First Person Plural

Newsletter for Dissociators and their Allies

January, 1999 Vol 1: Issue 3

Contents

MaskMesh
AngelaGee '99

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Editorial Statement

While every effort will be made to keep contributions complete and unedited we reserve the right to make amendments when necessary. Decisions about the inclusion and amendment of contributions are the burden of the editor and are final. Contributions do not necessarily reflect the views and opinions of the editor and the inclusion of any reference to an individual or organisational resource should not be taken as a recommendation. Both lay and professional contributors to First Person Plural can be experts in their own experiences only. The contents of this newsletter are for information purposes only. The newsletter is not intended to be a substitute for competent professional consultation or supervision or to replace other informal networks of support

Contributions to next issue to be received by 19th March

articles; stories; resources; book reviews; tips; poetry; artwork; personal experiences

ATTENTION

Material in this newsletter may trigger painful memories and feelings.
Read with caution and appropriate support if necessary

A note on terminology

Multiplicity; Multiple Personality Disorder; Dissociative Identity Disorder; MPD; DID; DDNOS; Multie; Dissociator; Multiple Personality Gift; Host; Core; System; Alters; Parts; Ego States; Switching; Fusion; Blending; Integration; Out Front; Gone Deep; Fragmented; Co-present; Co-conscious; In the background .. etc etc

The language used to describe the dissociative experience is various and individualistic. First Person Plural retains the terms preferred by each contributor. Consequently throughout the newsletter different terms may be used for similar concepts.

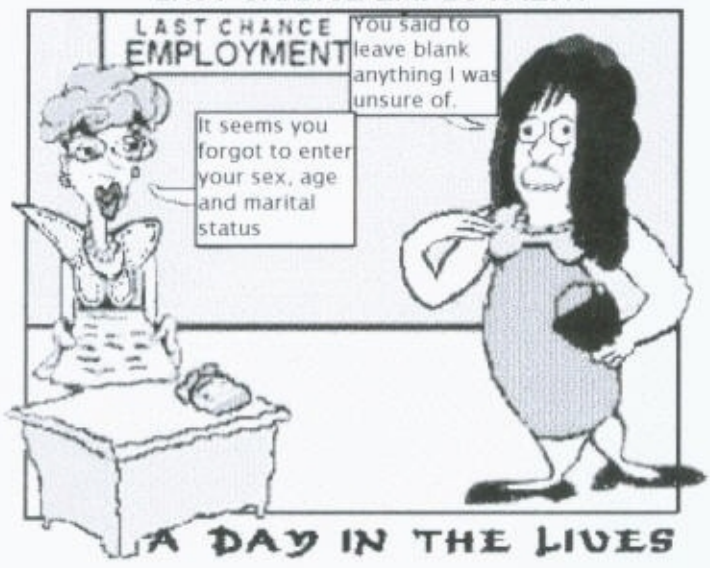
Apology to Susan

The Last Laugh on page 15 of the last issue of FPP was 'signed' by 2 persons. The signatures should have read "Fruits & Susan". I am sorry, Susan, for typing your name wrong. Kathryn

F.P.P. receives donation

A generous personal donation of £5,000 has been received to fund the production of plain English information booklet(s) on dissociative disorders. The editor and steering group heartily thank the donor who wishes to remain anonymous. You know who you are. ☺☺☺☺

LAST CHANCE EMPLOYMENT



©MMCraig

See more MPD Toons on the internet at http://www.linkline.com/personal/mmcraig or in future issues of FPP

Dear Kathryn.....

First Person Plural encourages respectful open comment and debate about the issues, ideas and experiences of dissociators, their supporters and allies. We welcome letters inspired by any article or other material published in the newsletter and other topics of interest to readers.

If you require personal replies you must send a large 31p s.a.e with your letter. Your letter, if printed, will be allocated a letter number. If an s.a.e. is not received responses sent to the First Person Plural address below may be published in the next issue. If you are replying to a letter allocated a letter number please place your response in a sealed envelope with the letter number clearly marked on the outside. Place this envelope inside a second stamped envelope for posting to the following address: - ***Kathryn Livingston, Editor, First Person Plural, PO Box 1309, Wolverhampton, WV6 9XY*** *or email* ***fpplural@aol.com***

Letter from America

A notice in the American newsletter "Many Voices" caught my attention because you mention also being a source for the caregivers and friends of dissociators. As a struggling girlfriend of a young man with MPD, there is sparse literature or forum opportunities for those of us determined to love these people. What can you tell me or where can you point me to connect with this information, or others like myself? I am particularly interested to hear from those with experience as a friend or significant other of people who do not yet acknowledge the presence of alters and deny the diagnosis. Thanks so much.

Erica Silbersher, USA
email: ersilber@colby.edu
or Letter No: 005

BBC to make DID documentary

Horizon, the flagship science documentary series of BBC television is making a programme about Dissociative Identity Disorder. In doing this, we appreciate how important it is to reflect the experiences and opinions of people who have the disorder, as well as those therapists who work in the field. We would like to hear from any of your readers who have relevant information and experience to share. We are aware that DID is a sensitive issue and we will, of course, be tactful and respectful. We are particularly interested in understanding what it is like to live with DID, rather than expect you to give details of the traumas associated with it.

At this stage, we are interested in learning more about your experience for our research. Getting in contact with us does not commit you to anything further. I would be very grateful to hear from readers of First Person Plural. Telephone us on the numbers below or email to beth.eastwood@bbc.co.uk. Please include your telephone number so that we can call you back. With best wishes.

Nikki Stockley (0181 752 4823), Beth Eastwood (0181 752 6071)
BBC Science

Editor's Comment : I have spoken with Nikki to share my own experiences. I won't kid you that it was an easy thing to do but I was impressed with Nikki's sensitivity and respectful attitude which made it less difficult that it might have been. This is a great opportunity to increase awareness of DID and I would urge all who feel able to help with this programme research to contact Nikki or Beth. I know that they have spoken with several DID survivors in USA and think there is a risk that unless they speak with more British DID survivors and therapists the programme will give the erroneous impression that DID is an American phenomenon which is not prevalent in the UK.

Is my body speaking?

by "Kali"

I am writing in search of information, experience, imaginings ~ can you help me?

I have survived ritual abuse in my childhood, in fact I have done more than that ~ I am becoming more and more alive, fully alive. As I've journeyed onwards, continuously healing old wounds, going beyond the imprisonment of the past, I've come to yet another healing crisis. It's like my body is stopping in response to my initial cry of "STOP!", when I was so young, so tortured, and in so much pain.

My thyroid gland does not make enough thyroxine which keeps the cells fed and looked after at a level that ensures they can all work well. All my hormonal system is out of kilter and my auto-immune system is out of balance too ~ my body is attacking itself in the form of rheumatoid arthritis. I'm 35 now and I wonder if all that I survived remarkably well, is now taking its physical toll. My body has not been able to go on ~ in a way, my body may not know that the life-threatening situation I was born into, is, in fact, now over.

A couple of years ago, I was one of many who went to the RAINS (Ritual Abuse Information Network & Support) conference, "Better the Devil You Know? - Putting Ritual Abuse in Context". Since realising how ill I am, I keep remembering a workshop that Norma Howes facilitated, in which she spoke of how traumatic memory is processed in a different way to non-traumatic memory. When trauma is involved, so is the hypothalmus, which deals with the four "F's" ~ Fight, Flight, Food and F*ck. The hypothalmus is a gland, part of our hormonal system, which is one of the ways our bodies communicate internally. Dissociation has been one of my survival mechanisms, so, to me, it follows that physically as well as psychically, there has been breakdowns in inter-communication between different parts of myself. The hypothalmus is also involved in a cycle of communication to produce thyroxine ~ the hypothalmus produces thyroid releasing hormone which speaks to the pituitary gland which produces thyroid stimulating hormone which speaks to the thyroid. I have a breakdown in this communication cycle and I am not sure why. I am wondering if the hypothalmus being involved in processing traumatic memory is also involved in post-traumatic stress disorder. Perhaps, hormonal collapse is a possible physiological effect of this ~ if so, what can I do, or not do, to put an end to this state of shock? If you could help me with this, me and my body would be most grateful■

Responses addressed to "Kali" c/o First Person Plural will be forwarded.

Don't Quit!

When things go wrong as they sometimes will;
When the road you're trudging seems all uphill;
When the funds are low and the debts are high
And you want to smile, but you have to sigh;
When care is pressing you down a bit;
Rest if you must, but don't you quit.
Life is queer and it twists and turns
As everyone of us sometimes learns.
And many a failure turns about
When he might have won if he stuck it out.
Don't give up though the pace is slow -
You may succeed with another blow.
Success is failure turned inside out -
The silver tint of the clouds of doubt.
And you can never tell how close you are,
It may be near when it seems so far;
So stick to the fight when you're hardest hit.
When things are worst you must not quit.

Taken from bookmark, Author unknown

ISSD(UK) Responds

Dear Kathryn,

I am writing in reply to your article in Vol 1, Issue 1, in which you describe your experiences and feelings concerning the ISSD(UK) conference held in April 1998. I am a member of the ISSD(UK) committee, on whose behalf I am writing, the presenter of the workshop in which the comparative symptoms of schizophrenia and dissociative disorders were discussed, and also have a dissociative disorder as I mentioned during the workshop.

I am delighted that you found the conference challenging, stimulating and fulfilling, and that my particular workshop was of value. However, I feel disappointed that the rest of the conference was not what you anticipated.

From your article you appear to have three main areas of concern: the organisational aspect, support at the conference for people who have a dissociative disorder, and the value given to work presented at the conference by people who have a dissociative disorder.

Firstly, from the organisation standpoint, clearly there were some misunderstandings. I believe that much of the correspondence between yourself and the conference secretary was made by telephone and so there is no record of what was discussed or agreed. Ususally we ask that all negotiating is done in writing to help avoid these kinds of misunderstandings. I am sure you will appreciate that organising a conference of this size and calibre, where there are international as well as national considerations to take into account, takes some considerable time with many details to account for. I understand that, in communications following the conference, you indicated that you made several suggestions in your evaluation form. These will be given full consideration.

Secondly, concerning support for people who have a dissociative disorder. The conference is intended to raise professional awareness of dissociation, dissociative disorders and their management. It does not have any therapeutic purpose although it is obviously of interest to people who have a dissociative disorder. Although the non-therapeutic nature of the conference is implicit in its' structure and promotion, your comments concerning the lack of support for people who dissociate suggest that we need to be clearer about this. The ISSD(UK) committee has agreed that promotion material should state the professional rather than therapeutic nature of the conference. As some of the conference material and/or presentations may trigger dissociative responses - which, incidentally, was the reason fo having to exclude graphic material from your display - the promotion material will also advise that anybody wishing to attend who has a dissociative disorder may wish to talk with their therapist concerning possible adverse effects and will need to arrange their own support.

Lastly, concerning the value given to work presented at the conference by people who have a dissociative disorder. I myself have made presentations concerning both personal and professional experiences of dissociative disorders at the last three conferences. I have also known several other people who are dissociative who have presented also. Each of us has felt completely included as a co-presenter with the same degree of respect and help as all the other presenters. We have arranged our own support for before, during and after the conference and, for myself, this has been extremely valuable. I have been welcomed as someone who has a dissociative disorder both to learn for myself and to enable the learning of others concerning dissociation. My presence and involvement on the committee is significant and appreciated. My biggest concern has, for some time, been that there are no other people who have a dissociative disorder who belong to ISSD(UK) of whom we are aware and to whom we may refer for further advice and suggestions.

I hope that this offers some explanation for the difficulties you experienced. I hope too that there will continue to be increasing opportunities for people who have a dissociative disorder to attend informative conferences such as this as well as for joint working between professionals and service-users raising awareness of dissociative disorders.

With best wishes.

Yours sincerely,

Marise Maddison
On behalf of ISSD(UK) committee ■

Editor's Comments

I am pleased that the ISSD(UK) have made a response to my article. In the spirit of fairness I have printed it in it's entirety. Although Marise has competently identified the areas of my concern the responses given in each of these areas demonstrate continued misunderstandings and raise more questions than answers. I have written a lengthy response to Marise hoping to clarify my concerns further and to offer practical suggestions for enabling increased involvement of people with dissociative disorders in the work of ISSD(UK) However, I see no useful outcome, at this time, from further public airing of the correspondence between myself and ISSD(UK) on these matters so have not reprinted my letter to Marise. If any reader would like to make their own reponse to ISSD(UK) I suggest you write to Marise Maddison, The International Society for the Study of Dissociation (UK), Weldon House, 20 Walpole Street, Chester, CH1 4HG ■

THE SPECTRUM OF DISSOCIATION

Spring Conference of the International Society for the Study of Dissociation and Fifth ISSD(UK) Conference

7-9th May, 1999 at Manchester Conference Centre

Keynote Speaker : **Prof. John P Wilson**, International Trauma Expert, USA

includes workshop presentation by **First Person Plural**

Programme & Registration Form from Conference Organiser, ISSD(UK), 20 Walpole Street, Chester, CH1 4HG Tel: (01244) 390121

From Isolation to Acceptance

by Melanie

Sexual abuse and the adopted behaviour developed to cope with it, whether consciously or subconsciously, tends to have very isolating effects. Having been completely amnesic as far as abuse was concerned and merely puzzled by my often irrational response to everyday life, I spent the first few years of therapy terrified and in a perpetual state of shock. Gradually, as an acceptance began to settle the isolation was devastatingly overwhelming. Close friends had a vague understanding of the situation but this was limited and as dissociation became a pronounced problem it made life difficult to juggle. As with so many complex situations, people close to me ended up not really wanting to know and learn about it as this required a possible involvement. As the person causing these uncomfortable waves I feel guilty and attempt to act in ways that put everyone else as ease. I am really in a no win situation. By being honest with myself I become socially isolated; by adapting to fit in with the people around me the internal despair is very difficult to cope with. I often felt I wanted to have an opportunity to meet other people with a dissociative problem and would initiate positive steps to do so, but other parts of me were strongly opposed to it so for two or three years we never actually took the final step of making proper contact. On looking back I'm not sure how we would have handled it.

Over the last year I have had the opportunity to meet and talk with other people with DID. We have all been in therapy quite a while and each felt isolated in our own situations. The first time we met I was very worried, not so much as to how I would cope, but because it was so important and I felt that if we were able to handle this it would be a tremendous step forward. It has been. It has become a part of my life where what is considered abnormal by most people is accepted totally without any sense of shame, disbelief or patronisation. We have the most normal, bizarre conversations. We seem to naturally share how we cope in our day to day life. Abuse is never discussed as it has never felt necessary to do so. It has gradually become the one area of my life where it is possible to be free and honest and therefore internal resentment is at a minimum. We usually talk about very general topics - families at Christmas; work; and all the everyday things - while at the same time appreciating how complex and difficult these ordinary things are for each of us. This has enabled me to cope with the part of my life where DID is unacknowledged. I suppose it is the only time when I am being totally real.

Hopefully, over the next few years as DID becomes more accepted, other dissociators will have the opportunity to meet with people going through similar experiences. With all the fear and mystery surrounding DID I am usually made to feel that if I have anything to do with other people like myself it will:- a) make me worse; b) create a situation that doesn't exist; c) prolong my unnecessary behaviour; d) gradually make it untenable for people not to accept it. This last goes unspoken as it would be too difficult for others to cope with. Having had to face so much myself I find it hurtful when people I am quite close to are unable or

unwilling to even begin to try and understand. With more people with experience of dissociation joining forces we will be better placed to educate others and have more confidence in knowing that how it is for us really is how it is for us.

I used to help in the reception class at our local primary school. Each morning the 20 five year olds sat in a group on a carpet sharing five year olds' experiences seen through five year olds' eyes. It made me appreciate how important and magical it is to allow people to share common experiences unique to their group. A five year old has a very special way of seeing life and the interaction between a group of five year olds was beautiful to witness. This is not an exclusion to all the other areas of their lives but a complementary part of their day. This is how I feel about my new friends.

There are a lot of issues we need to be aware of. We are all very careful about possible triggers; accept if plans made are broken or changed at the last minute. If, during a phone call, it gets too difficult, we feel free to end the call, knowing that the other will understands. These things happen naturally, causing no offence.

With the sharing beginning to take place through First Person Plural and a very slow development of networking my positive experience of the last year will become more easily accessible for those who would find it useful. The common thread amongst us is dissociation while at the same time we are each individual. We have many similar needs, but as in every aspect of life, these may be met by each of us in different ways. Ways that are appropriate to our own unique individuality. ■

Dissociators to Speak at International Conference

by Caro Archer

A small group of dissociators from First Person Plural, including Melanie (the writer of the previous article) and myself, has had accepted a proposal for a presentation at "The Spectrum of Dissociation", the prestigious International conference to be held in Manchester in May, 1999. (see page 5)

Our workshop presentation, entitled *"People Like Us : An Inside Out Exploration of Dissociative Experiences"* is intended to offer a complementary perspective on dissociative disorders. We wish to draw attention to (perhaps, the majority of) dissociators who do not quite "fit" the descriptions in learned papers, books and diagnostic manuals. These dissociators commonly appear functional; have dissociative experiences which are less obvious; may not "lose" time or demonstrate dramatic personality switches; yet their inner disconnectedness can be as distressing as those showing more "classic" signs and symptoms of DID.

Your help wanted urgently

We, the presenters, describe ourselves as experiencing "functional dissociative multiplicity". In preparation for our presentation, we are eager to hear from other dissociators whose experience of dissociation is similar to our own. If you think you can help and are willing to share your personal experiences and insights please write in complete confidence to *Caro Archer* and *Melanie Goodwin* at *First Person Plural*. If you can give a telephone number where you can be contacted it would be appreciated. ■

Playcentre for Child Alters and other young at heart readers

Hello, I am Kathryn Child. I am 8. I am one of the inside children or child alters with the lady who works on First Person Plural. She is helping me write this. I like watching her when she makes the newsletter on the computer. I asked her if she would make a page just for little people like me. She said yes, but only if other little readers want it too. Please write and tell her you want the Playcentre.

☺☺☺☺☺☺☺☺☺☺☺☺☺☺☺☺☺☺☺☺☺☺☺☺☺☺☺☺

I am trying this page as an experiment. If you want it to become a regular feature, write and tell me. I have thought to make it a regular centre spread, i.e. 2 pages, (hence the pun of play<u>centre</u>) but only if I receive a reasonable number of positive requests to do so, together with some ideas or puzzles /jokes /letters / writings / drawings to include. Staying silent will mean the Playcentre for Child Alters does not appear in future issues. It's up to you. *Kathryn Livingston, Editor*

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hi hi
tis beded we angies an us wan fer telded bowt mous nic ladi beded sended we angies a crismas presen frum wer she beded liv in merica it beded dol wit pretti dres an goted hat an us dided calded she mous lik ladi wat gived she to we angies us luv mous dol los an los wit saf luv an us luv mous nic ladi wit los saf luv bcos she beded we angies gud grode up frend an she goted litels wit she insid lik we angies.
bye bye frum we angies

<u>Jokes</u>

WHY DO COWS WEAR BELLS?

Because their horns don't work

☺☺☺

WHY DID THE SICK BIRD GO TO PRISON?

Because it was an ill eagle (illegal)

☺☺☺

Which day can you never remember

Tomorrow

All jokes reprinted from 'Little League' in "Team Spririt", Issue 35

<u>rhyme</u>

The north wind doth blow
And we shall have snow,
And what will poor robin
do then,
Poor thing?
He''ll sit in a barn,
And keep himself warm,
And hide his head under
his wing,
Poor thing.

A Picture to Colour

LADDER WORDS

Climb down the ladder changing one letter at each step to form a new word

Cost
Pale

Answer: Cost, Post, Pose, Pole, Pale

A True Story by Sonia age 7½

Written down for her by the Writer on Glass

Once, long ago, there lived a wicked witch. She was a lonely, sad and evil woman full of hatred and pain she could not feel. One day, she realised that she was carrying a tiny baby in her belly. Her anger grew; her loathing expanded to fill all the spaces inside her. The loathing spread itself and wound itself around the tiny baby; it's fingers reaching in and choking her, until she almost could not breathe. The baby was so tiny that she was helpless to struggle; too helpless to cry out in pain and terror. All she could do was try to close herself off from the world outside herself and hope that she would not have to go on enduring this suffering forever; or that she could die, very soon and very gently.

Yet, the all-seeing spirits decreed that she should be born - and that she should carry what she knew into the world, so that one day she could share it and try to make sure that such misery would never happen again. Many, many times it was touch and go for the child. Many, many times the evil strands which tied her threatened to strangle her. Many, many times the child sought to escape the poisonous, pernicious web. Many, many times her hopes were dashed. Yet still she held out, almost lost - but not quite. Slowly, her life energy seemed to be sapping from her. She felt like dying - there seemed nothing more she could do.

Then, one day, when hope was all but gone, she came across a silver coin - a tiny, round, shining coin - beneath her feet. As she picked it up she felt a slight, warm glow, as if a baby was beginning to stir. She dared not move, nor show any sign of joy or hope. Instead, she kept very still and quiet and hid the coin inside her shoe. Gradually, however, she found her fingers straying to the tiny silver piece and slowly she moved it closer to her heart - until it lay ready. But ready for what?

Voices inside her head asked her what she should do? How could she do anything? She felt so bound by the strands of loathing and fear. Who was she to do anything; believe she had power; know that she was worth enough to fight back? Her heart began to thump. She could feel burning in her chest. Her stomach twisted and juddered. Her lips were dry; her throat narrowed. In her ears she could hear ringing and echoing. Then all at once, she knew, saw what she had to do to break free. All she had to do was believe. All she had to do was listen; share her story and BELIEVE IN ALL OF HERSELF. ■

Dissociation and Disabled Living Allowance by Rosemary Bray

In my role as Regional Representative (South) for the Independent Society for the Study of Dissociation I am contacted frequently by both dissociative individuals and professionals involved in the care of such. The universal question is not only *who* can they approach for therapeutic input but *how* can they fund this vital resource.

For each of the rare few clients/patients who are lucky enough to get input through their local NHS psychiatric services or funding for an extra-contractual referral there are many who are denied any therapeutic input because of lack of funds. Some of these individuals have, in fact, already begun their therapeutic journeys but they have had therapy or funding withdrawn for some reason. In my experience these struggle to continue to function in an alien world until they are eventually again exposed to the humiliation and indignity of an often unsympathetic and ill-informed psychiatric system which in too many cases is unable to offer effective therapeutic input. Others still, struggle to maintain a high enough level of functioning to be in employment for the sole reason of earning enough income to pay for private therapy because none is available to them elsewhere. When their level of functioning reduces, as in the common 'peaking and troughing' of the dissociative client at various stages of therapy, they risk losing their jobs and consequently their therapeutic input.

These tragic cycles could be unnecessary for at least some individuals. If DLA was awarded (as it should be but, in practice, rarely is) while the client/patient is functioning at a reasonable level, this would supply an income which might be applied towards a minimal therapeutic fee.

One of the barriers to the awarding of DLA to individuals with a dissociative disorder is the inadequate guidelines on dissociative conditions on which DSS Adjudication Officers have to rely. The guidelines focus on those dissociative disorders (otherwise know as conversion disorders) in which physical symptoms are experienced which have a psychological cause, e.g. loss of vision, or loss of feeling in a limb. While such somatic symptoms are common in people with DID or DDNOS they are by no means the only symptoms of these disorders and may not even be the most disabling. None of the DSMiv criteria for DID are referred to in the DSS guidelines. While the guidelines do specify that people with dissociative disorders are not deliberately feigning their symptoms so may indeed qualify for DLA they also state *"It is absolutely essential that a reported diagnosis of dissociative disorder..... is confirmed by obtaining a factual report from a hospital attended by the person or from a doctor or community psychiatric nurse in the psychiatric services involved with the person"*. Given the already noted unsympathetic and ill-informed nature of the British psychiatric system this latter requirement places an unfair barrier to qualification for DLA.

My hope is that, if properly informed, DSS adjudication officers, who bear the responsibility for making the decisions regarding DLA benefits, would come to understand that DID and other trauma-based dissociative disorders should be recognised as appropriate conditions to qualify for benefits.

My question is *what do you think the DSS need to know about dissociation that would give them the opportunity of making properly informed decisions when assessing applications from dissociative claimants?*

I can supply full extracts of the relevant pages of the Adjudication Officers Guide for you to comment on. Alternatively, I would appreciate your answer to my question in the light of what you have read in this article. Please include details of your status (e.g. dissociator; friend/supporter; professional) and your qualifications if relevant. Please also indicate your permission for me to quote (anonymously) from your response in my approach to the DSS. *Write to: Rosemary Bray, 7 Kellett Road, Shirley, Southampton, SO15 7PS.*

Staying Safe Between Therapy Sessions by Sara Lambert

I have had just about every variation of weekly session scheduling possible over the past five and a half years, and it is from this personal experience that I write the following article. I started therapy with one hour-long session per week, then moved to twice a week (with emergency provision for one extra) at the suggestion of my therapist, who was probably more nervous about my "emergency stage" process than I! I also spent months having three hour-long sessions a week with, at times, phone calls to my therapist during the weekend and on days when I needed extra support. I now have one two-hour session per week due to restrictions on my therapist's availability. (I should also mention that, from beginning therapy to this date, I've had a number of different therapists, so the change in session scheduling is not a natural progression.)

In my opinion, one session per week is not enough for a multiple, especially if that session is a "fifty minute hour". Within one session there is simply not enough time for dissociative defenses to be addressed at a safe and gentle pace, nor for everyone inside to have their say. Furthermore, the pressure during the week, waiting for the session, knowing you only have one hour to talk about everything that so desperately needs to be said, tends to reach criticial point in the first five minutes of that session. Many times I have been struck dumb by the pressure of the time limit and have spent the first half of the hour struggling to speak, and the last half crying because I know it will soon be time to leave. Also, because the hour is so precious, any delays, such as the therapist arriving late or being interrupted during the session can lead to serious damage to the therapeutic alliance. And a cancelled session can be downright dangerous to the safety of the client, let alone the sense of trust she has in the therapist.

I also have some doubts about the wisdom of meeting three times a week for therapy, except during difficult periods. I will remain forever grateful that I had the opportunity to do this, and I credit most of my healing to date to being able to focus so much on recovery issues within the safety of a three-session weekly schedule.

But, when I left that set-up, I realised just how focussed my energies had been on therapy, to the exclusion of almost everything else. For the three days on which I had a session, I spent the morning preparing for it, the afternoon recovering from it, and then I spent the days in between either processing the previous session or planning for the next. The two days break during the weekend was quite painful. For this reason, I do not think I would return to a three-session week again - although, having said that, it should be noted that I am through the most critical stage of my therapy process, and have enough internal and external resources so that therapy is no longer the thing that gets me through my life.

Two sessions per week is my ideal, each session being two hours in length, with provision for emergency phone contact with the therapist during the week. In my opinion, this arrangement takes away the panic of time limits, provides a good safety container, and allows plenty of time for everyone to have their say, but does not take over the client's entire life nor foster their dependance on the therapist. Of course, my ideal is not necessarily the same for other people, and it is certainly not possible at all in many cases.

Whatever schedule you have, there will inevitably be times when the period between sessions will be too long, and I believe this would be the case even if you had sessions every day. So how do you survive between sessions, let alone have any quality of life?

The bottom line is, of course, that you just do. You drag yourself through the time in whatever way possible. But I would like to share with you some things that might make the waiting period easier and safer for you, as they did for me and other survivors I know. I am aware that lists of suggestions are not always so helpful or necessarily relevant to you, especially because they are not a "quick fix". But unfortunately this healing process involves a hell of a lot of hard work on our part. We can't just wish it away; we can't expect to be rescued. We have to do most of it ourselves. And, in the end, the hard work is worth it. Knowing that I got myself through the dark times has given me an incredible sense of self-respect and a confidence that, come what may, I will find a way to cope.

The thing that helped me most of all to survive inter-session time was keeping a notebook in which all my selves could write. I gave up journalling because it was too intense for me, but still allowed people the chance to communicate through this notebook. We would write down important issues that came up for us and, on the night before a session, would get together to look over what we had written, prioritise the problems, and compose a schedule for the session. Our therapy was guided by the schedules we took in to each session. We were constantly amazed by the wisdom our system showed in directing our own path for healing. We knew what we needed for ourselves and, by listening to our own voices (and, thankfully, having a therapist who did the same) we made incredible progress in a relatively short period of time.

It also helped tremendously when we put aside ten or fifteen minutes each session for individual selves to come out and do their own thing, regardless of whatever else was going on at the time. In this way, we ensured everyone got a chance to be heard and, for those whose turn it was next session, they could spend the intervening time planning what they wanted to do in therapy. Thus there was always a sense of excitement, happiness and anticipation leading up to a session. And we were constantly reminded that, despite all the turmoil going on in our life, we weren't just all about crisis, chaos, and sexual abuse memories.

Homework is another helpful technique for staying focussed and safe. However, I strongly believe each project should be decided on by the client, albeit with help and suggestions from the therapist. For a therapist to tell a client what to do for homework further tips the power balance in favour of the therapist and, again, encourages the client's sense of dependance on the therapist.

Homework may involve writing stories about memories, feelings, past experiences or future dreams; it may be to take one small risk and record what happened and how it felt; it may be to do some artwork or draw a systems map.

Artwork can be an excellent way of spending inter-session time, although there is the danger it will get you in touch with feelings or memories that you are not able to deal with, and so cause more problems than benefits. I would recommend artwork done on your own to be an expressive and containing exercise, rather than explorative, which may be safer to do in therapy. Thus you could draw different selves in your system, new feelings that you have come to know, beautiful things in the world around you, and so on. Other creative projects include making toys for the children, baking, gardening, and whatever else makes you concentrate on positive energy and hope.

Self-therapy techniques can also help you to develop a sense that you are in control of your healing, and that you have the strength and intelligence to explore yourselves and meet new challenges. Such techniques may include keeping a dream journal, practicing self-massage, or trying out new things like aromatherapy.

Getting support from areas apart from therapy is highly recommended. You could join a support group, go to massage, arrange a support network amongst your friends, go to church, visit your doctor/psychiatrist if required, and so on.

Having something interesting to do at the midpoint between your sessions is also a good idea. Thus, if you go to therapy on Monday and Thursday, you could attend an adult education course or support group on Tuesday night and make a regular date to go to the cinema on Saturday night. I think it is important to have a life besides therapy, to whatever degree you can manage that, and particularly to involve yourself with things not related to sexual abuse healing. For some, this may mean attending an eating disorders group or seeing a bodywork practitioner, so that they are still working on their recovery on a more multi-faceted level. Others may be interested in learning about dance, going to the gym, or enriching their creative skills through a self-improvement course. Trying out different types of sexual abuse therapy techniques can also be interesting and helpful. You might like to attend a psycho-drama group or buy/borrow books which describe different methods of recovery work.

You may also be interested in volunteering as a telephone counsellor, tutor at your local school - or in furthering your own education on a part-time basis. If you are session-hopping (ie, just going from session-to-session and simply trying to survive in between) then having more activities from which to hop between means you have less time just waiting.

If you are triggered between sessions, as will inevitably happen, one way of containing this is to keep a record of what is happening. Try to trace back to what triggered you, and write down why you think it was triggering, how if affected you, what you did to help yourself, and what you needed to do but could not. I also recommend that people use their natural dissociative skills to contain memories and strong feelings until they can be dealt with safely in therapy. So, for example, you may put a new memory in an imaginary box and hold it there until it can be opened during your session.

It is wise to develop a support network that you can call on when you're having a hard time, and figure out who is the best person to talk to about certain things at certain times. Calling a pragmatic friend for emotional support when you're having a flashback would not be helpful, and calling your therapist when you're just having a shitty day would not be helpful either. For many survivors, their support network may be tiny, perhaps only their therapist. If this is the case with you, then you may want to consider what other support services are available to you, such as the *Samaritans, SAFE, Childline, Rape Crisis, any local/national mental heath crisis lines* or even just arranging with your therapist that you can ring her answering machine when you need to and listen to her recorded voice to remind you that she is with you in spirit. You may also want to have an agreement with a pen pal that you write one letter a week, so you know someone is keeping check of you - or make a phone *or email* pal with another survivor. *If you have internet access you might like to get involved in some of the forums for dissociators and other survivors. You might even consider writing/drawing for First Person Plural regularly - perhaps responding to another readers request for help/information.*

If you are finding it really hard to stay safe between therapy sessions, there is probably a message in that which you need to pay attention to. Some questions to ask include, Are you going too fast in therapy and your system can't cope? Have you stalled? Do you need more sessions? Do you need fewer sessions? Are you being heard by your therapist? Is there someone inside who really needs to say or do something but hasn't been given (or taken) the chance to do that? Are you ignoring your other selves and not giving them enough body time?

Fear is often behind the feeling of desperation that rises up between sessions - for example, fear that your therapist will not be there at the next session, fear that you are going to go crazy, fear that you won't be able to control your other selves or your wish to die. By finding ways to encourage your own sense of confidence and bravery, you will be able to ease some of this fear, becoming less frantically dependant on your therapist and actually enjoy time outside therapy. It does take a while to reach this stage, because it requires the certainty gained through experience. But eventually it will happen and then you will be truly beyond just surviving - you will be living your life and thriving. ■

This article first appeared in Team Spirit. Reprinted with permission
Sections in italics are amendments/additions made by the Editor to reflect differences between NZ and GB crisis services or offer additional suggestions

Editor's Appreciation

Sara Lambert has, for the last several years, edited and produced "Team Spririt" - a New Zealand support and education newsletter for dissociative survivors of trauma. In the last issue, however, Sara announced her retirement as editor.

As one relatively recent newcomer to the world of producing dissociator newsletters and already aware of the powerful mixture of challenge, fulfillment, reward, frustration, stress and distress it involves I wish to express my appreciation of Sara's efforts; say a public thank you for the support she has given to FPP, including her continuing permission to reprint articles; and finally wish her well in all she chooses to do.

THANK YOU, SARA. GOOD LUCK!

Poems & Rhymes

Time Slip

Fearful, dread confusion to find my world so strange.
When I left home this morning I had no plans for change.
This evening there's new decor - pink has changed to beige
I find new family photos of children wrongly aged.
There's a hi-fi in the corner, where there was none before;
A video recorder I didn't buy, and more.....
Racks and racks of CDs, I know cannot be mine
And shelves, I didn't put up, hold videos in line.
How can this have happened? Who's been in my flat?
And why make all these changes, in just one day at that?
Maybe I am dreaming or worse, I've lost my mind.
Insanity seems likely from the evidence I find.
The calendar's thatched cottage (it should be teddy bears)
Marks that, in my madness, I've lost more than two years.
This morning, when I went out, the year was '94.
It's August '96 now, I read in fearful awe.
I spy a hand-made poster on the wall above the phone -
"Read this if you've lost time, are scared and all alone".
It offers explanation for what I feel and find
And gives out reassurance I have not lost my mind.
Not that it is average to live this paradigm
But sane dissociation explains my loss of time.
Distressed was I that morning in 1994,
So selves dissociated allowed me to withdraw.
Selves dissociated made the changes to our flat
While I stayed safe and hidden.
Where's the craziness in that?

*by **AngelaMaria** thru Rhymaster*

The Visit by Rhymaster

The dim light casts it's shadows
in strange mysterious shapes
For solace I am rocking
and playing soothing tapes.
The room seems eerie, threatening,
now that he's been here.
I hear him breathe, he's waiting, standing on the stair.
I start, I shake, I shiver. My prayer asks him to leave.
I hear his faintening footsteps.
He grants me a reprieve.
Thoughts drift in tense confusion.
Was he really here tonight
Or was he just the shadows dance
in dimming pale moonlight?
My body feels the memory that says he has been here
But was it now or years ago he filled my life with fear?

Images of death

Why does love always
make you cry,
When those you love
just want to die?
They take their lives and
they don't care.
Then it hits you that
they are not there.
Your heart gets broke
time after time
There's no-one there
to make life rhyme.
You give them your life,
you give your love
But still they fly off
on wings of a dove
I've seen the blood,
I've seen the pain,
I know when nothing
will seem the same.
Suicide destroys all hope
Whatever you do,
you cannot cope.
The image of death is always near,
Pictures in your head
are always clear.
A smell that never goes away,
I can smell it now, yes, every day.
Why do we live to be left behind.
Peace on earth we cannot find.
So we smell the death,
we see the blood
Of those that we have ever loved.
No-one knows the way we hide,
The torment that we feel inside.
No one ever goes that deep
The pain is ours, its ours to keep.
We'd like to give that pain away,
And smile just once
for just one day,
So help us now to take away
The image of death
we see each day.

by Diane X

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