therapy can't. I wouldn't have had the power on my own to break the cycle. Period. But there was a little piece of me I never gave them. It belonged to Him (God) and to me, too."

She hoped her future would bring more spiritual peace. "As you know, therapy doesn't bring gobs of peace. It just stirs the pot. I think it will be peace that enables me to reach out and help others. There will be a power greater than I am going with me. I'm not alone." She asserted that God is the father she should have had, that all of us should have had. Some parents come closer than others. After the prayer for healing, she was in bed one night, and a voice she described as "NOT in my head" said to her, "You are my daughter and I am pleased". She stated, "I knew it was God. The spirit was still open. Even when the connection gets lots of static, I have that."

Help Lord

Must I always pay
 Must I be the one in pain
 Is there no way out
 Must I struggle again.

I was not the one
 Who initiated this terrible sin
 Why must I be the one
 To pay again and again.

Lord, I'm so weary
 I've used up all my strength
 The evil one is whispering
 Telling me at length (sic).

That I belong to him
 And that I must die
 Because I told the truth
 Instead of that crazy lie.

His instrument is free
 And he says he belongs to you
 Oh Lord, I'm so confused
 That really can't (sic) be true.

He is safe at home
 In the bosom of his wife
 And I feel so alone
 My sentence is for life...

You know I love you, Lord
 And despise (sic) the evil one
 But sometimes life's so hard
 And I really wish to run.

Lord, I need your strength (sic)
 To help me see this through
 To find Your Father's love
 And His grace so true.

Please, Lord be my shield
 When the evil one's whispers start
 Help me to stay here
 And love YOU with all my heart.

Written June 7, 1989
 Sarah Lynn Wilson

Creativity

In almost every room of Carolyn's home, I could see her creations; cross-stitched samplers, painted Santa Claus and carousel horse figurines; even the bedspread in "my room" was a collection of needleworked squares joined in a quilt. She knit beautiful scarfs for me and my husband for Christmas. We mostly focused on the drawings

she has done and the poetry she has written to vent feelings throughout the recovery process. Lawrence told me that Carolyn has brought in some of her work to share, but he is beginning to use artistic and expressive drawing exercises during group more intentionally. These ideas are just evolving. Here are the comments she made about her creative endeavors, followed by examples of her artistic productions.

Artwork

"I can lose myself in the technical work, yet seeing them (figurines) brings happiness and pleasure...Parts of the adults and kids express themselves...this is one way for them to do it. It feels safer to draw and paint to some, especially the kids." We examined several drawings, including a new one of the Spirit Lady, yet to be completed.

There was a pencil sketch of the ceremonial knife. "It was a poor man's dagger, not a rich man's dagger. The blade was thicker than the drawing shows...I believe the date. It's been authenticated as a family treasure, 'our antique knife'. My father showed it to Jeffrey. That bothered me but I didn't know why then." And another one depicting the layout of the buildings on the farm in relation to the grove of trees where the circle was formed.

There was a colored drawing of a blue iris from

Carolyn's garden. She titled that picture "Happy Day".

I saw a drawing of the face of the Priestess. She had bright blue eyes and looked older than 10.

She described three pencil and crayon drawings which are not included here because they were difficult to see. "The grove" was a natural stone altar in the grove of trees behind the house where Daddy grew up. "The farmhouse" was Carolyn's rendition of that house. "It was cream colored with dark curtains that let a little light in. It was a real old house with several fireplaces and a furnace in the cellar. There was a window over the door with stained glass. I don't like certain rooms. I have nightmares about that house and a canopied bed." "The day Mark died" was another drawing. "I had on a white robe; theirs were purple. Grandpa's had symbols on it. Black inverted crosses." They were wearing hoods, but had uncovered faces that Carolyn remembered as if they were masks. She couldn't tell who some of the people were, but recognized Grandpa Walker smiling with the cup and dagger, with Daddy to his right. Aunt Anna was holding Carolyn with Charles beside her. "The horned one was present." The following are Carolyn's descriptions of the pictures included in this text (See Figures 2-7).

Figure 2. "Memory". "That's a neutral storage of memories, not all. It's pink and blue. Someone carries the memories; that's the face she shows the most." I

asked why one side was larger. "I don't know why. I want more of this and less of this. I know I can feel more happiness and joy than I ever remember feeling. Every once in a while there's this wonderful moment when something wonderful comes through. " The symbols at the top of the painting represent the grove of trees and cult activities.

Figure 3. "Witchboard". "The Priestess wants to make the magic...It was several feet across and had to be carried...It was painted on wood...To make magic, you have to face the appropriate phase of the moon. I once watched a satanic cult program on t.v. with Jeff, then went to bed, even before memories came back. Later I reminded Mike about the program, and said, 'We did those things.'" Jeff said, 'But they killed people.' I said, 'Yes'". The Priestess often draws witchboards.

Figure 4. "Priestess". "She's ice cold...She feels very old. She saved my life. She gave away nothing. She's started to trust Lawrence and she's glad he sees her. She can look scary. She can hurl thunderbolts...She'd like to go and dance on Grandpa's grave. For Daddy, she's halfway between wanting him dead and having him live with the total knowledge of what he did."

Figure 5. "Mark". A little person came out while we looked at this picture. Carolyn looked about three, pouting with a quivering lower lip and eyes filled with

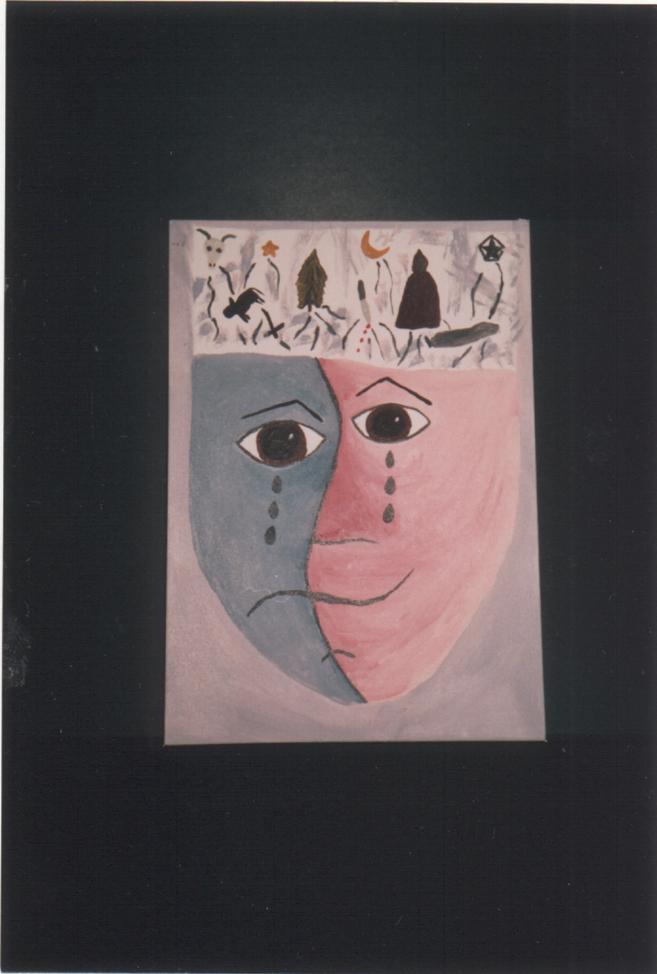


FIGURE 2: "Memory"



FIGURE 3: "Witchboard"



FIGURE 4: "Priestess"



FIGURE 5: "Mark"



FIGURE 6: "Mary Ann"



FIGURE 7: Figurines

tears. "He is sad. He is going to Heaven and will be safe there. Those are little gold angel wings and a halo. It's hard to look at this one." He wore a purple robe. There is blood over his heart. Carolyn missed him and wanted to go too after he left her.

Figure 6. "Mary Ann". "I just did this one. She's the other side of the Priestess. I don't know what all this means...Mary Ann likes closets and feels safe there. Others are terrified of being closed up...I've learned to go in the closet without going in the closet. I go in emotionally."

Figure 7. This is a photo of one of several different painting projects, flowers and various figurines that Carolyn has recently completed. Some similar items were given as gifts.

Journals

"I keep two journals off and on when someone has an entry. I put writings in one, feelings and thoughts, and pains in the yellow one...The poetry is a safe place to put feelings and express myself verbally, those who write. There are lots of different feelings there. Lots of different people wrote." Many of these entries have already been included in the text, but I've added a few here which express other feelings and themes.

To Sarah

There you sit on the bed
The light shining in your eyes

Your smile an enigma
Your face looking so wise.

You know all the secrets
Of this life and ones past
If only you could speak out loud
And tell all of them at last.

A while back you were ragged
A thing to be thrown away
But you were loved by a child
Who loves you still today.

She held you and she rocked you
And loved you with all her heart
She told you all the secrets
And never wanted to be apart.

She was a very sad child
Filled with fear and pain
Hers was a very crazy world
That we have found again.

As I sit and remember now
That small and frightened child
I can see the pain remembered
Reflected in Sarah's eyes.

Sarah is the name I gave you
But in some ways it's also me
I really love you Sarah
With all my heart you see.

I needed you back then
You helped to keep me sane
I told you all the secrets
I told you all the pain.

So even though your (sic) just a doll
In some ways you're very real
I gave you all the fear and pain
I couldn't afford to feel.

I thank you for that Sarah
For keeping those feelings safe
Now I need to take them back
For they are the path to life.
Know that I'll always love you
I'll always keep you near
You helped me through a childhood
Filled with pain and fear.

You are no longer ragged
 Your clothes are fresh and new
 There you sit on the bed
 Oh Sarah, how I love you.

Written May 29, 1989
 Sarah Lynn Wilson

Fantasy

Often I sit here dreaming
 Spinning tales within my head
 Of dragons, knights, and kings
 And lands of crystal and gold.
 The maidens are blond and beautiful
 The damsels in distress
 The knights are noble, tall, and handsome (sic)
 The kings are wise and just.
 When trouble comes, the knights are bold
 And ride all through the land
 Slaying all the dragons
 And winning the maidens (sic) hand.
 There is (sic) no pain or grief
 In that land within my mind
 And illness is hard to find.
 But that is not a real world
 A world with all its troubles
 A world with all its strife.
 For the real world is not perfect
 But it is the best we've got you see.
 So when the real world becomes too hard
 There is (sic) always flights of fantasy.

Written May 31, 1989
 Sarah Lynn Wilson

To My Father

It has been more than a year since the last time
 we really talked, that is if we ever really talked.
 The things that I remember now are hard to bare (sic)
 but I must work through them to be whole. If I were
 to talk to you now, I'm not sure what I would say.
 I'm not sure I ever knew the real you. I could not
 afford to. I made up a father who was like a knight
 on a white charger. He was kind and gentle and would
 protect me from all the evil in the world. He also
 never existed. That is really sad because I loved
 you so much and you took that love and destroyed it.

I was never really a child. I was forced (sic) into an adult world before I could even walk. The sexual and ritualistic abuse you and Grandpa heaped on me was so destructive, I wanted to die even as a child. The first time I tried (sic) to kill myself I was eight. I rode my bike off a cliff. What I accomplished was some very bad scrapes and having my bike taken away for a long time. You told me I was to careless. I wasn't careless, I was in pain and you and mother never noticed. I was there to be used not loved. I was your plaything.

As I grew older, I began to plot ways to get away but I Never could see a way out. Then I plotted ways to kill you. Finally, I turned inward and went to live deep inside myself where you could not hurt me any more because I was not there. In learning to do this, I lost much of what was me. I forgot what was bad in my life but I also forgot what was good. I lost much of me in the process, I lost my childhood, my teen years, and some of the joy that should have been mine as an adult. I was dead and dead people don't love or make love.

I know you have told Mother that nothing really happened and what really didn't happen started when I was about twelve. What a liar you are! All you ever think about is protecting yourself, looking good. You also refuse to face the truth. If you had been cured as you say, you would have made sure I was all right but you never did. If I were to confront you with all the things I remember, you would accuse me of being crazy. I'm not the crazy one you are.

I know you hope to have our relationship return to the way it was before my memory returned. I now know this will be impossible because I'm too angry and even when the anger passes my memories will prevent that. Father's Day is Sunday and I'm feeling very sad because I never really had a father. That is one of the real tragedies in all of this. If I never really had a father, then you do not have a daughter. That is my present to you this Fathers Day, we no longer have a relationship.

No longer your daughter,
Carolyn
Written June 14, 1989
Sarah Lynn Wilson

Thoughts On The Six Year Old

I see you, little one, as you really are, with your big brown eyes and blonde braids. When you smile a front tooth is missing. Today you have on a gray skirt and aqua blouse with a white collar. You also have on those ugly brown shoes they made you wear. You don't understand why you can't (sic) have loafers like your friends. You don't understand why you have to wear braids. You hate them and want to cut them off.

Your eyes are sad and have a far away look. That is because you daydream. Daydreams are much better than the real world. In daydreams the White Knight can come and save you from the terror that the real world holds and give you wonderful loving parents that look like yours but are not. You would much rather live in that world of dreams but they will not let you, will they. No, they jerk you back to the world of pain and fear.

When I look at your face I see the mask, the mask that at six you already know how to wear. You have to hide who you really are from the world. If people really saw you, they would not like you so you must not let them know who you are, or that you are different. You had to keep the secret and run and play and go to school. You had to act like a normal child. Some adults in your world tell you that you are the demon child. You wonder if that is true and are afraid maybe it is. You know that you are different. You don't understand it, you just know it.

I know all these feelings, little one because you are me at age six and you still live somewhere deep inside me. In some ways, you are the demon child, and in some ways, you are just an angry terrorized little girl. Sometimes your dream (sic) world was the way you survived in a world you could not understand, a world gone crazy. You knew more than any six year old should have to know. You are not bad. You are hurt and angry and in a lot of pain.

You are also the demon child because she is the one who went to the circle of trees and is in charge of those memories. She protected us from knowing what we could never have managed if it was present in our minds at all times. She kept us safe from the

burning rage inside of us because she was the only one to feel it. She protected us from the memories of a family out of control, a family filled with cruel, evil people who wanted to make her like them.

You were never a bad or evil child, either of you. You are a hurt, angry, needy child, both of you. Now I need to make a safe world and find out who we really are. Are we Carolyn or are we Sarah or are we a combination of the two? Someday we, and all the other frightened little children who live inside me, will know who we are.

Halloween

Black Sabbath, Black Mass,
 Perversion of goodness,
 Holiday of those who worship Satan.
 Remembered terror
 Dark woods - A ring of trees
 Family members dressed in strange robes with hoods,
 Grandpa in a rode (sic) with symbols on it and a hat.
 A cup of nasty, bitter stuff to drink,
 Strange words I do not understand,
 The stone altar draped in black.
 Someone lying tied up on the altar - a young child.
 I am dressed like them in a robe with a hood but mine
 is white.
 I don't like this place. I am scared.
 Why do they bring me here? I want to run away.
 Someone will die. Please don't let it be me.
 I must be good and do as they say but they say I am
 bad.
 They say that I am like them. Please don't let it be
 so.
 I can't (sic) stand it if I am like them. I will
 die but then they win.
 I'm an adult in age but I feel like a small child as
 memories return.
 Halloween, one of their holidays, makes the little
 kid scared.
 She remembers those other Halloweens when she was
 forced to do scary things, bad things.
 Do I want to remember these things, no, but I must if
 I want to be free.
 So I will continue to do my work and maybe one day I
 can enjoy the child like fun of Halloween.

Lakes

Bright blue water laps against the sun dappled shore. The roar of a boat motor is heard in the distance. Closer, I hear the laughter of children, one of them mine. I lie here drifting on my raft and my mind drifts too. It drifts to other lake in other places and other times.

The first is a winter lake, frozen hard and snow topped. We children are bundled in snow suits and scarfs with our skates in our hands. We watch with anticipation as a man goes out on the ice with a drill to see if it is thick enough. When he returns, he hangs a green flag. My friends and I race to put on our skates and go out on the ice. I'm not a good skater but I like to do it. I don't like this lake in summer because the fish bite and Daddy makes me go out in the deep water, I hate the deep water.

The next lake is a fun lake. There is an amusement park on this lake and we sometimes take a picnic and have supper there. I like to watch the glass blowers who make ships and animals and swans out of glass. there is also a big carousel. I love to ride the wooden horses. My favorite is a big dappled gray with a red saddle. I could ride all night. Maybe the horse would become magic and we could ride away to a special place where little girls could be safe.

Now in my mind, I see a mountain lake. The water is clear and the bottom is white sand. Sometimes Mama takes my brother and I to see the sea plane come in and have ice cream. This is a vacation place. I like vacation because Daddy is always nice on vacation and we do fun things. I wish it could always be like this but it never stays nice. I know I don't want to go home but I don't have a choice. Maybe if I wish really hard my wish will come true.

I'm older now and we are going to a different lake with friends. We no longer live in (geographic region). We have moved to (geographic region). The whole family is going to camp on an island in the middle of the lake. We have to get there by boat. Instead of sand, this lake has squishy red mud on the bottom that oozes up between your toes. I'm going to be allowed to drive the boat. Daddy doesn't want me to learn. He says that I'm uncoordinated but Mr. C, insists that I can do it. Driving the boat is fun, I feel so free racing across the water. I hated

camping with the bugs, spiders, and snakes but I loved the boat.

Now I remember a beautiful lake high in the mountains. It is spring and the air is warm but much of the snow remains on the mountains. The water is very clear and blue. I'm a bride married almost a year. We have come here for a short vacation to see the sights, to play some slots, and to see the shows. I am young and happy and in love. We take many pictures so we can remember this special place. In the years we lived near by we came to this place at other times but the first time was special.

Now we own our own boat and often go to the lakes near our home. Summer is a time of fun as we go out on the boat as a family and with friends. I love the freedom of skimming across the lake with the wind in my hair. It is so peaceful to find a small cove and just float on my raft and talk with friends. I watch the children cavort in the water and play their games. They are also learning to water ski. My son is one of the better skiers and I am very proud of him.

When we first considered buying a boat, I was afraid of someone getting hurt. I've spent most of my life being afraid. To my great surprise, I found I liked the boat and going to the lake. Now as I look back I understand why I like lakes. For most of my life they have been one of the few places I was allowed to have fun. I had forgotten so much of what is written here and I am glad I've remembered. The fun of my childhood was always tinged with fear because we never knew when things would get crazy but it seems much of that fun centered around lakes. Now that I'm an adult, I'm gaining the freedom to have fun without fear and the little kids inside can come out and play without fear. I'm glad that we have found lakes and boats again and I'm free to find happiness in these things.

Needlework

"It can be an addiction, a numbing out tool. At home, it was also a safe outlet for creativity." Before therapy, Carolyn was once driven to stitch and stabbed the fabric with the needle to take out anger and aggression,

especially when directed at her former nursing supervisor. Now she has created more of her own designs and mostly stitches presents for others. "There's more joy in the work now. I get pleasure in making something for others, especially baby things and wedding samplers. There's such hope in those, new beginnings." I only included one example of needlework in the photos because much of her work completed during her recovery period contained identifying information. (See Figure 8).

Music

One night, when the guys were away, we put on our pajamas early and set up Carolyn's keyboard. Tunes from "Phantom of the Opera" could have been heard down the block. She said she's not yet the technician she wishes to be, but who cares if it gives her pleasure. "I wanted to play the organ, but they wouldn't allow it. I could've played the clarinet; I guess it was cheaper. I was allowed to take voice lessons and enjoyed singing and making music. In recovery, I find I'm more and more free to do music."

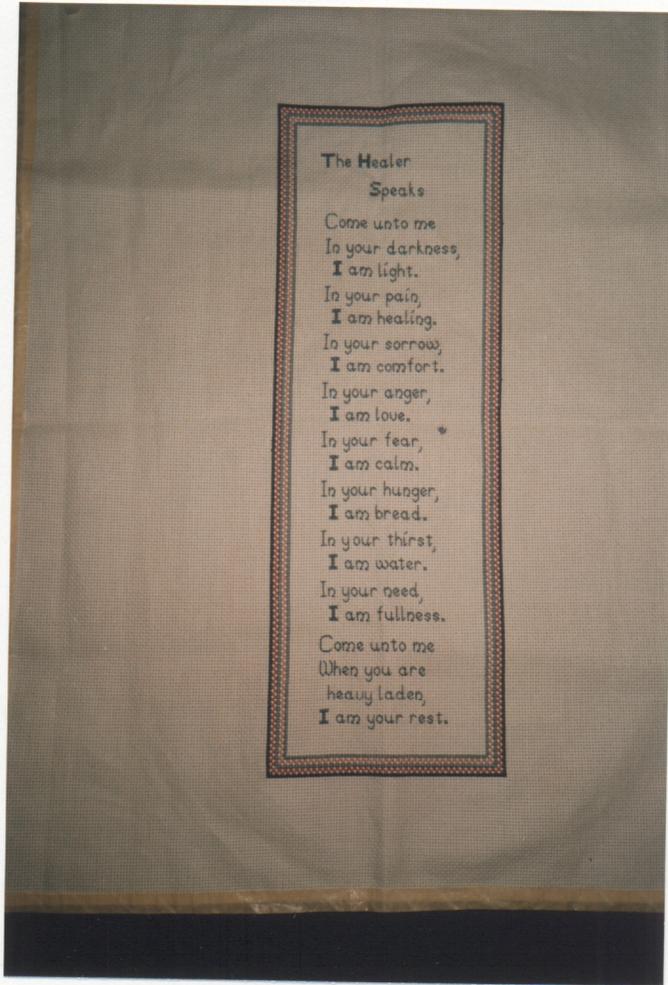


FIGURE 8: "The Healer Speaks"

Other Coping Resources

Most of the resources Carolyn utilized in her recovery efforts thus far have been discussed, but a few remain, among them family photographs, books and bibliographies, and support groups.

Family photographs have had value because Carolyn has trouble remembering what she looked like at different ages. In addition, seeing the changes on the face over the years has confirmed for her, that inside, "I was going crazy then." Much of our conversation during early visits was sparked by family pictures. There was one taken around her first birthday. She was on one end of a wicker sofa and has since recalled that her twin, Mark, was on the other end, just out of view. I saw the Demon Child, a young Carolyn with her Grandpa Walker and Gwen and then with her mother's parents. There were the requisite pictures with Santa and the first pair of heels. The picture taken shortly after the abortion was chilling. Sherry was dressed in a black and white Easter suit and hat, with white gloves. She clutched a black purse and her eyes were vacant. Daddy took most of the pictures. In a picture taken when she and Jeff were engaged, she looked like a different woman. In fact, in many of the pictures, I could see subtle changes indicative of the multiplicity. There were no pictures of "Allen Walker", whom Carolyn described as Dr. Jekyll and Mr. Hyde. "Daddy"

was the good part of him. He was in a few snapshots and present the day of her wedding. Oddly enough, "Baby, I'm Yours" was on the radio as we talked about the wedding. It followed "There's a Kind of Hush".

Carolyn has read a tremendous number of books on many subjects. Many of them in recent years have been about incest and ritual abuse. Besides the Seamands books, other helpful volumes were: When Rabbit Howls (Chase, 1987), Suffer the Child (Spencer, 1989), My Father's House (Fraser, 1987), Obsidian Mirror (Wischild, 1988), Dance of Anger (Lerner, 1985), Dance of Intimacy (Lerner, 1989), Healing the Shame That Binds You (Bradshaw, 1988), and United We Stand: A Book for People With Multiple Personalities (Gil, 1990). She gave me a copy of an extensive bibliography from the Orange County, CA, Sexual Assault Network which listed hundreds of titles. Carolyn has done a tremendous amount of work to address emotional issues and hopes to increase her academic understanding of the problems of incest and ritual abuse as well. She is planning to go to a workshop exploring the sequelae of trauma and abuse throughout the life cycle in the coming months. This would also count as continuing education meeting nursing requirements.

Finally, there are support groups. VOICES in Action, an incest support group, has what they call SIGS, or special interests groups for a variety of specialized

problems. Persons from all over the country join these and correspond by mail as often as the group decides, often anonymously. They share stories and coping strategies and fun trinkets for the little people inside. "SIGS offer a place where what's said is believed. We reach out to and support each other, and sometimes send letters other than SIG letters."

Other Perspectives

I also spoke with Carolyn's husband, Jeff, close friend and neighbor, Carol, and therapist, Lawrence as well as Marsha at work and Allen, Carolyn's minister, who have already been mentioned. They provided validation of Carolyn's perceptions of her recovery and added their own.

Jeff

Jeff didn't know Carolyn was multiple when they married. How could he; she didn't know it herself. "Some mornings she's wound up tighter than a tick...Some times are better than others." He recalled that before beginning therapy she was often "ill and mad at trivial things, I mean, trivial." Such as when they would go to see her parents and arrive a few minutes late and get "the look". When they weren't punctual, the guilt trip was laid on. That made no sense to Jeff who just "went with the flow." Jeff once told Carolyn's father that she was the most hostile person he'd ever known. Jeff was once close to her parents, and like Jeffrey, evidenced some feelings

of betrayal since learning the truth. "Normal folks don't do things like that."

Jeff is rather easygoing unless really provoked, but said he gets mad and then gets over it. "I wait for Carolyn to get over it. Sometimes I don't know what's going on. She'll come out to the shed and if I asked, she'd probably bite my head off." They both said this problem had improved. They are most likely, now, to disagree because of Jeffrey and last minute changes of plans. She doesn't get as upset about work as she used to. There had been times early on when he had to cancel bowling or other plans because Carolyn was so upset.

Jeff supports Carolyn doing what she needs to do and listens when she asks. But he sometimes wants it over, maybe in the next three or four years. "Carolyn has come a long ways. But how long should it take?...I want Carolyn to come to some kind of peace with her parents, some kind of reconciliation. I hope Lawrence is a decent guy and won't take her for a ride. That it can go back to the way it used to be without therapy." He too is angry that they have to pay for damage her parents caused and doubted that he could have the same feelings as before for the Walkers. He noticed that since therapy the calm lasts for longer; the peaks of craziness are lower, especially after Carolyn has done a structure in group or at treatment week. She is also sick a lot less. They

provided a lengthy list of illnesses and surgeries occurring during their marriage and said they had developed a hospitalization and recovery routine. It was tough on Jeff, and he got angry even though she couldn't help it, especially when Jeffrey was a baby, because he was rarely sick and feared Carolyn would lose her job and the needed income. They agreed that they would have chosen any alternative to psychiatric hospitalization for the emotional highs and lows if needed. There has been tremendous improvement, but Jeff also agreed that an indication of further improvement would be increased intimacy.

He talked about how quickly Carolyn can change moods, "it's somebody else, not her", but then said he doesn't really notice personality switches. "She's just Carolyn to me." His family is aware of the incest and is supportive of her recovery process, but Jeff said they don't know exactly what it means or how to talk about it. Jeff himself is fairly reserved, but opened up as we got to know one another better. He has a great sense of humor and is skilled with guns and leather crafts. He ended our formal interview by wondering aloud how Carolyn would react when one of her parents dies.

Carol

Carolyn and Carol have been neighbors 12 years. They have raised their families side by side, sharing the joys

and sorrows over the long haul. They were both trained as nurses and attend the same church, carpooling for teen activities whenever possible. Their husbands and children are also close, so the families, in varied combinations, pursue many social interests and outings together, such as boating and cookouts on holidays. Jeff and Carl play poker and bowl on a weekly basis. Sometimes the wives and husbands and kids have exchanged houses.

Carol described their relationship as "best friends without having to think about it. You don't have to worry about judgment; you can just be yourself. We have seen each other before surgeries, after we've lost jobs, for good and bad things like death, life stuff." They have talked about Carolyn's recovery process. Carol sees Carolyn as happier than she was three years ago when there was "denial and deepest depression. Then she was remembering constantly. Carolyn was unhappy with Carolyn".

Carol hoped she's been a listener. "In the beginning, I gave more suggestions before I knew the details. I thought it was family and raising Jeffrey, you know, more situational." She did think it odd in the early years that she saw her family from out of state more than Carolyn saw her own parents who only lived a short distance. Like Marsha, Carol remembered Carolyn idolizing her father and making his vestments for ordination, so this lack of visitation was incongruous. It has since made

more sense and Carol has come to admire Carolyn's courage. "Whether it happened or she thought it happened, it's equally horrifying. It's not up to me to make a judgment. I can't imagine a friend going through it...Carolyn is solidly on her way to recovery. The slipbacks are less drastic. She's able to handle things better, is less shaken. The lows are less low. Those lows were depressing. I never saw the terrible rages. She once wondered about wanting to live versus now when she just says, 'I'm kicked again'. There's more security and sense of self." Carolyn said she has appreciated Carol's being there to listen and believing that "this stuff's real". She also valued getting another woman's perspective, since Jeff and Lawrence, her main supports, are both male.

Like Jeff, Carol wished for Carolyn's future some peace and acceptance about what has happened, but recognized that such may not be possible. For herself, she said that knowing Carolyn has given her a new appreciation of life and of her upbringing in a healthy family. "After all that's she's gone through, my life's not so bad. I've taken things for granted." She also said that Carolyn has taught her a new sensitivity to others, especially children. "When I met angry people, I used to react angrily back. Now I think, 'they may have a reason'. I had always accepted Carolyn the way she was, but now I understand."

Carolyn credited Carol with providing information about normal childhood behavior. She said she often checked with Carol about Jeffrey's behavior, though Carol didn't realize that's what was happening. Carol's parents became surrogate grandparents for Jeffrey, giving him an opportunity to learn to relate to older adults and fill in the emotional gaps left by his own grandparents.

They talked about times they had shared and filled me in on relationships with different neighbors. They seemed comfortable together, chatting with the ease that comes only from years of friendship. Carolyn said she was pleased with the depth of their relationship and the role that Carol has played in her life and recovery. "Total recovery will end when I end. There are fewer daily triggers. Sometimes hours go by and I don't think about it. One day of happiness wouldn't be too much."

Carolyn's Summary

We attempted to coalesce Carolyn's current perspectives. I asked her to define incest and ritual abuse for herself. "Incest is any inappropriate sexual behavior perpetrated on a child by an adult who - not just father - father, brother, stepfather, uncles, grandfather, usually kin. When it's not kin, it's rape. I don't think it's just...physical was my experience although some of what my mother did was emotional. Females can physically incest, but I see males as perpetrators in my situation.

Ritual abuse happens when a body of adults hurt, abuse, in any way - emotionally, sexually, physically, spiritually - degrade every fiber of being in a manner they claim is religious. Christians do this too. It's not just satanic. It's adults perpetrating on children. It can even be adult to adult. But I don't think young children can ritually abuse. They are taught. If forced to perpetrate, they are not abusers. I've been forced to perpetrate, but I've never ritually abused." Carolyn expressed some empathy for her parents' inability to break free of the abuse cycle, but occasionally had fantasies of their joint self-destruction. She thought that many of her relatives were also multiple and split to continue the carnage. "If I hadn't split, I would've gone insane or be dead. The terror was so bad that if I didn't split I was going over the edge, howling into insanity. I'd have felt the pain. Some of my people can't feel pain. They don't know what pain is. They know what blood is , but they don't know what pain is...There was a lot of blood in trying to make pain. And the one's who didn't, couldn't feel the pain knew how to show it for them. Knew how to put the face on ...because they had to show the pain for them...so they knew when to stop."

Before therapy, Carolyn's body held the memories. She mixed Benedryl and Dramamine, went on drinking and eating binges, drove up the down ramp of the freeway but

turned around and decided not to take other lives with her own, and took sleeping pills to get needed rest. There were numerous upper respiratory infections, ovarian cysts and eventual hysterectomy, gall bladder and back surgery, and two bouts with hepatitis which caused liver damage. Except for the hospitalizations, she rarely missed work. There's the constant diarrhea, constipation, and rectal bleeding. Pelvic exams, blood tests, even mammograms are difficult and often bring tears. In November of this year, she discovered she is diabetic and has taken charge of changing her diet and eating habits. She has only a slightly exaggerated startle response, but feels that the world is unsafe and fears that a cult member will kidnap Jeffrey, though the abuse occurred in another state. She struggles with her sexual identity and has sometimes intentionally injured her sexual parts. She struggles with her identity, period, and wonders if she'll ever be whole, whatever that means. "I've spent a lot of my adult years thinking I was here. Now I know I wasn't." She evidenced familiarity with almost every symptom that I asked about, listed in the literature review. She hates crowds. Her feelings have shut down, along with the parts of her thinking that think about feeling love and hate. She's forgotten much of her life, or cannot access it. She is tempted to believe that she fabricated this whole story, for part of her would rather be crazy than admit

her parents were. Yet she said of recovery, "I don't have to put my life on hold." She has persevered and gotten better.

Experiential therapy has helped. "Individual therapy is more process and group is more body work. I have gone places inside with body work where I wouldn't have gone. I wouldn't have found Mark...I can get perspective, pieces of memory, and unlock body memory. Different people work. I have addressed people in the drama and really seen family members. It discharges feelings. Sometimes you need someone out there physically to do that...I have to do breathing and grounding to be sane, to stay here and deal with what's here. There has been damage that no amount of emotional work will cure. There is wear and tear on my body from having kept the secret so long, but I also subscribe to the germ theory. Not everything is body memory. Like a scar, how much can you undo? Healing is a lifelong process. I don't necessarily think you have to be in therapy to complete healing. You just have to live life."

Carolyn wished her brothers would get some help dealing with what happened, but they seem to be in denial. Allen has had dreams of being chased in the woods and is terrified. Carolyn knew what this might indicate, but the work is his to complete. She was still anxious about the possibility of ever running into her parents. "I can't go

home. We drove through (parents' hometown) on the way to vacation...Jeff said we had to get gas. I said, 'You mean you're going to stop here, in this town?' He said, 'Look for a Shell station.' I said, 'It's on the corner of (their street) and DON" T YOU DARE!" (giggles). She thought if he came down the road, she would die or leave tire tracks on Jeff as she fled. She is thankful that her alter personalities helped her do what had to be done to survive at the time, but has recognized that most family threats, in the real adult world, for her have passed. But she feels her father is still capable of worshipping Satan and only substituted God in his place without really repenting or changing. She sees her mother's manipulation and knows what to watch for, but still feels the sting despite her awareness. When Carolyn told her mother she had diabetes, her mother got weepy and apologized. Carolyn indicated she wanted her to take blame for what she did, not what she had no control over. She last talked to her mother on the phone Christmas Day 1990 and hasn't really conversed with or seen her father since March of 1988. She's debating sending a letter to Mom, telling her of her anger that she let it all happen. "I want both of them to leave me alone, to have a relationship on my terms. I don't want them to initiate contact. I don't know if I can have a relationship with Daddy. The kids want a daddy, but not that one. We have

that bond with Lawrence, but will have the break the transference with him some day. I may have to ask how."

Carolyn thinks that ritual abuse is more prevalent than the general public realizes. "It's big. It's everywhere, in every socioeconomic strata. It knows no race, no nationality, anything...There's a lot of different forms it takes...There's a loose network. Groups know that other different groups exist and know where they are and know how to find them. I think other times the groups come together, although there's no head like in a single cult. Some times there were more people, at the same place...It's in the world more than we would like to think about. The world closes its eyes until something awful happens, like Matamoros where they found all the bodies, and then they get all wild about it. But then it settles back down and a group can threaten to kill a child in (nearby city) and the police go, 'oh, it's all made up' last Halloween....Most people don't think about it. They put it as far back in the back of their mind as they can and they don't think about it...I think those of us who know, in whatever way we can, where it's safe for us to do that, have to keep saying, yes it is real, yes it is real. We have to keep saying to the rest of the world that it is real...The world has to be made aware. It's the only way we're going to stop it. The greatest resource any group of people has is their children. The

next generation is what carries it on."

Many of Carolyn's less pronounced alters have spontaneously integrated. "I don't even know if there'll come a time when I'm totally integrated. I don't know what I want yet. I'd like them all to have resolved whatever they need to resolve and be peaceful. That doesn't mean that they have to die." She sees the time coming fast when she can decrease and eventually stop therapy.

She agreed to do this research project, even volunteered enthusiastically, to help spread the word that, "yes, it is real" and to affirm the progress she's made. "It's hard to look behind in therapy because you get focused on the problem and the future. You need to look back and see where you've come from." She didn't feel she lost anything during our work together, though going back and looking at the rituals and memories of Mark and the abortion were painful. Rather, she felt she'd gained a broader knowledge of herself and was affirmed by knowing that because I'd traveled a similar road in childhood, she was not alone in the recovery journey. We initially had a connectedness because of our abuse experiences, but have gotten closer through our months of work and play. She described our relationship as "soul sisters, family". She's found peace and satisfaction and hope for recovery if it takes her whole life, preferring

the hard work over "being in pain every second of every day." She told her story to those in her life and now she's told it to me. And I've told it to you. "The only way to stop it is to talk about it, to get it out there. If survivors don't talk, if they keep the secret, we can't stop it. There are three of us from one parent with the ability to perpetrate. It just grows and grows and grows. We can stop it when those of us who lived through it stop it ourselves and get the kids currently in that hell out." Carolyn said she's more hopeful now than she's ever been that her nightmare will end, and the hope is coming from inside for the first time. "I've found the Spirit Lady and she's wonderful. I'm realizing she's really me, part of me to reclaim."

The Spirit Lady

Dance in the sun
 Run with the wind
 Stand on the mountains
 Laugh with the rain
 Beautiful to look at
 Golden hair flowing free
 Flowers for your crown
 Raiment of rainbow hue
 Lilac of the dawn
 Green of the forest
 Yellow of the sun
 Blue of the sky
 Your soul is loving
 Filled with compassion
 Especially for little children
 Who live in the darkness
 You want to bring them into the light
 So they can grow and be free
 I know that you are here
 And you are old and wise
 You know all the ancient wisdom

You are the Spirit Lady, the earth Mother
Who comes to help the little children
You are the Ideal Mother who will replace
The hurtful Mother that was theirs
Help the little ones grow, oh wise one
For they need a mother to help them
To learn to play in the sun
To learn to stand tall and be free
Then, as they grow, and become one
They can also dance in the sun
Run with the wind
Stand on the mountains
And laugh with the rain with you.

ANALYSIS AND IMPLICATIONS

Overview

"Lady, I do not make up things. That is lies. Lies are not true. But the truth could be made up if you know how. And that's the truth." Lily Tomlin. (Patton, p. 482).

With this Lily Tomlin quotation, Patton asserted that truth and perspective are not one and the same. Smith (1990) has made a similar distinction.

There is a distinction made between what people believe to be true and what really is true. Inquiry can determine what people believe and how they have come to hold these beliefs. Inquirers can be right or wrong about these things; they can depict the beliefs of others and the origins of their beliefs either accurately or inaccurately. However, to determine that people believe certain things are true does not mean that others, including inquirers, must accept these beliefs as true. (p. 171)

To the degree that I have obtained this information through systematic inquiry and accurately represented Carolyn's story, her beliefs and their origins, with minimal variation from her own presentation, this account represents valid research. To the degree that I have owned my biases and utilized my personal life experiences in order to formulate research questions, thus somewhat shaping the answers, I have added perspective to this account. "Perspective is much more complex and problematic when it comes to the interpretation of the meanings, purposes, and interpretations people give to their own actions, the actions of others, and to events in

the world around them"(Smith, 1990. p.172). The reader must decide what he or she holds as the truth of this narrative. As Wolcott stated, "Among the qualities I seek in research, I would rather my work be regarded as 'provocative' than as 'persuasive'...I seek 'understanding', the power to make experience intelligible by applying concepts and categories" (Wolcott, 1990, p.146). Beyond providing provocation, I have added some of my own thoughts about Carolyn's experiences and ways in which these relate to the practice of marital and family therapy. I hope these musings facilitate understanding.

This study has attempted to describe aspects of a complex phenomenon, ritualistic child abuse, by capturing the candid recollections of one survivor and exploring the impact on adult life in various social roles. It has also attempted to provide a second-hand look at a family historically unavailable for scrutiny to investigate its functioning. I think these goals have been accomplished, offering the three advantages of a case study as listed by Donmoyer (1990, p. 193-196):

(1) Accessibility - takes us to places where most of us would not have an opportunity to go.

(2) Seeing through the researcher's eyes - allows us to see and process things we otherwise might not have seen.

(Much as Lawrence's ability to see through his clients' eyes introduced him to the nuances of recovery work.)

(3) Decreased defensiveness - makes us less likely to produce defensiveness and resistance to learning. (It might be easier to confront these issues on a printed page before confronting them in the therapy hour.)

The descriptions on these pages have been presented to challenge the reader's thinking about the existence of ritual abuse and the diverse realm of possibilities for healing and to educate therapists about theoretical stances in working with survivors and their families. I hope that the expansion of ideas that may have resulted will have clinical manifestations as therapists who have read this report allow for these possibilities, as they listen and support and guide without becoming overly responsible for the client's welfare or caught up in the details, and as they choose portions of these ideas that generalize to their own clients. Donmoyer (1990, p. 181) said of generalizability and the single-case study:

It no longer makes sense to think of generalizability as synonymous with the use of large samples and statistical procedures designed to insure that the large samples accurately represent the population...Even statistically significant findings from studies with huge, randomly selected samples cannot be applied directly to particular individuals in particular situations. Skilled clinicians will always be required to determine whether a research generalization applies to a particular individual, whether the generalization needs to be adjusted to accommodate individual idiosyncrasy, or whether it needs to be abandoned entirely with certain individuals in certain situations.

To be sure, research with large samples can provide clinicians with some idea of a certain strategy's probability for success...but even this advantage has a downside. Researchers' ideal types

can easily become stereotypes, and stereotypes, when applied to individuals, can easily become self-fulfilling prophecies.

Following are my observations, interpretations, and general thoughts this work stirred in my own thinking.

Analysis

There was much about Carolyn's experiences that correlated with the literature reviewed on the topics of incest, ritual abuse, crisis and trauma, multiple personality disorder and dissociation, and experiential therapy using bioenergetics and psychodrama. In that sense, this project revealed few surprises. What is unique is that this project, unlike other literature reviewed, focused on the fact that a survivor can have the usual symptoms associated with an extreme abuse history and yet function surprisingly well, developing understanding and tolerance for the presence of dissociative phenomena. This awareness added a new stress to Carolyn's life, but enhanced more than hindered her recovery.

Her family seems to have been integrated into their community, at least maintaining a facade of normal function. I have been curious about how such heinous abuses could occur and yet go unrecognized by those outside the family, yet I know from my own family that such secrecy is possible and part of the abuse pattern. Because the double life led by family members can be

difficult to detect, normal appearances and seemingly high functioning in work or community roles ought not be regarded as refutation of one's ability to perpetrate. Indeed, it is my impression that maintaining such appearances demanded a certain amount of creativity and intellectual and emotional skill on the part of family members. For therapists with whom I have discussed these issues of outward appearances, it is often more difficult to believe the stories a client tells when the family does not fit an abuser prototype of drunk and out of work, intellectually limited, or overtly violent. We look for any of the signs that we've convinced ourselves would evidence proof of abuse and aid in making a protective services or court case, thereby interrupting or even stopping the cycle. This was a family who placed looking good high on their priority list. They were well educated and represented in respectable professions such as ministry, nursing, and engineering. Lawrence Carruthers the plumber and Uncle Charles the embezzler fell out of favor with their families for failure to keep up appearances. This family was involved in churches and civic groups. They were sought by friends for advice and guidance with personal problems. They were viewed as upstanding citizens. Yet there were multiple dysfunctions and indicators of stress in all of the involved families. I found alcoholism, robbery, embezzlement by Uncle

Charles Walker and Jimmy, Ronald Walker's suicide and his brother Mark's institutionalization, early deaths and illnesses in the Carruthers family from tuberculosis and gangrene and in the Best family from heart disease and other ailments. Roger Best was born premature and died shortly thereafter. Jeff's sister, Debbie, had a son that suffered a nervous breakdown in college. Patty and her new groom were killed in a car accident on their honeymoon leaving a son without parents. Like Carolyn's brother Luke, Jeff's brother Roger, who lives in a different state from the rest of the family, seemed less involved in the family, another fair-haired son who was allowed some distance. The oldest, like Uncle Charles or Carolyn, could never live up to exaggerated expectations for performance. Carolyn's cousin Jeffrey and his mother still live with Grandma Fisher and seem not to have established much independence. Grandma Fisher obviously knew about some of the family secrets surrounding the death of Carolyn's twin, Mark, yet she protected her daughter and son-in-law for years with her silence. Why? Uncle Max was an incest perpetrator. Many of the Best family members collect and enjoy shooting guns. Carolyn and Jeff keep them in their home, though unloaded. This may not in and of itself be problematic, and I'm not necessarily advocating gun control, but I found it interesting in light of the family history of violence.

And of course the sacrifice of young sons indicates some problems in family function.

None of these events necessarily caused or were caused by the abuse. And people certainly contract diseases and have accidents. But I was curious about the obvious patterns of loss and limited physical or emotional functioning in the Walker, Carruthers, and Best families. Theoretically, from a Bowenian perspective, these patterns may have been indicative of family anxiety and lack of emotional differentiation. Bowen conceived of almost any disorder or presenting problem as a result of emotional fusion transmitted from one generation to the next and measured by the degree of health of each family member. Though the families as units appeared functional, in that most members stayed in contact, found partners, worked, raised children, were active in the community, and avoided detection of abuse by outsiders, some individual members experienced significant losses and functional deficits which the family joined to overlook.

Oddly enough, through all the facades and secrets, I sensed a genuine importance of family ties as evidenced by members' loyalty to traditions, family initials on the ceremonial knife, Carolyn's awareness of and ability to secure genealogical lineages, the remembrance and use of Celtic tunes during circle meetings, and Carolyn's strong identification with Sarah Lynn Wilson, a relative whom she

never met and for whom she named a doll that helped her survive childhood. Sons often chose the professions of their fathers, like Allen and son Luke working as engineers, or Grandpa Walker and Uncle Charles working as C.P.A.s. Few family members, by Carolyn's account, evidenced memories of abuses in conversation beyond the circle; they saw themselves as a good family. Yet Carolyn described family members she never knew or never knew well as "stern, violent" and "evil". Who gave her these words? Everyone seemed to agree that nothing happened to them, yet in cases such as Carolyn's brother Allen, he made overt efforts to protect his daughters during visits with their grandparents. It amazed me that they could simultaneously deny and discuss the incest, thus maintaining the image of a close and loving family.

Maintaining this image took creative efforts to deal with opposing truths in daily behavior. Just keeping the different stories straight and the right one secret seemed to require high levels of intelligence. The family talked together, yet Carolyn remembered that conversation was demanded during dinner, not necessarily enjoyed. There were church activities, yet cult ceremonies also took place, even in the church. Carolyn's mother was home during much of the incest, yet she never noticed. She acts like nothing happened, yet has paid for some of Carolyn's therapy. Carolyn and her siblings were close, yet they

each had their secrets. Carolyn has thought her parents were wonderful and still considers their feelings, and said she would help provide for them in their old age, yet also said she wants nothing more to do with them. Certain relatives never visited each other, yet all went to the circle. Carolyn never was allowed to fight back or be angry, yet there are memories of threatening to kill Grandpa Walker when she was eight or nine and he hit her mother. She told others she had a twin long before she was consciously aware of this fact. She remembered forgotten arguments with her mother that occurred at the time of the abortion. She was always the obedient daughter, yet ran away to try and save her baby. She felt compelled to tell Lawrence what she remembered about Mark yet lost her voice. There are many emotional cut-offs among close family members. Carolyn resolved to leave when she married, yet she wrote weekly at her parents' request. She has struggled to be herself, and this was most obvious in her poetry, but is often unsure who that self is as alters vacillate among wishing to perpetrate and make magic, like the Priestess, or be taken care of, like the children inside, or hide in closets, like Mary Ann, or be super efficient and responsible, like Nancy Nurse or Sherry. Sarah and the Spirit Lady are almost perfection in the flesh. Carolyn has desired and yet feared intimacy. Halloween represented bad memories for Carolyn,

yet her first treatment week took place during Halloween. The cult abuse had many religious overtones, yet the church and spirituality have been a consistent source of strength and healing. She sees Jesus as a friend who was with her all along, even in the circle, as God with a skin on him to help her through the memories. The facts are confusing and evidence extreme opposites. Yet an overriding theme is an incredibly strong pull to please other family members, to see the family as basically ok but not to lose the self or become too vulnerable in the process, even if dissociation provides the only protection.

I wondered how this type of family, and the impact of dysfunction on its members, compares to those families in which abuse is overt. Finkelhor's (1986) preconditions for abuse were evident in Carolyn's recollections (motivation to abuse, lack of internal inhibitors, opportunity for abuse to occur, overcoming the child's resistance). In the existence of Sherry, I noticed typical role reversals in that Carolyn had an overwhelming amount of responsibility for household management and child care, compared with her mother, and a confused boundary between daughter and sex partner/wife with her father. Her parents' emotional reactivity to their own parents, such as following parental mandates in the cult or maintaining emotional cut-offs after arguments, may

have indicated little differentiation of self in their own families. Carolyn's letter to her father in the spring of 1988 exacerbated a structural crisis (Pittman, 1987) in the family in that there was initial upset, especially from her mother, but resistance to change and no resolution. The family has maintained a collective denial, a "family trance" in which individuals within the family, especially when together with other family members, behave as though nothing bad happened (Calof, 1987).

Carolyn admitted to most of Gil's (1988) psychosocial, physical, relationship, and sexual problems often noticed in incest survivors. Her accounts of ritual abuse, in terms of the psychological and physical components of ceremonies, were similar to those of Kelley (1988). Keep in mind that Carolyn had not read any clinical or popular literature which provided her with this information until after the memories had surfaced. She described the stresses associated with dealing with the memories on the job, while parenting, and in personal relationships. She evidenced fear of recurrence, a phobia that a cult member would kidnap Jeffrey, anger and frustration, blame and guilt and remorse over her own responsibility, hostility toward perpetrators, and sadness and grief over her losses (Figley, 1985). I noticed a parallel between her inner selves' personalities and

hierarchy and the people and structure in her family of origin. As was suggested by Courtois (1988) and Maltz and Holman (1987), Carolyn found healing in outlining the events and ascertaining their idiosyncratic meaning for her, just telling the story; psychodrama and body work; inner child work; letter writing; education; and improvement of body image as evidenced by attempts to get appropriate medical care, lose weight, and concentrate on developing attractiveness and self-esteem.

I found myself most interested in the transgenerational transmission of the cult involvement and would like to step out of the content and focus on process. I talked at length with my clinical supervisor, a Bowenian theorist and clinician who periodically reviewed the transcribed interviews to enhance validity. He did this by checking to see that I had really asked the intended questions and not led the conversation toward preconceived answers. He then helped me determine the direction for further inquiry. His thoughts, with which I concur, were that the cult phenomenon is indicative of the intense anxiety a group of people feels in being cut off from larger social relationships for reasons of overpopulation, extreme stress in day to day living, separation from extended family, and a host of personal relationship difficulties. The secrecy about cult activities enhances members' sense of belonging and

togetherness, their sense of being different from the outside world and special in their distinction.

Throughout history, especially among animals, groups have sacrificed individual members to enhance their own survival and functioning, at the expense of that member. Within the context of the cult, such behavior made sense. Death, or the illusion of death, was necessary for the survival of the group. But it has been easier for us to notice such behavior in the animal kingdom than to see and accept it among ourselves, that dark side of the culture which Lawrence mentioned. We like to think we are of a much higher order. During ceremonies, members seemed unable to see that the world beyond the cult had a different set of rules. After the ceremonies, however, it is my hypothesis that the societal rules were once again in effect without the support of the group. The horror would have been too overwhelming; the activities, illegal. The entire group probably dissociated collectively to manage the anxiety their actions produced. Dissociation may have been an innate skill and the defense of choice in this family, but it seemed also to have been a learned behavior and reinforced by group expectations. On the interactional level, anxiety was controlled by keeping the secret. On the emotional level, anxiety was control with dissociation and denial. I would like to do further research investigating cult process.

On the family level, I considered Nagy's ideas of entitlement and unconscious loyalties that organize family behavior and may result in exploitation. Nagy's contextual family therapy, based on relational ethics, involves a reciprocal exchange of consideration among family members and an open acknowledgement of who feels owed what by whom. Trust comes from repayment of debts and children are thought to have almost unlimited reservoirs of trust which they extend to their parents, trying to please them, even when the parents' behavioral demands are inappropriate. Children do this based on their extreme dependency needs and inability to refuse compliance. Carolyn even recalled her father saying, on the way to circle meetings, that he had paid his dues so she would have to pay hers as well. The anchoring point for raising his child, parental responsibility, was sacrificed for loyalty to his father, Grandpa Walker. In response to the resulting exploitation, Carolyn has ceased to invest in the family, or at least thinks she has, though it seemed to me much emotional energy is still directed toward protecting herself from them through cut-off. When we talked about Paul's notions of unexpressed grief passed down through the generations, Carolyn speculated that much of the rage and sadness acted out in the family came from denial of the deaths of second-born children (often named Mark) over many years.

As a culmination of all of this information, the most important point for me to share with readers is that Carolyn has basically functioned well though she often perceived that she has not. She has married, raised a child, maintained employment requiring great skill and concentration for many years, even in the same job for more than a decade, and taken increasing control of her life. She has friends and associates and social ties in the community. She has been able to maintain her physical functioning despite periods of less than perfect health. Through all the horrors, all the memories, all the therapy, and all the daily struggles of trying to live and enjoy a normal life, she seemed to be doing as well as anybody else, at least at a basic level of adult functioning.

Suggestions for Therapists

I would encourage therapists to listen respectfully and patiently to the recollections of clients in order to help them come to terms with what happened and what it has meant for them. Such clients need validation of their perceptions and memories in order to learn to trust themselves and their own judgments. Carolyn's work with Lawrence helped her clarify her own thinking and feeling processes. But what I know from my own experiences and those shared by Carolyn is that, to the survivor, the work to be done often looks overwhelming. The children inside

who never got the nurture they needed to grow up healthy often seek caretaking. Because their story is so tragic, therapists often feel pulled to comply and give them the parenting they missed. Boundaries are confused and crossed; the adult selves are not present to carry on the client's life. Progress may be slow as the client seems increasingly dependent, requiring even more caretaking. Even when the switching is contained and adult alters are more responsible for meeting the needs of the children inside, not expecting outsiders to do it for them, progress often goes unnoticed.

Carolyn now sees the progress, but this perspective only came recently. She has always functioned with a high degree of independence, but lived with the fear that she would not make it, that there was nothing salvageable under the pain. Through the early stages of therapy, her support system constantly reminded her of the need to press on though she went so far as to run away, thinking Jeff and Jeffrey would be better without her. She refrained from suicide only because of her parental responsibilities; she didn't want to abandon Jeffrey as she had been abandoned. Lawrence said he reminded her of her responsibility to live and to keep working.

I think it is the job of the therapist to point out the progress, to maintain a hopeful vision and to share this with the client in the form of encouragement and

assistance distinguishing between facts and feelings, past and present, reality and fear. This stance requires an ability to manage one's own reactivity to the material discussed, to one's own feelings of needing to rescue a client who got a bad deal from family life. When my therapist took this stance of focusing on hopeful progress with me, I was often angry, and felt that he didn't understand the impact or significance of my experiences. But his honest belief that such abuses can be integrated into normal adult life and functioning, that a survivor can still get needs met and be satisfied in the present, was a beacon when I felt overwhelmed. This is not to say that I believe such horrid abuses can be completely remedied or overcome in adult life, to the point that it is as if they never happened. However, he never joined me in my hopelessness, though God knows he got frustrated. He never got caught up in the horror so much that he could not see beyond it. His vision kept pulling me forward. Carolyn is getting the same thing from her support system. It has kept her going when she would have stopped. It has kept her connected when she felt like a freak. It was available when she needed it, which is less frequently as this point.

Such a position requires that the therapist work on his or her own differentiation of self issues, perhaps through supervision and/or personal therapy, in order to

recognize and address biases which may impede client progress. Bowenian theory would suggest that one practice observation skills and learn to control emotional reactivity, de-triangulating from the emotional intensity while staying in emotional contact with clients, modeling intellectual control over emotional processes. This is not to say that the therapy is not at times emotional; but rather, that thinking about feelings helps prevent being overwhelmed by feelings. Nagy's contextual focus on fairness is appropriate in that clients who have suffered such abuses are alert, at some level, to further mistreatment and exploitation. If they come prepared to delve into horrible emotional pain, they expect the therapist to be available, interested, and caring, and to bring some energy to the sessions. For therapists, this is not a passive therapy, but one in which a certain amount of effort is expected, often in order to prove trustworthiness. These expectations may be higher than those of clients who are not abuse survivors. The therapist needs to decide whether or not to accept the challenge and to be clear about his or her decision and limitations, but should avoid blaming the client for having such high expectations. These demands may be the survivors' best early attempts at asking, "Will you see me thorough this?"

I did not check other sources specifically to

validate Carolyn's perceptions, but did note that her family, friends, therapist, and minister perceived her behavior as she did herself early on in recovery. She said she didn't trust Lawrence, but she worked with him anyway. His availability facilitated the development of trust, but there must have been some initially or she most likely wouldn't have stayed in therapy. Carolyn often felt worthless when she heard her family's criticism in her head, yet she has continued to establish the importance of her thoughts and feelings with creative efforts that say, "This is mine. I can make things. I can express what was kept inside for so long. I have my own ideas and creative ways of expressing them. I have something to give". Lawrence has also utilized a range of therapeutic techniques to facilitate such non-verbal self-expression. It is important for therapists to help give voice to the young alters for whom words are confusing or tricky. Carolyn has often felt convinced that she has ruined her child, but other sources reported that she is a good parent. She often felt that she could not function at work, yet she is still employed and Marsha said others rarely have noticed personality switches or changes in performance. She has made no lethal mistakes. She has not hurt anyone. Jeff and Jeffrey noticed switches occasionally, but still see her as "just Carolyn". Carolyn has been able to take in nurture for some of the

alters and to think about them more objectively. She has taken summer breaks from therapy and anticipated stopping treatment within a year. Her life struggles have become more like those of other adults who were not abused. Life just hands us some difficult choices. She has made hers as appropriately as possible though she has often felt she's failed. Her therapist's job and the gift her support persons have given her has been telling her that she has not.

Multiples often appear normal. MPD is about a disturbed sense of the continuity of the self. It is important for the reader to remember that manifestations of this disorder are not often flagrant, despite the Hollywood depictions. For therapists, listen and watch and ask questions because you believe that such events could have happened. Then move on to search for strengths and help your client build an enjoyable life, at whatever his or her level of function, in the present. The memories shared are not the memories of a child, but the memories remembered and sometimes written as an adult from a remembered child perspective. These are her perceptions of what she now thinks she felt at the time and of what she thinks others felt. I wondered how they might compare to what Carolyn would have thought and written when the events occurred, but I know that there is a difference. Despite all the confusion and fear of dysfunction, she

appeared a competent and thoughtful adult quite capable of directing her own life course. She did not need a therapist or anyone else to do it for her. She needed someone to listen and provide another definition of what life could be, a definition different from that written in her family script. A definition based on the belief a healthy therapist has about human potential to be self-determining, to grow, to change, and to learn from the past without repeating it.

Suggestions for Further Research

In what ways was Carolyn "selected" by the family to be the one who mourns the untold losses? In other words, were the idiosyncrasies of the family's emotional process and anxiety somehow related to the fact that Carolyn, rather than other family members, was the one to seek therapy and pursue recovery? From an individual perspective, according to Bowenian theory, Carolyn has attempted to differentiate from the family by learning to control her emotional reactivity and think objectively about intense emotional processes existing in communication between family members. She has managed some of the anxiety and intensity with emotional cut-offs. She has also defined herself for a period of time by her abuse experiences, and used them as a door through which to make emotional attachments to others.

From a system's perspective, how did the family

organize to involve her in incest and cult activities more frequently or intensely than her brothers, if that was indeed the case? Was it because she was the first born child? Was it because she was female? Was it because she was somehow, even at that age, more emotionally available to be used? If other family members were equally exposed to abuses, how is it that Carolyn developed multiple personality disorder and found resources, both internal and external, to begin recovery when other family members do not appear to have done so? Are they multiple? Have they chosen other defenses? Have they needed to do recovery work as much as Carolyn has? It would be fascinating to have had access to other family members in order to broaden the system-shaping factors to be considered, but ethics obviously prevented such contact.

In object relations language, Carolyn carried internal images of her family. Mom is a finger-waving shamer who is full of rage; brother Allen is a companion and friend; Luke is her child; Gwen is a nonperson, Grandpa Fisher thought Carolyn was his little darling; and Daddy and Grandpa Walker and Uncle Charles bring feelings of terror. She has assumed that those who participated in cult activities were motivated by a quest for power. Yet these images Carolyn held are but one facet of these complex persons. Could more cognitive, less experiential therapies assist in recreating the hurtful images she

still carries? And if these images were recreated, would her focus be shifted away from painful memories towards the more satisfying interactions which also occurred, but which have been overlooked while focusing on the abuse?

How, as researchers and clinicians, do we ethically get access to perpetrators and other involved participants who have not themselves sought therapy, perhaps to help family members see each other in more realistic, expanded roles? How could the addition of their perspectives enhance family functioning? What information about them and their functioning would be helpful? My sense is that the expansion of treatment to families and a lessened focus on the adult survivor as victim would be helpful, though I am not yet sure how this could occur. It just seems that the whole family is involved, is always at least symbolically in the therapy room, and so should be considered as a client system and not divided into good and bad members; this is often how clients see them. Therapists could offer, again, another perspective to add reality-based information with which to make life choices.

How can we begin to understand where her father found the strength to have Grandpa Walker committed after years of obeying and fearing him? How can we get enough direct information from other family members to compare them to Carolyn and be able to ascertain what it is about each and the place in the family system that determines his or her

method of coping with childhood memories in adult life? What happened in the lives of spouses who married into this family system to enable them to participate, actively or passively? What factors are responsible for cessation of the abuse in a given generation? Has it taken other forms? Where has the group anxiety gone? What will the effects be on Jeffrey's generation - will there be a backlash of rage at his losses that will carry on to his children, or does each generation get somewhat more differentiated over the years? Most importantly, how do therapists and researchers/educators reach out to survivors and perpetrators, those with enhanced capability to continue abusing, and help stop the cycle for future generations? These are questions to which I currently have no answers, but which require further investigation. My next step would be to collect detailed family histories, with or without abuse details, from other ritual abuse survivors and look for common themes. I would then explore ways of investigating these themes with the family as a unit, possibly through a case study of an entire family, and then several families. Emerging data might possibly provide clues for intervention strategies that have not been discovered with a persistently nonsystemic focus.

Personal Reflections

When I showed up for my first weekend with Carolyn

and her family, I was apprehensive. What if the participants didn't like me and wouldn't talk to me? What if I stirred up the memories too much and caused her pain? What if Carolyn changed her mind at the end of our work together and this report never came to fruition? I was so anxious at the end of the first visit that I left my tape recorder on in my backpack and taped my drive back to the airport. They gave me a cartoon that depicted a Zebra with his stripes trailing on the ground behind him. The caption read: "I think it's stress!" These are some of the hurdles and humbling experiences of the qualitative researcher. They took me in, made me feel like a welcomed part of the family, and gave me a glimpse of their personal lives beyond what I would have been shown as either therapist or friend. This is one of the joys of the qualitative researcher. For that, I will always be grateful to this family.

We watched movies together, played Pictionary, ate in my favorite restaurants where the waitresses call you "Honey", explored numerous craft exhibitions and did the grocery shopping. We fended off the family dog who once ate a \$50 remote control for the television and has a knack for chewing everything in sight, stealing garbage from the bathroom, much to my embarrassment on occasion. I was quite ill and had surgeries in the middle of the data collection process, and Carolyn understood the feelings

stirred up by medical procedures and offered to talk or come stay with me if necessary. Carolyn and Jeff and I went to Toys R Us to purchase a new Cabbage Patch Kid for Carolyn. She already had a preemie version, present during many of our interviews. But as the children inside have felt safer and been allowed to grow, they wanted a doll who was a little older. Jeff shook his head at this outing, but went along with good humor. They explained to me that the red ribbons on the car's radio antenna were to remind people to avoid drunk driving, a tribute to Anita. Carolyn got over her compulsion to have the house spotless before my arrival. On the last visit, I folded the family laundry and knew we'd come a long way together.

Completion of this research project was both excruciating and rewarding. I have had feelings of desire for revenge, sadness, repulsion, peace, jealousy, and joy with which to deal over the months. But because it is not a natural occurrence that one person hangs on every word and records every deed of another person, I am glad that the data collection has ended. Carolyn and I can go on to have a more natural friendship with more balance of give and take. We both learned. But I must say, I was a bit concerned when the last thing she said to me at the end of our last visit was, "After you leave, I'm going to buy a gun." She meant as a present for Jeffrey's birthday.

Whew!

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Appendix A

RESEARCH AREAS: GENERAL INTERVIEW GUIDE FOR THE SUBJECT
AND ADDITIONAL INFORMANTS

Topic 1: Personal History & Family Genogram

The construction of a genogram for at least three generations of the subject's family will include necessary demographic information about her and her extended family. Her husband will be included in order to provide information about his family. The genogram is used to: map the family structure, past and present as necessary; record family information such as important dates, ages, events, and behavior patterns; and, show family relationships and roles. This assessment information will provide the foundation for examining interpersonal interaction and abuse patterns across generations.

Questions

1. What do you remember about day-to-day growing up?
2. How do you think others outside the family saw the family? How did each family member view the family?
3. Describe relationships between family members.
4. Discuss your parents: dating, marriage, child-rearing, sexuality, love?
5. What were major events for the family?
6. Describe different roles of family members. How were they broken down by gender?
7. How did different members behave at home, work, school, church, socially?

8. What do you know about abuse patterns across the generations?
9. How does Jeff's family fit in?
10. How is your family now the same? Different? How were changes made?
11. Describe current relationships with your family of origin. What are your hopes/expectations/fantasies about the future?
12. What does your family think of your recovery process? What do you think of their process?
13. What family patterns allowed abuse over generations?
14. What were your parents' relationships with their families? How similar is this to your relationship with them?
15. Is there any sense of entitlement/expectations across generations?
16. Are there unexpressed griefs in the family? What are they? How are, or were, these related to family functioning?
17. Describe your physical/emotional attachment to your family over time.
18. What are your internal pictures/images of family members? Have they changed over time? If so, how?
19. Do other family members dissociate? Are there other emotional or behavior problems in the family?

Topic 2: Specifics of Abuse

In exploring this topic, the researcher will ask the subject to recount as much as possible about her remembered abuse experiences. This will include what happened, when, where, with whom, with what intensity, and for what duration. The subject will be encouraged to provide as much detail about facts and feelings as possible, elaborating how she feels these experiences have

shaped her. Other informants will be encouraged to relate details which the subject has shared with them. If the subject wishes, the researcher will return with her to abuse sites.

Questions

1. Construct a chronology of the memories and describe how they came up (memory triggers), when, where, with whom, responses?
2. What happened? How? Was there a pattern or schedule? Who was doing what?
3. When? Where? With whom? Intensity? Duration?
4. What is the meaning in your life now? Has this changed? If so, how? How have these experiences shaped you/your life?
5. Do you think the events were factual, metaphorical, imagined?
6. Why do you think the abuses happened?
7. What do you think the experiences meant to other family members?
8. What are your definitions of incest and ritual abuse?
9. What kind of people participate?
10. How widespread do you feel this problem is?
11. What do you think most people in society believe about incest? Ritual abuse? What are exceptions? How have these positions affected you?
12. What were the characteristics of the cult? Incest? Threats, rituals, props, settings?
13. What do you see as the role of dissociation? MPD?
14. Do you have conditioned behaviors resulting from these experiences: startle response, fears, beliefs, symptoms, etc. (from literature review)
15. How have these traumas affected your thinking? feeling (affect)? overall functioning? coping

skills? sense of vulnerability to future trauma?
stress management skills?

Topic 3: Current Relationships

In exploring this topic, the researcher will ask the subject to describe in as much detail as possible her relationships with her family of origin, spouse, son, friends who know of the abuse, minister, and therapist. The purpose of this exploration is to ascertain how the subject has developed and maintained relationships and what role these play in her recovery process. These other informants will be similarly questioned in order to obtain their perspective.

Questions

1. Describe the relationship. How did it develop?
2. How is the relationship maintained re: rules, roles?
3. How do you think the other person views this relationship?
4. What do you think is the meaning of this relationship to you? To the other person?
5. How does this relationship fit into your recovery process?
6. What do you want for the future in terms of this relationship?
7. How does this person view your recovery process? How do you view their process?
8. What, specifically, about this person or relationship is important? Positive? Problematic?
9. What is it like to know this person?

Topic 4: Sexuality

This topic will be explored in order to determine the

impact of ritualistic child abuse on adult sexuality and the role sexuality plays in the recovery process. The specifics of the subject's sexual abuse and the literature outlining the dynamics and related treatment issues of incest and sexual trauma will guide the questions for this topic area. Questions will focus on: psychosocial problems (intrapsychic, self-destructive, interactional); physical and eating disorder problems; and, relationship and sexual problems. The researcher will check for common symptoms encountered in adult incest survivors as outlined in the literature review. She will also focus on any pleasurable aspects of sexuality that the subject enjoys and how sexuality may be a healing resource as well as a problem area. The researcher will explore with the subject how the issue of sexuality has been addressed in her recovery process. Other informants will be similarly questioned as appropriate.

Questions

1. What was the impact of the ritual abuse on your sexuality? During childhood? Now? What do you expect for the future?
2. What was the impact of the incest on your sexuality? During childhood? Now? What do you expect for the future?
3. What is the role of sexuality in your recovery process?
4. How is sexuality addressed by other informants?
5. Pleasure of sexuality?
6. Problems of sexuality?

7. How do you define your sexuality?
8. How do you feel about being a female? Have their been any changes in these feelings over time?
9. What is your definition of incest? Ritual abuse?
10. Symptoms: depression; low self-esteem; lack of motivation; dissociation; self-destructive behaviors; interactional problems such as commitment, length and character of relationships; abuse; physical problems, eating disorders, problems with sexual identity, desire, function, sadomasochism, promiscuity, satisfaction, ignorance of sexual norms; affective problems such as numbing, worthlessness, flashbacks, guilt and shame, memory deficits, feeling alone and isolated, caretaking others, fear of repeating family of origin abuses on others, phobias, nightmares, anger, hostility; substance use and abuse; mistrust and expectation of exploitation; impaired work performance; impaired academic performance.
11. What are your goals regarding sexuality?
12. What are your chief complaints regarding sexuality?
13. What is the role of your sexual partner in these goals and complaints?
14. What is your support system for exploring sexual issues?
15. What is the value for you in telling your story?
16. Is sexual healing taking place for you? How?
17. Describe your family's sexuality across generations.

Topic 5: Parenting

The exploration in this topic area will revolve around the subject's experience of parenting and how this experience relates to her own family of origin experiences. The researcher will investigate how the subject's parenting has compared to her own parents' style of raising her in order to look at transgenerational

parenting patterns. She will also explore with the subject how the subject may have changed family patterns and what resources available during her recovery process enabled her to do so.

Questions

1. Describe your current relationship with Jeffrey.
2. Describe your parenting style and that of your partner.
3. Why did you want children? How was this decision reached?
4. Describe your pregnancy. Childbirth. Jeffrey's early years.
5. Did you desire more children?
6. What are your hopes for your child?
7. What are the joys in raising this child?
8. What have been the problems in raising this child?
9. What is the effect of this child on your marriage? Work? Other social roles?
10. How did your abuse affect your parenting?
11. What do you think the impact of your abuse is on this child? What impact do you expect in the future?
12. Describe your family's parenting styles across generations.
13. What are your resources for parenting?

Topic 6: Work and Employment

For this topic area, the researcher will focus on understanding the reciprocal relationship between the subject's abuse and recovery experiences and her work and current employment. Particular attention will be given to how the subject manages to maintain work performance and professional relationships while simultaneously maintaining confidentiality about her past abuse experiences and current emotional responses, dissociating, and participating in recovery activities. Additional informants will be similarly questioned, particularly friends who work with the subject and know of her history.

Questions

1. Describe your professional training.
2. Outline your employment history.
3. How was your career choice made? How was your school choice made?
4. Describe your current job/work environment. History of this job? Relationships at your place of employment?
5. What are your satisfactions/dissatisfactions with work?
6. What is the effect of the abuses on your career?
7. What is the effect of your career on your family? Friends? Therapy? Church involvement/spirituality?
8. How does your overall functioning affect work?
9. How does work affect your overall functioning?
10. Describe dissociation and symptoms as they occur at work. How do you maintain your work performance?

11. What are your career goals for the future?
12. Discuss confidentiality at work.
13. What is your perception of your skill and value on the job?

Topic 7: Treatment and Therapy

In order to explore this topic, the researcher will question the subject about various experiential treatment approaches which the subject has experienced, weekly intensive individual psychotherapy, and the nature of her relationship with her therapist. She will be encouraged to provide as much detail as possible about what has been most and least helpful and what she feels would improve treatment and therapy services. Her therapist will be similarly questioned, as will other informants about what they have observed to be most conducive to the subject's recovery.

Questions for Carolyn

1. What is the history of your relationship with Lawrence.
2. Describe the relationship and the structure of the therapy sessions. What is the role of this relationship in your recovery process?
3. What major therapeutic issues are you addressing?
How? Why?
4. How is therapy/therapist helpful? Harmful?
5. What could be improved?
6. How does your process affect your therapist?
7. How does your therapist's process affect you?
8. Discuss the treatment weeks: When? Where? Themes?

Describe the structures, feelings, reactions, and what was noticed since then. Were these experiences helpful? Harmful? How do they fit in with other therapy experiences?

9. How will you end therapy? Why?
10. Describe therapy contracts.
11. How are destructive behaviors handled? Emergencies? Suicide threats? Anger Sadness? Touch? Length of sessions? Frequency of sessions? Trance/dissociation?
12. What have the gains from therapy been?
13. What are your fears regarding therapy?
14. Discuss your alter personalities in therapy. How do you view your self? How does your therapist view you? As one or many? Who gave you the label MPD? What does that mean to you? To your therapist/ To others?
15. What is the role of psychodrama? Do you find it helpful with repressed memories? With dissociation?
16. What is the role of bioenergetics? Breathing? Grounding?
17. How do you think the mind and body interact? Have your physical problems changed after doing body work?
18. What would improve therapy/recovery for ritual abuse and incest survivors?
19. What is the role of group in your recovery?
20. What work remains?

Questions for Lawrence

(General)

1. How do you define incest? Ritual abuse?
2. What do you think most people believe about incest? Ritual abuse? What exceptions do you see to predominant attitudes?
3. In your opinion, how widespread are these problems? How are they represented in your practice?

4. What impact do these experiences have on survivors?
5. Do you think events/feelings recalled are accurate? Imagined? Fabricated? Metaphor?
6. What is the role of dissociation in living with such experiences as incest/ritual abuse?
7. Why do you think abuses happen - what meaning do you think they have to you? To clients? To involved families? To society in general?
8. How do you think abusing families organize to continue the abuse cycle?
9. What do you think helps stop the cycle?
10. How could therapy/recovery services be improved for incest/ritual abuse survivors?
11. How did you get involved in working with incest and ritual abuse survivors? What are your strengths and weaknesses in working with such clients?
12. What do you think other therapists need to know/understand/do to work effectively with this client group?

(Specific to Carolyn)

1. Describe your relationship with Carolyn over time. How did you meet: How did the relationship develop? How did trust develop? How would you define the relationship at this time? How do you see it in the future?
2. How is the relationship structured - what is expected of each of you?
3. What major therapeutic issues have been addressed? How? Why? What are current issues? What work remains?
4. How have the two of you handled the following: frequency of sessions; length of sessions; touch; self-destructive behaviors; suicide threats; emergencies; phone calls; dissociation/trance in sessions; switching of alters; issues of sexuality; anger/rage; sadness; specific contracts?
5. How have you utilized artwork? Photos? Poetry? Journals?

6. How do you view Carolyn's alter personalities?
7. What has been the role of treatment weeks and group therapy in Carolyn's recovery process?
8. How do you think bioenergetic exercises and psychodramatic techniques aid in recovery?
9. How do you think abuse experiences and physical symptoms may be related?
10. How, specifically, does therapy aid in recovery? How might it hinder recovery? How might therapy be improved?
11. What changes/gains/progress have you observed in Carolyn over time?
12. How do you think the following fit into Carolyn's recovery process: current family of origin relationships; recall of abuse experiences; current relationships with Jeff and Jeffrey and friends; sexuality; parenting; work/employment; spirituality; other coping resources (support groups, self-help literature, etc.); creativity?
13. By what criteria will you determine the time for termination?
14. Do you encourage integration of alters?
15. How do you view Carolyn's recovery process?
16. What about this relationships is especially positive? Problematic? What keeps it working?
17. What has it meant to you to know Carolyn? What do you think knowing you has meant to her?
18. How have you changed during the time in which Carolyn has been a client? How have your approach to therapy and/or therapeutic techniques changed?

Topic 8: Spirituality

The researcher will explore with the subject the reciprocal relationship of her abuse and recovery experiences and her spirituality. Questions will focus on what the subject feels the abuse did to her spirituality

and what she has found healing in the recovery process. Particular attention will be given to the role of her church and minister.

Questions

1. Discuss the debate of good and evil - was the abuse Satan or crazy?
2. Describe your family history of spirituality.
3. What has been the role of the church/spirituality in your life? In your recovery process?
4. Is spiritual healing occurring? If so, how?
5. Describe your relationships with clergy/counselors.
6. What are your hopes for your spirituality in the future?
7. How did the abuses affect your spirituality?
8. What was the usefulness of Seamand's books?
9. What is your current involvement in church life? Describe.

Topic 9: Other Coping Resources

This area of exploration is geared towards discovery of other resources for recovery not previously explored, such as support groups, workshops about related topics, self-help literature, and others. The purpose of this area is to help discover recovery options which may be helpful and which may exist or be established in communities independent of formal therapy.

Questions

1. Support groups?
2. Literature?

3. Education?

Topic 10: Creativity

For this area of exploration, the researcher will explore with the subject the subject's artwork, poetry, personal letters and diary, and other artifacts which have had meaning for her as a form of healing self-expression in the recovery process.

Questions

1. Artwork?
2. Journal?
3. Photos?
4. Poetry?
5. Artistic productions: cross-stitch, needlepoint, santas, painting?
6. Personal letters?
7. Music?

General Questions at Conclusion of Data Gathering

1. What was it like for you to participate in this research process?
2. What have you gained? Lost? Learned? Any changes?
3. How has this process affected your relationships with other informants?
4. How do you feel about your relationship with this researcher? Describe this relationship.
5. What, specifically, do you want others to know about the recovery process?
6. What has been most helpful? Painful? Difficult? Fun?
7. What has been least helpful? Painful? Difficult?

Fun?

8. How do you feel about sharing your life story?
9. What questions have come up during this process?
Insights?

Appendix B

CONSENT FORM - PRIMARY SUBJECT

NATURE OF THE STUDY

This is an exploratory study examining the effects of your childhood abuse and detailing your journey of recovery. As we have discussed, I am interested in your sharing as much detail as possible about your family history, abuse experiences, and the impact these experiences have had on you as an adult and on your roles as wife, mother, friend, employee, parishioner, and therapy client. You have a unique story to tell about your own recovery process. This study is aimed at helping you tell it through: interviews in which we talk about these topics; sharing your home and relationships with me as I join you, your family, your friends, minister, and therapist to examine the role they play; and sharing any artistic creations such as art, poetry, or journal entries that would let me know what recovery is like for you.

WHAT IS INVOLVED

Participation in this study will involve several interviews in which just the two of us are present and interviews with each of the other informants for which you may be present if you wish. During the individual interviews with you, I will ask you about the topic areas we have discussed (personal and family history; specifics of abuse; relationships with family of origin, husband, child, friends, minister, and therapist; sexuality; parenting; work and employment; treatment and therapy; spirituality; other coping resources such as support groups and self-help books; and the value of creativity in healing (artwork, letters, journals, poetry). These interviews will be scheduled at your convenience. I would like to conduct at least four of them in your home in order to get to know your family. Others will be conducted much more informally. The interviews with the other informants will also be scheduled at your convenience and at theirs. If you would prefer to be present during these interviews to ensure greater confidentiality, that is acceptable. Only topics which you and I have agreed upon ahead of time will be covered with them to avoid revealing any confidential information. We will also talk about my participation and observation of you during an agreed upon treatment week in order to explore experiential therapies. Finally, I would ask that you provide any art, poetry, letters, journals, or other artistic productions which you feel comfortable sharing. Copies will be made only with your permission.

CONFIDENTIALITY

Your confidentiality is most important to me and to my faculty advisors and committee. Given the nature of the topics to be discussed, I agree to do everything necessary to disguise and change information to protect you and the information you share with me.

I plan to audiotape most of our interviews, as is practical, and to transcribe these tapes personally so that no one else will hear them. When I type the transcriptions, I will substitute "subject", "spouse", "child", "friend", "minister", or "therapist" in place of individual names. Prior to these deletions, no one else will be allowed access to interview data. Following transcription, the tapes will be erased.

Neither the names of participants nor any information which would enable readers to identify them will be included in any printing of the results of this study. For the completed dissertation and any lectures, articles, or books based on this interview material, the names and details of participants will be sufficiently changed and disguised. I agree not to mention to others the names of the people who participated. Finally, all results of this study will be submitted to you for your agreement that confidentiality has been maintained prior to publication.

WITHDRAWAL FROM THE STUDY

I hope that this opportunity to tell your story to someone who has also been there will be an instrumental step in your recovery process. I do need to be clear, however, that my role is that of researcher and friend, not therapist. Sharing will provide information to educate others in hopes of increasing understanding about complex phenomena and improving recovery services. However, as sensitive feelings arise, I encourage you to share them with me so that we may discuss taking a break, postponing, or canceling our interviews at any time. This is your story and you are in control of all information about yourself. You have the right to refuse to answer any questions, to request deletions from audiotaped material, or to discontinue participation at any time. It is important that you take care of yourself during this process and we will discuss ways in which you can do that.

I appreciate your participation and feel honored that I can share in your story. I am looking forward to our work together.

I understand and agree with the terms of this consent form.

Your Signature

Date

Researcher's Signature

Date

If you have questions, please contact me:

Georganne Narron, M.S.W.
104A South Boulevard
Evanston, Illinois 60202
Home phone: (708)475-1868

CONSENT FORM - ADDITIONAL INFORMANTS

NATURE OF THE STUDY

This is an exploratory study examining the effects of childhood abuse on a female adult survivor and detailing her journey of recovery. Each of you being asked to participate in this endeavor has a unique relationship with the subject of this study, having shared your life with hers and supported her in her healing. For this reason, I am interested in talking with you about your part in her recovery process and your perspective on what has happened in her life and how you have been affected by knowing her. It is hoped that by knowing such information, I can present to marital and family therapists and other interested readers a more complete picture of how recovery happens, in order to increase their awareness and understanding and encourage them to improve recovery services.

WHAT IS INVOLVED

Your participation will involve at least one interview of approximately one hour in length. This will include yourself, the subject for this study if she desires to be present, and this researcher. The setting and time of the interview will be arranged at your convenience. Additional time would certainly be appreciated if you would like to provide more information, but it is not expected. For those of you with a more intimate or casual relationship with the subject, additional interaction may occur more informally with the subject's and your permission. The interview will be guided by a few questions which will be shared with you at the time we schedule the interview so that you may think about your answers ahead of time.

CONFIDENTIALITY

In order to respect the confidentiality of the subject for this study, she will be present during all interviews if she so desires. I will be audiotaping the interviews and taking notes. I plan to personally transcribe the taped conversations so that no one else will hear them. When typing, I will substitute "subject", "spouse", "child", "friend", "minister", or "therapist" in place of your name. Only after such deletions have been made will any manuscript be examined by faculty advisors and committee members. Following transcription, the tapes will be erased.

Neither the names of participants nor any information which would enable readers to identify them will be included in any printing of the results of this study.

For the completed dissertation and any lectures, articles, or books based on this interview material, the names and details of participants will be sufficiently changed and disguised. I agree not to mention to others the names of the people who participated. Finally, all results of this study will be submitted to the primary subject for her agreement that confidentiality has been maintained prior to publication.

WITHDRAWAL FROM THE STUDY

I hope that your participation will be rewarding for you, for the subject, and for myself. I need to be clear that my role is that of researcher and friend, not therapist. However, I am aware that sensitive feelings may arise during our work together, particularly given the nature of the topics in question. I very much value your unique relationship with the subject and desire your input, but I also encourage you to let me know if you feel uncomfortable in any way so that we may discuss taking a break, postponing, or canceling interviews. You have the right to refuse to answer any questions, to request deletions from audiotaped material, or to discontinue participation at any time.

I sincerely appreciate your willingness to join the subject and myself in this exploration and look forward to our time together.

I understand and agree with the terms of this consent form.

Your Signature

Date

Primary Subject's Signature

Date

Researcher's Signature

Date

If you have questions, please contact me:

Georganne Narron, M.S.W.
104A South Boulevard
Evanston, Illinois 60202
Home phone: (708)475-1868

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EDUCATION

Doctor of Philosophy, Family & Child Development:
Marriage & Family Therapy. Virginia Polytechnic
Institute & State University. (Expected Completion:
May 1991)

Research topics: Co-dependency; therapists' use of
self; supervision; multiple personality disorder;
child sexual abuse; ritualistic child abuse and
satanism; psychodrama and bioenergetics in the
treatment of multiple childhood abuses; family of
origin issues for clients and therapists; ethical
issues in terminal care and the Living Will; AIDS
and families. HONORS: GPA- 3.93. Member: Phi Kappa
Phi, Phi Upsilon Omicron, Who's Who Among Human
Services Professionals, 1990.

Master of Social Work
University of North Carolina, Chapel Hill, NC
August 1984 - May 1986

Completed independent study in clinical hypnosis and
sponsored and organized hypnosis training workshops
at the UNC-CH School of Social Work.

Master of Divinity - one year of study
Duke University Divinity School, Durham, NC
1982-1983

Bachelor of Arts - Psychology & Religion
Meredith College, Raleigh, NC
August 1978 - May 1982

Completed independent studies in youth ministry,
community religious education, American sign
language, and Greek. Member of Psi Chi National
Honor Society. Graduated Cum Laude.

EMPLOYMENT

August 1990-June 1991. Family Service Center
Wilmette, IL

Therapist. Provided individual, couple, and family
psychotherapy.

March 1989-April 1990. Center for Family Services
Blacksburg, VA

Therapist (practicum). Provided individual, couple, marital, family, and group psychotherapy as part of the practicum experience. Also participated in individual, group, and reflecting team supervision.

May 1987-April 1988. Catholic Social Services
Winston-Salem, NC

Therapist & Host Home Coordinator. Provided individual, marital, and family therapy contracted per hour. Also the Host Home Coordinator and Family Educator. Assisted in planning and implementing Host Home Program to provide temporary housing and family life for adolescent runaways. Consulted with Juvenile Court, The Methodist Home for Children, the Forsyth County Department of Social Services, and local private practitioners. Conducted home visits to secure licensure for Host Home families, trained Host Home families, coordinated volunteers and youth placements, and provided psychotherapy for the involved youth and their families.

July 1986-June 1987. Forsyth-Stokes Mental Health,
Children & Youth Services
Adolescent Inpatient Unit
Winston-Salem, NC

Clinical Social Worker. Responsible for: admission; case management; individual, family, and group psychotherapy; treatment team leadership; weekly testimony at commitment hearings; and discharge planning for each of the eight to ten adolescents in the Unit.

April 1985-May 1986. University of North Carolina,
School of Social Work
Chapel Hill, NC

Research Assistant for the Assistant Dean. Research included the topics of: Peer support for Hospice workers; evaluation of the two-year and advanced standing social work degree programs; metaphorical couple's communication; recruiting and fund raising skills; and evaluation of school functions. Each research project required literature searches, computer coding, and analysis of data. Also responsible for planning orientation and commencement

activities, serving on the Editorial Committee for the UNC-CH School of Social Work alumni newsletter, Contact, and serving on the Alumni Board.

August 1985-May 1986. Adolescent Admissions Unit,
Dorothea Dix Hospital,
Raleigh, NC

Clinical Social Worker (practicum). Responsibilities included: interviewing and psychosocial assessment; case management and charting patient progress; interdisciplinary team reporting; individual and family therapy; diagnostic evaluation; comprehensive treatment planning; liaison community work with resources across the state (Willie M, Juvenile Court, Mental Health, Alcohol Treatment Center, other state and private treatment facilities, private practitioners, Departments of Social Services, group child care facilities, substance abuse treatment centers); discharge and aftercare planning.

August 1984-May 1985. University of North Carolina
School of Social Work
Chapel Hill, NC

Research Assistant for Chairperson of Aging Specialization. Research investigated home-based long term care for the elderly in Durham County, with particular emphasis on the medical needs of service recipients. Responsibilities included interviewing elderly residents at home and in skilled nursing care facilities, in addition to residential and health care providers and facility staff members.

August 1984-May 1985. Orange-Person-Chatham Mental
Health/Person Counseling Center &
Therapeutic Preschool
Roxboro, NC

Clinical Social Worker (practicum). Responsibilities included: providing play therapy and diagnostic testing for preschoolers; case management; permanency planning; parent education and therapy; adolescent outpatient therapy; liaison work with community organizations (Department of Social Services, Health Department, Child Protection Team); charting patient progress; and psychosocial assessment.

1983-1984 Lutheran Family Services
Durham, NC

- "Assertiveness Training". High Point, NC. September 9, 1986.
- "Stages of Experiential Marital Therapy". Gus Napier, Ph.D., UNC-CH School of Social Work, Chapel Hill, NC. October 3, 1986.
- "Legal and Ethical Issues vs. NC Social Workers". Forsyth-Stokes Mental Health, Winston-Salem, NC. October 8, 1986.
- "Strategic Interventions - Substance Abuse, Domestic Violence, Eating Disorders". Jay Haley. Greensboro, NC. December 5, 1986.
- "Emerging Trends in Marriage and Family Therapy". Gus Napier, Ph.D., NCAAMFT. Winston-Salem, NC. February 20-22, 1987.
- "Structural Family Therapy". James W. Reilly, Psy.D. and Thomas E. Hendren, Ph.D. Forsyth-Stokes Mental Health, Winston-Salem, NC. February 12-13, March 12-13, April 9-10, May 14-15, 1987.
- "Getting Unstuck in Family Therapy". James W. Reilly, Psy.D. and Mary Quinn Sale, M.Ed. Forsyth-Stokes Mental Health, Winston-Salem, NC. July 9-10, 1987.
- Family Therapy Training Institute. Family Counseling Service, Charlotte, NC. Forty-five hours of AAMFT supervised study and practice. Completed on September 9, 1987.
- Ericksonian Techniques. Bill O'Hanlon. UNC-CH School of Social Work, Chapel Hill, NC. October 9, 1987.
- "Young and Adult Children of Alcoholics". Claudia Black, Ph.D., MSW. CPC Cedar Spring Hospital and Randolph Clinic, Inc., Charlotte, NC. November 10-11, 1987.
- Intensive Group Therapy Treatment for Co-Dependency and Adult Children of Alcoholics. One hundred and forty-four hours of training in experiential therapy, bioenergetic and psychodramatic techniques for adult survivors of multiple childhood abuses. December 1988, January 1989, May 1989, October 1989.
- The Fifth International Conference on Multiple Personality and Dissociative States. Rush-Presbyterian-St. Luke's Medical Center, Chicago, IL. October 6-9, 1988.

Safe Harbor-Treatment for Adult Survivors of Incest.
Sharon Tobin, Elisabeth Kubler-Ross Foundation.
Durham, NC. July 21-23, 1989.

AAMFT Forty-eighth Annual Conference, "Strengthening Families". Washington, D.C. 21.5 hours of continuing education credits. October 4-7, 1990.

VOLUNTEER EXPERIENCE

Planned Parenthood of Orange County, NC
Federal Correction Institution of Butner, NC
North Carolina Baptist Hospital - trained child psychiatry residents in family therapy techniques.

PROFESSIONAL PRESENTATIONS

"Before You Adopt: Guidelines for Prospective Adoptive Parents". Person County Department of Social Services, Roxboro, NC. May 23, 1986.

"Social Workers Today in Adoption: Two Sides of the Adoption Triangle". NC Fifth Annual Adoption Forum. Sponsored by the NC Adoption Information Exchange. Chapel Hill, NC. August 23, 1986.

"Ethical Issues for Professionals: Patient Rights in Terminal Care Decisions". Sponsored by NC Concern for Dying. Chapel Hill, NC. March 28, 1987.

"Ethical considerations for Long-Term Care Providers: The Living Will". Britthaven Nursing Home, Smithfield, NC. September 16, 1987.

"The Living Will". Morganton Baptist Church, Morganton, NC. September 29, 1987.

"In Search of Open Records for Adoptees". Adoption Information Exchange meeting, Greensboro, NC. October 20, 1987.

"Adoption Dilemmas in North Carolina". WXII news program, Newsroom, Winston-Salem, NC. January 7, 1988.

"Adoption Dilemmas in North Carolina". Interview with the Winston-Salem Journal. March, 1988. Winston-Salem, NC.

"Impact of Co-Dependent Therapists on the Therapeutic Relationship". Fourteenth Annual Southeastern Conference on Family and Child Development. Knoxville, TN. April 6-7, 1989.

PROFESSIONAL AFFILIATIONS

American Association for Marriage and Family Therapy
(AAMFT) - Clinical Member
National Association of Social Workers (NASW)
National Council on Family Relations (NCFR)
North Carolina Adoption Information Exchange (NC-AIE)
North Carolina Society of Clinical Hypnosis
International Society for the study of Multiple
Personality and Dissociation (ISSMP & D)

CHILD ABUSE ORGANIZATIONS

American Family Foundation
Bothered About Dungeons and Dragons (BADD)
Believe the Children
Cult Awareness Network (CAN)
Voices in Action

Deeorganne Narvon