





Lesbian Ethics



Radical Healing

Volume 5 No. 3



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Editor's Introduction

This issue on healing has been in the works for several years, as a follow up to the issue on girlhood rape. I am proud and happy that it finally is out and about.

Preparing this issue, I found many resonances between the different pieces. I think you will too. One theme that emerges for me is the simplicity and gentleness of the methods dykes find effective. I also marvel at our resilience and rage at the necessity for it.

A number of dykes reacted negatively to the use of the word *healing* to describe this issue's topic. They associated the word with apolitical or anti-political psychotherapy as well as with naive optimism.

I am not ready to surrender the word, which was intended to include physical as well as emotional and mental healing. The urge of the mind and the heart toward wholeness are no more suspect than the body's. And no more stoppable. What fires lesbians' and wimmin's movements to liberation, if not the will of our minds and our hearts to speak the truth and live fully, in the face of brutal oppression on all sides. And the will also of our bodies to flourish.

This is not a good time for lesbian feminist publications. Important bookstores are closing all over the country. *LE* readership is down significantly. I expect her to survive, perhaps with some changes. I also expect lesbian separatism to become more widely persuasive again. One thing certainly I have learned from the conservative interlude now ending is that lesbianism without radical feminism is not enough.

I will be co-editing the next issue with Jennie Moon. The focus is *The Nature of Lesbian Connections*. The underlying assumption here is that our lives are *not* "like everyone else's," that, though we seem to live within malearchal structure, our lives and our relationships have their own uniquely lesbian content and rhythm, their own cycles. When you look at your life and the lives of lesbians you know, what patterns do you see? Are they hopeful? Do they surprise you? What patterns would you like to see? What structures will we see when we put our various pieces together? This is an opportunity for radical imagination.

Fox

Repatterning*

Myra Avedon

Healing has been a lifeline for me since I first arrived on this planet. As a survivor of severe infant and girlhood abuse, I have explored many paths toward healing and reclaiming my body/myself. The most deeply effective have been some forms of somatic therapy. Accompanied by support and guidance from others, I've been given the opportunity to repattern my early years and discover healthier options within my body and in my relations with others. I want to share with you some of the possibilities I've been exploring.

An essential aspect of health and healing is acquiring a larger vision of possibilities and a sense of self to house them in. It is vital that we gather support for ourselves and each other collectively in order to stand strong in our beliefs and healing lifestyle patterns. I need the support of others to stand in my beliefs because the dominant culture does not support healthy attitudes towards womyn and our bodies, and because my cells remember lifetimes of persecution as a Jewish Lesbian Healer/Witch. There is an ancient Jewish tradition of standing in one's beliefs as a means of resistance. At least if I stand strong, I have me. My most painful experiences have been the feeling of not having me, or not having others around me who could see me. In finding myself and others of similar beliefs and experience, I have found a place within which I can heal.

Somatic Education and Therapy

The word *somatic* comes from the root *soma*, meaning body. The somatic field comprises a wide range of body based therapies. I became involved in somatic education and therapy in the late 70s. At that time, I was working in the social services doing community organizing and

*Special thanks to Fox for her persistence and gentleness, and to all the other wimmin who supported me in writing this article.

development. My interests were/are both personal and community oriented. How do I/we heal within? How do I/we heal in relation to others? I ended up studying massage therapy, psychology, nutrition, and Chinese medicine. I became certified and licensed as a Massage Therapist and earned a Master's degree in Humanistic Psychology.

After a number of years in practice, I began to see that many people would relax and feel better as they worked with me. Then they would begin to move in their habitual patterns and return to familiar states of being that weren't working for them. That discovery led me to studying movement therapy. I have been studying, practicing, and teaching Body Mind-Centering® for the past 10 years.

There's a bumper sticker that says, "Movement Changes the Mind." Bonnie Bainbridge Cohen, the founder of Body Mind-Centering® has inspired me and many others to consider new possibilities in regards to health and healing. Her work comes from a combination of her educational training and her own process of discovery. She is an occupational therapist and dancer and has a wide background in the healing arts and movement therapy.

Body Mind-Centering® has two main areas of focus: developmental movement repatterning and exploration of the various body systems. We re-explore our developmental process from fetal and neonatal stages to maturity and compare and contrast that with the evolution of animal life on this planet. We study the anatomy and physiology of each of the body systems experientially through movement, touch, sound, and other forms of creative expression such as visualizations. By looking at how we develop and move and by bringing greater awareness to our body, we can repattern the form and function of our cells, tissues, fluids, and larger body systems. We can re-form and re-pattern our ways of thinking, moving, and relating to others.

Developmental Movement Repatterning

Because moving and playing in the early developmental patterns—such as mouthing, creeping, and crawling—can stimulate conscious and unconscious memories, the developmental aspect of Body Mind-Centering® was the most challenging part for me, as a survivor. It was also the most deeply healing.

Developmental movement patterns and learning from girlhood affect our physical, emotional, mental, and spiritual growth. How we develop and learn directly impacts the formation and function of our body.

Glandular, digestive, and circulatory functions are stimulated to grow and develop through touch and movement. Moving in relation to the earth and gravity helps develop the tone and formation of our bones, joints, and muscles. Pathways of internal communication in the nervous system get clarified and established through our developmental movements, affecting our ability to articulate and communicate externally. The nervous system has a tremendous number of pathways for communication and recording. Often we choose the path we discover first, or we mirror what we learn in our environment. These choices do not necessarily reflect our truer selves nor do they necessarily offer the most efficient or healthy path.

At the physical/emotional levels, the developmental movement patterns are about yielding/bonding, pushing/differentiating, reaching/desiring, pulling/rebonding (as an independent being). These themes are woven through each developmental movement pattern, and each pattern provides underlying support for the pattern at the next stage. In facilitating someone in developmental movement repatterning, it is important to identify which underlying patterns need to be worked with.

Cellular awareness is an important Body Mind-Centering® concept. We all began life as a single cell and we can return to that early mind state of being present to our cells. Cellular touch is the most basic form of hands on support taught in Body Mind-Centering®. We meet with another person in touch, without "doing" anything, simply being, feeling the support of the earth, gravity, and each other. As time is spent in this mutually supportive state, a deeper inner state develops in which we each become familiar with our cells resting, functioning, and finding comfort.

The ability to find comfort and bond to the earth, self, and others underlies all the later developmental patterns. Under healthy developmental circumstances we would have spent time bonding to the earth and others (usually mother). While a baby is resting, her body fluids and inner ear are establishing a relationship to gravity (the tonic labyrinthine reflex), essential to her sense of balance and overall body tone. When you see a baby resting, there is actually a lot of development occurring.

This was an important place for me to begin. I cannot remember a restful time or place growing up. In the quiet times I was on increased alert, never knowing when things would take a turn for the worse. I slept with an ability to sense and remain aware. This hypervigilant state was a constant tension within and around me. Trying to change my way of thinking through verbal therapy worked only to a point. Traditional

bodywork and acupuncture helped relieve some of the physical tension, but the underlying patterns kept returning.

Linda, a good friend of mine and long term Body Mind-Centering® practitioner, helped me feel the comfort and support of gravity so I could rest easier. As I lay on the floor, she placed her hands on my back and began with cellular touch. In order to introduce me to a clearer sense of gravity, she gently increased her sense of her own weightedness. She moved to different areas of my body that seemed to be tense and pulling away from gravity. Slowly I began to drop my weight into the floor and allow myself to be fully supported. I had not experienced that support before. When I arose, I was calmer inside, my digestion process and breathing were easier, and I felt more comfortable standing and walking. Experiencing that relationship to earth, self, and others has led me to seek environments and people that support my ability to rest and feel comfort in myself. Over the years, I have noticed a slow but clear path to calmer and more supportive environments that match that kinesthetic experience of rest and support.

Being guided through a visualization can create a way to enter an early developmental memory and/or bodymind state. For example, you might remember or explore the feeling of being a water creature in the womb, fluidly moving and feeling supported by the water. You could also remember the feeling of floating and moving in water as an adult, then as a child, then simply floating, and being in water. Remembering our experience as a water creature can stimulate awareness of comfort with our internal body fluids.

Then you might imagine yourself like a starfish, taking in nutrients through your center, the umbilicus (the belly button). Feel all your limbs including your head and tail like the legs of a star fish all relating to your center. Feel the fluidity of movement and sense the integration around the center. This stage of development is referred to in Body-Mind Centering® as naval radiation. It offers a sense of balance between our body fluids and body tissues and between the central torso (central nervous system, spine, and organs) and our peripheral limbs (peripheral nerves, arms, legs, head, and tail).

We explore each of the developmental themes and patterns in the waters of the womb and then re-experience them post birth on land. Birthing ourselves is a powerful expression of the push pattern. Re-experiencing the power of the push pattern supports a sense of personal strength and independence. I often use the push pattern to support someone who has a sense of losing herself. Pushing against the wall or the

floor gives immediate feedback toward the center of the body. The push pattern can be helpful in interrupting self-destructive or self-mutilation patterns, because it provides an alternative form of self-stimulation and self-referencing. It is its simplicity, gentleness, and effectiveness that sustains my interest in this work.

The transition from naval radiation to mouthing can be an uncomfortable one for people. In western medicine, the birthing transition is often not very gentle; the umbilical cord can be cut too soon, so that breathing through the nose and feeding through the mouth are forced abruptly. Many of us were bottle fed, and some of us had challenging experiences bonding and/or relating to our mothers or primary caregivers from the start. How we were fed, held, and treated as we began to explore the world through our sense of smell and mouthing has a large effect on the development of our digestive system and our emotional relationships. In a comforting supportive setting, the re-experience of sucking, tasting and smelling explorations can repattern our bodymind, providing a healing environment for digestive problems and for the related emotional issues of desiring, taking in, receiving, processing, discriminating, and eliminating.

As I stated earlier, the themes of yielding, pushing, reaching and pulling interweave throughout the developmental stages. In the mouthing stage for example, a baby could explore pushing food away, reaching for food, or pulling it towards her and into her mouth. We develop our ability to choose or reject things as we play with pushing, reaching, and pulling. Mouthing is an important stage where we begin to explore the world around us. Many of our early desires still underlie our adult needs. Seemingly benign play can strengthen new patterns of behavior. The doors to re-explore and re-pattern are still open to us.

A later developmental pattern is the cross crawl—reaching forward with the head, eyes and right arm, which brings the left leg forward, then repeating this with the left arm and right leg. Our ability to communicate between the two hemispheres of the brain and to coordinate both sides of our body is supported by this contralateral pattern. Some people remain stuck in the previous stage of the homolateral/one-sided pattern—moving forward with right arm and leg, then left arm and leg. It is possible to function quite well in this way, but it can require more effort. Each developmental stage affects the growth and function of the brain. Doing the different movement patterns exercises different areas of our brain and helps lay down new pathways.

Yielding, pushing, reaching, and pulling take on new meaning as we begin to pull ourselves through space and change levels to become more vertical. We develop strength and coordination in our bones and muscles as we move towards standing and walking. Some children pull themselves from sitting or scooting right into walking. Skipping the cross crawl stage can lead to a lack of diagonal support through the torso. Adults can do cross crawl exercises to strengthen brain function and internal physical structure.

Exploring the developmental themes and stages prompts questions about our emotional and interpersonal patterns of behavior. Can I remain present and bonded to earth, self and others as I relate in the world, or do I tend to disconnect? Do I have a healthy ability to differentiate, or do I tend to merge or push away? Can I say yes or no with equal strength? Do I know what I desire, and can I reach for my desires? Do I constantly reach without ever meeting my need, or can I fulfill my need?

Developmental patterning can be witnessed in the act of hugging. Hugs require the ability to reach and to pull toward, as well as to yield and push away. We practice developmental patterning often as adults.

Each stage of development, when explored within a consciously supporting environment, brought me a multitude of memories and new possibilities. I have more tools for creating a sense of ease; my level of comfort on the planet has greatly improved. For some the process can move quickly to new possibilities, for others it takes time to develop. At either pace, the results of developmental repatterning seem to be long lasting and deeply healing.

Body Pathways and Internal Relationships

Internal Movement through Fluids

Fluidity in the body is very important to health and healing. Our fluids act as a transportation and communication pathway; internal body structures constantly relate through the movement of our various body fluids. For example, blood and interstitial fluid (fluid between cells and tissues) carry oxygen, nourishment, hormones, enzymes, and immune support to our cells and tissues. Hormones and enzymes create various reactions and responses in the body as they are released and carried in our body fluid from one structure to another. Blood and interstitial fluid also remove waste products, with the support of the lymphatic system. This type of fluid transportation and communication is vital to maintaining the health of our cells and body tissues.

Fluid nourishes and protects our vital structures. There are protective sacks of fluid around the brain, heart, and lungs. Our organs, skin, bones, and muscles require the exchange and movement of fluids to function properly. Fluid also creates an ease of movement by allowing different tissues and structures to glide easily against each other.

Maintaining our fluid/tissue relationship and balance in the body is vital. Developmentally the fluid system is our first path of internal communication, since the nervous system (often considered the primary path of communication) is not fully developed in infancy. Babies start out as approximately 70% fluid. In aging or illness we can lose 20% or more of our body fluids. The aging process can be eased by our ability to produce and maintain our various body fluids. Returning to the water womb stage of development or simply increasing our awareness of our body fluids through attention, feeling, movement, and supportive touch can increase fluidity.

Paths of Learning

There are several pathways in the body through which we can learn from our life experiences. Our body is made up of cells. Our cells reproduce and specialize their function to form body tissues. Then our tissues gather together and specialize to form body systems. By supporting cellular function we support the larger body systems. In turn, when we support the larger body systems, we support our cells. There is constant communication between our cells, body tissues, and larger body systems.

Cells and tissues can experience something, then transmit that experience through chemical exchanges in our body fluids. Our peripheral sensory nerves read those changes and send messages to the central nervous system. If I can stimulate increased body awareness through movement, sound, touch, and smell, I can "sense" into new places beyond the knowledge my nervous system already has. I can teach my nervous system and help it to develop outside the limits of familiarity. Exploring and maintaining open attention to the bodymind experience is how children develop their brains and bodies; adults can continue to explore new territory within and around us in this same way.

In turn, our brain and nervous system might inform or affect our cells. When you have a feeling or thought, hormones can be released into the body fluids sending a message to either stimulate or depress body functions. Nerve impulses can be sent from the central nervous system out to the peripheral nervous system causing a chain of responses in various other body systems. Cells continually react to their outer environment.

When that environment shifts, changes occur at the cellular level. If I direct a feeling or thought, through guided imagery for example, I can consciously affect my body experience down to my very cells.

Health is a matter of homeostasis, that is, of our body's ability to regain balance in response to life's ongoing stresses and variable conditions. The body is ever changing and responding in order to maintain balance. Health is not a fixed condition. There needs to be constant dialogue in the body.

Our traditional/patriarchal educational system is based on cognitive education. It encourages us to develop expertise in recording and processing what is known. We are not taught to honor our immediate experience; in fact, we are often taught not to trust our direct bodily experience. Cognitive education can remove us one step further from our direct body experience by teaching us someone else's memory and reflections on their experience. Cognitive learning is important. It is a way to remember and make meaning of our experiences. In an open loop with direct experience, it can lead us to growth and greater consciousness. In a closed loop it can limit us to familiar territory and possibly outdated information and understanding.

Somatic education attends to the body's direct experience. Then there is often a dialogue between the body experience and the cognitive understanding of that experience. The dialogue does not need to be verbal; any expression, such as movement, drawing, meditation or reflection can bring understanding. Being present to ourselves and others is a physical state. I believe it is through somatic/body based learning that we experience presence.

Cellular Awareness

Awareness principles apply on a cellular level. I can study basic anatomy and physiology of cells. By looking at the movement and quality of life of single cell animals like the amoebae, I better understand the movement and aliveness of my own living cells. If I expand my awareness to include self care down to a cellular level, I can have a much more profound affect on my overall health and well being.

Studying human development and embryology can bring insight into how our cells develop and function. We each started life as a single cell. As we grow and multiply into a multi-cell creature there is still a link to that original cell. Visualization techniques can help us touch into our internal experiences and memories of being a single cell creature. Many meditation practices support that "one mind" state.

Our cell structures link us physiologically to our ancestors. Mitochondria are a specific type of organelle, or subcellular structure, within the cell, by which our cells breathe and produce energy. They are produced from the egg of the mother, not the sperm. Through mitochondria we can trace ourselves back to Lucy, the earliest mother bones found on the earth, in Africa. Anthropologists can verify our lineage through the mitochondria of those bones.

To enter a cellular state you might begin by laying down and simply breathing: feel your lungs breathe and the movement of your body as you breathe. Then place your awareness on your skin and feel the movement of your body breathing. Notice the feeling of expanding and contracting, and feel your whole body continue to expand and contract with each breath. You might be able to shift your awareness to your cells, feeling the outer membranes of your cells expanding and contracting like your skin, or you might have an easier time imaging yourself as a single cell amoeba, expanding and contracting, and moving fluidly.

I have just come from assisting Bonnie in two different workshops on cellular consciousness. In each workshop we deepened our understanding of the anatomy and physiology of the cell, and we explored subcellular structures through movement, touch, and visualization. Doing explorations on a cellular level seemed to lead people to core understandings of inner homeostasis and balance. It helped to open up a more direct channel of communication between our cells and the larger body systems. The way we function on a cellular level seems to strongly influence our patterns and style of functioning in our larger body systems. There is clearly a dialogue between the microcosm and macrocosm in the body, and that relationship seems to effect how we relate to ourselves, others, and the world at large.

After you spend some time exploring and increasing your awareness of your cellular state, you might explore subcellular structures like mitochondria. In an advanced workshop of Body-Mind Centering® for practitioners and teachers, Bonnie demonstrated breathing from her lungs as her point of initiation and focus; then breathing from her cells as her point of initiation and focus; then breathing from her mitochondria as her point of initiation and focus. There was enough clarity in what she demonstrated for people to explore on their own. At the conclusion of this exercise, we came back to discuss our experiences of breathing in the mitochondria. I was amazed by the depth of discovery and the variety of individual experience. It was clear that we were all talking about the same thing but from very different experiences and

perspectives. Being led through a guided movement or visualization exercise can produce one type of experience. Going inside and exploring new territory on one's own, knowing and trusting that there is something to explore, produces another process of discovery.

It is important to trust where we are led. For centuries womyn have been exploring their intuition and body experiences to create opportunities in healing. Learning and healing come from being open to what emerges from our experience, our intuition, and the ancient female healing knowledge that we all carry, possibly in our mitochondria.

Bonnie worked on various practitioners and teachers to explore subcellular structures through touch. First she made contact with the outer skin as a membrane, then the interstitial fluid under the skin, then a cell membrane, then the fluid within the cell, then the nuclear envelope or membrane, then the fluid within the nucleus. When Bonnie first put hands on me to touch subcellular structures, I felt a familiar energetic buzz deep inside me. In working together through touch, we dropped into the nucleolus or central structure of the nucleus. We were able to go there because my body is very active there; that is/was the place where I felt that strong underlying energetic buzz. It was a new place for both of us to explore.

Our ancestral blueprint is stored in the DNA of our nucleolus. Sections of DNA messages break off to produce messenger RNA. Messenger RNA exit the nucleolus and cell nucleus, sending messages to the ribosomes. Ribosomes reproduce and create proteins to be used both within the cell and by the larger body tissues. In order for the rest of the body to use these proteins, they need to be packaged and processed by other organelles within the cell, such as the endoplasmic reticulum and golgi bodies.

My cells were very good at messaging from my DNA and RNA to my ribosomes to produce proteins. I was not so good at processing the proteins to be used by my body. I did not know that pathway well. I have been working with this physiological stage of processing, packaging, and cycling proteins back out into the blood stream to be used by my body. As a result, I have become calmer and less buzzy deep inside.

On a larger scale, I tend toward workaholism and producing a lot in the world. I have more confusion about how to process things in my body. I have a history of digestive and kidney problems. I have also had debilitating episodes of environmental illness. My health has improved greatly since working with this new kinesthetic understanding at the subcellular level.



I have also been working with others on a subcellular level over the past year. The therapeutic results have been striking. My friend Valeri felt that, by supporting her mitochondria, we were able to prevent an episode of congestive heart failure. I came to visit as she was making arrangements to head for the hospital. I offered to support her body while she was waiting to hear back from her doctor. I began with cellular touch and gently supported her internal cellular respiration in hopes of supporting her external lung respiration. Her body connected with my touch and calmed down rather quickly. She was surprised by the ease and comfort that she felt.

Valeri has been dealing with a life threatening illness for the past three years, during which she has had numerous episodes of congestive heart failure along with other cardiac and respiratory problems. This was the first time she was able to reverse her condition once her body had progressed that far. She ended up not having to go to the hospital.

I have been working with body tissues for years. Working with the larger body systems has offered effective results in a wide range of conditions. Working on cellular and subcellular levels opens up a whole new world. I am dropping into places that were previously out of reach.

Stretching the Limits of Belief

Bonnie presented some of her work at a Somatic Conference held at Esalen, California, in 1987. This was a gathering of leading scientists and somatic practitioners (bodywork and movement therapists). Her presentation included information on organs and glands that was outside traditional/patriarchal medical belief.

It is widely accepted that the ovaries, gonads, adrenals, pancreas, thymus, thyroid, and parts of the brain have glandular functions. Bonnie stated that there were other areas of the body that felt (to her) like they also had glandular function. She mentioned the coccygeal body, thoraco body, heart bodies, and the carotid arteries. Endocrine glands are often associated with the chakra system (an East Indian model) because of their proximity in location to the chakra points and their distinct energetic quality. Though she includes this association as a possibility, Bonnie does not draw a direct correlation between chakras and glands. She focuses her work on the physical location of each gland and on the specific energetic quality and tone experienced in the tissue. Because she experiences numerous areas in a glandular way, she includes all of them in her list of glands. Some of the locations have specific structures

that are accepted by mainstream medicine as glands; all but one are recognized structures in the body according to anatomy text books; one area, the thoraco body, is not yet clearly defined as a body structure. She trusted her experience deeply enough to name the possibilities and invite others to explore their experience. Whether these structures are recognized by science is not the issue for her; she has been effective in working with other people by trusting the reality of what she feels.

Initially her work was strongly challenged and vehemently rejected by the scientists at the Somatic Conference. The discussion was polarized: the scientists protecting their territory of "accepted knowledge" and Bonnie standing firm in her experiential knowledge with support from some of the other somatic practitioners. They all remained stuck in language and words until Bonnie led people through an internal movement experience of the cells and tissues in the body. She invited people to move and sound into the specific areas she associates with glandular functions. Following the experience, everyone shifted into a position of greater openness and acceptance of both views. The words created barriers, the experience created dialogue. In the case of the Somatic Conference, the direct body experience was powerful enough to cross the boundaries of "accepted knowledge."

Scientific discovery has since shown that the heart does have some glandular function. And so it seems more possible "in the eyes of science" that other organs and structures may have glandular functions as yet unknown to science. Thus, part of the information Bonnie presented is now "true," and the remainder of what she believes is being considered more seriously. There is also greater curiosity about her process of discovery. This process of experiential exercises definitely challenges the generations of commitment to cognitive learning.

Emilie Conrad-Da'oud, founder of Continuum, also attended the original Somatic Conference. Emilie is quite bold as she speaks of how our habitual movements limit our possibilities, not only for health and healing, but for all aspects of our thinking and being. Because most of our movements are repetitive and two dimensional, she says, we limit our brains by using the same neurological pathways over and over again. Emilie spent time in Haiti as a dancer. Her movement work draws on the voodoo tradition practiced in Haiti. Continuum uses movement, sounding, and breathing explorations to stimulate spontaneous movements, that is, movements not initiated by the central nervous system.

By exploring in this way it is possible to venture into new territory inside the body and to lay down new neurological pathways. Emilie is

known for her effectiveness in working with spinal cord injuries. She has been able to help people with spinal cord injuries initiate conscious control of their peripheral nerves, by-passing their severed spinal cord. This is not considered possible in traditional/patriarchal medicine.

A third woman who influenced my thinking on health and healing is Rosalyn Bruyere. Rosalyn, who refers to her work as "energy medicine," is well known for her aura/energy healing. I heard her speak in a seminar in the late 70s. She said that our questions are very important in our ability to explore healing. For example, during exercises to see auras, if people ask themselves, can they see auras, they often see white light, whereas if they ask themselves if auras have color, they see color.

Rosalyn described the time she started working at the UCLA hospital. The doctors did not know what to do with her, so they assigned her to a severe burn patient. The only detail that they explained to her was that the burn was so severe that the body was no longer able to regenerate its own skin. They asked her to help support the skin graft. The question that kept playing in her head while working was, why can't the body regenerate its own skin? When the bandages were removed, the skin graft fell off. They were disappointed until they looked further and saw that the reason the graft did not work was that the person had begun to regenerate their own skin.

All three of these women have inspired me to explore and trust my questions and experience. Rosalyn Bruyere initially taught me to value my internal questions. Emilie and Continuum encourage me to linger in my cellular/body experience. Bonnie and Body Mind-Centering® help me to dialogue between the direct cellular/body experience and the cognitive nervous system process of reflecting, organizing, and understanding. I believe that trusting our questions and directly experiencing our bodies are women based/matrilineal approaches to health and healing. In exploring inner movement, I remember natural ways of healing and enjoying my body that the patriarchal culture has persistently denied.

On Accessing Information from Patriarchal Science

Research by a psychoneuroendocrinologist, Seymour Levine, has found that early interruption and deprivation of nurturing touch and feeding cause stress responses that remain as a constant imprint throughout life. In addition, this imprint/pattern of high stress inhibits healthy ways of responding to further stress. I have mixed feelings about presenting this information because I am against animal testing, and I also

disagree with his final conclusions. I have chosen to include it because it was a profound process of information gathering and filtering for me.

I heard this research presented at a workshop on the glands at Esalen, where I was assisting Bonnie. Seymour was one of the scientists that had challenged Bonnie's work in the Somatic Conference mentioned earlier. Now they were co-teaching a workshop on the glands from both a scientific and somatic perspective. Bonnie taught experientially, leading people through sounding, moving, touching exercises related to the glands and then dialoguing about people's experiences and feelings that occurred during the exercises. Seymour lectured on the traditional/patriarchal western medical understanding of the glands and ended with a discussion of his research on the effects of stress.

The research was done on mice and monkeys, whose body functions are similar to humans. Because the nervous system needs time to develop before it takes over as the central communication system, the endocrine system is the initial communication system in the body. There is an increase of hormones in the first few months of life to kick off the development of various bodily functions. Then the hormonal activity decreases to lower levels for the remaining development of the animal. In a healthy animal, the stress hormones remain fairly low unless the animal needs to respond to a stressful stimulus.

When feeding and nurturance were withheld and the natural patterns of the animals were interrupted, stress hormones were released and remained high. This happened consistently with all the animals whether they showed outward signs of stress or not. This pattern of releasing high levels of stress hormones remained constant even after regular feeding and nurturing touch were reintroduced, and this pattern continued throughout the adult life of the animal. Since they were already functioning at high stress levels, they were less able to deal with additional stress of any kind. They tended to have more illness and problems than the control group animals. When asked if anything could change or interrupt such a pattern, Seymour said that nothing that he knew of could change the pattern, and that he did not believe it was possible. He also acknowledged that this was out of the realm of his research.

After hearing his presentation, we broke up into small groups. Bonnie and I were the only womyn in a group with male doctors and scientists. We all felt the relevance of this research to human experience of early trauma. We had each worked with patients and clients who had similar physiological and emotional stress patterns. I had direct experience in my body. All the men agreed that once early trauma occurred, the

effects seemed to remain fixed in humans as well and that nothing could change such a pattern. Depending on the severity of the conditioning, they felt it could simply be impossible to help some people, and they cited a few case studies. Bonnie and I were the only ones who expressed the belief that it could be possible to change such physiological patterning. She felt that it would be easier to change such a pattern if it was addressed within the first year of life, when the nervous system was less developed. She believed that it was still possible to repattern later, if the person could return to that early bodymind state.

I had a visceral response to the initial findings of this research: "It's not all in our minds!" "We're not crazy!" "There really are reasons that I and others struggle as we do." My own experiences were confirmed and clarified. I had hope that this research would increase understanding of the physiological effects of early trauma, since so little is known, and that it might lead towards some new healing opportunities.

Upon hearing the final conclusions and subsequent discussion, that nothing could change the effects of early trauma, I thought: "No wonder they treat us like they do!" "No wonder hope and change feel like such a struggle!" "No wonder I want to do the work and somatic research that I do. It is my lifeline!"

In stepping back, I have to look at why I felt so validated when I heard the initial research. Why did that suddenly confirm or clarify things that I already knew in my body? Why did it matter that much?

Information on health and healing can be resourced from all circles, but the filtering, assimilating, and healing must come from within. A large amount of patriarchal medical scientific knowledge of living bodies is based on studies done on dead bodies and mistreated humans and animals. Experiments from the Holocaust are still valued and used for medical technology. There is a lot of unlearning, remembering, and trusting of myself needed in my process of learning. It helps to be surrounded by those who accurately reflect and support my reality. Without this work and support, I am totally at the mercy of the floating beliefs of the patriarchal culture with its therapeutic experts.

Believing in Our Selves

Some of my most profound gifts of healing have come to me when I have shared with other lesbians. In 1987, I moved to Berkeley, California to gain more support for myself and my lesbian relationship. I had just completed a 6-1/2 week stay in a twelve step in-patient recovery

program, which I had entered because I was having intense body memories of girlhood abuse. It was important to me, as I was re-integrating and re-entering the world, that the east bay area had both a strong twelve step program and a strong lesbian community.

I went to meetings daily and searched out as many womyn's meetings as I could find. After a while a small group of us organized a lesbian meeting to address relationship issues. We grew to become a large lesbian recovery community that met for over three years. We even revised portions of the twelve step program to better fit our lesbians needs.

A smaller group broke off to work on specific issues of emotional anorexia, the inability to take in emotional and physical intimacy. We had been meeting for over a year, when someone chose to lead a meeting on intimacy issues around orgasms. At first we all laughed, but then every woman in the room began to speak a different story about how internalized homophobia and misogyny had affected her ability to be intimate and sexual. This was a real turning point in the group, after which our sharing really deepened. Many of us felt that an important emotional need had been met. All of us shifted in our relationship with our self, and that affected each of us in relationship with others.

Looking back, I feel the importance of those lesbian recovery meetings to my healing. My pride as a lesbian was continually mirrored and supported. My body tension released as I removed layers of internalized hatred. Whenever I spend time in an environment absent of other lesbians, I begin to feel some of those old tensions return. My girlfriend and I recently traveled to a place where we had to deal with homophobia. Fortunately, we had planned to meet friends part way through our trip. It was interesting that we could return to the same hostile environment after socializing and processing with other lesbians, and not be affected in the same way as before. Sharing deeply in a loving lesbian relationship has helped repattern my fear of intimacy and supported a level of comfort in my body I could not have imagined from my herstory.

I am not looking just for good maintenance. I am reaching for the free joyful quality of life that I and we deserve. Finding others who trust and support me allows me to stretch beyond what I can do on my own. Reclaiming our bodies and exploring health and healing are political actions. As our numbers grow, we are repatterning not only our individual lives but our collective herstory.

Dissociative Disorders and Sex*

Name Withheld by Request

In the U.S., the term "sex negative" is used as a label to discredit lesbians who speak out against prostitution and lesbian sado-masochism, and who are anything less than enthusiastic about any sex, any time, with anyone, under any conditions—as long as both participants are "consenting." "Sex positive" is used to endorse the acting out of rape fantasies—including ones which incorporate elements of slavery and nazism, the beating or cutting or whipping of other women, the sale of women's bodies, and compulsive sexual behaviors.

I object to the use of the terms "sex positive" and "sex negative," because these deliberately obscure the terms of the debate. It is like calling an activist against drunk driving, "driving negative." Yes, the driver owns the car, but to say that she has a right to drive it under any conditions is to trivialize the very real damage she can inflict—and not just to passengers—and to ignore that fact that there are altered states which can impair a driver to a degree where she is no longer in control of her actions.

Sex can cause a tremendous amount of damage. What does the phrase "consenting adults" mean when so many women have experienced repressed trauma, when sex is a learned slave behavior for women, when the terminology for sex is in the language of the colonizer ("frigid," "sex negative," etc.), and when many—maybe even a majority—of women experience some degree of dissociative disorders?

I experience dissociative disorders, and these have severely impacted my sexual relationships. As I recover from the effects of early sexual abuse and work to re-integrate my dissociated states, I am

*This essay first appeared in *Lesbian Uprising!* (San Francisco newsletter, no longer publishing) and *From the Flames* (England periodical, see Announcements).

noticing behaviors of other women—especially in the area of sexuality—which cause me to believe that dissociative disorders are very common in the population, and that they account for a number of disruptive, confusing, and painful dynamics between women who are otherwise caring and conscientious.

What do dissociative disorders look like? In my case, I can dissociate spontaneously whenever someone demonstrates sexual interest in me. I can immediately respond as if I were reciprocally interested—as indeed, I believe myself to be—even though, before the come-on, I was not attracted to the individual or even particularly interested in her. I can also become tremendously sexual in bed, keying instinctively into the physical and emotional needs of my partner with a kind of sexual ESP, but at the same time denying my own needs and discouraging any focus on my body.

And then there is the reaction a day, a week, or even a year later: I didn't really want to be sexual, I was manipulated, I was seduced, and even that I was sexually abused. These behaviors obviously have been frustrating and hurtful to my partners and baffling and shameful to me. All I would know was that one day I was hot, and the next day I was angry, violated, and repulsed. And, of course, in an effort not to be a victim, I would act on the latter feelings. In the past, my inconsistencies and girlhood experience of repeated violation led to feast-or-famine sexual patterns, profoundly disrupted relationships, many estrangements, and terrible self-esteem with a tendency to withdraw from others and isolate myself. How could I wish my sexuality on anyone I liked? My love was apparently toxic.

The phrase "dissociative disorder" calls up visions of *The Three Faces of Eve*, and many women are frightened by the subject—especially women with the disorder. Actually dissociation is a normal function of the human consciousness and can be very positive. Day-dreaming is dissociative. Most artists, in the heat of creativity, are operating out of a dissociative state. Actors, when they take on the role of a character, are dissociating. In the case of artists, we deliberately split off from the consciousness of everyday concerns to enter a realm of imagination.

The problem arises when the shift into dissociative states is unconscious and out-of-control. The roots of this lie in girlhood trauma. If a child's experience is denied expression by a parental figure, it becomes a survival strategy for the child to split that experience off into the unconscious. If this goes on long enough, she may develop separate ego states which co-exist, but do not communicate with each other.

For example, I was lied to frequently as a child of alcoholic and insane parents. Without adult options like detachment, a child must disguise such frightening and dangerous information from herself in order to survive. And so I learned to 'fix' the lies as they occurred: I didn't hear them correctly, I remembered it wrong, my mother must not have really meant it. . . . As an adult, I still spontaneously dissociate whenever someone lies to me, even in a business context. I experience a fleeting sense of numbness or panic, and then I begin responding in a bland and conciliatory way. If the lie is perceived as dangerous, I will become invested in validating it. And then, an hour or a day or a week later, I will realize I was lied to. And I will also realize that I registered it as dishonest at the time, but repressed the knowledge. Understanding the detours in my neurological circuitry, I am better able to track my process, get feedback or support from others, and make intelligent decisions regarding how to respond. (In the past, I would *pursue* interactions with the liar in the hope that I could win them over to treating me honorably. A disastrous strategy for an adult, but from a child's point of view, the only option.)

Another trigger for dissociation is anger or criticism, both of which were accompanied by life-threatening levels of violence or shame in my childhood. Now it takes me a very painstaking intellectual effort and a deliberate behavioral discipline in order to respond appropriately to either situation, and usually there is a time-lag with input from others before I am able to confront.

But getting back to sex. . . . As a girl, I was raped repeatedly by my father and surrounded by a pornographic environment. My mother was in a continual state of alcoholic dissociation and could provide no protection or positive role modeling. I learned that one way to gain control in a situation like this was to embrace the persona forced on me: I would identify with being tremendously sexual. In fact, I would become so aggressive sexually, I would keep the focus on the rapist's body and thereby minimize the attention paid to mine. And in this persona, *I would not experience violation*. Magic.

But part of me did. I was splitting off and repressing the rage, the self-hatred, the disgust, and the terror. These states were split off and hidden, but intact nonetheless, and keeping track—meticulously. As an adult, whenever I would engage in dissociative sex (which describes almost all of my sexual activity until recently), the dissociative states of rage and disgust would inevitably put in an appearance sooner or later. (I also had a history of gynecological problems, even as a lesbian, which were the

body's dissociative attempts to provide a boundary. I was self-starving, self-mutilating, and for years I dressed in baggy, stained, and ragged clothes in an effort to deflect the interest which would trigger the out-of-control sexual responses.)

Dissociative disorders are, in my experience, remarkably responsive to efforts at healing integration, *as long as they are recognized for what they are*. Now I know that a sexual response on my part may or may not be authentic. My best index of which is which is to wait until I know the person better, usually several months. Impulsive sex with a new acquaintance is a set-up for both of us. I have also learned that my gut sensation of having been betrayed or violated may or may not be appropriate. I need to review carefully the history of my participation before I confront my partner. Too often these emotions belong to my past, not the present.

Since I began healing, I have noticed dissociative disorders in several of my partners. Some women become childlike or fearful in bed, and even though they attempt to mask it verbally, it's evident in their eyes and their body. I now consider it unethical—almost a form of child abuse—to proceed with a sexual encounter when I perceive this split. I also know I'm likely to meet their other persona in the morning—not a pleasant prospect. Other women become rigidly controlling or take on a kind of Hollywood sexual persona.

One of my former lovers who was raped repeatedly by an alcoholic father, dissociated during sex into the behaviors and speech patterns of her perpetrator. Needless to say, I went into shock and spontaneously dissociated into an eager partner who *loved being hurt!* Afterwards, I had a tremendous tangle of emotions to unsnarl. (I confronted her on the behaviors, and she was genuinely amnesiac and deeply in denial. Fortunately, I had the support of many friends and a loving roommate. Because the woman refused to deal with the issue, I cut off contact. I felt the same horror towards her that I would towards a woman who deliberately carries a venereal disease into a vulnerable population, after she has been informed that she infected a partner.)*

I have also been with women who have responded to me as a perpetrator after we were consensually sexual. This dynamic, for a survivor, is

*There is a community which ritualizes dissociative states from sexual abuse in the name of catharsis (the sado-masochists), and although I have reservations about the long-term therapeutic aspects of this practice for survivors, it would have been more ethical for this woman to confine her sexuality to this community than to engage in sex with unsuspecting survivors like myself.

almost unbearably painful and frightening, and it has taken a lot of support from friends and therapy to get clear about these relationships. Because of my dissociative tendency to take charge in bed, some women dissociate into treating me like the male in a traditional hetero-patriarchal transaction: I am expected to pay their bills, fix their lives, to become their emotional dumping ground. They dissociate into helplessness, vindictiveness, or emotional dependency when they are with me. These women, sometimes good feminists, have experienced confusion over their behavior, but at the same time remained in the iron grip of an ancient and rigidly enforced script.

Dissociative disorders all stem from behaviors which are adaptive for prisoners and hostages, but which are destructive and which sabotage empowerment and intimacy in an adult world of free choice (and I understand many "adult" work and educational environments still foster or enforce dissociative behavior). Because patriarchy reinforces and rewards fragmentation—especially for women and especially in the area of sex—we need to have a better understanding of the phenomenon.

Thirty years ago, alcoholic behaviors (all dissociative) went largely uncriticized. A person was not considered as having a "problem with alcohol" until she passed out every night and got her third DUI. Now we are much more conscious of the spectrum of behaviors affected by alcohol—even after the drinking has stopped but when there has been no recovery. We are naming and confronting these behaviors, and learning to detach when there is not adequate accountability.

In a similar way, dissociative disorders are rarely pegged unless they manifest as blatant Multiple Personality Syndrome—complete with different voices, names, and amnesia. But the milder forms of dissociation, because they remain unidentified, can be just as disruptive. How many collectives and women's organizations have been torn apart by the acting out of dissociative states triggered by money issues or the exercise of legitimate authority? How many lovers—like myself—have been trashed and abandoned for a syndrome which is not our fault and which we don't understand? I anticipate the day when we can work together to confront the disorder, instead of having to abandon each other to the hell of a self-perpetuating post-traumatic stress syndrome.

Homeopathy and the Politics of Healing: A Radical Dyke Perspective

*Annemarie Monahan
in a conversation with Lierre Keith*

LK: So what is homeopathy?

AM: Homeopathy is a holistic medicine that uses the energy of natural substances to heal.

When women hear that homeopathic remedies are derived from plants, minerals, and occasionally animals, they assume it's like herbalism. Most homeopathic remedies are made from plants originally. But it's not like herbalism in that you don't give teas or tinctures. You don't cut up the plant or the root and steep it in water and give to the person that way. What you're giving them—and here's where it gets weird—you're giving them the energy of a substance. Which sounds strange, I know. I thought it was ridiculous when I first heard it, but it works.

Say the original substance is a plant. If there is a traditional, herbal way to gather it, then that's how it's done. Then you extract everything you can from the plant with alcohol. What you have now is a solution called the mother tincture. If the original substance is a mineral or something else, it's simply dissolved in alcohol. If it's not soluble in alcohol, it's prepared in a more complicated way that I won't go into. Once you've got the mother tincture, you start diluting it, either 9 to 1 or 99 to 1. And then you shake it. It's not just an ordinary shaking, it's a specific kind of shaking called succussion, which involves really pounding it hard.

LK: So you keep diluting it and then shaking it, and then diluting it and then shaking it, and each time you're cutting it 100 times?

AM: Right, until you have reached the desired potency. You'd think if you keep diluting something it becomes weaker. Of course. But once you get beyond a certain point, it starts getting stronger again. Not stronger to taste but stronger in effect.

Once you go beyond the sixth dilution, there's little chance of any of the original substance being left. The chance of any molecule being left

in a 200c potency, the one I use the most, is 1 out of 10 with 194 zeroes following it. And this is why skeptics say homeopathy is just total witchcraft because—

LK: —well it is!

AM: Yes, and thank the Goddess for it! But in our western minds this makes no sense at all. How can something so dilute have such a powerful effect?

What I personally think is, I'm giving women a little dose of wavelength. The way I like to describe it is that the energy has a certain vibration, very much like a tone. Like if you hit a tuning fork, it has a certain pure tone to it. And what you're trying to do is match the patient's tone or energy or disease state with a complementary tone. It's scientifically true that we all have a vibration state—and I'm not talking about an airy fairy type thing. We actually have a very specific frequency at which we vibrate. Every plant, every animal and everything living has it. It's actually physically true.

LK: The earth as a whole has one, too.

AM: Yeah. Everything does. So if you can imagine, you're trying to pick something complementary, to match it as well as you can to that person, to enhance their vibration. Say you took two complementary tuning forks. If you struck one and held it next to the other one, you could make that other one vibrate. Or if you took two uncomplementary forks and you struck them both, you could make them cancel each other out, you can do that. I think it's a very similar process. You're introducing one vibration into something else that's vibrating.

So when we make a remedy, what we're trying to do is liberate the energy or vibration of a substance and make it strong and put it in a little bottle, which again sounds very strange.

LK: I think about it as something almost shamanic. You're getting, somehow, the essence or the spirit of this substance and that's what you're delivering to women.

AM: Yes. If you can get a spirit into a bottle—

LK: —And there's plenty of folktales and fairytales from around the world about exactly that.

AM: Right. I mean these remedies will sit there for many years and still be just as effective, as long as they haven't been exposed to anything like sunlight or strong chemicals. I've used potencies that were a hundred years old and they work fine.

LK: Nobody really knows how homeopathy works, but isn't that also true with allopathic drugs—nobody knows how they work?

AM: 90% of the time. And that's no exaggeration, really, 90% or more they have no idea. It's all just guessing. Allopaths—that means MD's—scream about how chiropractic or homeopathy doesn't have any scientific basis, but very little of any medicine does. It wasn't until a few years ago that they figured out how aspirin worked. It had been in use for a hundred years.

LK: What about the placebo effect?

AM: I've used remedies on babies, dogs, cats, birds, even insects. They still worked.

LK: If you used a substance herbally, would you get similar results as if you used it homeopathically?

AM: Yes. If herbally a substance is used for swelling, let's say, yes, more often than not the homeopathic indication induces symptoms of swelling. Herbal medicine uses teas and tinctures, which are dissolved crude substances. Homeopathy is using the energy of that plant or that whatever. But yeah, they intersect a lot, the uses.

LK: But with homeopathy, there aren't any side effects?

AM: Correct. It would be very difficult to do damage to yourself. You'd have to take extremely high potencies repeatedly. You'd have to try really hard to hurt yourself.

LK: So what are the conditions that you see lots of dykes suffering from that have been helped by homeopathy?

AM: First, homeopathy doesn't do the cure, it's the person's own vitality that does the cure. Homeopathy is merely the stimulant of a person's vitality

LK: So it's like Chinese medicine in that way?

AM: Yes, it is very much so. It works on your Chi or Prana or whatever you're going to call it, your animating force. So it's stimulating that woman's vitality to right itself, rather than it acting upon her, like a medication given to her by a mainstream MD would. So what can it "cure"? Most things. Depression, PMS symptoms, migraines, digestive problems, chronic pain syndrome, environmental illness, are what I treat the most. The only things that homeopathy doesn't do well with are structural problems. For example, it will not set a broken arm. It will help you heal faster once it's set. It won't cure conditions that are so advanced that there's been tremendous tissue change, like advanced rheumatoid arthritis. It's not going to restore a joint that's eaten itself, or regrow a colon that's been removed. Other things I wouldn't recommend it for are true surgical conditions, or mechanical dysfunctions like certain types of back pain. As a chiropractor, I see lots of things that are purely mechanical, and I can't fix that homeopathically.

Homeopathy is a very effective treatment for depression, anxiety, phobia, obsessive-compulsive disorder, etc. Women get stuck in states of permanent post-traumatic stress and their lives are miserable. The standard answer these days is therapy and drugs, and I'm not that fond of therapy and I really don't like drugs. And if these things can be cured with a very effective, gentle remedy, Goddess, we should use it. We should all know more about it.

LK: I think a lot of women are very wary of claiming that things like depression are diseases—you know what I'm saying?

AM: Homeopathic treatment does not depend on the diagnosis of a "disease." An acupuncturist might say you have too much cold wind in your spleen, well, it's kind of similar. She doesn't say, you're suffering from ulcerative colitis or lupus or MPD. It's nothing like that. After I've taken their case, many women will say, "Well, what do you think?" and I'll say, "Well, you're in a blah-blah state," naming the remedy they need. Then they'll say, "What does that mean? What's the diagnosis?"

LK: They want to hear, I have appendicitis, or I have strep throat or . . .

AM: Or I have obsessive-compulsive disorder or I'm bi-polar or whatever. And that doesn't exist homeopathically. You don't treat the woman by diagnosis, you approach that woman as a whole person.

LK: So in a sense it kind of side-steps the question I was asking, because it says, this is the state the woman's in. No one's making a judgment or a claim about how they got there or what it means that they're there, we're just saying that they're not . . .

AM: They're not well. They're suffering. Homeopathy very much takes the person at face value. It doesn't delve for causes or judge a woman's reaction. It makes the whole political question of labeling moot.

LK: So how do you figure out which remedy to give to somebody?

AM: It's a very long process, and that's why, I think, it fell out of favor with MD's. First of all it's important to realize that at the turn of this century about a third of the MD's in this country were homeopaths. In fact, the AMA formed in 1848 specifically to combat homeopathic practice, which was a huge economic threat.

You see a lot of female names in the old texts because it was taught in homeopathic colleges and eclectic medicine colleges and they were more apt to accept women. And women, being women, were more interested in results, and homeopathy worked.

So, how do we decide which remedy? You try to match the person with the precise substance. The trick is to get a very complicated description of a person and their illness so you can get the correct remedy.

Homeopathy can treat both chronic and acute illnesses. In a chronic case, which is most of what I see, you have to look at the whole woman, as well as the symptoms of their illness. There are literally thousands of remedies, and you have to get the right one. So for each woman who comes to you, you have to take this long involved inventory.

A great majority of us are born a few basic types. Very earthy, baby types of remedies. Most of us change later on due to our experiences. Good or bad things help shape us when we're children, but there's also heredity. Which patterns we run to can be inherited from our parents. Vaccinations, illnesses, allopathic treatments can cause problems and changes in homeopathic types. Psychological traumas, environmental toxins—all of these may or may not change that person.

One analogy is that people are like onions and they put on layers. And as a homeopath, you're seeing the topmost layer and stripping it off.

LK: What can someone expect when they go to see a homeopath?

AM: First, when I talk about "a homeopath," I'm speaking about a classical homeopath, which means somebody who is doing homeopathy the traditional way, which is the way it's existed for 200 years. That person will sit down and ask you a lot of questions, not only about what's wrong with you but about what's right with you. Or what's simply neutral about you. They'll ask about what you're coming in for, in great, exhaustive detail. Things that your girlfriend doesn't usually want to hear about, you know, every color of ear wax, every little sniff in the middle of the night, thoughts that go through your head, everything. Often when I get done with an interview, I'll ask, "Is there anything else?" and they'll say, "No, I think you know everything there is to know about me." So the homeopath will ask you every detail about your illness, and then they'll ask you a lot of questions that seem unrelated. They'll ask about your physical being, whether you're hot or cold, your level of thirst, what kind of food you like, habits, quirks, sleep patterns, phobias, menstrual history, emotional stuff. Then they'll take all that information and decide on the one remedy that is suited for you specifically. Say you came in with asthma. There could be one of 400 remedies prescribed for you, and it's the homeopath's job to figure out which one, given not only your asthma, but you as a person.

LK: And each one describes a certain kind of person?

AM: Yeah. At least theoretically. There are about 3000 remedies in the pharmacopoeia, including the ones that have limited uses and the ones we don't know a whole lot about.

LK: Do you find that certain remedies are more commonly needed, say, among incest survivors?

AM: There are homeopathic remedies that are often used for survivors. Children tend to be transformed into certain patterns because of abuse. That doesn't mean that a woman needing one of those remedies will necessarily be a survivor, nor that every survivor will need one of them. But there is a greater likelihood that a survivor will be one of the grief, anger, or fear remedies.

There are certain patterns that people tend to be transformed into because of severe grief, suppressed anger, terror, or humiliation. Obviously, those experiences can change a person, especially a child. You can see that happening to a child. At 4 they're one way and then at 6 they're raped and by 7 they're completely different. Most likely they've changed homeopathic types.

A word about homeopathic remedy "types." I might say two women are the same homeopathic type and you might see no obvious similarity at all between them. The similarity is based on their symptoms—and "symptoms" in homeopathy doesn't mean things wrong with them. Any characteristic is a symptom. If a dyke tells me that she doesn't tolerate heat well and that at night she kicks the covers off her feet, that's called a symptom. I'm not saying this is an undesirable thing or she should be cured of this, it's just description. There's no value judgment. So I take it just as much into account as the woman who tells me that she gets terrible anxiety attacks whenever she hears running water. I may think that that's not a good thing for her, but it's not homeopathically weighed more than sticking your feet out of the covers because you're hot. Or having a desire for eggplant, or whatever.

I have to say you could theoretically use any remedy at all for a survivor, but certain ones are more common because certain remedy states are usually results of certain emotional states. So when women ask, "What's good for post-traumatic stress," well, it could be 300 or 400 different remedies, so who? Who are we talking about? And what was her reaction to the experience? How is she continuing to react now?

LK: So you give a woman a remedy, say for severe depression, and the depression is probably linked to some experience of childhood sexual abuse, and what happens? The depression just lifts?

AM: Sometimes it just lifts completely. Other times it's a longer process, but the woman feels better, and she finds the strength to start making changes in her life. The memory of the abuse, if she has it, isn't gone, but she doesn't feel as sick. I have seen women do some pretty amazing things after the correct remedy has been given. I see them

break up with abusive lovers, cut off from families, or I'll see them confront abusers, or I've seen them do none of the above but just feel better.

LK: Okay, big question. How do I say this? Do women come out as lesbians after getting a remedy?

AM: I've seen many women come out.

LK: So this points to the fact that maybe lesbianism may be more "natural," at least under patriarchy, that it's an expression of the innate health of the organism to be a lesbian.

AM: Mmm hmm. On the other hand, I've seen it the other way once or twice. I think the remedy moves a person towards herself more, whoever that self is. And whether I approve of it or not has very little to do with it.

LK: Yeah, but don't you really think that . . . I think every woman really is a lesbian. Or could be. If you're saying that homeopathy works at the deepest level of the person. . . I just have to believe that at our deepest level we want what's best for us. That we want freedom and we want emotional closeness and we want to live lives that are free from violence. And to me that's half of what being a lesbian is about. You're not going to get that being heterosexual.

AM: But those are things you want most. They're not . . . you'd be surprised by the shallowness of some people. I think the greatest desire of most humans is to be happy and accepted. What they can personally tolerate to get that is another matter.

LK: So some people are just . . . conformists, I guess. So if you give them their remedy they just become more so. Do you find that it takes the edge off people sometimes? Like anger?

AM: Sometimes, but it can also do the opposite. It can make a woman more angry. Whatever it is inside that person, it comes out.

LK: I want to talk a little bit more about women with chronic illness, because we're the ones who really need homeopathy. Let's say you have Chronic Fatigue Syndrome, which a lot of dykes do, or Environmental Illness. What can you expect when you go to a homeopath? It must be hard with 3,000 potential remedies out there.

AM: It can be. It is. Being a homeopath is very intellectually challenging. Especially these days as we get further and further away from any kind of natural human state. As we get more and more chemicals dumped on us and more and more radiation and everything else, we're further and further away from our natural selves. And I don't mean an ethereal natural, I mean a truly physical natural. So it becomes harder. Still, most of the time, a good homeopath will find the correct remedy.

Most of the time the homeopath will give a single dose of the remedy, which will last months or sometimes even years at a time depending on the potency and the case. If it's correct, that person will react, usually a week or two later. I have seen as little as 20 minutes and I have seen as much as a month. First she'll feel a little worse, meaning whatever her symptoms are, they'll just be more so. Or there may be a discharge like a runny nose. The reaction will last anywhere from a few hours to a few days to even a week. Then there's a lull. And then that person starts feeling improved. That'll be a gradual process. Usually the first evaluation is at six weeks. Then the homeopath will ask you questions about how the remedy acted, and from there it depends on the case. A chronically ill person may have to take a remedy intermittently for a few months or even a few years. But eventually she doesn't need it anymore. The remedy will have set her own vital force in motion.

LK: So is there hope for women who are chronically ill? You've seen women with chronic fatigue, EI, MS, lupus—

AM: —respond, yes. Yes, I have. It depends on the case. Some will get 100% better. Others only partially. It depends on how advanced the illness is. Typically, if you've been ill longer, it takes longer to get better, but there are exceptions.

LK: What would be your advice about picking a homeopath? There aren't a lot of homeopaths who are lesbians, are there?

AM: No. A handful. I personally only know about six or so. If you include the ones I know of, but don't know personally, it's about a dozen. But that's it. And those who are lesbian *feminists* are even fewer.

LK: I think Annemarie's saying that she'd like some company.

AM: I want some company badly. So picking a homeopath. Okay, now, this is purely my bias, and I'm sure women will disagree, but I would not choose somebody who was not a classical homeopath. Classical homeopathy does not involve using pendulums or electrical devices or muscle testing or aura reading or psychic prescription. If the practitioner does not sit down with you and take a very full case—meaning taking an hour or so—or if she employs some method to “read the body,” that is not classical homeopathy. Fairly recently it was really in vogue, at least where I lived, for lesbians to have remedies prescribed for them by kinesiology and such. Not to say that it's useless, I just wouldn't recommend it. My opinion only.

Like any other health care provider, usually the best way to go is from a friend's recommendation. There is no certification process at the moment for homeopaths. So anyone can call themselves a homeopath.

Those who don't have so-called formal training, meaning in a school, might be very good or they might be terrible. Those who have professional degrees, like MD, DC, ND, whatever, can be accomplished allopathically, chiropractically, or naturopathically or whatever their specialty is. But they might stink as homeopaths. I know lay homeopaths who are excellent homeopaths, some of the best. And I've run into highly trained, specialized MD's who just stink.

If you can't find somebody who knows somebody, you can call the practitioner and ask, "Are you a classical homeopath?" If they don't know what that is, forget it. If they are, ask how long they've been practicing. You'd want somebody with at least a few years experience, especially if you're chronically ill. But longevity is not necessarily a guarantee of quality. In a few years, there will be a certification program for homeopaths that will guarantee a certain level of proficiency. It's beginning now, and I'm glad. Until recently there was a whole big fight going on about whether people who were not licensed as health care practitioners could become certified as homeopaths. Now there does seem to be some agreement that yes they can and that's great.

But I do have a couple of reservations. Most of the people I work with homeopathically have gone the whole allopathic route long before they called me. I'm the last resort quack. When they come in, they've already been checked for serious pathology. I don't have to worry that their severe headaches could be from a brain tumor. Traditional medicine didn't cure them, but it did rule out certain things, whether there's a diagnosis or not. But for many lesbians, there's never been that initial medical screening. For economic or political reasons. Most of the time that's fine, but it can also be a problem.

An untrained person will be a lot less likely to find a serious problem than would a licensed health provider. I think that if you have a brain tumor, you should know it. Because then you'll have a lot of choices to make about the treatment you want. If you still want to do homeopathy or herbs or whatever, great, but you should know beforehand. Informed choice. If there's no way you'd do mainstream medicine no matter what was wrong with you, fine, never mind. Allopaths mess up all the time, and have no idea what many women suffer from, yes, but I think there's a happy medium somewhere. By the way, I'm talking about physical problems. I think that psychological diagnoses are crap 99% of the time.

The bottom line is, if there is any chance that you would go through allopathic treatment for a serious condition, then get it ruled out. Just because a mainstream doctor makes a recommendation for treatment doesn't mean you have to do it. Make an informed choice.

LK: Who started homeopathy? When did they discover this?

AM: Samuel Hahnemann, in the late 1700s, discovered the system of homeopathy. He was an MD during a period when they were using a lot of highly toxic things like arsenic and mercury and purging and blood letting and stuff like that. Hahnemann read in a book he was translating that quinine was effective against malaria because it was extremely bitter and astringent. He knew that was silly because things that are even more bitter and astringent don't do anything for malaria. So he swallowed some quinine himself as an experiment. He found that it produced an intermittent fever just like in malaria, and when he stopped taking it, the fever stopped. He made the analogy that if a substance can produce these symptoms, perhaps it can also cure them. So he went around experimenting, taking doses of various things, mostly herbal remedies, taken mostly from folk culture, from women. And sure enough, some of the things that were used traditionally to cure certain conditions, when taken in quantity could also produce symptoms that were like the conditions that they were used to cure. This is called the Law of Similars. Like cures like. He ran into the problem that some of these substances were extremely toxic, like lead or mercury or arsenic or belladonna. If you give too much, you're going to kill your patient.

So he started experimenting with smaller and smaller amounts, to get away from the poisoning problem, and he found that the more dilute it got, the weaker the effect was. But then, at the point we now know is submolecular, it started having an effect again. And the more dilute he made it, the stronger it got still. He didn't question it because he didn't know that it was supposed to be impossible. So he started using potencies that way. And he actually cured people, quite notable in those days.

When you take a homeopathically prepared substance to see what symptoms it produces, that's called doing a proving. And some of these provings are still going on today.

LK: There are some 20th century substances they've just done provings on, and I find those quite fascinating.

AM: Yeah, this is the fun part. I know homeopaths have done provings of things like mother's milk, chocolate and coca-cola. The person doesn't know what they've volunteered to take and the experimenter doesn't know which substance is being given; it's a double blind study. As a matter of fact, the very first double blind study that was done in medicine at all—allopathic, homeopathic, naturopathic—was done in 1906 by homeopaths. So just a couple of years back—and I talked to some of the folks who participated in this—some Boston homeopaths

did a proving. They took an unknown potentized remedy until they experienced symptoms. The provers had a lot of restless energy. They were incredibly wired and nervous. Then they had dreams of political oppression or political tyranny. Also dreams of sexual violence. The substance was eventually revealed to have been coca-cola.

LK: The classic 20th century substance. Ah, the metaphysics of homeopathy. Are there other interesting homeopathic remedies like that? Like I always remember the remedy that's made from moonlight.

AM: Most remedies are made from plants, another group is minerals, then there's the animal substances like snake or insect venom, and then there's an extremely small group called The Imponderables. That group includes Luna—moonlight. It cures people who think they're were-wolves. I'm not making this up. Or epilepsy worse at the full moon.

LK: And what are some of the other Imponderables?

AM: Ready for this one? The South Pole, *Magnetis Polus Australis*.

LK: They took something to the South Pole and let it sit there?

AM: Yes. It cures in-grown toe nails.

LK: So it's like your energy is just a little bit off so your toe nails are growing back in. That's really weird. Okay, let's look at this more globally. Can you explain patriarchy homeopathically? I mean there are some cultures that were not or are not patriarchal. Most of them are being quickly wiped out, but are there remedies. . . .

AM: There are remedies that are much more prone to violence and such. There's something called the miasm, which is an inherited tendency towards certain problems.

LK: In Chinese medicine they have that, too. They call it the generational energy. And not to play to fast and loose with this, but in the Lakota Sioux Yuwipi ceremony—which is a healing ceremony—they say that it's not just you being cured, but your whole family, all your ancestors, going way back. So there's this concept of something that's inherited that needs healing in many systems.

AM: There are actually a lot of parallels between Chinese medicine and homeopathy. It's called different things, but it's the same idea. In homeopathy, we call it a miasm. It's an inherited weakness, an inherited problematic area. Some of the miasms which are more common in our culture do have a lot of violence associated with them.

LK: It's interesting that you can describe something from a political or a social-psychology framework, and say this is socialization, you witness violence as a child, you grow up with a certain psychology—that violence is okay, or you hate women; or you could also describe it on an



energetic level. But in both cases, you're saying that it's passed down from generation to generation—

AM: Now you get into the whole nature-nurture debate, and I certainly don't know. I used to believe that everything was nurture, like 100%, and now I'm much more in the middle.

I have treated men and women who have been physically violent. I may have treated a few who were sexually violent, but none came out and admitted it directly, so let's just say that I have limited experience with that. But, from other homeopaths I hear homeopathy is very effective. And certain remedy types can be very violent and can be very selfish, callous, unsympathetic people, and I have seen them improve. I've treated batterers and I'm not saying they became warm fuzzies, but they actually had better control over themselves. I'm not saying that it was out of their control to begin with. Batterers want to and they can and therefore they do, because they see no reason not to. But the overwhelming temper component of it can be improved. If they want to behave, they have an easier time of it.

LK: I guess you've seen women get out of abusive situations after taking their remedies.

AM: Many times. I can't tell you how many break-ups and divorces I've seen after the correct remedy. When a woman calls me up and says, "I don't know how I'm doing but I'm leaving my husband," I know it's working. Usually after that they start improving physically as well.

LK: I suppose that's one of the things I really like about homeopathy. There's a view of human nature that I want to agree with. No, we don't really want to hurt each other, there's something wrong with us if we do. Or no, we don't really want to be abused, and if we really were operating from a healthy place, then we wouldn't put up with that. And I like it that you can actually give somebody a medicine and make them better. So what about sexual violence? What about sado-masochism?

AM: I think of it very much like battering. It's a compulsion or an urge, and then a decision about that urge. So it's where they come together, that's where you get the sado-masochism. I have seen some women decide that they just don't feel like doing it anymore. Or that it just doesn't thrill them like it used to.

LK: It's like the lesbian question: Have you ever given a remedy and someone's gotten into sado-masochism?

AM: No, I've never seen it.

LK: Are there remedies which have thoughts of sexual violence as a symptom?

AM: Yes. It's part of the whole remedy picture for a number of remedies. And there's a strong miasmatic component to these remedies. I'm not saying that someone born highly miasmatic is destined to be a sado-masochist. But when you have ten different women abused in the same ways more or less, why will two turn to sadomasochism, two will be heterosexual and battered—

LK: Two will become radical feminists—

AM: Right, right. What explains the difference here? Part of it is this miasmatic component. I want to stress something here. Remedy type is not destiny. Even heavy duty miasmatic problems are not destiny. Every person, every homeopathic type has potential for both good and evil behavior, and for both health and illness. Homeopathic constitutional theory is very flexible, and there's a lot of room for individual free will. Anyway, miasms. There are a number of ways to acquire a miasm. One is vaccination, another is drug use. You get it into your energy and you can pass it on generationally. The most famous way, at least in the 19th and 20th centuries is through gonorrhea or syphilis. Especially repeated gonorrhea or syphilis that has been suppressed with antibiotics.

LK: An allopath would say it's been cured by antibiotics. But the homeopath says it's been suppressed.

AM: Right. Because the homeopath views the person as a series of layers going from the most deep, which would be the spiritual plane or the will to live or whatever you'd like to call it, up to the emotional plane, up to the actual physical nervous system to the heart, and further and further and further out until you get to the lungs and the skin.

Say a person has gonorrhea five or six times and they get shot in the butt with penicillin every time. The homeopath sees it as driving the symptoms inward, driving it towards the inner core of the person as opposed to driving it out of the body. So after repeated gonorrhea, the person will actually get a problem in their generational energy. They'll acquire the miasm. All these guys who came back from Viet Nam completely changed, not only was it from incredible post-traumatic stress, but they had become remedy types with a very heavy miasmatic component. They came back cruel and sexually abusive and violent. And then they produced children, now in their teens and twenties, with the same miasmatic problems. I don't think it's a coincidence that so many young dykes are into sadomasochism and piercing.

Also the hippie children. A lot of the hippies had the clap several times, or smoked a lot of dope. Heavy marijuana use can be a problem.

LK: We've talked about physical problems that lesbians might have, and we've also talked about emotional states that can be alleviated by homeopathy. Is there a spiritual component?

AM: Yes. The spiritual plane in homeopathy is about the will to live. Homeopathically speaking, the deepest illness you can have is illness on a spiritual plane—the person wants to kill themselves or they feel singled out by the universe for punishment. Symptoms like that are extremely deep, and are given a lot of weight in the prescription. Extremely depressive and suicidal states can be very responsive to homeopathy. Sometimes quite dramatically.

LK: But of course the flip side: we have a lot to be suicidal about, we have a lot to be depressed about.

AM: Yes, we do. But we always will, and we always have. It's not a value judgment. I'm not saying that any woman should not feel as she does. She may have every reason in the world to, and she probably does. But, after that, then what?

LK: Yeah. Then what.

AM: I see a lot of women because they don't want to go on psychotropic drugs. Their therapist or their MD sends them because they're very depressed, and they've been in therapy for any number of years. They're not improving, so someone wants to stick them on meds. And then the woman refuses to or says that she really wants another approach because she doesn't like taking drugs. You'd be surprised how many women will say that, women that you'd never expect do say that. If they're lucky, they find their way to a homeopath or an acupuncturist.

A remedy will not make you doped up and it will not make you happy. However, it will make you cope better. It will help you deal with adverse stimuli, whether physical or emotional or spiritual in a way that's less taxing to you.

A question that comes up a lot is, once you start taking a remedy do you always have to take it? And the answer is, no. Eventually you won't need anything anymore. The point of homeopathy is to have you as an organism carry on by itself, because it's well. It's not to give you a drug.

LK: It's just kind of a kick start to your own vital force. So before, we were talking about how there was a large incidence of sexually transmitted disease, these were treated by anti-biotics, and from a homeopathic perspective these diseases were then suppressed and became part of the generational or miasmatic energy.

AM: Prior to the anti-biotics, they were treated with mercury, arsenic and a number of other things, and that also had a suppressive effect.

LK: So now we've got all these people, particularly women, being treated for things like depression with Prozac, with Valium, now is this having the same suppressive effect? Is that going to create a miasm as well? What are these children going to inherit? Do homeopaths know?

AM: No. I would guess that it would come out as violence and spiritual despair. And more neurologic and heart disease.

LK: Lovely. You're a radical dyke, you have a political perspective. Do you find that you struggle over the political implications of some of this? It seems to imply that there's certain proclivities we're born to. . . .

AM: Yeah, it does. And yeah, I struggle with it. I used to think that every woman would be a radical dyke if only the obstacles in her way were removed. But now I realize we're not only fighting patriarchy, but the overwhelming inertia of the great majority of people, of women. That inertia has become more frightening to me than active oppression.

LK: Do you think lesbians are sicker than most people? Or is it hard to say because lesbians are who you see?

AM: It's hard to know. Any oppressed group is more stressed out than a privileged group, and more likely to get sick. But I think I know what you're getting at. A disproportionate number of radical or at least politically aware dykes seem to have a lot wrong with them. I think part of it is that being a radical dyke in patriarchy is intensely stressful. But I also think that political lesbians are much more likely to go to many different alternative providers who all may have different ways of naming a certain set of symptoms. Instead of seeing each new diagnosis as another way of describing their problem, they add it to a growing list. So it's kind of a misunderstanding in that way, because they're still thinking in a western frame of mind.

LK: A lot of medicine—allopathic, homeopathic, whatever—is expensive. This is a real problem for those of us who are disabled and poor.

AM: It's true. Most homeopaths are expensive. And depending on where you are, the standard fee for the initial consultation will probably run anywhere from \$80 to \$250. I personally feel it's obscene. But that's the way it is. I work on a sliding scale. My sliding scale goes from \$45 to \$100, and that includes the remedy.

LK: I don't want to hold lesbians to a different standard. And there's no point in insisting on things that are not going to happen. We aren't a community. Even those of us with similar values can barely be civil to each other most of the time, let alone really take care of each other. But. And it's a big but. Some of us are dying. And some of us are in so much physical pain that we want to die. I had no income for two years while I

tried to get on SSI. Zero. Before that I had to work a job that made my condition deteriorate faster because it was that or starve. Okay, this is literal. People think this is not for real, even people who are friends and family don't get it. The gap when you're disabled or chronically ill is almost uncrossable. I had no money. Nothing. So when health care providers start spouting at me about borrowing money from someone to pay their fees, or that's it's all a matter of priorities and choices . . . you just start to feel crazy. And it makes it real hard sometimes to go to lesbian events. Because there's an acupuncturist and there's a chiropractor and there's a whatever, and we're all supposed to sit in the same room like everything's fine, when it's not. I'm not. I lived my whole adult life in a tremendous amount of physical pain and maybe they could help but I don't have any money, so that's that. Well, fuck that. So where does that leave us? Well, there's not an us. There's me, and I'm poor and disabled, and there's them, and they're middle class with a wonderful skill.

I think it's barbaric that we don't have a single payer health care system in this country. And I know I can't hold individuals responsible for what's a systemic, political problem. But. There's that but again. It's hard not to rail against who's available. And I've been lucky—there have been health care people—straight and lesbian, in fact even a man—who treated me for free. But it's hard not to be bitter or angry.

AM: Just because a person is "alternative" doesn't necessarily mean that they're radical. There's a lot of New Age jargon about "taking care of yourself," which prescribers seem to think means taking care of themselves to the point where if they don't feel like doing anything they just don't. It pisses me off. I think every practitioner of any healing art owes the community a lot. They should at least have reasonable fees or put a certain amount of their times aside for those who can't pay and really need it. The real reason I'm doing this article is because, not only do I want lesbians and radical lesbians to know about homeopathy, I want other radical lesbians to become homeopaths. I feel that homeopathy is so valuable that we need more access to it. And I badly want some peers. Not only to study cases with, but to serve more lesbians. The need out there is enormous.

Violence and Cruelty among Lesbians: The Legacy of Men's Violence Against Girls

Rosie B.

I lived for years in a foggy haze about the issue of abuse among Lesbians. I denied that it was happening because I denied that it was happening to me. I kept secret about it just as I kept secret about the torture and rape in my family. Only as I began to heal from the atrocities I suffered in my family as a girl and young woman was I able to perceive the cruel and violent ways that some Lesbians behave toward other Lesbians.

I think many of us are in a similar position. I think the horrors we suffered as girls, whether in families or institutions where we were raised, are responsible for the fact that many grown Lesbians have a tendency to behave abusively (verbally or physically), and that many Lesbians are being abused. I believe our forced silence and inability to protect ourselves when we were girls, plus the fact that no one protected us, is stopping many of us facing the issue of cruelty and violence in our communities now. We're hampered from protecting ourselves, and we're hampered from protecting other Dykes.

I believe that young girls who are abused (for instance, by sexual assault/rape, physical violence, ritual abuse, and/or other forms of torture) grow up with a tendency to either be revictimized or to hurt others when we're adults. It depends on the ways we found to survive as little girls. There's a response to girlhood violence that is called *fusion*—when a child is abused she may survive by internalizing the abuser's emotions or actions. When she's being raped or beaten or tortured she identifies with her attacker, because if she felt the terror and pain she's feeling, she might not survive. It's a way of pretending that she has power in the situation, that she's not the shamed and degraded victim; she's only a child and she's trying to save her life. This isn't how I coped and I still don't completely understand it, but I think it explains a lot of abusive behavior among Lesbians, because Dykes who were once forced to survive like this later tend to take out their rage, shame, and terror on other Lesbians (almost always survivors themselves).

My own experience is that as a survivor of repeated, life-threatening violence as a girl, I thought I was the one to blame. It was easier to believe I was a bad girl who deserved violent "punishment" than to face the fact that my parents were cruel and unloving. As a result I grew up unable to identify abuse/cruelty—unable to tell when it was happening to me, unable to protect myself from it. It's not as if I "expected" or "wanted" it—it's that I didn't expect anything else. It's only after several years of healing and getting radicalized about violence among Lesbians that I'm finally beginning to understand it.

I think some behavior many Lesbians seem to take for granted is cruel—for instance, maliciously badmouthing others, and believing badmouthing without checking the story out with the Dyke who's being talked about. Many of us have experienced that kind of nastiness and I wish I could claim I've never taken part in it, but I can't. But that's only one example. I've witnessed and experienced badmouthing so severe that it can only be called emotional abuse, like when someone tries to destroy every friendship that another Dyke has. One sure way to do that is to falsely accuse someone of abuse, and as other Dykes are also saying, this is apparently a typical behavior of abusive Lesbians, who accuse their victim of doing exactly what they themselves are doing to her. The problem is, when someone's badmouthing someone and acting in an intimidating way, it's no surprise that the abuser, not her victim, is believed. If you're being abused in this way, you're probably silent about it because you suffer such shame and fear.

How Do You Know Who's Telling the Truth?

Lesbians who truly are being abused are likely to stay silent about it—that's one of the characteristics of an abuse victim. They're unable to realize that they're being victimized, and they suffer such shame from their girlhood that they'll believe it if their abuser tells them they're "bad" or blames them for all the problems in their relationship. Some of the accusations going around the community of bad treatment, cruelty, and violence are in fact being made by the Lesbians doing the abuse—and many of the Dykes who hear it are confused. They don't know who to believe, so they stay silent. Lesbians who abuse tend to portray themselves as victims, in my experience, which means they blame others for their problems and take no responsibility for their behavior or the problems in their relationships. Because their reaction to girlhood violence seems to be needing to always be in power and control to feel safe, they tend to feel victimized by anyone who resists them.

Lesbians who abuse are very unlikely to admit what they're doing. True victims of abuse are the opposite—they tend to blame themselves for their own and others' problems and may readily believe anyone who exploits their vulnerability. They are unlikely to accuse anyone of abusing them, even if the abuse is very severe—it may have to be pointed out to them again and again, while they act like a "good obedient girl" and defend their accuser/abuser. They tend to blame themselves for all the problems they're experiencing with their lover, just like they felt it was their fault when their family abused them.

I believe that many of us are unable to take care of ourselves properly, and that we're unable to distinguish between love and shitty treatment from those who say they love us. If mommy and daddy could attack us and *they* said they "loved" us, we sort-of associate bad treatment with "love." The emotional neglect we suffered as girls, being deprived of real love from our mothers and cut off from our sisters and other girls by the family violence, also makes us deeply lonely and desperate to find love. So we may accept crappy love; we may be so relieved that someone says she loves us that we don't question her behavior towards us. We'll do almost anything to stave off the fear and isolation inside, and believe that any love is better than none.

In my experience, most situations of emotional abuse also involve some level of physical abuse, including: control of another's movements (for example, denying access to food, sleep, bathroom, one's home and belongings, or access to one's friends); denial of medical care or other help to someone who's injured, ill, or disabled; physical intimidation; threats of physical violence; and outright hitting/beating. There's also sexual abuse among us, something I think we need to talk about more, extremely painful though it is. When an abusive relationship involves any level of physical abuse, the situation is very serious and potentially life-threatening. Failure by other Dykes to perceive, understand, and intervene in situations like this endangers Dykes' lives and allows terror to exist in our communities.

My Story

I originally wrote this article several years ago. At that time, it would have been unthinkable for me to talk about what happened to me. I hadn't had enough time to recover, and part of me still believed what my ex-lover said about me. I was still very afraid of her. When I began to read about battering relationships among Lesbians I recognized my own experiences, and telling them may help others identify what's happening

to them. I was victimized by a gang-up by my ex-lover and her friends, all political Lesbians. They believed what she said about me and almost none of them approached me for my side, that I recall. The few I did talk to didn't believe me, except for a very small number of friends who were unusually perceptive, or who'd had similar experiences. That's pretty typical: the abusive partner gets support, her victim does not. The powerful one attracts sympathy and belief, the one who's being abused is either discounted or ostracized. Other Lesbians I barely knew joined in what to me was a devastating free-for-all. Dykes I knew stopped speaking to me, believing they were doing the politically/morally right thing by isolating the "bad one." It was like being back in my family—being attacked and noone believing me. The worst thing was that I myself believed my ex's lies—I had so deeply internalized her false accusations over the years that I became suicidally depressed. It took me years to reject her version of me, and even now I find myself sometimes automatically believing that I am "bad" or "oppressive" if some problem arises in my life, which is now pretty peaceful.

My "bad behavior" towards my ex-lover was that I doggedly, often loudly, resisted her attempts to control and bully me, while she pressured me to change my name, my appearance, my clothes, my beliefs and feelings, and ultimately, my very self-image. My rebellion earned me the accusation of being her "abuser." When I began to feel stronger and move away from her, she threatened to "expose" me to the Dykes we knew as her "abuser." Knowing that I had bought her accusation, this was a powerful threat, which she in fact carried out.

I tend to be guilty, over-responsible, and overly trusting. I generally view myself as privileged, when the fact is that my past history has been extremely violent and oppressive. I used to believe that if I tried hard enough to be a good political Dyke, and helped other Lesbians enough, I could change the world. Not to say I was perfect, far from it. I made tons of mistakes. But along the way I was hit by a number of Lesbians. If other Lesbians told me I was bad, I generally believed them. Nothing in my life had ever convinced me otherwise. So when my ex-lover told me on the first day that I met her, that my "self-hatred" would cause problems for *her* in our relationship, I believed her, setting the scene for years of believing her version of me. What her history is that made her want to control every aspect of my life, including my very thoughts, I don't know, but she managed to convince others that her version of things was true, just as she convinced me for a long time.

Lesbians who are being abused may experience some of the following: their lover blames them for all the relationship problems; they do more than their fair share of work, including household work (this partly depends on physical ability) and money work (which also partly depends on class, ability, education, and other privilege); their lover's friends ostracize them; they are portrayed as "having problems," including being "crazy"; they are very unassuming and take the blame in all conflicts they experience; they frequently put themselves down; they always defend their lover, even when she's clearly in the wrong. They perceive their lover as all-powerful and are grateful to her—they won't listen to any version of reality except their lover's.

The next Dyke I was lovers with told me she virtually had to "de-program" me when she met me. All I could do was tell her how "bad" I was. I told her I was "abusive" and that she shouldn't be my lover (doing the dirty work for my ex-lover, who also called my new lover to complain about how "bad" I was). I argued with her when she insisted that her perceptions of me didn't agree with my statements. I constantly defended my ex-lover. It took me several years and a great deal of support from my new lover and my staunch friends to stop doing this. The fact that a number of Lesbians had joined in my ex-lover's bullying only served to further convince me of my worthlessness. It is very painful to recall my debasement at the hands of my sisters, and to witness others going through the same kind of experience, which is far from rare. I can only believe that everyone who took part was re-creating her own forgotten family dramas, this time not as the victim—at my expense.

So even though it's vital to listen to both sides in a possible abuse situation, you can't take anything at face value. The one who swears convincingly that *she* is being hurt may be intimidating and threatening the other behind closed doors, while the one who acquiesces in being accused of abusive behavior may be the victim. Ultimately, the only thing we can do is trust our hearts and our own experience. If something about the situation strikes you as wrong, believe it. Ask questions—you'll see the habitual pattern, if there is one. Ask for details about the fights, who says what, who does what. How the Dykes in the situation behave around you will ultimately determine who you trust and believe.

Why Are Most of Us Silent about Abuse among Lesbians?

Why do so many of us turn the other way when we see Lesbians in abuse situations? Is it because we're hardened, thoughtless, and heartless, as I used to think when I was isolated by abuse? But I also failed to

act protectively when I witnessed physical abuse among Dykes in the past, and I'm neither hardened nor heartless, or even especially silent or passive. Or is it what I believe now—that the majority of Dykes are survivors of girlhood violence and that we're not getting the support, safety, love and healing we need? I think we've absorbed the great patriarchal lie that "violence is normal" from our families and others who raised us, and that we're still in deep shock from the brutality of our girlhoods. What appears on the outside to be passivity or even callousness in Dykes who fail to defend other Dykes from abuse may cover terror: terror of violence, forgotten fear of their girlhood attackers, fear of remembering. These fears permit the silent tolerance of violent situations in other Dykes' lives by Lesbians who are otherwise ethical and caring.

Something called "triggering" occurs for many survivors when we're exposed to abuse/violence in the present, which can stimulate memories or feelings of our experiences of girlhood violence, temporarily freezing our ability to think clearly and act in our own or others' defense. It's as if we're powerless, frightened girls again, even if we're not conscious of this. We may unthinkingly side with the one who's acting abusively because we're afraid of her, just as we were afraid of our caretakers and parents. When we were little we didn't dare openly rebel against those who held power of life and death over us. Even though we're adults now, and can't be hurt in exactly the same way, it's hard to resist being overwhelmed by our old self-protective habits. Things that happen in groups may have an especially powerful effect—if others join in the attack, or fail to defend the victim, it's like going against our whole family.

In addition to triggering, it can be plain dangerous to resist Lesbians who are behaving abusively—if they tend to be violent, we risk being physically attacked. There's the risk of ostracism in taking unpopular stances, especially if the abusive one has a lot of privilege or high community status. One friend who supported me got nasty letters from my abusive ex-lover. My new partner was ostracized and badmouthed along with me; she was exposed to the abuse I received in the form of harassing phone calls to our home, and the stress of supporting me when my ex-lover and her friends continued to bully and threaten me. *It's usually the abusive Lesbian who gets community support, not her victim, and until that changes, it'll continue to be extremely difficult to effectively confront and end violence and abuse in our communities.*

In the meantime, when we are in violent situations, we may have no choice but to resort to patriarchal standbys, much as we hate it—the police and attorneys. Lesbians have applied for and received restraining

orders preventing their Lesbian abusers from contacting them. We have no reliable structures in our communities that guarantee protection to Dykes who are being physically threatened or hurt by other Dykes. Lesbians who resort to legal help in abuse situations have probably tried every other possible alternative; I can't imagine any are comfortable about using patriarchal authority against a "sister." The fact that we're understandably resistant to going outside our communities for protection can have the unfortunate side effect of letting some Lesbians think there will be no consequences if they choose to act violently.

In abuse situations that are happening now, the Lesbian being abused needs to be supported and protected. Her abuser should not be permitted to have access to her. Lesbians who are physically violent have no place in our communities, period. It's all very well to understand that someone is abusing because she was raped, beaten, or tortured as a child, but her dangerous behavior *has to stop*. Lesbians have to stop supporting her behavior. They need to ask themselves who and what are they really protecting—their own forgotten experiences of being hurt by their mother or father? I don't want Lesbians who abuse to be written off—but neither do I want the Dykes they abuse to be scorned and ostracized! I want Lesbians who are abusing to heal, because that's the only way they'll stop the behavior. I want them to get it that they hurt and punish other Lesbian survivors because they perceive those Dykes as abused girls—that they perceive *in others*, the self-hatred, shame and powerlessness they *themselves* feel. But first and foremost, I want the Dykes they're abusing to realize that they don't and never have deserved cruelty or violence, and that they can be safe. I want them to heal and understand, as I have slowly come to understand, that they never have to tolerate cruelty or violence in their lives again; that they have the right to love and support, passion and closeness, without the fear of abuse.

Oppression Is Cruelty

I'm not denying that there are other causes of cruelty among Lesbians. Racism, classism, anti-Semitism, being girlhood violence survivors, fat-hating, sexism, ableism, Lesbian-hating, psychiatric abuse, and ageism are among the many forms of oppression we've inherited from the patriarchal world. I think some privileged political Dykes regard these almost as abstract ideas. To me, all oppressiveness is personally hurtful, often cruel, behavior, because it inflicts pain and suffering on Dykes. As long as these and other oppressions are practised by privileged Lesbians among us, whole groups of Lesbians are being cruel to

other groups of Lesbians. In my experience, when a Lesbian is in an emotionally or physically abusive relationship, one or more of these oppressions is almost always involved. But abuse among Lesbians, like abuse in all women's and girls' lives, knows no class, ethnic, cultural, or other barriers. Lesbians from any background can be abusive, and Lesbians from any background can be abused.

I've met abusive behavior among radical Dykes, Lesbian separatists, Lesbian feminists, socialist Lesbians, and Dykes of every political stripe, as well as Lesbians who didn't identify with any particular political belief. I've also met kindness and true sisterhood among all those groups of Dykes. Unless our politics are values we're deeply committed to in our hearts as well as our thoughts, they remain abstract ideals; politics don't heal the problems among Lesbians in our communities unless they come out of true feeling. I believe *Lesbian politics are about treating each other gently and respectfully*. Lesbian politics are about being kind and generous to each other, which is revolutionary in a world that brutally destroys female solidarity and raises us from birth to turn against each other. Every time we act loving with another Dyke, we're putting one more crack in the wall of male power. Every time we're hateful with each other, we're inviting male terror into our precious and fragile communities. Working to end all oppressions among Lesbians is deeply revolutionary, as revolutionary as learning to live peacefully and happily together. Ultimately, they're the same thing.

Abuse Is a Consistent Pattern of Behavior

I define *abuse* as a consistent pattern of behavior in which one (or more than one) Lesbian has gained power over another by being verbally cruel or oppressive, being emotionally abusive, and/or being physically abusive. Verbal abuse can be quiet—you don't have to raise your voice or even namecall to be extremely destructive to someone. You can quietly and "reasonably" tell someone she's bad, over and over again, until she believes it (something my ex-lover did to me). Physical abuse includes hitting and beating, but I also include physical intimidation/bullying, control, and threats. Sexual abuse happens when one Lesbian forces another Lesbian to be sexual or touches her sexually against her will. Sexual manipulation, threats of affairs with others (in a monogamous relationship), and other sexual power games often accompany emotional and physical abuse in a lover relationship.

Someone who does things that to others may *appear* abusive—for instance, trying to get away, threatening to leave the relationship,

yelling, physically fighting back—may in fact be acting in self-defense. It's crucial to hear both sides before you make up your mind about who's doing what to whom. As I said before, Lesbians who abuse are very unlikely to admit it, while their victims may be coerced into taking responsibility. Lesbians who abuse can be very sneaky and manipulative; they'll often do all their abuse behind closed doors while looking perfectly sweet, even vulnerable and powerless, in public. Some of the Lesbians who hit me are very charming, popular, and well thought of in the community.

Not all bad behavior is "abuse." In my experience there are always some problems that need to be worked out between Dyke friends and lovers; it's inevitable because of the damage we've sustained from growing up in patriarchy. We all make mistakes with each other at times, by neglecting each other or being mean or yelling or being unreasonably angry or dumping or namecalling, etc.—that's *not* abuse, although the behavior may feel "abusive" and hurtful at the time. We all, myself included, need to learn constructive and gentle ways of working out conflicts, and with the best will in the world we'll inevitably make mistakes and sometimes lapse back into our families' shitty "conflict resolution" methods. This is different from a sustained pattern of abuse when one Dyke lives in fear of another and is *consistently mistreated*. Accusing Lesbians of being "abusers" when they had no more than a temporary lapse into less-than-ideal behavior is not helpful and trivializes the issue. It prevents us from understanding and responding to the very serious cases of abuse in our communities.

Dykes May Not Be Perfect, But We're Still Fantastic

Despite everything I've said, I've had better experiences with Lesbians, on the whole, than I've had with anyone else, and I've been sustained by Lesbian friendship and love most of my adult life. Our communities are still much safer, more egalitarian, and kinder than the mainstream male/heterosexual world. I believe we're less likely to be cruel or violent than men and heterosexual women. When Dykes talk about abuse among Lesbians, a comparison is often made between us and violent men, and it's not only inappropriate, it's Lesbian-hating. Lesbians are nothing like men; Lesbians who behave violently do so for very different reasons than men. The power dynamics are just not the same. If we must compare ourselves to anyone, we should talk about heterosexual women's behavior. Both women and Lesbians are much less likely to be violent than men, but when we are, we're generally

violent with another female. In the case of heterosexual women, it's with their daughters; with Lesbians, it's their lovers (most likely) or other Dykes. Violence by women against their daughters is widespread, but we still hardly talk about it. Staying silent about it while we discuss abuse among Lesbians is not fair to us and does nothing to protect girls.

Over the last few years I've often heard heterosexual feminists routinely including Lesbian (and Gay male) "domestic violence" along with male violence against women. I guess they think they're being liberal and inclusive, but I always feel offended and invaded. I want Lesbians to get support, but that doesn't feel like support, because no one but Lesbians really understands what abuse in our communities is about. When one of the most powerful Lesbian-hating stereotypes in the patriarchal world is that we're "violent" and "masculine," only Lesbians have the awareness (and the right) to honestly and effectively discuss violence among Lesbians. Lesbians aren't the only group to act out our oppression as violence against each other—it's fairly typical behavior among oppressed groups. We have no need to be ashamed about it.

It's true that I've been physically and emotionally abused by some Lesbians, but I've also been given more love, loyalty, and kindness by my Lesbian lovers and friends than I've ever had in my life. I no longer think the larger Lesbian community is "safe"—a conclusion I've reluctantly reached after years of unrealistic idealism about Dykes—but many Lesbians I know are truly exceptional women, and that's what keeps my deep belief in the wonderful possibilities of Lesbian sisterhood, community, and movement alive. The more Lesbian pride we grow, the less cruelty and violence there'll be in our communities. As Alix Dobkin said, "We ain't got it easy, but we got it!"

Healing Our Communities

Dykes who've been hurt need to heal. Many of us can't afford therapy, and as a community we have mixed feelings about it. Those of us who do have access to trustworthy Lesbian/feminist therapy can find it very helpful in healing from family violence. Support groups, co-counseling, and CR groups, as well as truly loving lovers and friends, can also be extremely healing.

Our healing needs to be political as well as emotional and personal. Abuse among Lesbians is political and we need political solutions. We need to understand patriarchy's genocidal attacks on girls as the root of the cruelty, callousness, abuse, and violence that exist among us. We need to know that raping, brutalizing, terrorizing, torturing, and killing

girls is how men maintain their power, because it destroys Lesbians' and women's strength and power to resist. Men will keep doing it until we get together to stop them. To do that, we need to heal our selves and our communities so we can work together without fighting!

Men have done their work well! The great majority of girls are sexually and/or physically assaulted by their male relatives and other men. All girls are emotionally abused as the most powerless females in patriarchy. In the greater context of male tyranny, many of us have been physically assaulted by our mothers and other women, and some of us were sexually assaulted by women, as girls. We grow up damaged emotionally and physically; it's hard for many—maybe most—of us to find loving Lesbian connections. How can we trust each other when many of us have never felt physically, let alone emotionally, safe in our lives? When we haven't had access to the knowledge and resources we need to heal from girlhood violence? Let's be absolutely clear about it: one of the basic reasons Lesbians have so many problems with each other is the girlhating, woman-hating, Lesbian-hating violence we have lived with all our lives. Sometimes, being in Lesbian political or friendship groups makes it worse—the first groups we were in were the violent families and institutions which raised us. Several Dyke groups I've been in have been torn apart by badmouthing, power games, and gang-ups, and I have taken part in or failed to resist those behaviors, too. For those of us who were abused in groups as girls (for instance, ritual abuse), being in groups now is about the most scary thing possible. It's no surprise that groups tend to bring out some of the greatest fears and worst behavior among Lesbians!


Safety and healing start at home, and this is the only home we've got! We need so much for our communities to be safe from the violence all around us in the male world. How can we achieve anything as a movement until we all experience freedom from any threat of violence in our community? We can talk about the finer points of this or that issue forever—but as long as one of us is getting hurt; as long as one of us is hiding from her violent ex-lover; as long as one of us is isolated and afraid; as long as one of us is in danger of suicide or illness because she's suffering vicious badmouthing—then we have no community and we have no place to call home.

The place to start is with what happened to us as girls. We have little hope of stopping violence among us until we get it, deep in our minds and souls and bodies, that the hell most girls on this planet endure in "normal" heterosexual families is being acted out among us Dykes right

now. Heterosexual women take it out on their daughters. Dykes take it out on other Dykes. It's that simple.

I hope you don't go away from this thinking that I'm saying Dyke survivors of girlhood violence are violent. We are all survivors of one form or another of girlhood abuse, and most of us are not violent. I'm saying that for some of us, being a survivor makes us vulnerable to being abused by other Lesbians, and that for others, being a survivor means having a tendency to take out their girlhood abuse on other survivors. I think most if not all abuse among Lesbians involves survivors as abusers and as victims.

Our Lesbian community has the potential to be a peaceful, healing home full of sisterhood and happiness, where we work together harmoniously to end men's reign of terror and create a Lesbian world ruled by kindness and justice. Acting together *now* to stop the legacy of our violent girlhoods from devastating our communities and political movements is truly radical healing. *How else are we to stop more little girls going through what we went through?*

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This article is intended to be read by Lesbians only and can be copied by Lesbians to share with other Lesbians.

Triggers and Lesbian Interactions

Fox

One thing that emerged clearly for me from all the material I read for this issue is the healing power of lesbian community. Over and over again dykes testify that the existence of lesbian community, the groups and projects created by lesbians, and the gentle support of individual lesbians are essential to their well being. When we are in anger or pain at the cruelty lesbians can perpetrate on each other, we would do well to remember where we would be without lesbian community.

Nonetheless, the cruelty exists; it drains the energy of individual lesbians, it disrupts our projects, it renders the lesbian community less powerful and healing than it could be. We have been writing about this problem for 30 years, we've explained it as horizontal hostility—the dumping of the anger caused by oppression onto other members of the oppressed group rather than directing it at the oppressors. More recently we've expressed the deeper understanding that infant and girlhood abuse are major causes of this rage. Why, then, hasn't the cruelty stopped? Why do lesbians continue to scapegoat other lesbians? Why do projects and conferences still divide into camps each calling the other devil? Why are lesbians who talk and write lucidly about the problem unable to apply their analysis to their own behavior?

The answer, I believe, has two parts. First, we have not been learning to recognize what it feels like to be triggered. We grasp the concept but don't know when it is happening to us. Second, even when we recognize that we are being triggered, we don't distinguish the triggering situation and the feelings it arouses from the original situation of abuse and the original terror. It would seem that the second step, separating from the past, should follow automatically from the first, recognizing we have been triggered, but that has not been my experience. Triggering still puts us in a daze that we have to work our way out of. It seems to me that lesbians, one to one or in groups, often operate in this daze, and in consequence hurt each other.

By far the most important thing that has helped me in my ongoing healing from disabling emotional abuse, perpetrated on me during infancy and girlhood by my family and my grade school peers, has been learning how I feel when I am being triggered. I am grateful to the ritualistic abuse survivors who have taught us about triggers, which I believe operate in many of our lives. I may get deeply depressed, for no apparent reason. The more anxious version is a hot, stuffed feeling radiating out into my body from a lump in my chest. I feel hated and attacked by everyone around me, in fact by everyone in the world. Emotionally, I am panicked and despairing. I freeze, unable to think or talk or act, wanting only to run away. My mind replays the tape that I will *always* be alone and hated, that others will *always* get unpredictably angry at me, that I will *never* have anyone to love or like or help or take care of me, or even to recognize my existence. It is not so much that I return to infancy, as that I feel and act as though the conditions that pertained during infancy and childhood are eternal.

Because these feelings are **triggered** by something that happens in the present, it is very easy to perceive them as **caused** by something or someone in the present. In fact the feelings are caused by the accumulation of many, many girlhood occurrences of abuse. I see many dykes in addition to myself caught up in this conundrum. Helpful questions to ask ourselves are: Are the perpetrators here now? Have they been here recently or are they likely to be here soon? How many ways do we have to protect ourselves that we didn't have as girls? Healing is about living in the present. Reality and illusion contend with each other, each fading in and out. But with practice the ability to perceive the stress for what it is grows.

When I get that hot, stuffed, panicked feeling, I realize my assessment of the present situation may be inaccurate and I do my best not to act on it. Lately, in fact, I've been trying never to act out of a feeling of great stress. Simply being in a group is often enough to trigger me. If I then act as though the other dykes don't want me there, they may think I don't like them or they may just not be interested in interacting with me. These reactions in turn reinforce my despair. The research that Myra reports in her article—showing that once stressed in infancy, the body maintains that stress level throughout life—is a concrete model that gives me clarity when I want to stay in the present.

If we react to a dyke who has said a few unkind words as though she had abused us for 10 years, then we both create a negative situation for ourselves that will reinforce our worst expectations, and we create for

her a situation that may trigger her own anxiety. Perhaps her family dumped anger on her, and now we are doing it too. We could bounce off each other forever.

I've just begun to take the next step, beyond not reacting ineffectively to acting effectively, to acting as I really want to act, in the situations I really want to be in. (Definitely you want to start small here, don't pick the most anxiety causing situation to practice with.) Joyful is what I feel when I do this. "Dissociative Disorders and Sex," in this issue, is the best discussion I have ever read of the whole process.

To act is essential, it is the only way to experience that things can be different from what we feared. I agree with Myra that we are not condemned to relive our pasts forever. Healing is hard labor, but its reward is presence, the greatest of the pleasures this world has to offer.

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Lesbians Heal

A Readers' Forum

Living and Dying in Northern California

It's 3:50 am on the day of my 58th birthday. I can't sleep because I'm anxious to call Boston University Medical Center again—still trying to get their evaluation of me for a possible bone marrow transplant. My insurance has twice rejected paying for just the evaluation never mind the transplant. Yesterday I was told to do another bone marrow biopsy. I may have amyloid in there now. That might be causing my platelets to drop. Is that like having leukemia? Wasn't it there all along?

So, it's back to the bone marrow again. Just like the dream I had two years prior to being diagnosed with this rare disease. Awakening in the middle of the night with the words BONE MARROW! Could I have told doctors I want my bone marrow checked? For what? No one would ever have thought about amyloidosis. What good is it to know intuitively when no one else knows or believes you?

How do you live fully each day when you're living and dying simultaneously? How do you hold that space with grace and dignity? Never knowing which day will be the last—or the day when you know it's closing in? It's strange—feeling energetic, alive, full of hope and anticipation of things to do—while knowing your life can end at any moment. Yes—that's true for everyone. But unless your body shows you that reality—we really don't think about it.

I think about it every day—many times in the day. I'm painfully aware of this truth. Sometimes I deal with it quite easily. Other times it terrifies me. Grips me like a vise, tightening until I'm frozen with fear. When asked what I'm afraid of, I hesitate. Have to think about it. Death? Yes—I'm not ready yet. Still things I want to do. Write more plays. Explore my watercolor paintings. Travel again—Kauai, Mexico, Caribbean. Maybe a cruise. Make love again—it's been so long.

But it's not just death. It's how I die. Will I suffer again as I did at the onset? A long, slow debilitation? I fear that. I fear I'm getting worse when I thought I was getting better. I fear I've lost the battle. Then I lose the desire to keep fighting. Should I surrender to it? I fear not knowing what to do. What's my part in this? I fear I'm running out of time.

A strange way to celebrate my birthday. Yet—I am celebrating. I just returned from a three-day retreat at Mt. Madonna Center—LIVING FROM THE HEART. It was wonderful and I'm still so energized by it. I was in the depths of despair when I arrived and was lifted to heights unimagined. So much energy—so much love—so much letting go. That's what's so strange—to feel such vitality in the midst of dying. It boggles my mind. That's not my vision of dying—or living. And it's not the way we're supposed to do birthdays. But then—I never have lived the way we're supposed to do anything. So I am honoring myself today. My birth. My death. My path.

Valeri Fekete

My Medals Are My Flesh

WATER: As I float above my bedroom ceiling I hate my arms. If my arms would only listen to me, we could slip away. A teacher once told me that our bodies are mostly water, so if I could only concentrate hard enough, I could push all of the water to my arms and they would become jelly-like. Then he would lose his grasp and I could get away . . . but my arms don't seem to care. It's all their fault that this is happening.

GREENS/YELLOWS/PURPLES: Another boring day in junior high and I'm shooting speed behind the 7-11. I figure if I never sleep then how could anything bad happen? My eyes flash greens, yellows and purples every time I shut them. Staying awake is hard. If only my arms would cooperate and stop scarring so much. It makes it a lot harder that way. Shit, if I fall asleep it'll be all their fault.

FIRE: Great, I'm starting a new high school mid-year with a 0.0 GPA. This time, I figure if I lift weights and my arms become strong, no one can ever hold me down again. Good plan—til my sophomore year rolls around. Even though we're benching 110, my stupid arms are too drunk to fight back.

ORANGES/BLUES/REDS: Somewhere along the way, I just started hurting them. It's become such a part of me that I can't remember when I wasn't doing it. No one in my punk/gothic subculture thinks it's weird

and neither do I. In fact, I sometimes show off my bluish-red cuts and yellowish-orange burns with pride. Some of my other friends don't like it and sometimes I cut too deep to stop the bleeding, but I've got it under control.

LABRYS: After years of discovery, pain, and unimagined joy, I have emerged decorated from the battlefield. My arms are now lovingly painted with two vibrant tattoos of designs that I created. Flowing water erupting into fire becoming a large, well rooted labrys. Purples, greens, blues, and reds. An arm band of fire, the never-ending power of my core dyke sep-loving self. Oranges, yellows, reds.

I took back what was taken. My arms can now hold a lover without the fear of her seeing my latest cuts. They can put force behind a punch and strength into a hug without my wincing from the pain. Best of all, they hold me in my body and remind me that my body is now a great place to be.

Gina

Working through the Past

I am a Black woman and I am an incest survivor. The pain I've suffered from racism and incest has been enormous and it is from these two things that I have spent my energy through the years trying to learn ways to heal.

I experience many of the classical effects of incest: inability to distinguish "reality," isolation, money problems, fears/confusion with intimacy, trust issues and feeling chronically unclean. I have also had fears of being killed by one of my perpetrators, suicidal thoughts and out of body sensations. I experience intermittent pain in my ovaries and vagina, and hallucinations which I've discovered are actually flashbacks.

The impact of all these is then made worse by how I was treated by a psychiatric system that is racist. Until the last 10 years or so, incest was an invisible issue. It was denied in the African American community from pride and it was denied in the white world as long as it was an African American "problem." In all this denial, I, as an African American child experiencing tremendous conflict and pain, was not even remotely recognized or heard. I was written off as a liar, institutionalized, put on heavy medication to further silence me, and told I was a lost cause and would never function in any capacity in the future. As an adult, I have had to struggle with issues of addiction as a result of the heavy medication I received as a child, as well as issues of self worth.

Through the years I have experimented with many ways of trying to be, and things to do, to help myself heal. Some of them I do intermittently and some I have integrated into my life.

I am an artist. I do tie-dye, batik, sewing and some woodburning on gourds. My art work has been really good for me. It helps me to know that I can create something of value for myself and other people. It is something that is easy for me to focus on because it feels playful, positive and creative.

I have used several forms of physical movement to help heal. Two years ago, I started doing yoga once a week. It helps me to "feel" my body. As a child, I spent most of my time escaping the reality of my situation by being asleep or leaving my body. In my adult life, it is hard for me to stay in touch with how my body feels; doing yoga, a slower form of movement, helps. I do aerobics and weight lifting. These activities also help in connecting to my body but in a more active way. I use the intensity of them as a way to try to dissipate some of my anger, which I have in abundance and have a hard time expressing. Sometimes I feel like a walking time bomb. I feel out of control. Exercise and sweating help to release the tension and I feel more in control.

Currently I'm studying Buddhism. I chant 3-4 times a day. I started doing this because I was so negative about life and made harsh judgments about myself and others. I criticized myself continuously, the old negative childhood tapes that play in my head from the incest I experienced. I always chant now in the morning to try to start the day off positively. I also chant at any time during the day when I'm upset to try to regain personal balance and power and turn negative energy into positive energy.

I am on a continuous journey. Assets I possess are being open to new ideas and being willing to experiment with many different forms.

Sumica Williams

I would like to thank Jamie Hecker for her support and consistency, Gina Washington for encouraging me to write when I am angry, and Sylinda Arrington for teaching me the value of friendship with a Black woman.

Wanting to Die: A Case of a Learned Reaction

As far back as I can remember I wanted to kill myself. Or more precisely: die. I didn't want to die every minute of every day, but with frequency I wanted to disappear off the face of the earth. Sometimes I

would feel as though I was perched on the edge of a great abyss, staring down, poised to jump, and other times a simple emotional situation would propel me into a psychic tizzy so severe that I could think of no way to disentangle myself except to take my own life. Sometimes these feelings manifested as a vague yearning to leave this world, snatched up perhaps by some benign god who understood this was no place for me, and other times I thought about how I would slit my wrists or put a gun to my head.

In high school my suicidal tendencies became most severe. I wrote a number of "wills," and my journal was filled with thoughts like, "Today would be a nice day to die. Nobody would expect it, since it's not around a holiday or anything." I was convinced that I would not live to see my 21st birthday.

Almost every situation made me want to die. I didn't think about why. I was too busy thinking about THE ACT. I didn't know that it was possible to live without thinking about dying. I also didn't know that what my mother was was an alcoholic (I thought she was "crazy"). And I didn't know that the way she treated me qualified as abuse. And I didn't know that I was full of rage at my father for not protecting me from my mother. Knowing those things now, I can understand why I reacted to every situation in a very severe way, but that doesn't explain why *thinking of suicide* was my chosen response.

That answer came to me only after a lesbian in our community drove to a local park, sat in her car and shot herself in the head.

Many members of the community gathered after the suicide to share thoughts and offer each other support. (Meetings of this kind seemed common that year; earlier another lesbian had started drinking again and walked in front of a moving car.) Listening to her close friends witness about her, I thought very seriously about my own death wish. I had started to "work on" some of the issues that had troubled me since I was young, but I didn't know how to stop my suicidal thoughts and they seemed to actually worsen in intensity (though gratefully not in duration) as I got deeper into my issues. As I reflected, I suddenly remembered a particular awful scene in my childhood, one that was repeated several times I am sure. It was a memory that I had repressed thoroughly until that very moment. I was maybe 8 or 10 years old and my father was away on business. It seemed that my mother's drinking intensified when my father went away and it was my task to care for her. On this occasion my mother called to me through her bedroom door. She was lying on her bed as I went into her room. She was crying, and started her

usual mantra of "failure, failure, failure." She had failed us and we had failed her, and now she felt her only choice was to kill herself. Oh, she wanted to die so badly. A friend's friend had taken a whole bottle of sleeping pills in the bathtub so that she would drown if the pills failed to kill her. And another friend's husband had put a shotgun in his mouth and pulled it with his toe. What a mess. And my mother was going to do something of the like. I was horrified and did my childlike best to convince her that she should not kill herself. I couldn't actually think of any convincing reasons why she might want to live, life was already a barren landscape for me. The only thing I could think to tell her was something I learned from Sunday School: "If you kill yourself, you won't go to heaven. And I want to see you in heaven, Mama." Finally she passed out and I tiptoed, shaking, out of her room.

As I remembered this scene at the memorial meeting I felt something inside of me break off and float away. It wasn't until much later that I realized that after that moment I never again thought about killing myself. The act of remembering changed my life. As I considered this fact in years to come I finally understood that my wanting to die was a learned reaction, a legacy from my very disturbed mother. It was not a part of me in the way that, say, my laugh, or my love for women is; it was an attachment that was not my fault but was ultimately my responsibility. The answer for me was not easy to come to but was beautiful in its simplicity.

I am not so naive as to think that all women can heal from serious thoughts of suicide as simply as I did. And I do not think that all women only "think of" suicide with no real intention for action. (It was certainly part of my individual situation that I "thought of" suicide and never overtly attempted it.) I simply offer my story up in gratitude as a story of radical healing through remembering.

Erin Rice

Understanding Ritualistic Abuse/Cult Gynocide/ Girl Genocide: Info for Friends & Allies of Survivors

1. Survivors of ritualistic abuse (RA) are surviving oppression, a limiting network of forces meant to mold & press the victim & guarantee a lifetime of service to men & family; we are the legions of the sexually tortured. Our oppression is intricately linked to all forms of oppression, including heterosexism, racism, antisemitism, imperialism, classism &

ableism. As passionate Lesbians fighting for justice and egalitarian community, both survivors & allies can utilize our analysis of other systems of oppression to gain clarity about ethical ways of relating with friends who are survivors & about the global political implications of RA.

2. Many of us have worked hard to rid ourselves of racist & sexist terminology that perpetuates stereotypes & keeps oppression conceptually in place; being educated about the realities of ritualistic abuse & the effects of language on survivors will require a similar process. Phrases like, "it's raining cats & dogs," "that's the pits," or "my bleeding heart," often have literal experiential meanings for survivors. The everyday use of triggering horrific language so commonplace in our culture is not just happenstance but a deliberate way to "call-back" survivors, to keep our frame of reference squarely in the abusers' realm.

3. The reality of our lives is scary, yes, but also clarifying. We are not scary or freaky people & if we tell you the truth of our lives, well, it's not meant to frighten, titillate, guilt-trip or incapacitate . . . or make money.

4. Make connections between sadomasochism as violence against women & ritualized abuse. Both include domination & submission, verbal humiliation, uniforms, neo-nazi paraphernalia & instruments of torture, the message that pleasure equals pain, bondage & torture.

5. When a Dyke survivor states that a behavior or activity is unsafe, simply believe her. To think this is about minor discomfort is analogous to the smoker who thinks, What's a little smoke in the face of the asthmatic? A survivor unwittingly strolling into a ritually-staged sm scene at the michigan festival or a clearing of chanting robed women circling a bonfire is a life threatening situation.

This probably sounds extreme to non-survivors. It's important to keep in mind that the purpose of ritualistic abuse is life-time control. Nearly everything in the survivor's early girlhood environment is engineered to keep her silent, loyal to the cult circle of abusers, & continually drawn back into the orbit of the familiar familial network.

6. We who are survivors are expected not to act out our autonomous beings. We are expected to act out behaviors & emotions prescribed by years of cult brainwashing & torture that is spoz to indoctrinate us into either acting in the interests of the cult or acting self-destructively. These self-destructive behaviors include biting & chewing nails & cuticles, excessive picking & digging at skin, bodily hatred, self-induced starvation & poor nutrition (assuming adequate food is available), sleep

deprivation, involvement in unhealthy & demeaning & abusive relationships, drug abuse, actual or attempted suicide.

The "ingenuity" of cult indoctrination is that we are the generations who have been taught, literally to do ourselves in.

Even we who are survivors recoil in disbelief & yet the evidence surrounds us. We say it's not possible to engineer control in this way & yet few of us could deny the sophisticated nature of the torture tactics used against political prisoners to effect mind control. Imagine how much easier it is to gain control of a 2, 3 or 4 year-old through a long-time pattern of extreme physical, emotional, sexual & psychological abuse, deprivation & brutality.

7. If still in doubt, take a historical perspective. The methods of ritualistic abusers have direct links to the brutality of men during the Burning Times, the Middle Passage, the conquistador era, the Trail of Tears, and the Holocaust. This is the sexualized violence & genocide that has been a constant theme of our female lives, century after century.

~DB~

Do YOU Have a Cancerous Personality?

Circle Yes or No to the following questions:

1. Do you feel angry when you watch the evening news on television?
YES NO
2. Are you still feeling anger at any man/men who have raped, bashed
abused or otherwise hurt you?
YES NO
3. Do you find that you get angry at things that most people enjoy, e.g.,
going to the zoo, watching a lion tamer at the circus, listening to
Benny Hill jokes?
YES NO
4. Do you ever a) eat a mars bar, b) drink a brandy alexander, c) puff
on a joint, with absolutely *no* thought of quitting this behaviour in
the near future?
YES NO
5. If you or a friend had cancer would you think it was from contact
with environmental toxins rather than from a deep seated emotional
problem?
YES NO
6. Do you refuse offers from well-meaning friends to join their a) co-
counseling, b) rebirthing, c) play back theatre, d) psychodrama
group before you've even tried it once?
YES NO
7. Do you think affirmations are mostly lies you tell yourself til you
believe them?
YES NO

- 8. Do you feel that all the changes that have been made so far by women just aren't good enough? YES NO
- 9. Do you call yourself a Radical Feminist or Separatist? YES NO
- 10. Do you have fears that you just can't get rid of, e.g., men raping you, bashing you up, or otherwise abusing you? YES NO

If you answered YES to two or more of the questions . . .

Chances are that if you ever *do* get cancer, or in fact if you have it now, your friends, neighbours, associates and foes alike will say/imply that you have a **CANCEROUS PERSONALITY**. They will look at you as you gleefully eat that chocolate bar and think "no wonder she has cancer." They will sit and listen to your 3 minute angry tirade because of something you've just seen on the evening news and say "you're too angry—it's eating you up and making you sick." They will work out in *seconds* what you've been trying to work out for weeks: "Oh, you have cancer of the cervix—must be sexual problems," or "throat cancer—must be something you didn't want to say."

If you answered NO to most of the questions (What are you doing reading this separatist journal?) . . .

Chances are that if you ever get or in fact have cancer now your friends, neighbours, associates and foes alike will *still* say or imply that you have a cancerous personality! ! ! *And* you'll be much more likely to *believe* it!!! You will probably be inundated with suggestions of how-to-fix-yourself cures (you got yourself into this, now you can get yourself out). You will get presents of Louise Hay tapes—so you can shrink every man who's ever abused you down to a 2mm high harmless little boy needing love, then put him in your heart. You will be given many many suggestions of how to let all emotions, problems, fears, anger "just slip away, slip away" and probably find yourself trying bits of every therapy on the market.

Tashe Wise

Strong Enough to Remember

Shortly after my first contact with other wimmin who were incest survivors, I moved two provinces away from my family of origin. I found the courage to come out as a lesbian, and I began to explore avenues to holistic healing.

My first homeopath/acupuncturist/iridologist took slide photographs of my iris. Showing them to me, he said, "See those three rings towards



the outer edge of the iris? People who have five are in the midst of a nervous breakdown." He gave me something diluted in a half cup of spring water and scheduled an appointment several months away.

About a month before my next appointment, I had a back ache that got so bad I couldn't get out of bed. I called for an ambulance, because I didn't know what else to do. The medics kept looking for a bruise or injury. The arrogant emergency room doctor maligned chiropractic and gave me a shot of muscle relaxant. They took an x-ray. Nothing showed up. I was totally at the mercy of the staff, who were thinking it was "all in my head." I cried and cried and cried. A lot of emotional stuff that had been suppressed was coming up.

Eventually I was sent home and managed to get to my homeopath in a couple of days. "The remedy that I gave you the last time," he told me, "was in order to bring on a healing crisis." So THAT was what happened to me. I told him about the x-ray. "You can't x-ray pain."

I lay down on his examination table. Acupuncture needles were placed at key meridian points on my body and he left me to rest for an hour. I cried the whole time. And my back pain lessened considerably.

I continued to take the suggested remedy and—when my practitioner felt it was appropriate—acupuncture treatments. Remedies and doses altered as my symptoms shifted and my body became more stable. Strange physical sensations would come and go: the feeling of floating, the feeling that some body parts were proportionally much too large or small. I once felt like I had the body of a baby.

As well as these peculiar physical sensations, I noticed my senses coming alive in a way that was anxiety provoking for me. I was being "triggered." I'd have to rush home to my journal and note what seemed to be a litany of facts and narratives from my childhood. I recall one three hour marathon where I thought the story telling would never stop.

I found a feminist counsellor and began working with her. I liked it. She told me that I had the answers, that I knew what I needed, that I was the expert. O.A. didn't tell me that. Neither did the counsellors I'd worked with previously.

One day, practically right at the end of my session, I told my counsellor about a memory I had always had but that didn't make any sense to me: I am lying in my bed, vomiting. I am in agony—my whole body is in pain, especially my neck. And, my FATHER is there, how'd he get there all of a sudden? And I am mad at him, like he is the one who made me throw up. But that doesn't make any sense. How could my father make me throw up? Then my mother comes into the room. My dad turns to her and says, "She's got a kink in her neck."

Then I remembered . . . A year prior to this telling, I went for a session with a "Core Belief" practitioner and had a visualisation of an oral rape on my childhood bed. While I was seeing this vision, I felt as if I had floated to the ceiling. But I didn't know whether or not to believe it, because it didn't "feel real."

I said to my counsellor, "Oh my GOD! That must be part of the oral rape memory." For the rest of the day, I felt like the weight of the world—that I didn't even realise I was carrying—had been lifted off of my shoulders. I had broken an unknown silence. A week or two later, I had the oral rape body memory while I was in her office—complete with the feeling of nausea and the smell and taste of sperm.

I believe that the homeopathy and acupuncture helped to strengthen my body and to fuse my body-mind split, to the point that this type of remembering was possible.

Laura Ardiel

Healing a Sinus Infection

I struggled for 5 years with chronic sinus infections, originating from allergies. For years I took antibiotics regularly, and have had to fight off the aggressive requests of specialists to submit to sinus surgery.

At last I tried salt water snorting, recommended by my grandmother. This very low cost method has allowed me to get through and heal from 4 colds in the last 8 months, without drugs, surgery, or the medical establishment. I resisted trying it for a long time because it sounded so gross, but it has turned out to be well worth it.

Take 1/2 teaspoon of salt and mix it with a cup of warm water. Pour some of the salt water into the palm of one hand. Use the other hand to hold closed one of your nostrils. Dip your other nostril into the palm full of salt water, and suck it up into your sinuses, pull it down the back of your throat, and spit it out. As you do this and let go of your closed nostril, some of the salt water will come out of your nose too.

Now, leaving both nostrils open, blow your nose to get rid of the stuff that has been loosened.

Repeat this process with your other nostril. Then take a mouthful of the salt water and gargle with it.

Repeat the cycle of each nostril and gargle until all the water is gone.

Doing this once a day is good preventive maintenance for people, like me, with chronic problems. Three times a day is about right during an infection or cold.

Penny Wilson

around the time i was 38-1/2, i received a message that i would "be well" by my 40th birthday.

i'd had allergies since the age of nine, scoliosis from puberty, and rheumatoid arthritis beginning in my twenties. too disabled to work since my early thirties, i found "wellness" a concept i could barely imagine anymore. but i longed for it. for years i'd pursued it with healers, vitamins, herbs, bodywork, emotional work—you name it. nothing much had changed. now i dreamed of being less reactive to cold weather so i could go live with a friend in missouri. i wanted to split wood and take hikes and not be dependent on my wheelchair; to be able to sit long enough for traveling or attending day-long events. to not be so tired.

the message i'd gotten was strong and clear. how i wanted to believe it! that year and a half waiting to turn 40 was a scary one. i kept waiting for signs. sometimes i felt very sure healing was on the way. other times i wondered if the message i'd heard in my head had really been a prophesy, or just a wish. would i ruin it somehow by my eagerness? or would i sabotage the healing by my doubts? after all, i couldn't avoid doubting. i had not known a "well" body for 30 years. (how would my life be different? was i really ready for such drastic change?)

my 40th birthday approached. no miracle had yet occurred. as often, i pondered my life while going down the dirt road i walk twice a day for exercise. as i walked i let myself feel the fear—the fear that i wasn't going to heal after all. the road stretched ahead of me, under the wide blue arizona sky. as often, i felt so happy to be out here, able to walk this much, able to be outdoors breathing fresh air. sending silent greetings to the birds, rabbits and plants along my route. what joy these blessings! and suddenly i knew that healing had already happened. something in me had shifted—not cataclysmically but subtly. i was more at peace—more deeply at peace—with my life as it is. however it is. if that can be achieved, if i can savor what is here around me, the physical limitations no longer define my life. i might *like* them to be gone, but i can find meaning in life regardless. this is the true healing. i continue to take my walks, eat good food, and in general live in healthful ways. but it is freeing not to be obsessed with health, with the idea that i can only be happy if my body is well. i believe my body does gain health slowly as i lead a healthy life. more important to me now is the spirit healing i find through acceptance of my body as it is.

zana

Four Healing Tales

Heartburn

I began having heartburn 15 years ago. A "natural" part of aging they say. It was helped a little by reducing the fat in my diet. Not at all by common "antacids." Then, in a dyke chiropractor's waiting room, I read that heartburn is caused, not by too much stomach acid, but by too little! The partially digested food remaining in the stomach long after it should be is the cause of heartburn. The antacids prescribed in the zillions actually make the problem worse! Why was I surprised?

A secondary cause is the weakening with age of the valve between the stomach and the esophagus. This is the kind of heartburn you will feel when you lean over. So I don't lean over after I've eaten. I had a friend whose doctor convinced her to have an operation that replaced this valve with an artificial one. She ended up having four operations, three to repair the results of the first, within the space of a year. While these very painful physical invasions were certainly not the cause, I do believe they contributed to her suicide a year later.

My next approach was to take hydrochloric acid and those other expensive digestive enzymes that can be found in health food stores. These helped quite a bit, but did not completely solve the problem. Mint tea is another alternative remedy. I delighted in telling people I was taking acid to cure heartburn.

Then, in some alternative health information on cancer prevention, I read that raw foods contain digestive enzymes that are destroyed by cooking. Raw food comes with its own built-in digestive aids. Now for heartburn I eat an apple (an apple a day keeps the doctor away) or a carrot. This remedy absolutely works. This experience has made me skeptical of macrobiotics, which says never to eat fruit with a meal.

So I went from the medical method of taking something that makes things worse, to the alternative method of taking something, to the method of doing what comes naturally.

Migraines

I had migraines for many years starting in girlhood. In my 30s, in an article about biofeedback, I read that the cause of migraines is dilated blood vessels in the head pressing on a nerve. Training people to increase the dilation of the blood vessels in their extremities (hands and feet) reduces the dilation of vessels in the head and cures the migraine. In the case of migraines, biofeedback involves hooking up instruments to

your hands and feet that beep when the vessels dilate. In trying to produce the beeps, your mind is able, usually unconsciously, to pick out the bodily events that precede the beep and to reproduce those to dilate the vessels at will.

You do not need laboratory instruments to accomplish the same thing. I began by imaging my hands and feet in very hot water, red with pounding blood. I found that my migraine would in fact disappear. I easily progressed to the point where I just image the blood pounding where I want it. I do have to be in a relaxed state (an alpha brain wave state basically) to do this, and I have to stay there for 15 to 30 minutes. I was able to drive a car, but strenuous mental activity was not possible. I have had only a few mild migraines in the last several years, perhaps because my body took over the task unconsciously and/or because I approached menopause. Migraines do seem to be related to menstruation; however, this includes two women I know whose migraines got worse during menopause.

In the case of migraines, it was very helpful to know what kind of effect (dilation) would fix the problem. I have done some work trying to reduce the ringing in my ears that has plagued me in the last few years. I have had little success so far, because I don't know what effect I'm aiming for. And I sure wish I could work out something for hot flashes!

Knowing how to increase the blood flow to a part of your body is very useful for healing all kinds of injuries. We are at the very beginnings of learning how to control our bodies. So much more is possible.

Addictions

Smoking was an intense addiction for me. I tried to quit many times and managed to do it twice for three years at a stretch. Each time I started again, I quickly became addicted. Finally, when I was 42, a friend confronted me, and I went to a program that had worked for her. It worked for me too. Not only did I stop smoking, I stopped being an addict. I truly can be around people who are smoking and barely notice.

The program (it's now been bought by a hospital chain) was created by a woman who had tried to quit and couldn't, so researched the problem. The basic principles are very interesting, and I have often wondered if they would work with other addictions. A key piece of the strategy is to cut out *first* the cigarettes you "like" the most, such as the cigarette after a meal or with a cup of coffee. This is the opposite of what most of us do when we try to quit. We cut back on the cigarettes we don't care about so much. But all this accomplishes is to make the ones

we do like even more rewarding, and actually strengthens the habit. Instead, you start by not smoking for 5 minutes after you eat. You can smoke as much as you want, just not for that 5 minutes. So you begin to learn non-smoking behavior without feeling too deprived or anxious. (A dyke once told me she had quit smoking by saying, when she wanted a cigarette, OK if I want one in 10 minutes I can have it. If she really did want it, she would smoke one.) Next it's 10 minutes after you eat and 5 minutes after coffee or alcohol. Then 15 minutes, 30, etc. You stop smoking in places you like to smoke (the car, the bed, the favorite chair).

Another part of the strategy is to break the habit into parts and change all of them. You change the brand several times (always to one with less nicotine), you throw away your smoking paraphernalia, you smoke with your other hand, you hold the cigarette between your fourth and fifth fingers. When you only smoke standing outside your car holding the cigarette in a weird way, smoking really isn't any fun at all. And you've already learned not to do it at other times.

The physical part of the addiction is dealt with by changing to cigarettes with less nicotine and by replacing the jolt the cigarette gives you with something benign like orange juice. As it approaches quitting time, you drink a lot of water to flush your system.

Addictions require dissociation from the actual effects of the habit on your body. This dissociation can be dissolved by methods such as tallying every cigarette you smoke, and checking off the ones that "taste good." Damn few it turns out. You can collect all the butts and ashes in a jar. Pour some water in so it really looks vile. Keep a notebook about what smoking and not smoking really mean to you.

The whole program took four weeks. The night before I quit I went out and broke all the rules (a common thing to do, it turned out). I drank and smoked with abandon. It didn't matter, the next day I stopped with very little difficulty. I was astounded.

Recovered alcoholics have drinking dreams, I dreamed I had started smoking again. Oh no, it can't be true, it can't. I'd wake up, thank the goddess, it was a dream. My mind was trying to make sense of the facts that I had smoked so intensely for so many years and that now I didn't want to. I found this contradiction and these dreams very unpleasant. I wanted to be whole, all of a piece. As it turned out I did go back to smoking twice for a couple of months, during periods of great stress. I used the same methods to quit, and found it easy, but the smoking dreams stopped. Somehow checking back in with my smoking self pulled it all together for me.

Cancer

In the summer of 94 I had a persistent watery pink vaginal discharge. In part because I had read information Linda Strega had written about having uterine cancer, I went to the doctor quickly. I had an endometrial biopsy (with local anesthetic at the cervix, highly recommended), which did in fact find uterine cancer. I had an operation that removed both my uterus and my ovaries.

Uterine cancer is one of the most curable cancers. It produces symptoms early, and because it is confined in the uterus it takes the cancer a relatively long time to spread. Because my cancer was found early, the chances are 80% that this cancer at least will not recur. Surgery is the treatment recommended by everyone, traditional or alternative. There is also agreement that chemotherapy and radiation are not useful in cases like mine, and I've had no post-op treatments.

I fit the description of the typical case: just post-menopausal and no children. I also have diabetes—adult onset, but I am on insulin. Turns out uterine cancer is correlated with diabetes, something my lesbian nurse practitioner, who works a lot with diabetics, did not know. While she and the lesbian gynecologist she sent me to both made important contributions in my case, they also both fell short in some ways.

If you have any suspicious vaginal or uterine symptoms, run do not walk to the doctor and insist on immediate and aggressive diagnosis and treatment. The chances of a cure are too high to do otherwise. Don't wait to see if it will go away. And regardless of how much you like or trust your health practitioners, take charge of your treatment from the beginning.

I've done some reading on cancer, particularly about alternative treatment methods. While there are some real success stories, I've yet to see a good set of statistics. The commonly heard notion that cancer is a disease of a disordered immune system is also too facile. By all other indications, my immune system is in great shape. Cancer cells appear to have some clever ways of fooling the immune system. I will be glad to share what I know, you can write me care of *LE*. The Women's Cancer Resource Center (3023 Shattuck Ave., Berkeley, CA, 94705; 510-548-9272) is also an excellent resource. They will send you copies of alternative and traditional material in their library that is relevant to your case. Send them a donation with your request if you can.

Fox

Radical Healing

It's come in the form of writing and getting the taste for food again. Reaching down into the pit of sorrow and bringing forth a new mythical structure, a poem about the path the body takes to find the heart. Words filter through, a changed way of thinking: a way to laugh, a way to feel anger. A way into feelings and then new action. The reminder to read lesbian lives, find myself among them. See the ways we dress, our diversity, those kinds of externals. Hear the ways we talk, the cacophony threaded with recognizable codes. Remember that I am not alone and that I can write for us. My life links up to other lesbian lives. Touch and taste the most tangible signifier, our bodies. What I hold onto as the life line is the tangle and tongue of our words, shared, spoken, written, read.

Earth as mother, returning to her, staying home. There's the mother tongue so clear it gushes ecstatic river through my pen, life. Hers is the life I'm entwined with, I forget, I re-learn, I know without thought. The simplest method of healing is to be with her. Every time I get sick I have strayed from her. The sky, the earth. The water, the lifegiving food. The herbs that heal. The large life of her that makes our lives. My place is with her, singing, being; I do not know myself without her.

Julia Doughty

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Radical Gentleness*

Raven

Lately I've been thinking about caregiving becuz I've needed a lot of care. As I've received help or not received help from my community I've realized that caregiving is underemphasized in lesbian community both as a value and as a skill.

Lesbians validate community skills such as political organizing, fundraising for a cause, producing events. We give points for visible actions, visible results. One on one gentleness remains private, reserved for interactions between lovers or close friends. I have a vision I call radical gentleness, a vision that I believe begins with making caregiving public instead of private. I want caregiving to be each lesbian's business, not in a codependent way, but as an ethical, heartfelt and indispensable community responsibility.

Lesbians are the vanguard of naming and making visible the disease of patriarchy—the ongoing attack on girl children, wimmin and the planet which is resulting in the breakdown of our immune systems. As more of us develop cancer, MS, CFIDS, multiple chemical sensitivities and other deficiencies, I do not notice lesbian systems and skills of caregiving catching up with the need.

Lesbians with chronic and terminal illness will not have sufficient help until well lesbians absorb the acuteness of the crisis on deeply emotional levels. It's time for presently well lesbians to introduce this issue into talk sessions, delve into fears of illness and being around sick dykes, cry together over the pain that will surface, make it cool to take care of each other. Most of us can't turn to families of origin for help. We're all we've got.

In the past couple of years my chronic illness took a turn for the worse. Recently I was facing surgery. I had to set up care systems to cover several weeks following the procedure. I was fortunate to have a month to plan ahead. Asking for help meant facing my own internalized

*I am writing about chronic and long term illness becuz this is my experience. There are other situations where wimmin need care.

shame and habits of hiding around my illness. I had to drop a carefully cultivated pretext that I could cook, clean house, and run my errands. It was part of my healing to be clear about my needs. I was filled with terror because I deeply believe I won't be loved if wimmin know how sick I am. Since most of us have learned to perceive sick wimmin as less worthy, some of my feared abandonment has been true. I know I haven't imagined the discomfort and avoidance I've seen in some lesbians in the face of my ongoing limitations and physical pain. This pervasive attitude is supported by the dominant media and is even more insidious in our own. I have never found a lesbian novel with an adventurous, fascinating and sick main character.

I don't blame myself for waking with middle of the night anxiety attacks when I no longer had choice about asking for help. Of course there are always risks in life and no guarantees about rejection, but under a system of radical gentleness, I would know I would have care. Crisis shouldn't be necessary before a lesbian has help, and caregiving doesn't always have to come from friends. It's time to establish lesbian care networks and to become skilled caregivers.

I keep imagining having in front of me a list of dyke names and phone numbers along with how much time a womyn has available weekly or monthly, and what she is willing to do. If, for example, I had names of eight potential errand runners, I wouldn't have to call on anyone more than once every two or three months. I know there are dykes outside of my personal circle of friends who are willing to help. I do not have energy to do outreach and formulate my imagined list. I see all sorts of organizing happening around me, from anti-racism work to square dance parties. I am angry that care needs get little community notice. We can add another dimension. I know other dykes who share my experience of days of absolute panic cuz we don't know how we're going to have help, I'm talking basic needs like having food in the house. I'd like to have my imagined list include coordinators to take care of emergency situations.

There's another level of care becoming increasingly essential for me. Most of us with illnesses that keep us home become extremely isolated. Beyond the material plan our caregiving has to include contact and comfort from other dykes. Being alone for days at a time can trigger my deep feelings of abandonment stemming from childhood emotional abuse. I'm stuck in a cycle. My sickness leads to isolation which leads to feelings of abandonment, thereby creating the same emotional setup which contributed to my susceptibility to illness in the first place. In my

case perceived or actual abandonment produces intense self hate and terror, disempowering emotions that literally eat away at me.

I have at times asked lesbian acquaintances to simply call every couple of weeks. A caring voice for a few minutes on the phone can greatly cheer my day. A few dykes said yes to my request, called once or twice, and then stopped. Maybe wimmin are afraid I'll need too much. In fact I don't often want to talk a long time and have no inclination to overwhelm anyone. Radical gentleness is my responsibility too. I do as much as I can to work my recovery and learn to separate the present from the past. I don't expect lesbians to fix my abandonment issues.

The material and emotional plans for taking care of each other will fall into place only when lesbians begin to talk about caregiving and what it means to us. Did our mothers take care of us? Did we have to take care of another family member when we didn't want to? Were emotional strings attached when we received care? Do we believe a sick womyn can get well if she really wants to, even if we reject this idea intellectually. Can we open ourselves enuf to move thru our own fears and respond to another's need? Can we arrive at a place in our hearts where we're simply unwilling to lose a sick dyke's contributions to each of us and to our communities?

I'm not trying to just take from wimmin. I want to have more of myself to return to lesbians. Without help with my care, I would not have been able to write this article. Every time I sat down to work on it I cried. I believe I'm talking about something fairly simple to organize that could create profound changes in lesbians and lesbian community.

During the 70s I lived in lesbian land communities. Among our strongest ideals were eradicating hierarchy, sharing our lives in intimate ways and including everyone. The burnout came from lack of personal recovery. We bounced off each other with all our old pain, not realizing the extent and consequences of childhood abuse. The emphasis on personal recovery in the past several years has brought many of us sobriety and tools to heal from rape, incest, and emotional deprivation. Tho some of us get support from groups, much has been individual work. I believe radical gentleness in caregiving can combine the enthusiasm of the 70s with the increased self knowing of the 80s and 90s and direct us toward the next phase. When we truly care for each other, the results could transform our communities more than I can imagine, even in my most idealistic visions.

This article can be copied by dykes for dyke purposes.

One Dyke's Wellness Spiral

Jae Haggard

July 9994

A few days ago, my life changed. I got out of a chair without pain or discomfort, without levering myself up, without help. Such a small thing to be life-changing.

For 17 years since a car accident fractured a vertebra in my lower back, there've been not just days but months when I could move—walk, sit, try to sleep—only with great pain. My then-lover and I scrounged seasonal laborer jobs often 40-50 miles one-way from our land in northern Minnesota. Circumstances, or my perception of them, and my refusal to ask for help, prevented taking time to heal.

After the accident my left leg would give out, so I learned to walk heavy and deliberate. To avoid jarring pain, I learned to hold my back rigid. Standing straight hurt, so I walked hunched. Now I recognize the ways I treated my injured body are how my whole life I'd dealt with abuses. I realize how I've always been tight physically and emotionally from childhood conditioning to be defensive and self-hating. I recognize how hunched were my perceived possibilities, how careful/tentative my relationships. I finally understand that for every hurt, someplace in both my physical and emotional bodies there's a sealed-off canker enveloped in protective paddings. Now I also know my injuries tend to happen to those stuck shielded spots, nudging me to let them loose.

I thought my body was failing me when I had such need of it. I never thought of me failing my body in its need.

Last fall a Dyke physical therapist visited us. I asked for suggestions because my right arm hangs funny from an excruciating bout with bursitis 12 years ago. She pointed to my rounding shoulders saying if the

curving continues I can expect more bursitis and actually wear away the joint. She said my back muscles are incredibly weak.

Weak? All those years I thought my habituated tightness was strong muscle protecting my injured spine. Wrong. Rigid muscles protect nothing. Their weakness, not my spine, has become my primary problem.

A few days ago my life changed—I got out of a chair without pain or help. How did this majik happen? The healing has been a blend of many energies as I spiral into wellness.

Healing Energies

Meditation/Visualization

12 years ago I stopped drinking. Two years later I realized I was an incest survivor. I had dreams and lots of indications but no memories, even after weeks in an incest group-program. Then six years ago my father (with whom I had little contact) died. Oh my. Still no specific memories, but I fell apart physically and emotionally. Every opening in my body hurt. At a loss for what to do, I meditated, which temporarily relaxed me, interrupting the cycle. Also, I received a clear visualization which I used daily for months.

I'm looking at a treasure chest resting in a remote clearing in a forest of huge trees with mountains rising all around. The chest is locked, sealed, chained, and has an impenetrable field around it. I realize all my horrible memories and terrors are in that chest. I want them out, gone. Me and my friends pry and hack away at it with every tool we can think of. Not a dent. I realize this chest cannot be forced. We go away and watch and sure enough the chest locks begin to dissolve, and the hidden nuggets slip away one at a time. Although I'm prepared for the painful memories, I feel only buoyant release. *I realize I don't need to relive those experiences.* I can just let them go, can encourage them to fade away each in its own time. I instruct/request them to release as quickly as they are able and to not bother jogging my memory as they go. Each time I return to the clearing, the chest is noticeably smaller.

During those bewildering weeks, I also felt a vulture on my shoulder. As the chest released its 'treasures,' the vulture carried the rotten pieces away. That summer real vultures repeatedly appeared circling over me, swooping over the pickup, sitting somewhere near. A friend gave us a clay vulture-head rattle. A year later I even found a vulture head in the tree beside the tent I lived in back at Outland. Years later, vultures remain timely in their physical appearance. I feel most gifted.

Movement

17 years of practiced rigidity takes some focused unlearning. I had what felt like 4-inch steel girders paralleling my spine for a foot above the small of my back. I need to replace the chronic spasm with habitual normal muscle tone. The key is continued body movement to restore flexibility to my spine and strength to my muscles. Yoga-type stretches gently increase flexibility. I also listen to my intuition and do whatever exercises come to mind. In other words, I make them up. I read a few weeks ago that to be balanced, joints and the muscles around them need circular movement. Bingo. So I'm focusing on joint rotations.

With movement, my body loosens, my heart loosens, my breathing deepens. I think this is the biggest reason I'd never stayed consistent with my movement exercises—I must be ready for the emotional movement that comes with physical movement.

Toning

I tone. Toning is 'singing' sounds, creating vibration. I start with low tones and work my way up, or open my mouth and let whatever tone is there bellow forth for as long as it wants. I do believe toning has tremendous harmonizing and regenerative effects.

As I tone I also become LimberDyke. I jog in place lifting my feet and pointing my toes, seeing myself feather-light and agile as my legs slowly pump. I encourage my hands, arms, head, whole body to flop. In mere moments (a miracle to me) the spasm that makes everything so painful and difficult breaks loose. I can even stand up straight. With enthusiasm I increase my morning stretches and rotations.

Energy/Healing Circles

I live with wimmin who share my desire to assist each other in our healing. We are each of us not only our best but our only healers. No one else can heal us and anyone who thinks they can is trying to take our power and responsibility from us, to remove us from our intuition/Knowing. Yet, we can assist and attend each other.

For over a year my landmates in this community (Lee, SueWillow, and Puck) have come together weekly to raise and pass energy. We practice reiki, foot reflexology, Therapeutic Touch and other hands-on or aural balancing. We tone together every day to bring harmony to ourselves and among us. We are touching the powers/Knowing at the core of every Lesbian. I think lots of Dykes are discovering this power, each in our own way. This is, I believe, world-changing.

For a month only Lee and I have been here. At first it was strange to do an energy circle with just two of us. Now I know that it can be

invigorating with any number. Most afternoons before supper we do Therapeutic Touch or body work on/with each other. As Lee helps balance the energy in my back, I visualize freely-flowing unblocked energy everywhere in my healthy body. When it's her turn she takes in the energy and balancing. It's no coincidence that after two weeks I effortlessly stood up from that rocking chair of mine. (Thanks, Lee!)

Choice

Too often I treated my body like a stranger, a demanding pest, irresponsible loafer, unpleasant nagger. My body craved love and caring. I didn't know it and I didn't give it. I remember the revelation three years ago catching myself describing 'my poor shoulder' or 'my bad back'—talk about a subtle belief perpetuating weakness! I now talk about, think of, address my healthy body and my strong back. Similarly, "Survivor" is no longer part of my identity—that kept my focus in the past, on my abuse. Now I focus on thriving, on living instead of surviving.

Living on Lesbian Land/In Lesbian Community

Living on land can be hard work. Living in community can be stretching. Yet, for me it's essential to live surrounded by nourishing wimmin, values, tone, behaviors. I think the male energy of cities for good reason makes us fearful, reinforces our shielding, demands our reacting, makes disconnection easier than connection. Wellness seems virtually impossible in the city. On Lesbian Land wellness can be our priority and we can attend it with focused dedication.

Belief

I can do endless stretches or have countless wimmin passing energy along to me. Yet, the crux is belief. I believe my back, despite 17 years of pain and spasm, is becoming/is whole. I believe in wellness now, not in a theoretical someday when I'm 'evolved' enough. Growing up, I was repeatedly a victim with little power or choice. I reject that enforced role. I lived with it much too long before I discovered I have a choice.

I of course realize that we wimmin have each been injured and diseased in different ways, are in different places in our healing cycle. Because I can't 'fix' my disease does not mean I'm permanently damaged goods. Although I may not be able to instantly or ever cure every injury or dis-ease, I can certainly build a deeper sense of wellness and well-being. Maybe that's the deepest healing.

Most Lesbians find ways to attend our bodies. Such important work that we all do—that we each do alone thinking of it as an individual situation. It is not! Our symptoms are systemic, shared by virtually all

wimmin. The wholeness of our physical and emotional bodies is indeed the stuff of class action.

Choice moves my life. As I move and learn I spiral out and return in at a different point. Each spiraling brings a greater wellness, a deeper understanding of my/our Lesbian power/wholeness. I choose places to live and Lesbian friends that nourish my possibilities. As new ways of being become more habitual, outmoded ones automatically fall away. My life is transformed. My physical and emotional bodies loosen. My relationships deepen. I live in the present instead of the past or future. No maybe. No someday. Yes and now. I get out of a chair without pain, without levering myself up, without help. And I suspect I have only just begun. My life is a spiral and every day my life changes.

December 9995— 1-1/2 Years Later

My attending my body is cyclical, happens more in winter and less at other times of the year than I want to admit. Yet, my movement into more painless and happier living continues. I'm occasionally stiff, but I'm not confined to my rocking chair, never have to use the cart to get down the hill to my living space, never skip a day of tasks or walking because my back hurts too much. This is unbelievable movement. I've also uncovered other physical layers. For months at a time different parts of my feet have left me hobbling around. For the last year both my forearms have been really sore and weak. Gripping—cutting vegies with a knife or using a rake or trying to write by hand or play my guitar—has been hard and sometimes not possible. With my feet and arms, I've continued practicing what I learned with my back—the visualization and stretching and attending. I remain loving of myself—well, most of the time anyway. My feet are about 'normal' again and my arms still tender but able to do much more. It is most clear to me that both are again symptoms of stuffed-away childhood abuse and all the other betrayals of mainstream culture. I think my feet are about 'I can't stand it.' My arms are about 'I can't handle it.' My hands have been constantly clenched my whole life. As I'm releasing the tension in my arms, I'm feeling an ease with myself, others, and my surroundings like I've never known before. I now realize that I just plain don't know what the next layer will look like. I do know how to move through the layers with patience, persistence, and responsiveness. My body is my friend and I befriend my body. I appreciate the spiral.

The Wholistic Approach

Tashe Wise

For 17 years now I have been working in the broad area of wimmin's health. I have been counselor at a rape crisis centre, coordinator of a hospital based sexual assault unit, herbalist at a wimmin's healing centre, and herbalist at michigan wimmin's music festival (I travelled to the u.s. three times for this). Presently I work as a counselor at a domestic violence crisis service. Most of my jobs have involved listening to wimmin's problems and trying to help them cope with the problems and/or find a solutions. I have spent I don't know how many thousands of hours listening to wimmin's stories.

Wimmin's Intuition

Wimmin's intuition is a powerful force. If we could all clearly hear and follow our own intuition, the world would be radically transformed overnight, and we'd all be strong and clear.

The trouble is sometimes it is hard to tell the difference between intuition and fear. If a thought comes to you that you have cancer . . . is it your intuition or just your fears? How to distinguish between the two may be something we each have to figure out for ourselves through trial and error or a quiet inner moment. I did once meet a woman who told me that whenever something was coming from her intuition, she could see a little blue spot when she closed her eyes.

Fear interferes with our intuition. It causes heaps of unnecessary stress and puts us on the wrong track.

The next thing that interferes with many wimmin's intuition is programming. We are often programmed to act a certain way **despite** what our intuition tells us. And sometimes even when wimmin can look inward and tell the difference between programming and intuition . . . it is still hard to break that programming and act against it.

As wimmin we have all been programmed to some degree. We have been programmed to put ourselves last in our priorities, to ignore and

hate our bodies, to be sexually available when others want us to be, etc. etc. Many of us have been programmed to the extreme through ritualized abuse or some of the more fanatical religions. Some cults and religions have had centuries of practice in programming and use very complex methods which take at least a Mary Daly type "double double unthink" to unravel. The cults often program wimmin to kill themselves rather than act to save themselves from more abuse.

The big lies are the third block to intuition, especially the lie that "doctor knows best." If you believe that once you have arthritis symptoms, you are then stuck with arthritis for life and it will gradually get worse . . . then you may not look for alternatives to your local doctor. A doctor's solution to arthritis, for example, would be pain killing medication for the rest of your life, then operations to replace joints. A herbalist's solution would be helping your body balance its chemistry so that calcium was remaining soluble and therefore not forming deposits, and then working with herbs like comfrey to slowly break up the calcium deposits that had already formed. An acupuncturist would have yet another approach.

I believe it is vital that we get through all these blocks and get firmly in touch with our intuition if we are going to be able to heal ourselves and stay healthy.

The Wholistic Approach

For a while I thought orthodox doctors were good if somebody had a broken leg; but now that, instead of setting it and putting on a cast, they have taken to operating and screwing in pins and then operating again to take the pins out, I am wary of them even for broken bones. Now I only go to doctors for pap smears and to hear what they have to say. Almost 100% of the time their "solution" is some expensive and experimental pill, with untold side effects. If you take the pills and the problem goes away, it is usually because it would have gone away even if you hadn't taken the pills. Your body is constantly at work trying to balance and cleanse itself. I found that when I did take their pills (antibiotics, flagil, etc. etc.) I actually got sick from the medication and the original problem remained.

It is madness to act like something that dissolves in your bloodstream and is carried to all parts of your body will only affect one little piece of your body. Orthodox medicine dazzles us with false "magic pills" and outrageously expensive spare parts. Soon it will be okay if your liver is so loaded with toxins that it stops functioning . . . we'll just whack in a

new/used one. Only \$60,000, two years on a waiting list, and a couple of death defying operations later!! Never mind all the headaches you had for all those years your liver was packing it in, and how exhausted and crabby you felt, or how yellow you looked . . . or that now for the rest of your life you'll have to take stacks of pills with untold side effects so that your body doesn't try to reject this "new" liver. And never mind that you still haven't done anything about all the original problems that were causing your liver to pack up in the first place . . . so now your next liver will also start to pack up!!

The wholistic approach is so much more sane. Some years ago chance and desperation led me to the office of a woman I was told could "look into your eyes and tell you what's wrong with you." This woman was Dorothy Hall, Australia's leading iridologist. She did look in my eyes, using a special tool that lights and magnifies the iris, and told me things that were SO accurate that I found it almost unbelievable that she could "see" them. I enrolled in Dorothy Hall's College of Herbal Medicine and it changed my life. It was very healing, to view my body and myself as a whole.

Iridology is based on the wholistic view that any one part of the body will reflect the condition of the whole body. It is the absolute best overall diagnostic tool I have ever personally seen in practice. (I'm not saying that there are not lots of other good ones.) Iridology is rare in the U.S., but in Australia it is widely known and practiced. (The only U.S. resource I know on iridology is *The Science and Practice of Iridology* by Bernard Jensen). Even in smallish towns it is possible to find a practitioner. Here one out of five people reportedly uses "traditional" medicine, a term used to signify wholistic alternative methods such as herbalism and homeopathy. After all, "even the Queen goes to a homeopath."

We are whole beings. We are not computers whose emotions can be taken off the hard drive and stored on a floppy disk. We are not cars or machines who can just have a spare part whacked in here or there without affecting the rest of the body. If it affects us emotionally, it also affects us physically and mentally. If it affects us mentally, it also affects us physically and emotionally.

Often when I've been counseling women who've been raped, they have identified all the emotional pain they are suffering, but they are trying to ignore the rest of their body. They get to the point where they are not eating or sleeping well. Perhaps they are smoking lots of cigarettes and drinking lots of coffee to sort of keep them going. This then has the effect of making their emotions even worse because they have

become totally ungrounded. Eating good food can be the start of emotional grounding. Wimmin say "eating isn't going to make all this emotional pain go away." It's true it won't make it "go away," but grounding first with food makes it more possible to sleep, which in turn makes you less stressed, and then its easier to cope . . . and on it goes, the wholistic healing approach. Women who haven't eaten or slept for days can start with something like chamomile tea or a banana to settle the stomach, then some wholemeal toast to give the body some B vitamins, which then start to feed the nerves and brain and digestive system, which then makes sleep more possible. Once a woman is more grounded, the fears can recede a bit and the intuition come out more, and the woman is then more able to start helping herself.

When I studied herbal medicine I was taught that wherever there was an illness, or health imbalance, somewhere in the same area there was also growing a plant that could cure it. I think that this sort of knowledge used to be in every culture, but that western culture has obscured it.

There are many wholistic healing methods still practiced—acupuncture, herbal medicine, naturopathy, homeopathy, reiki, just to name a few. That is not to say that there are not bad practitioners in each of those fields, or that you will still not get bad advice and bad treatment from some. But at least they are starting from a less crazy knowledge pool. At least they aren't going to pump you full of drugs, cut you open with a knife and remove your gall bladder, strip your veins, or put screws through your vertebrae. You may walk away from an acupuncturist with chinese herbs that won't help your particular problem . . . but at least they are not going to damage your kidneys.

Until we throw away the whole of the assumptions under which orthodox medicine operates and instead turn to wholistic methods for information that leads us to make good decisions about our own healing, we will find ourselves not really able to stay healthy in this world.

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Her Anger Gave Her Clarity

(and all her weeping was filled with intelligence)*

Julia Malott

I raised myself in a household governed by a physically and emotionally violent mother who the patriarchy calls "paranoid schizophrenic," and a sexually violent alcoholic drug-addicted father. My first battering relationship began in 1976 when I was 14. I have survived marital rape, acquaintance rape, and stranger sexual assault.

I have been out of violent relationships for 13 years. I have spent these years doing "groundwork healing": actively addressing issues related to my mother, first, and my father, second. Laying the groundwork has helped me to subsequently replace damaging body/psyche memories with empowering ones. This is not easy work. It's a long process which seems nearly impossible at times and I get tired a lot. Trusting/allowing women to help me believe in and experience non-abuse is ultimately what has worked for me.

This piece records a part of that process. After an off-and-on seven year asexual lesbian relationship, I finally decided to physically and sexually trust another woman. Not surprisingly, ghosts joined us. First came the dreams, the memories and the emotional numbing. It was frustrating because after so many years of hard work, I thought I was finished with this stuff. I got angry. Then I started asking concrete questions and finding out details which gave me back my reality. Claiming this reality has allowed me (my body/psyche) to be emotionally present to non-abuse, and that presence has changed me.

*Susan Griffin, *Woman and Nature*, Harper & Row: New York, 1978.

In her heart she is a mourner for those who have not survived. In her soul she is a warrior for those who are now as she was then. In her life she is both celebrant and proof of women's capacity and will to survive, to become, to act, to change self and society. And each year she is stronger and there are more of her.

Andrea Dworkin*

I am facilitating a support group for rape survivors. The topic is how to handle the desire to kill your perpetrator. One woman knows which road prick drives down every day, dreams of sitting on the hillside with a high powered rifle and ending her rage. My worst violator is already dead, victim of his own violence at last. I haven't thought of him in years, although small habits reflect his presence in my body. *Like taking baths, not showers. Like checking and double checking locks. Like changing my unlisted phone number every six months.*

I used to dream about his corpse, my name a tattoo on his arm. When the call comes, I am not home, so I get the message second hand. When he was shot in '87, he didn't die, but he's probably still in prison. And he's physically incapable of violating women again. But the terror won't dim. I see him in his prison cell, brewing hatred.

I am on my way out the door. I have to be at work in twenty minutes. The bus is due in two. I'm rushing, but I still have time to make it. I hear him laughing before I feel the hand on the back of my neck, dragging me towards the bathroom. Then I am in the shower, my face shoved up into the water, which is very cold. *You look so nice, he says sweetly, but it's so hot outside.* My only thought is, *Now I'll be late for work.* I am a welfare mother, my student job means survival. When he lets go, I say nothing, change clothes and brush back my hair. He is laughing and pushing at my arm with his hand. *Come on, he says, I can tell you want to laugh.*

We meet and we talk for long hours. We live with little sleep. We forget to eat. We smile. A lot. I am not afraid when she touches me. I tell her things I don't even remember until they are spoken. She has small wrists and fine fingers, but her hands are strong. I learn myself as I tell her who I am. Her hands, her voice, her scent call me home.

Poems happen. The words move easily onto paper. They all try to say this new thing in different tones. And then the women appear. First one,

*A Battered Wife Survives, *Letters from a War Zone*. (New York: Dutton, 1988.)

then another, and another. Each one takes several sittings, unlike the poems. My head tires faster than my hand. The women are bald, some recline, some sit, some stand. They have no faces but their bodies speak, each trying to say this new thing in different tones.

It starts when she innocently asks, *What did he do?* Her question is innocent because I speak of him with no emotion. But as I begin to tell her, something changes. I cannot breathe, but I continue to speak. At some point I am silent and she reads me a story. I am curled into her breasts, her voice wraps around me, and I sleep. Later, I can't remember what I said, so she is my memory, collecting my words, holding the odd pieces I keep losing.

I am walking down corridors with polished concrete floors. The building is institutional, a school, perhaps a university. He is following close behind me, smiling, talking, keeping close watch. Each time I try to divert him, he is beside me again, smiling, talking, keeping close watch. He seems innocent, boyish, how could he do any harm? I hide in a bathroom stall. He finds me. I appeal to people around me, in whispers, when he is out of hearing range. The women nod, *of course he is dangerous*, but no one helps me. He is smiling, talking, keeping close watch. *I could have sliced your organs into thin ribbons*, he says, smiling. *Or made you drink cement until you hardened inside.*

When I wake up, she is beside me. Her eyes are worried. I see them as if from behind glass. I look at her curiously. I know I love her. I **know** I do. I can remember. Maybe our movements were a little too fast. Or I shouldn't have been on my knees. Or the light should have been on. Maybe we shouldn't have lost eye contact. *Maybe he should have died.*

When I open the door I smell gas. I kick off my shoes and leave my baby. I move quickly through the apartment—down a hall, through one room, down stairs, through another, into the kitchen. I am holding my breath, my hand over my mouth. All the burners and the oven are up full strength, no fire. I switch them off and reach for a window to open it. It is jammed. I move to the back door. It won't open. Somehow I make it back upstairs where my baby waits. When the cops come they tell me that all the windows and the door were jammed shut. They say, *Someone wanted you to die, and planned on taking the whole block with you.* They look at the holes in the walls the size of my body, the light fixtures ripped from the ceiling, the smashed furniture. One cop whistles, shakes his head. *I wouldn't want to be on his bad side.*

The doctor looks perplexed. *It is strange*, he says, *one eye just refuses to do any work. You only have a slight astigmatism, but one eye's lazy. Have you ever had a head injury?*

Once again the building has polished concrete floors. Once again, a school, perhaps a university. The parole board is meeting inside a classroom. He is in the room. He is wearing a green shirt. He is healthy and physically fit. Prison has agreed with him. Six bullet holes left no imprint on his body. I want to testify before the board, to tell them what he has done, but I'm afraid he will be released, and then . . . and then . . . I am in a small store and she is with me. We know that he is in the store because all the workers wear green shirts like the one he was wearing before. The building is long and low, a door at either end, with windows along the front. Each time we reach a door, we know he is there and have to turn back. An electronic whirr follows outside the windows.

We aspire to resembling dried fruit, so many hours in warm water. She reads me separatist writings, sober feminism, lesbian fiction, sometimes by candle light. I wonder at her ability to see without bright lights. She never takes showers.

The woman at the parole board office gives me his inmate number, his date of birth, and information on victim notification of release. She tells me he's been in prison for six years, is not eligible for parole for another eight. He is under security code in a maximum security prison. She seems concerned for my safety.

I hang up the phone and feel relief, followed by an instant flooding of frustration and shame. Pleading guilty to the rape and murder of a local waitress, his brother was eligible for parole after serving only six years. He shoots at police officers and rots for fourteen. I can still hear his words. *Murder is only six years.*

When his birthday approaches we plan presents. They won't be sent, it wouldn't be safe, for me or any other woman he has "known," but we delight in letting the list of possibilities grow.

Don't move, he says, and I wouldn't think of it. I am on his bed, on my back, naked. I am fifteen. I can hear the whirr of numchucks as they spin inches above my body, creating a slight breeze. *You're not scared are you?* he asks, smiling.

We go to the library and run a newspaper check for articles listing his name. There are many. He is quoted as saying, *My brother is a rapist and a murderer. It's genetic.* He sounds proud. This last time, the police

fired forty two shots. He was hit only twice. He walks with a cane. Our information was wrong. I thought it didn't make a difference. It does.

Afterwards she tells me she was afraid there would be a photo and I would panic, but it took me six and a half years to look up this information, and I was strong doing it. As it ended up, there was no photo, but the new details stick like a face in my thoughts. Where he lived, threats made on his last night of freedom, the woman's name.

I am drawing on a piece of poster board. The woman is large and lounging. Her hands are behind her head and she is covered in sun. The water is close yet distant, the sand rocks in waves beneath her body. She starts to smile and yawn, stretch and sleep.

She spends a lot of time driving without complaint. When it's overcast, or raining, or dusk. She replaces the light fixture in my bathroom and installs brighter bulbs. If light is not reflecting from an object, I can't really see it. I can tell she's a little surprised each time I adjust a room's light to suit my vision, but she says nothing.

I lie encircled in her arms, breathing slowly, trying to match her breath. She sleeps easily. I want to learn how. Her hand cups my breast, her stomach is close against my back. Her knees bend, matching the curve of my own. *Spoons*, he called it, but in her arms I forget his words, his hands move away.

Her breath brushes the back of my neck. If I stir, she will move closer, closer, until I smile, knowing two more inches and I'm off the bed. In the morning when I tell her, she laughs and says, *Why didn't you push me over?* and I smile, my heart saying, *Oh no, no. I wouldn't dare.*

LES LESBIANAIRES

CENTRE DE DOCUMENTATION
ET DE RECHERCHES SUR LE
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Healing—At What Expense

Tamarack

What We Had

In 1973 at a camp in Denmark I sat in a workshop set up so that we could talk about the then new wimmin's centers, and what we as dykes were finding that wimmin coming to the centers were needing. What shocked at least some of us at that meeting was the predominance of north american dykes who had come to the workshop to talk about how wonderful their therapists were, and how they couldn't have made it without them.

Perhaps if we had all stopped planning long enough to pay attention to what was already an obviously dangerous and unhealthy situation, much of what has developed since then could have been avoided. More than twenty years later, with the therapy system more entrenched than any of us could foresee, we have gone way past the time to deeply look at what has been created, at how our own dyke community has been badly hurt by prevailing thought carried from the therapy system into the ways that we are now interacting with each other.

We used to have CR groups for full discussion on what we needed to do. We used to offer practical support, for free. We exposed doctors who over medicated wimmin patients, organizations that excluded or did not listen to what we had to say. We knew what we were doing, and we began to train people in professional positions, hoping to decrease malpractice and unwitting errors based on ignorance. We organized rape crisis centers. We organized battered wimmin's shelters. We challenged the foundations of male domination. Freedom from violence and freedom to live as fully, as naturally, as independently as we wanted, in whatever ways we wanted, were the basis of our plan. We found strength in our selves, in discussion with each other.

We learned, and shared with each other everything that we knew about healing, from herbal remedies, chiropractic technique and

massage, to mind relaxation and finding our spiritual powers. We were busy with life and death situations. We did this because it needed to be done. We did it for free, without mystification, without complication, without differentiation that some (with money) could be helped while others (who were poor) didn't matter. So many of us doing the work day to day not only for dykes but for all wimmin, were lesbians. For the most part we were the ones who made the time to carry the beepers, whose homes were hotbeds of necessary action. Our meetings were full of profound discussion on the meaning of the subordination of wimmin, because we knew freedom from this subordination on a personal day to day level. We had the strength and determination and boldness to stand together questioning the social order of male dominance and violence.

What Went Wrong

Early on, there were danger signs that we were off track in some ways. We knew that middle class wimmin, including a lot of dykes, had turned to traditional counselors to talk over their lives, and though we did question the length of time spent in therapy (sometimes ten years or more) and the inequity of the "expert/client" relationship, we did not at that point work to undo that system.

A quasi-solution was found, in the birth of "feminist therapy." Still woman to woman. Still honest about where the information came from (other wimmin) and still with the intention of avoiding expert/client hierarchies. Still arranging speakouts to hear what wimmin had to say, not in order to analyze them. But here is where things began to go wrong; helping wimmin was being professionalized. Rape crisis centers and battered wimmin's shelters had fought for paid staff because of the amount of work that had to be done. They became the ground floor for job competition. Government funding, it was argued, would be more sure if the workers were "qualified." "Qualified" began to be interpreted as those with certain degrees, those who would embrace the concept of expert and client, practitioner and patient, those who could prove themselves by talking the talk of "the professionals." Once dykes had paid for a degree, the temptation was strong to insist that they knew better than those continuing to work grassroots.

Being "a healer" became an admired, accepted profession within the dyke community. This work unfortunately attracted a number who were looking for a way to prove themselves: that they were able to respond to crises, be depended upon in a difficult situation, be depended upon to be the peacemaker, the family counselor, the conflict resolver, the wise

woman, the woman who knows, the spiritually in tune. It unfortunately attracted a number of white dykes who had no reluctance to actively promote themselves as healers and shamans, blatantly misappropriating aboriginal cultures.

This type of counseling also attracted many dykes whose intent was to be dependable, strong, helpful, loyal to friends, who wanted to change the world, who had a sense of strength without limit, who understood privilege, who were willing to act for those expressing disadvantage. Counseling also attracted dykes who were simply kind of heart, dykes who wanted to do something knowing another is unhappy, unable.

The mistake was in doing any of this through the mental health system. Violence against wimmin became an area of mental health, and confronting the political system that supported men in their obvious war against wimmin was deemed to be out of date politics. Behind this was a fear that jobs could be lost. With the sudden competition between so many counselors and therapists, dykes also began to develop an angle, a specialization; added to the "only trust a professional" message has come "only a specialist can help you properly." Dyke counselors, like gurus claiming that the good effects of yoga are possible only through their names, had gathered information from wimmin and emerged from ivory tower universities to insist that they and they alone were expert enough to handle the effects of violence. False divisions formed within the dyke community, with dyke therapists, psychologists, counselors, psychiatrists and social workers not wanting to take the chance of "meeting a client after hours" (called "violating boundaries"). A lot of dykes who sought help fell for the romantic image of "my counselor knows so much more than I do." All of this became almost impossible to discuss without being considered unethical, ignorant of "how things work," lacking in "good boundaries," not open to "others' choices."

Values associated with healing were based on socially acceptable, middle class standards. Healing was complete when a dyke could "hold down a job," when she got involved romantically, when she proved herself to be in a stable relationship, when she proved that she somehow had men in her life, when she proved herself to be a "good mother" (with money). The message was that to heal is to "fit in." Within dyke culture this translated into having a happy family life, having children, getting health benefits for your partner, working for legislation within the system. Healing oneself took the place of stopping the violence.

Standing on the heads of those who had laid the foundation, a segment of dykes with degrees took this takeover a step further by denouncing as biased and lacking in perspective the very ones who had provided the information to the schools. The work so many of had done to expose

malpractice was turned around and pointed right at us. It was said that we did not know what we were doing.

A pop psych language blotted out the statistics of male violence with gender neutral language: "dysfunctional family," "incest family," "family violence," "spousal abuse," "no fault abuse," "the ritually abused" became the acceptable terms. "Victim empowerment" and "safe space" replaced political discussion. The more that funders, e.g., the government, demanded the use of these terms, the more dykes rationalized and later began to defend these terms. Sweeping generalizations followed: wimmin are more violent than men, daughters of mothers who were victims will be victims, wimmin who were victims will marry abusers.

Pain has been individualized, and the victim romanticized. Violent attacks on other lesbians are attributed to past abuse. Excuses are made for behavior that just a few years earlier was considered unacceptable in men. Dyke therapists began suggesting that adult wimmin concentrate on the inner child who had been so hurt, carry soft toys and baby dolls around, drink from baby bottles if they wanted to. Dykes were encouraged to continue therapy for years, in a sense to never grow up. Infant behavior and the concentration on developing inner children became a north american luxury of long term therapy for (largely) middle class wimmin. The infantilization of wimmin—planned outcome of mega doses of experimental electroshock treatment prevalent in the 1940's and 1950's—became fashionable in a softer, more subtle way in the 1980s to 1990s. What is not said is that dykes who have adopted these suggestions for healing have been taken less seriously as adults.

Dykes did learn more about ritual and cult violence, and about the profound long term effects of violence, in particular disassociation, including what has been termed disassociation into separate personalities. With some dykes inadvertently leading the way by making information available from past experience, dyke therapists have begun to over "diagnose" and mis "diagnose," sometimes convincing dykes within the first meeting that they "probably" fit into this category. Encouraged to find importance in how hurt they have been and in how many types of past violence they can claim, some dykes have become professional victims, at the great expense of wimmin who truly have been violated, and of those who do live connecting many facets of themselves with great difficulty. No differentiation was made between a severe difficulty of feeling terribly fragmented, and the everyday different decisions among alternatives that are part of life. The natural discovery of feelings that can come from searching below the surface in ourselves began to be interpreted as finding another inner child, another personality.

Within this wave of superficial "diagnosis" came an acceptance of terminology such as "personality disorder," "borderline personality," "schizophrenia," "panic disorder," "eating disorder," "post traumatic stress disorder." The acceptance of these theories and terminologies has stopped short much needed questioning as to whether these are at all helpful ways to even think about wimmin and healing.

Responding to all of this has been made more complicated by the right wing agenda of such groups as the False Memory Syndrome Foundation, "men's rights," and Concerned Women of America, who picked up on the complexities of assisting wimmin who have been terribly violated and launched a campaign to blame the creation of false memory on feminists. Knowing fully well that the agenda of these groups is to discredit the wimmin who are brazenly vocal about the extent of undeniable violence toward wimmin the world over, we in the dyke community have unfortunately feared to discuss fully the growing concerns that a lot of us have had, that malpractice does exist, including suggestive counseling and over diagnosis of ritual abuse and MPD.

Where All This Has Led

So we now have within dyke culture widespread acceptance of the opinion that everyone has her own truth, her own reality, and that helping each other is codependency. We are all simplistically considered to be both victims and perpetrators of some sort of violence. With everyone expected to take care of herself, the concept of building a community together has floundered. Instead dykes are still trapped in some form of self hatred, being quickly critical of each other before considering generosity, giving time and energy and money anywhere but to the dyke community. The time and energy that does get put to dyke culture has been frayed by the emergence of the professional victim. Too many meetings are manipulated by individuals who arrive with the intent of insisting that everyone's attention be refocused on what they need, smokescreening real issues that many dykes face. It is considered wrong to challenge or say no to anyone who describes themselves as being in distress, especially if they include an "ism," regardless of whether they are including that "ism" unethically. A reversal has taken place so that to challenge even abusive behavior is to be considered aggressive yourself.

Under the philosophy that "all new is good" and "every difference is a form of diversity" there has also been an acceptance of and denial of the presence of violence on another level within our community—in the

romanticization of sadomasochism and the development of lesbian pornography, strip shows and prostitution. The danger in not continuing to challenge ideas, actions, and opinions that don't sit well is that we may in the end sit by while what we are working toward gets undone.

Where To From Here

It is through good intentions that we have gotten into the problems that we now face as a community. If at this point we can just take a fresh look at everything as it has developed, without getting defensive about whatever part any of us have played in it, we could, through some radical change, move forward toward a culture with more integrity, dropping what are really very unethical developments that contradict what we have been trying to do on a much deeper level. At the root we must believe that there is a truth to every matter and that we are capable of finding it; and within this, each of us must be prepared to change our positions if we were wrong the first time.

We must extract ourselves in every way that we can. This means dykes leaving professions that demand pay from individuals for help given, and it means not taking any part in this unbalanced, hierarchical "healing" system. We must be separate from it to voice a perspective that can only come from outside. We can put an end to the infantilization of wimmin, the acceptance of unnatural philosophy, the use of unnatural language. We can return to simply helping each other as dykes. We can offer all of the healing information that we have gathered to each other, freely. We can challenge what is being taught that is harmful. We can think deep, trust our intuition, speak up about what doesn't ring true. We can stop the cultural appropriation taking place in the name of healing, and the teaching of "spirituality" that costs money.

We can look realistically and honestly at what money we do have available and at what we can contribute to a dyke economy, to build ethical resources. We exist as wimmin who love and live with wimmin. We do carry a deep desire to have this dyke community. I want one that exists without apology, living free, for all of us, no violence anywhere.

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Healing the Whole in Us*

Nett Hart

It's not popular to say it, but is anyone else sick of "healing"?

I have suspicions that most of this talk of "healing" is not about healing at all. Healing is not our whole selves nor the whole of what makes us community to one another. Healing is not the goal, but the process toward wholeness, which happens even while there is pain, even while there is discomfort, even while there is confusion. I mean no insensitivity towards wimmin who are ill or have injuries which require their attention. The kind of healing I'm sick of is the healing that appears to have no focus, no *raison d'être* but the process of "healing" itself.

What we must be free to question is the process of healing, the accommodations we are asked to make to another's healing, the choices of healing. What does it mean that it is acceptable to focus all of one's time, relationships and resources on healing? What does it mean in a community that such singular focus is not questioned?

I am sick of "healing" becoming the excuse whenever we want to deny anything is going on. I'm sick of the way "healing" is used as an excuse to ignore the larger social implications of the harms we are healing from. I'm sick of the way "healing" is used to cover for our cynicism and hardness of heart towards one another. I'm sick of the ways we use "healing" to mask ignorance and self-absorption. And I'm sick of the ways Lesbians use "healing" as a tool to hurt one another.

Healing has become at once the individualization of social ills and the excuse for not attending to our responsibilities in society. The Lesbian who uses healing as an excuse for the mistreatment of others, for instance saying her screaming at another Lesbian was because she had been mistreated by others or society at large, justifies her bad behavior with previous bad behavior. Our awareness of the harms done to us as

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wimmin, because we are wimmin, is a tool of consciousness that can undo the systems of these harms rather than a tool to undo one another. Our awareness of social issues should make us *more* available to others, more sensitive, not less. We cannot simultaneously engage in social justice and self-absorption.

To be continuously absorbed in our process of healing is to be unavailable to others in their pain whether that pain is their own suffering or pain that we have caused. What divides those compassionate to others from those without compassion is not different life experiences or differential amounts of suffering. What makes one compassionate toward others is an expectation of living within a context bigger than oneself. We all have times of inability to reach out to others because of the enormity of our grief or pain, but self-absorption in one's healing as a way of life precludes any reaching out to others. To close out the pain of others is cowardice, an unwillingness to take in what is wrong, out of balance, oppressive in our world, in our own behavior. Healing as a way of life is not wholeness producing, but denial.

Healing is held sacrosanct. I have been in meetings where a wommon repeatedly attacks others, then says that her bad behavior comes from her own woundedness which she is trying to heal. We are supposed to immediately back off. Only a real jerk would try to pursue the content and context of this wommon's actions against others. She is healing, can't you see? She may cry. Her tears are not for you. They are for the pain she is in over having been called on her actions.

We are left to imagine that her pain is more real than our own. She says that she cannot be held accountable for what she has done nor can she be expected to change. She is welcome to continue her healing process in our midst, but anyone who does not hold sacred her process is not welcome. The focus of the community is healing and any wommon who does not subscribe to this synopsis is "acting like the boyz." What we cannot question is this focus on healing to the exclusion of all other social interactions in our community. No one says they think we are about something else than healing because the power of the healing lobby is so great. After all, we have all been wounded. The potential for inclusivity is tremendous.

The Lesbian who doesn't apologize or acknowledge she has hurt another, because her attack hurt her as well, uses healing as an excuse to gloss over her bad behavior. By calling the others who witnessed or were victimized to unite in healing, she denies our ability as wimmin to cause harm in a society that harms wimmin. Although we are careful not to let an infected cut heal over without removing the debris, too many times in the Lesbian community when hurtful things occur, we are quick

to call for healing for the sake of the sisterhood. What this usually means for the wimmin harmed is that they are asked to silence themselves so that no interruption of the status quo leads to discord, regardless of how dissonant the accord is to start with. In fact, healing around an issue by denying it and burying it is a quick means of uniting everyone around the dominant group and insuring solidarity. The ones in a position to make up, call for healing, are the wounders.

In a like manner, the Wounding Healer is likely to re-victimize the original victim citing the victim's previous experiences of abuse and betrayal as the reason for the abuse that has come to her now, suggesting that previous abuse is the "pattern" of the abused, rather than the pattern of the abuser. Others are likely to pick up this theme because while blaming the victim for what has happened to her, it also appears to be a supportive stance. She is blamed, but excused.

When we see deliberate wounding, abuse, as the pattern of the one who is abused, we do two things: we remove the behavior from the realm of morality and we pathologize the one abused who is naming the violence. By removing the abusive behavior from the realm of morality we lose the ability or need to call for justice or get to the truth of the situation. The actual events that the one naming the violence reports are secondary, if necessary at all, to the panorama of pain and redemption painted by the Healers. Once having pathologized her we need look no further for the truth of the events or the solution: her healing. She has lost all credibility as a witness to her own abuse. This has the effect of morally leveling the abuser and the one abused. Neither is right or wrong in this situation. There is a rush to lay to rest the issues, to level everyone's pain over the episode so that the pain of hurting someone is as great as the pain of being hurt. Anyone calling for healing assumes a moral superiority over anyone seeking truth and justice.

We are dealing with a culture that denies suffering and struggle. While I don't subscribe to the belief that we are here to suffer, that suffering is necessary to personal growth and development, or that those who suffer are more saintly, I acknowledge that suffering is a reality. If we cannot accept suffering as a part of life, we devise inauthentic ways to eliminate suffering, such as drugs or alcohol, therapy, television, fantasy, games, gambling, escape literature, compulsive exercise or sex, consumerism or religion.

These refusals to suffer have effects on other people, especially as refusals to suffer with. We see this in the outright denial that others suffer, not believing them, not believing it is as bad as they say. We see it when people are emotionally unavailable to those who suffer, passing off some platitude, or interrogating the sufferer for something they could

have done or known or acted upon that would have avoided this present unavoidable suffering. A blaming of the victim: "Well, what did you expect, going outside in the winter?" Still others will listen with patience and then quickly try to "fix" the situation, offering real resources and information, but at the same time not acknowledging that the one to whom they speak is *now* suffering. In this culture of refusal to suffer we assume that suffering is the worst outcome. I've actually heard people say it is good someone died because otherwise they would have suffered. (Of course, I'm not saying that death is the worst outcome either.) If we believe that suffering is the worst outcome, we will not be willing to suffer the consequences of acting on behalf of anyone else or of dedicating ourselves to something in which we believe. I think of the dykes who are closeted because they fear the consequences of living openly with their choices, or refuse to take an ethical stand because of the possible consequences.

To be in a perpetual, indeterminate process of healing is to avoid suffering. It is a means to avoid asking the contextualizing questions: To whom does this harm happen? Under what circumstances? By whom? And to whose benefit? Who is a reliable ally to seek justice? How can this violence be eliminated in our societies?

Of course what I am doing is politicizing experience. To be whole we acknowledge our place, our purpose, our power within the people, the polis; thus our wholeness is only about politicizing that experience, putting it into context. Wholeness is a state of being centered in the self you are in the moment you are living. Wholeness is an acceptance of oneself and of oneself in the scheme of things.

Furthermore, I believe the process of healing/becoming whole is itself political, that we do not do it in isolation, without a context, that to heal is to relate to the resources at hand in such a way that the process of harm is stopped. Harm is stopped by our resistance to further victimization, avoidance of future harm to ourselves, and prevention of harm to others through this same means.

If this sounds like toughing it out, let me ask if you believe we can ever heal while the same harms continue?

Some generation has to tough it out. Some decade we have to hold on to our rage at the multiple ways we have been harmed as wimmin, hold on to each other and say, "This is where it stops." Some collective moment we have to say that the lies and excuses of an abusive society are no longer available to us to use against one another. This is where it

stops. Some day we have to decide to do the hard thing, to do the right thing, and call for justice. This is where the abuse stops.

This is the healing that brings wholeness not only as its product, but in its process. It heals us in community and it heals the community over time, reclaiming our lost souls of the past ages and creating a future for the little ones who come after. It is not enough to turn each of us from our pains to an acceptance of ourselves in situ. We cannot stop at self-knowledge. What we know of pain we have to put to use to connect us back into ourselves, connect us to one another

We may grieve the losses caused by abuse, the losses to our sense of self and the loss of wimmin who did not survive. But when the roll is called for those willing to take on this task, this moment, we must call "Presente," like the brave wimmin warriors who call out not only their own names to announce their intent to fight, but call present the ones who have died in the struggle.

We are taught everywhere to doubt ourselves, to distrust our perceptions, our memories, our intuitions, our motives. Seeking justice is a hard road. Ending violence is a huge struggle. It takes all our reserves of hope and self-trust to hold to the truths we know. It takes all our courage to call for justice, even within our own community. But we know that without justice there is no future. Anything less perpetuates the harm. The process that leaves the one harmed to sort through the reasons and untangle the self-blame compromises truth and cannot lead to justice. Justice creates relationship where violence has destroyed it.

If what we want is wholeness, a community of whole people, then as Lesbians we need to look further than the harm done to us and look at the ways we perpetuate harm in our community, the ways we reenact injustice. While it is true that without self-knowledge we are likely to repeat abuse, it is also true that abusive behavior is not prevented by our focus on our own healing. We need a contextualizing of our harm and healing to create a new context. Part of our healing process has to be unlearning the patterns within ourselves that victimize ourselves and others in our community. Part of our healing has to be a commitment to simply stop the violence everywhere.

The endpoint of this healing, then, is a community in which it is unthinkable to cause harm, a healing community that extends its healing throughout all our communities.

And in This Corner

Bridget Collins

Heroics and School Photos

So much in the talk about the poor ignores the humanity of us. Somehow, people from other classes assume that we would have preferred their lives to our own. It is true that the drama of a poverty life is fraught with villains; it is also true that every villain mandates a hero's response. I have had the opportunity to live my life as a hero, born of heroes, raised among them. We who survive that villainy sculpt muscles of loyalty and strength, courage and cleverness, compassion and honor. I would not trade my life for another's.

My mother was my first hero. She believed fiercely in many things, among them, that there was nothing so important as education. It was the path she believed would take her children out of poverty. As a result, she taught us to read words as we learned to speak them. We were on the road all the time, following farm work, but this did not daunt my mother's determination that we would be educated. Every road sign we passed had to be read out loud. We wrapped our tiny mouths around the peculiar names of every small town on the road maps. In the front seat of the car, she kept newspapers, handbills, and a few tattered books. From these, we learned to read long before any formal schooling was part of our lives.

By day, in the car, we learned applied geography and mileage-measuring mathematics, but the nights were the best. We would sleep in the back seat, all of us kids nestled together, seeking warmth like a litter of kittens. The night outside the window was silver-black. Boxes were tied to the roof. The loose ends of rope caught the wind, softly tapped a lullaby. Now and then, I'd rouse a little, peek at my parents, their sturdy forms silhouetted like mountains in the front seat. Sometimes they'd be singing, sometimes talking quietly. Sometimes my baby sister would stir, and my mother would coo and rock her back to sleep.

Then things got hard. My baby sister died. Cause of death: poverty. At nine years old, I watched my mother die. Cause of death: poverty. The man who had been my father may as well have died then, too. He fell into a bottle, became horribly abusive, and never really lived the role of a father again. The man kept breathing, but the father was dead. Cause of death: poverty. Years later, my youngest sister's first child, a baby daughter, died, and left my sister inconsolable for years. Cause of death: poverty. Death is part of life. I've never met a woman of poverty who didn't learn that as a girl. When death visits those you love, your heart shatters in your chest. You think you can't go on. You don't want to go on. But, you do.

I became the matriarch of my family when I was nine years old, a position I have held for the last thirty years. Before I die, maybe, just maybe, I will see a few members of the next generation make their way out of poverty. The youngest is seven now. Can we pull it off in the eleven years before she reaches eighteen? We will try, and if it doesn't happen, then she will try.

When I was fifteen years old, I dropped out of high school. The need for money demanded it. On that day, I sat on a bus stop bench across the street from the school and cried. Without an education, I knew I was condemned. I would never have a decent job. I would marry too early, bear children too young, and at about fifty, I would be buried in a charity grave. There was no stopping it, at least, that is what my heart-broken fifteen-year-old self believed.

I went to work at a plastics factory, where the chemicals stung my eyes and the metal molds burned my fingers. I waited tables where men grabbed my ass and slid their hands up my skirt. From there, I went on to shovel animal shit out of cages, run cash registers, and pump gas. When my youngest sister was eighteen, she graduated high school, the first person in my family to do so. Shortly thereafter, I applied to take the General Equivalence Test that would earn me an ersatz high school diploma. My siblings were grown. I had not married nor had children. I held out the hope that I might be able to save my own life after all.

On the day before the test was scheduled, I was collapsed by pains ravaging through my gut. My brother rushed me to the emergency room. There, I was diagnosed with a bleeding ulcer. To compound that, my gall bladder was filled with a gritty deposit that had overflowed into my liver. They scheduled me for surgery the next morning at 9:00.

I laid in that hospital bed, and I cried. Jesus, how I cried. Nurses came by and offered me pain killers, but there was nothing on their cart

that would have eased my agony. I was going to miss my chance. I was going to miss the test.

At 3:30 that morning, I struggled into my clothes. I sneaked out of the hospital's service entrance, and walked the fifteen miles to the test site. I was early. I stood outside the building in a chilly September rain, my knees quaking, my body covered in a cold sweat.

When the building opened, I sat at the desk, trying to keep myself from fainting as the monitor read aloud the rules for taking the test. She passed out the booklets and the number two pencils. As I scribbled in the little circles, I had to keep my skin from touching the paper. Otherwise, the sweat, in which I was by now drenched, would have smudged my pencil marks, would have ruined the answer sheet, would have ruined it all. While I struggled to keep the pages in focus, to answer question after question about correct grammar and methods for measuring triangles, pain screamed in every fiber of me.

The test took all day. When it was finished, I walked out of the building. My brother was waiting for me. He had known where to look, but had not been allowed to enter the test site. He clucked and scolded like a hen, this young man who had run the streets as a gang member only a few years before. He loaded me into the back seat of the car. There, finally and mercifully, I fainted. When I awoke, I was being rushed into surgery to have my gall bladder and part of my liver removed, and to have my stomach lining repaired. By day's end, parts of my anatomy had been removed, but I had a high school diploma.

For the next three months, the beginning of winter in northern Illinois, I recuperated in a little camper trailer parked in a driveway. There was no heat or electricity. My sister brought me food and water. In order to fend off the freezing temperatures, I dressed myself in every piece of clothing that I owned or could borrow and laid on a cot under what blankets I could find.

In January, I was still not able to stand completely erect, but I had healed enough to enroll in the local community college. One of the blessings of poverty is that you are eligible for financial aid. I found two jobs, one in the morning from 5:00 to 9:30, the other in the evening from 6:00 to midnight. During the rest of the day, I went to class and worked at the work-study job my financial aid had afforded. I was still a white trash woman and I and my family still needed every penny that could be found. Beyond that, there was now an impossibly large hospital bill to attend to. Though I had a family, I did not have children, and so Medicaid was not going to offer any solution to this debt. I was clear

that college was my luxurious indulgence, and could only continue if all of my other obligations were met.

In eighteen months, I had my Associates' degree. I wanted more. The only four year school in the area was a Catholic women's college. My grade point average and my SAT scores were very high. Even after a year and a half of working from dawn until the wee hours, I still qualified for full financial aid. They couldn't keep me out, so I got in. Also that year, two other women of poverty, one Mexican-American and one African-American, got through the doors of that school. They too had come from community colleges, and we were all older than most of the students who would share our classes. For the next two and a half years, the three of us bitched to one another, cried to one another, and basically kept one another sane while we earned our degrees.

The school's policy was that each student was allowed only four seats for friends and family at the graduation. My family and friends had never shown a great deal of respect for established policies before, and were not going to start that day. For most of them, this was the first time they had ever set foot in a college, but they weren't shy. My little sister who had been the first to graduate high school was determined that she would see me be the first to graduate college. All of my brothers and sisters were there, along with aunts, uncles, in-laws, cousins, nieces, nephews, and family friends. Many of them I had not seen since I was little. They had come, some by plane, some by car, some by Greyhound, and some by the locomotive power of a hitchhiking thumb.

I left them, nearly forty people, in the lobby discussing how they were going to get in. I learned later how they did it. One very comely cousin flirted with an usher while one group sneaked by. Another bunch found a back door. My godmother was in a wheelchair. She had a nephew push her through the doors, and explained to the usher that the attending cousin had to carry the bag of medications. On her lap squirmed a pile of children. I don't recall how the rest managed it, but when I took my place, forty pairs of eyes were watching me.

The speeches were given, and then the time came for the diplomas to be handed out. The dean asked that everyone hold their applause until after all of the graduates had crossed the stage. This request was honored through the calling of names that began with A, B, and halfway through C. Then the dean said the words, "Maureen Bridget Collins," and the place went up. They applauded. They whooped and hollered and stamped their feet. They screamed, "Go, Girl!" and "That's our baby!"

For a few moments, the dean tried to quiet them, but the raucous cheering continued, filling that ivy-covered hall. Finally, the dean gave up. She turned to me and whispered, smiling, "Sounds like you've got a

few fans out there." Through a tearful haze of joy and pride, I found my way back to my seat, my champions still clapping and calling my name. God, how I loved my own that day.

At the party that followed, there was food and laughter. My brother-in-law from the Philippines was cooking chicken adobo, and the Irishers doled out corned beef and cabbage. Containers, covered with wax paper and aluminum foil, some that had traveled many, many miles, lined every inch of kitchen counter. They were filled with everything from potato salad to enchiladas to egg rolls. Flashbulbs exploded in my face until I couldn't see. Streamers dangled from the ceiling and hand-drawn posters lined the walls. On the front door was a picture, drawn by my sister, of me in a cap and gown. "Congratulations! We knew you could do it!" was written across the top of it in blue magic marker.

The music played into the night. My godmother was in the middle of the dancing, rolling the wheels of her chair back and forth to the music as the children sported for her all the newest and coolest dance steps. The day smelled like, tasted like, sounded like triumph.

The next day, before it was time for everyone to go home, they brought me a gift. They had all chipped in to buy it. It was a silver crucifix, inlaid with green marble from Ireland. My initials and the date of my graduation were engraved on the back. This represented an awful lot of money, even divided between all of them. I accepted it and thanked them with all of my heart.

They all knew that I had long since separated from the church, that I was a lesbian, and that crucifixes didn't have much place in my life. That wasn't the point. It had to do with our life, with the moments we had shared, with what Carson McCullers called, "the we of us." These many years later, I still keep it close.

And so, yes, at poverty, the pain is keenly felt, as is the passion, as is the joy. I am the product of poverty. I know myself to be a hero born of heroes. My life has given me muscle and heart, stamina and determination. What I need, I have, and I carry it with me at all times.

I offer these snapshots from my family album to other women of poverty in the hope that they will remember what beautiful, heroic creatures we are, no matter how we are stereotyped by people who do not understand; and also to women of other classes, as postcards from the place that is my home.

Toward an Ethics of Stealing: Thoughts on Oppression and Theft

C. E. Atkins

Like many people, I was brought up to believe that stealing is not only illegal, but also morally wrong. Not until I shucked off the last garments of catholicism and came out as a lesbian did I begin to question where stealing belonged in my ethical code. More and more, that which I formerly perceived as a compulsive or "deviant" act began to smack of righteous rebellion, necessity, and rage. As women we still earn 66 cents to the male dollar—two cents more than in 1955. 75% of full time working women earn less than \$20,000 a year. Single, divorced, and lesbian women regularly suffer greater economic hardship than their heterosexual, married counterparts. When I think about stealing nowadays, I take two things into consideration; who's taking what from whom, and in what sort of culture the theft occurs.

There are an endless number of things to be stolen and people and places to steal from. Surely not every act of stealing equals every other. As a radical lesbian feminist, how do I filter through the tangled mass to determine what is ethical and what is not? How do I separate flower from noxious weed when both offer bright petals? Perhaps a good place to begin is with the verb itself: *to steal*. One definition in webster's is "to take away by force or unjust means...as with liberty." If I look around me at the conditions women presently live in, I might conclude that something vital and essential has been stolen from us. Thus the verb *steal* becomes an umbrella under which either light or darkness may fall, depending on movement and conditions of weather. Some acts of stealing seem unethical in a taunt and lucid way. Others fall slack and change shape. If I'm not careful, I might lose sight of their meaning altogether.

As a feminist with enough money to feed and clothe myself, I can not take food, possessions, money, etc., from either individual women,

groups of women, or women-owned businesses in good conscience. Even if an individual or group of women hold oppositional political beliefs to my own, I will not willingly take from them, because to do so would undermine their economic status. Based on evidence and my own perceptions, I have concluded that women as a whole are an endangered species and that economics is one thread which can and will influence our success or demise. Along with women, I will also not take from children—another group rendered without power or voice in patriarchy. I need to identify for myself whether or not I will take from men who are also members of oppressed groups. If I conclude that different kinds of oppression are linked and fueled by the same kind of hatred, I might decide against taking from men in disenfranchised groups. Since I have lived and breathed among the tyrants my whole life, I may feel a repulsion if I resemble them in any shape or form.

Under what circumstances, then, might I find stealing a good and proper choice? One example may be if I am starving and need food, or have a sick partner or child and can't afford medicine. What about stealing from white men, whose governments commit genocide and gynocide and whose businesses put profit before people? Wal-Mart, the mega-retailer, employs thousands of women at ridiculously low wages. In addition to promoting a "family [straight, white, racist, christian] values" campaign, Wal-Mart has played an instrumental part in the decay of historical downtown areas, shifting business and dollars to The Mall. What does it mean if I walk into a Wal-Mart, pick up a candy bar made by the Nestle Corporation, (now infamous for hooking famine-stricken African women on bogus infant formula) and leave without paying? Who will suffer for such a crime'?

I can't say I'd feel bad if poor old Nestle went out of business, if the men who thought up the African formula scheme were forced to stand in unemployment lines or to sell their hot cars or summer homes. Nonetheless, at least two groups of women would be directly affected if a Wal-Mart or Nestle suddenly went bankrupt. The women employed by Wal-Mart may not find their salaries sufficient or their jobs rewarding but it is also possible that some may prefer retail labor to factory work. Anyone who has lived in a rural town knows just how difficult it can be to find a job in the first place, never mind if you never had the privilege to go to college or to get computer training. If Wal-Mart shut down tomorrow, the women employed by the corporations would be out of a job. The second group of women directly affected would be the wives and daughters of the employees, including the corporate heads. I say wives

and daughters rather than husbands and sons because I think it's safe to assume that a company like Wal-Mart doesn't have a bunch of women making all of the executive decisions. The wives and daughters of those men would have their livelihood and security threatened should the company collapse. In developing an ethical code for stealing, I must then weigh such immediate consequences against the promise of advancement and liberation. As long as men hold positions of governmental, corporate, and military power, the survival of the female race is being jeopardized. It seems that in any sort of revolution, the process of dismantling the powers that be is not a tidy one. I need to decide for myself if the pain of a sister in this generation is worth the freedom of a daughter in the next.

Since I do not presently choose to live on a separatist colony, I encounter men on a daily basis in the work place and on the street. I remember one man in particular, with whom I worked with at a food co-op, saying: "You should expect to be treated in the same way you treat men." He was referring to my relative lack of cordiality and charm around the opposite sex for which I was later fired. I found his proposal to be interesting, especially within the context of stealing. If a corporation or a government or a man steals from me, either on an economic or spiritual level, should they not expect the same in return? I'm thinking again of the definition of steal, "to take away by force or unjust means," and how control over our bodies, our souls, our minds has been robbed from us on a daily basis. What the man who spoke those words to me didn't realize was that I am merely reacting to actions already committed against me. What he seemed to overlook was that I'm treating men the way they treated me when I was still a teenager, a young girl, a thought in my mother's head on an autumn day.

So what about stealing from individual white men who may also happen to be our coworkers and or acquaintances? In my life, there are men who are my uncles and cousins and grandfathers and co-workers. There are men in the community where I live that I know have abused women on psychological and sexual levels. There are also men, a sparse handful, with whom I have shared a few laughs or talk of books or music. I'm still deciding where to draw the lines or how to draw them. This code that I'm developing has something to do with stealing and everything to do with caring and loving other women. It has everything to do with wanting patriarchal thieves to be captured and made accountable and something to do with how to stop them. Researchers have found that "housewives" are the second most likely group of people to

be shoplifters, preceded only by teenagers. A friend of mine once mentioned that she had heard lesbians were also prone to stealing. While I've yet to find any research on it, the idea continues to stir my imagination. And if, as the Radical Lesbians put it, a lesbian is "the rage of all women condensed to the point of explosion," then it's not surprising that dykes are the ones actively ripping off patriarchy.

I'm starting to think that behind nearly every act of a woman or a young girl stealing is the fact of a culture which exploits, tortures, abuses, and despises us. Isn't the swift stuffing of jewelry into a purse, the taking of lingerie or vitamins or gum a kind of gesture at patriarchy and men? Isn't stealing from someone who exploits you and profits ruthlessly a fine act of revenge, an attempt at sabotage, an appropriate "Fuck You"???

In constructing a code of ethics regarding stealing, I must take into account the different kinds of stealing, and call into question whether shoplifting from a store is the same kind of crime as stealing someone's body, history, life, or liberty. Individual acts of theft, small though they may be, are nonetheless acts and will have repercussions and results. Living outside of patriarchal law and order, such acts acquire new meaning and flavors. Creating a code of my own forces me to consider stealing, like all supposed transgressions under male rule, as a lesbian woman searching for truths.

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Notes on Contributors

Annemarie Monahan is a chiropractor and homeopath in western Massachusetts.

Bridget Collins (who does *LE's* class column). I'm an Irish-american lesbian raised in nomadic poverty in the u.s. I believe people are poor because they have no money. I've pretty much made a career out of putting money into the hands of women and children who otherwise wouldn't have it.

C.E. Atkins' poetry, articles and reviews have appeared in *Sinister Wisdom*, *off our backs*, *Hurricane Alice* and other publications.

Fox is happy to be finding her life in flux.

Jae: I'm 48, Libra and a Lesbian Connectionist/Separatist. I live at Outland, a remote Landyke community in northern New Mexico. Our focus is building Lesbian connection, space, culture and community. *Maize, A Lesbian Country Magazine* is published here (and includes regular Dyke Well-Being stories). Our garden is big and our lives are full. I am exactly where I want to be, doing what is most important to me. I want every Dyke to be able to say that. We want more Dyke residents. Do you desire to live Outlandishly? Outland, POB 130, Serafina, NM 87569.

Julia Malott. I am a 33 year old white Appalachian dyke separatist. Kentucky is my home. For the past seven years, I have worked professionally with rape survivors, incest survivors and women who are battered by their partners. My most important work is with battered lesbians. I believe that survivors are the only experts.

Lierre Keith is the author of two novels, *Conditions of War* and *Skyler Gabriel*. She lives in western Massachusetts.

Myra Avedon. It was scary and good to begin writing my thoughts, as a Jewish Lesbian Healer/Witch/Survivor. The written word is very powerful, and has been used to annihilate wimmin for generations. I thank all the women who have boldly written over the years. I also want to acknowledge my privilege and access to education and alternative health care. I am committed to working toward access for all wimmin.

Name Withheld. The author is a lesbian-feminist writer and activist, and a survivor of child sexual abuse.

Nett Hart is a lesbian activist out in rural Minnesota.

Raven. I'm 52, a Jewish radical dyke. I maintain a vision of lesbian land communities committed to disability access. I occasionally leave home with assistance, primarily for health and survival needs. I want to credit the dykes who have consistently helped out since my situation became critical.

Rosie B. I'm an expert on male violence; my father and grandfather just about killed me and my sisters, with help from other relatives. My severely traumatized mother was unable or unwilling to help us. The only reason I'm still around is

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my sisters, who were the finest girls you could imagine. I am dedicated to saving all girls, who are at this moment under genocidal attack. Please do not speculate on who I or the ex-lover and others I discuss may be; it is risky for me.

Tamarack is a politically minded landyke living in Minnesota.

Tashe Wise is a dyke living in australia.

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