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R A I N B O W ' S

E N D

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Support & Information Newsletter of First Person Plural
the national survivor-led association for dissociative identity disorder
and similar complex dissociative conditions
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Saturday, 17th Nov 2012
Brighton

**MEMBERS' AUTUMN
OPEN MEETING**

Put the date in your diary now.

DATES FOR YOUR DIARY

Saturday, 8th Sept 2012
Rugby

A half-day seminar for any member who wants to build their confidence to deliver *awareness - raising sessions in their own locality using FPP's introductory training DVD "A Logical Way of Being"*, **Email:- Kathryn at fpp@firstpersonplural.org.uk if you'd like to attend.**

Editorial Statement:-

Thank you so much for all the contributions we have received! It is great to hear from so many people, and we have tried to include as many as possible

While every effort will be made to keep contributions complete and unedited we reserve the right to make amendments. Decisions about the inclusion and amendment of contributions are made by the editors and are final. Contributions do not necessarily reflect the views and opinions of First Person Plural, members of the executive committee or the editors. Inclusion of any reference to an individual or organisational resource is not a recommendation. The contents of this newsletter are for information and support purposes only.

The newsletter is not a substitute for individual therapy or professional supervision. It is an addition to, not a replacement for, other networks of support.

Contributions can be sent in **at anytime** stories; resources; book reviews; tips; Personal experiences; articles and poems; brief snippets and black & white artwork are desperately needed It would really help if you can send your contribution as an email attachment. This saves times and resources. Please send to our editorial email address **newsletter@firstpersonplural.org.uk**. If you can't send by email, handwritten and typed material sent by post will continue to be accepted.

The next issue of the newsletter is due in **September 2012**; any contributions for consideration for inclusion in that issue must be with us by **14th August 2012** Originals returned only if a suitable stamped addressed envelope is enclosed
IMPORTANT:- When sending material for publication please clearly mark "FOR PUBLICATION" and say what name or pseudonym you wish to use.
ATTENTION : -Material in this newsletter may trigger painful memories and feelings. Read with caution and appropriate support if necessary

MAKING CONTACT WITH EACH OTHER? - - - -

REMEMBER SAFETY FIRST

One reason people join First Person Plural is in the hope of connecting with other members. The newsletter and occasional members open meetings provide opportunities to do so but we suggest you use caution. Do not lose sight of the fact that, initially at least; other members of FPP may be strangers to you, as you are to them. FPP does not check applicants for membership. Anyone can become a member by completing a form and making payment. We have no reason to believe that any of our members are unsafe persons but conversely we can offer no assurances that someone is trustworthy just because they are an FPP member. Also non-members may have access to the newsletter.

Clearly we are not saying never make contact but we do advise that you use common sense precautions as you would when meeting or contacting any stranger. Develop your friendship slowly before exchanging personal details such as telephone, mobile or postal address. Set clear boundaries for yourself about what kind and how much contact you wish to have with each other. Listen to & respect each other's need to set and change boundaries. Do not let desperation for understanding, support and friendship cloud your judgement or lead you to try to get more from each other than each wish to give.

RAINBOWS END

LETTER FROM YOUR CHAIRPERSON

Dear All

To launch the newly subtitled DVD I chaired a workshop at the European EMDR organisation's training day in Madrid. This was a personal challenge as it is the first time I have felt together enough to do a journey abroad alone. I didn't manage to have a meal but I did go for a walk and found my way back to the hotel, so achieved my own personal goals. (I was only there one night) The workshop went very well. Remy and another member from the ESTD board and I made up the panel and questions asked in Spanish were translated through ear phones. It was such a new experience for me and felt very surreal to be sitting on a platform in Madrid with headphones answering questions on DID! It went extremely well, the large audience received the DVD enthusiastically, were warm, welcoming and accepting AND we sold a lot of copies. Perhaps the most meaningful for me were the two free copies that are now in Cuba and Argentina.

The TAG conference was as always a place to meet old friends, share and support each other as well as attend some excellent talks, all trauma based but not necessarily about complex dissociation. For those of us whose life experience is this it can sometimes be quite difficult to really grasp how it might feel to be dealing with a one off trauma that you unfortunately remember all too clearly. The strength of a solid working alliance between TAG, (Trauma and Abuse Group) the ESTD - UK (European Society for Trauma and Dissociation) and FPP has grown over the years and those representing FPP continued to build on this through general chatting and a workshop that I felt extremely proud to be part of. Thank you to all at TAG for yet another very meaningful experience.

The DVD Open Evening in Birmingham has generated a wide response. We will be showing the DVD and fielding questions from a large audience. A similar evening in Glasgow in October through collaboration with the Strathclyde University is being organised.

Every community mental health team in the UK (Northern Ireland to go out shortly) now have a free copy of the DVD so if you are in a place where you can encourage them to watch it please do so. If you wish to know where in your local NHS Trust received the free copy ask Kathryn on fpp@firstpersonplural.org.uk Thank you.

Warm wishes Melanie

A Response To 'Feeling Isolated'

I wanted to write in response to the article in the last newsletter titled 'feeling isolated' and say I really resonated with the feeling of an overload of anger and not knowing what to do with it, especially in response to things like a therapists holiday

!

I find the overwhelming feeling of anger so all-consuming and hard to contain, especially when it gets attached to 'normal' everyday things. I just wanted to say that you are certainly not alone with feeling like that, although I don't know what to do with it either.

It is so unfair that we had our childhood stolen and our adulthood is so difficult and the intense feelings so hard to know what to do with. No answers, but you are not alone!

Online social networking

For some time now I have been thinking about how parts (or alters, but I'll stick with parts for the time being) communicate within a dissociated identity system. There are many books and articles written about the nature of communication, but this thought came to me while working with a young lady who is pretty much up to date with the latest technologies available out there. She has been diagnosed with DID, and came to me with a good sense of who is who internally, but limited means of getting everyone to talk together or share what might be going on for any of them. I suspect that my thinking started before this when I was convinced by my wife to "have a go at Twitter". This was shortly followed by a traditional deep sigh at facing something new before the enthusiasm kicked in and the Twitter account was registered. Very quickly the knack of how to do it was picked up and I started following and being followed (virtually).



What I realised was that there were a lot of people discussing dissociation on-line. By adding in the basic search terms, such as #dissociativeidentitydisorder quite a few people started emerging as frequent users of the term. Finding others 'tweeting' about their experiences and knowledge was easy, and I began adding in my own thoughts and reflections, as well as trying to signpost a few useful articles from the web. A couple of people stood out by virtue of their ability to 'blog' (i.e. post an ongoing experiential account of their life on-line), and these made for interesting reading indeed.

Some of these blogs have thousands of followers, and give a real insight into what someone who dissociates does on a regular basis, and what they have to go through, as well as personal reflections on life and relationships. Having contacted them for some help in putting this article together, one has very kindly added in her own contribution (see below).

One of the things that started to happen was that I got 'noticed' as a clinician who was following people on Twitter who had DID. This intrigued a few people, and some conversations began about the purpose of this, which again got me thinking about what was going on. I certainly did not want to try and be some sort of on-line expert offering sage advice and wisdom wherever I encountered distress (this is not who I am at all!), but merely someone interested generally, and being able to 'talk' with people without me being therapeutically attached. To put it plainly, it was an opportunity to share with people who knew an awful lot about dissociation. It also seemed a very brave response from people with DID to use something like Twitter, so I started asking how it worked for them, and as you might expect, got varied responses. One person was clearly struggling with which part was tweeting, and was constantly apologising for what might have been put 'out there', others were amazed that I was interested, and some asked me for pointers on decent books / articles to look at.

Which all brings me back to where I started – the young lady. She clearly has the know-how to use smartphones, facebook and the like. So...could Twitter become therapeutically useful to her in dealing with her system? We know that parts can take the driving seat in many areas of a person's life, so why not this? Could a system be organised in a way that enables different parts to communicate with each other through a forum such as social networking? Could parts use instant messaging, apps, e-mail etc to make the internal a bit more external? When she has dissociated and is 'away', could one of the others ring her to ask her to return? Would the sound of her phone bring her back? If one part tweeted about what they had done today, could she review her tweets and get to see what was going on? Would they need one account for Twitter, or many? (Twitter is free, so that side of things would be ok), and what about taking it one step further and sharing with others? There are many DID-books available, but none are interactive - you can't just contact the author after chapter 3 and ask what is going on, but in blogging you can.

RAINBOWS END

Thankfully, I don't have the answers to these questions, so I'll leave the on-going thoughts to you, if you are interested. My Twitter account remains up and running, and I've even got ESTD (The European Society for Trauma and Dissociation) to allow me to run a Twitter account on their behalf. My hope is that we build on networks and share experiences so that people from both sides of the therapy room or research centre can communicate. It feels to me that there is more to dissociation than academia and therapy, but outside of such structures, I don't have many opportunities to talking with you. I would love for more people who care about dissociation to offer their reflections in any way possible, so if you would like to get a bit techno, have a look at Twitter. You can be anonymous and do it, too. You may also note that my life is not all about dissociation, however, so don't be put off by anything connected with #thearchers or #sixnations.

As for the young lady, we're working on it.

Many thanks for listening,
Mike

Mike Lloyd is a clinical psychologist, committee member for ESTD
On Twitter he is @DrMikeLloyd ; Follow ESTD on Twitter at @ESTDeurope

FPP's own Kathryn is a newbie to Twitter as @KathrynFPP

Blogging by Eliza

The part of my brain that would normally connect my feelings to speech never developed. My parents, overwhelmed by their own childhood traumas, could not teach me. Without the shelter of a secure attachment, I fragmented under the pressure of everyday traumas, becoming a 'selectively mute' container for my parents' (and eventually my peers') anxiety and aggression.

My aunt handed me my first blank journal for my twelfth birthday, and it took years before I was able to express myself authentically on paper (so great was my self-hatred). These journals form the long, bittersweet and beautiful trail that eventually led into the office of my GP, tears pouring down my face, unable to say: "Inside, it hurts, and I'm scared."

I joined the NHS Choices blog in 2009 to combat the stigma of seeking help from the mental health service (starting with my own). I had hoped that readers would see themselves in my writing and move forward in their recovery. Ironically, the reverse also happened to me, when one of my readers joined to write about her dissociative identity disorder.

Eventually NHS Choices closed the mental health blog; I continued on <http://just-eliza.blogspot.com>, where I found myself increasingly linked into a network of bloggers on childhood trauma and dissociation. When I joined Twitter, these links grew into conversations.

I do my best to be authentic, but being vulnerable in this crowd is difficult. My followers now include several highly experienced professionals and expert patients in trauma and dissociation. Twitter reinforces the pressure I feel constantly to cope (aka dissociate), and, if I can't cope, at least have the dignity to not burden others with it.

That said, social media form an important part of my recovery. I am dangerously isolated by my anxiety and depersonalisation. Without actively fostering these connections to my authentic self, I become lost in the obligations and expectations of others: work, husband, family, friends.

Blogging allows me to process my feelings, promote healthy choices, and connect with others, but these positives only remind me that social media can be as misused as therapy. The more my audience grows, the more concerns I have about boundaries. Will blogging compromise my future career? Or worse, will it compromise my future care?

Despite my often overwhelming fear about belonging, I am grateful for each comment, tweet, and email from otherwise silent readers who, like me, are quietly searching for the words to share the unshareable. Through social media, I hold on to my voice in a world where so few have given me space to speak.

**OUR THERAPIST
BY AMY AND HER TEAM**

You came to us in our pain, and sat with us in it, holding us tight, rocking us, and keeping us safe. Just holding us as we should have been held then. You met us in our pain-not intrusively but gently and safely as we sobbed. It was the first time I had allowed the self to feel... What was it that I felt?

Too many feelings all mixed up, feelings that had been buried for too many years, and it was scary getting in touch with them. We wanted to retreat, to hide, to not have to feel, to numb it all out. But you in your wisdom would not let me hide behind my team. I wanted to I truly did, but you knew that feelings need to be faced at the right time, and in the right place.

Today you were "Good Mummy" at that moment you were to us as our mother should have been. So if today we saw you as "Good Mummy" then why at others do we perceive you as "Bad Mummy"? We guess that we have not yet securely attached yet.

A word said wrongly, an intonation of voice, a gesture, all can trigger us, so it must be hard for you, always trying to get it right, to stay one step ahead. I have to remind the self that you are human and that you will get things wrong as well, but you are trying your best and we know that you are.

Bit by bit we are changing though, we are getting stronger, losing our victim mentality. We need to change and move forwards. You realise though that it can only be done at our own pace-any faster and we could be retraumatised. So you do not hurry us, and we are grateful for that.

You have given us the belief that one day we will recover and that it is possible to do so. All we ask of you is please keep meeting us in our pain nothing more and nothing less.



***One must have Chaos within oneself to give
birth to a Dancing Star***

Nietzsche

A Place to be 'Me' – FPP Online Forums by no-name

About 9 months ago FPP opened their Online Mutual Support Forums which any full member can be part of. I have been going on the Forums for over 3 months. In that time I have found it a welcoming, supportive community and have started to make lots of new friends. It has opened a whole new dimension of FPP for me and made it seem so much more real because I can get to 'talk' to people in a safe environment.

I had been part of Yahoo support groups before but found that there kept being arguments or the groups would change. This is different. As one of the members wrote: *"I've been part of a lot of online DID communities but this is the first one that I really feel comfortable in. I never feel pressured to talk and I feel safe expressing*

RAINBOWS END

how I feel or my opinions on things. I've gained a lot of support, understanding and friends from this forum and I'm very thankful for the amazing people here. It's definitely a great community and I'd love to see it grow with more great people joining" (Jigsaw)

The Forums include:-

- **Your comments and ideas for FPP** – where you can feedback to FPP's volunteers
- **Introduce Yourself** – a place to get to know people (including littles)
- **Living with DID/DDNOS** – for sharing any thoughts/ feelings you want to about living with complex dissociation
- **Coping Tips, Skills & Strategies** – to share ways you have learnt to cope with the challenges having a complex dissociative disorder can bring
- **Creativity Corner** – for sharing poetry, short stories, recipes, craft ideas etc.

I am only a young boy but am the main person around for us (I range from 7-12yrs old). The thing I like most about the Online Forums is that they are a place I can just be ME. I like talking to people who understand things singletons wouldn't - like what it's like to be a child trapped in an adult's body. I like it that it's safe and I can talk about what I want. It's amazing the number of different things we chat about! My friend Annie even ended up buying a static caravan after talking to me – I'm not sure how that happened, but it was something she wanted to do and talking with me helped her feel confident enough to do it. I often write poems for the creativity corner which can help us express our feelings and I like writing about Alfie my house rabbit. I find it a friendly, fun and encouraging place that is good to go even if all you want to do is say hello! One of my new friends says, *"It is a safe place especially for littles and I hope some more of you can come and make friends with us"* (Skye age 7)

It may be that you just like to look but not write on the forums and that is fine if it's what helps you best but maybe you have forgotten about them or it feels a bit scary to try something new. I would really like to encourage you to give it a go. It would be great to have some new members of all ages writing on the forums Like Skye I would love for there to be some more littles to make friends with and talk about children's/teenage stuff. Why not pop in and say hello sometime?! You can come and go as much as you want. We would really love to meet you all and help continue to make FPP a supportive and welcoming community. I hope like me you find the forums a place that you can just be 'you'.

*Be kind, for everyone you meet
is fighting a hard battle*

Plato

NOTE from Forum Administrator – Access to the online mutual support forums is password protected and only available to current FULL members of FPP. If you are a full member and do not yet have a password send an email to fpp@firstpersonplural.org.uk to request one. Your email must give your full name and address and a 6-8 letter name, alias or pseudonym that you are happy to be known by on the forums. Only one user name / password will be issued to each full member, but any part / alter or self can use those log-in details to participate on the forums as long as the community guidelines and terms of use are always adhered to, irrespective of which part(s) of you posts on the forums.

Supporting Someone with DID

By Jane H

On a daily basis, most individuals have feelings of being separate from others, being disconnected, feelings of having lost yourself and not knowing how to get back that stability that you need, not having a clear picture of how we fit in, and how and where we belong.

Before my involvement with dissociation, I had no idea, no concept that survivors experiencing dissociative states have to live with these normally transitory feelings, permanently.

My passion and training is in Mental Health, I also volunteer as a Samaritan listener.

My journey with DID has been exasperating, rewarding, an emotional roller coaster in many ways. I'm Kathryn's personal support worker and for the last five years. I've witnessed her journey, her coping with First Person Plurals growth and evolving, her fighting for improved services and personally to secure therapy and day to day support services.

I see my role, as a quiet, unassuming presence for Kathryn. Encouraging, grounding, advocating, the usual tools needed to encourage growth within a recovery orientated model. This role constantly evolves and fluctuates, no two days are the same. Boundaries and expectations are forever changing. This can be confusing, distressing and at times infuriating but it's all about what the person with DID is experiencing in that moment, what that person needs from you, so it is always changing, it's all part of the 'package', it's all valid and important, and never dull!

Ironically, Kathryn intermittently asks 'aren't you bored?', I now, just give her a small smile and a look, I don't have to answer! She usually asks this after I've supported her through another successfully completed day of training for FPP.

RAINBOWS END

The dynamics that Kathryn and Melanie impart during training constantly change, each day is different, because they share so much of themselves in their personal journeys. I feel I learn something new each time or see something from a new perspective.

I can see tiny fluctuations in Kathryn's demeanour, facial expressions, mannerisms, throughout the day, so I'm aware that she's switched and try to help ground her if need be.

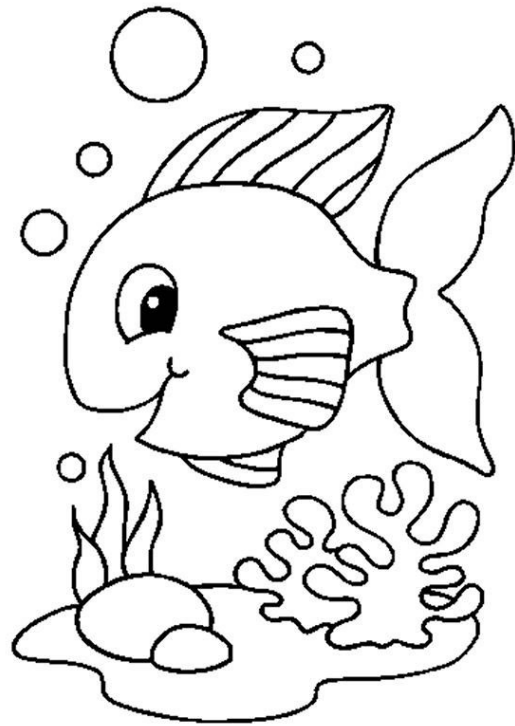
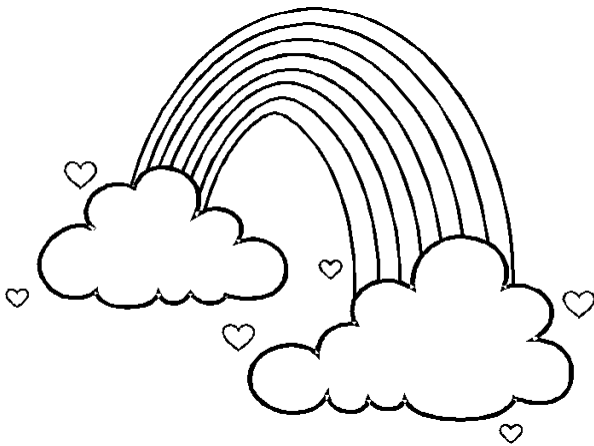
It can appear, to those without sufficient knowledge or understanding of dissociation, that at times that I'm doing 'very little', but observing. As one 'professional' once pointed out to me, whilst attending a training day. This concerned me and others, as she was already in a team supporting DID clients. No, I'm not a therapist, I'm not making huge life changes in Kathryn's quality of life, but I hope, by noticing her distress or switching (which in itself is a learnt tool), she may need my emotional or practical support, when a certain part of the day is problematic for her. This could be, whilst she is feeling depersonalised and experiencing a switch, she may walk into an argument in the street, inadvertently knock into a youth, and I would manoeuvre her away from harm and try to diffuse the situation, especially if they had heard the voice of an inner-child. It may be something minute, like a question asked by a course participant which triggers or panics her, I hope I'm able to ground and bring some stability back and ultimately safety.

Another important aspect of a supporters role is understanding the reality of living with dissociation, this is paramount. To accept, understand and not judge. To value the work needed 'behind the scenes', the façade created, to present a seamless, efficient individual. For example, with Kathryn, this would be an important meeting, a training day, a health appointment, the internal negotiations needed between 'little ones', teenagers, other parts, the compromises in order for the adult wanting to do the task to be in control, so time is built in for play etc, all has to be considered. This can seem bizarre and surreal at times, but its important to stay focused, open minded, and open to continual learning.

Most importantly for me, is the development and nurturing of empathy as a skill. Dissociation in the media is sensationalised, that's how it grabs the headlines, but an everyday continuum, it is not the big switch, the bizarre behaviours, distorted voices, its tiny often insignificant things which may trigger, upset or panic Kathryn. That is they may seem insignificant and negligible, on a day to day scale of events, but it matters to her and is therefore very important to me, I hope I can make a difference.

PLAY

Can you
colour the
rainbow with the right colours?



What Colour is the Fish?

Join up the joke with the answer

- | | |
|--|---|
| <ul style="list-style-type: none"> a. Why are Saturday and Sunday strong? b. Why did the teacher wear sunglasses? c. What did the big telephone say to the little telephone? d. Why was the doctor angry? e. What do people watch on television in the morning? | <ul style="list-style-type: none"> 1. Cereals 2. You're too young to be engaged 3. Because he had no patients 4. Because the other days are weak 5. Because his pupils were bright |
|--|---|

CENTRE



If Life was Like a Rainbow By no-name



If life was a rainbow
What colour would you like to be?
I would be yellow
As bright and happy as can be.
I would smile like the daffodils
And play in the sun. We could run and laugh together
and have so much fun
Maybe you'd paint a picture
with every colour playing a part?
Mine would be of love and happiness
With a great big smiling heart!
Right now that seems so far away
As clouds cover the sky
But never give up hope
Of the time you will learn to fly.

Recovery from DID

What does it mean to talk about recovering from a dissociative disorder? For me, the ultimate marker of my recovery has been a growing sense of peace and wellbeing, accompanied by an increasing awareness of my own individuality. To look at it in another way, gone is the highly anxious, rageful, fragmented bundle of often contradictory emotion and activity that I was. Now I see myself as a warm, peaceful, safe person. I am consistent, and whole. All of the fragmented pieces of me have been contained, understood, and soothed, before being gently incorporated into the larger whole of my personality. Now I am a healthy person; I have connected and joined up the disparate parts of my life into one stream of memory and being. As a healthy person, the child, adolescent and adult parts of me collaborate and co-operate to meet my goals. Instead of fragments and breaks, I have depths, and continuities.

Piecing my history together gave me back my memory, and a deep-seated sense of belonging, not only in myself, but in my time and in my community. The hardest part of the journey has been forgiving myself, and allowing myself to grieve for all the difficulties of life, the normal developmental experiences I missed out on. A brilliant corollary to this, however, is the realisation that one can complete the developmental stages that have been missed, later on in life. In my late twenties I revelled in being a teenager, and doing it 'properly', wearing orange nail varnish and adventurous clothes, and experimenting with hair dye. It was important and so much fun to do this from a position of recovery, as it enabled me to work through the experience of being a young adult finding her feet. Working through this process as a physical, embodied person, was all new for me (I found that it was only once I was quite far on in the recovery process that I was able to experience my body as a stable entity – prior to this the different parts of me had very different experiences of my body, ranging from an anorexic's hatred, to a younger child's posture. One part of me believed she was invisible, and had no idea how to clothe an adult body or experience physical sensations).

Loving my body is something I now do instinctively, a far cry from the destructiveness that characterised my earlier style of self-care. Now it feels easy to feed myself the right foods. My attitude towards myself is benevolent, and thoroughly caring. To redress the balance and gain health I have had to lavish attention on myself, and it hasn't been easy, but throughout the journey, even when things were at their most bleak, I kept searching for hope of recovery, and my own process got me through. Recovery is an infinitely difficult process to quantify, and it will be entirely unique to each individual. However, there are some touchstones to the journey that it is useful to know about, and I will try to outline these here. First of all, it is generally acknowledged that a dissociative disorder happens when an individual is not securely attached to a parent figure, and experiences some form of abuse or neglect early on in life. For a professional explanation of the processes involved I would recommend reading Babette Rothschild's book, *The Body Remembers*. In fact, I would advocate educating yourself as much as you possibly can. Read up about dissociation and become an expert on your own condition. I will mention at this point that at no stage in my own recovery were any NHS professionals involved. The NHS is overstretched, and when I needed it ten years ago, it was not set up to provide sensitive long-term therapy to those recovering from dissociative disorders. Understanding of dissociation is growing, but you must ultimately take responsibility for finding that understanding and the right therapy for you.

I sought help at every opportunity, and in a holistic way. I saw a variety of therapists, complementary therapists, a dietician, mentors and coaches, and did a variety of courses in art and design, counselling, and art therapy. Perhaps the thing that helped the most was my need to provide for myself financially. The routine of going to work, keeping myself mentally and physically active, was the best remedy. Eventually I saw a specialist in dissociative disorders, Remy Aquarone, at the Pottergate Centre for Trauma and Dissociation in Norwich, and received a diagnosis of D.I.D.

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This diagnosis was invaluable; it validated my experience and gave me a handle on the recovery process. If you suspect that you might be dissociative I would urge you to contact a specialist such as Remy as soon as possible, to get the best advice you can. Ideally, do this in conjunction with your G.P., and always contact your G.P. if you are actively suicidal. Whilst the types of therapy available via the NHS are limited and usually short-term, there are many independent or charitable counselling centres which offer low-cost and long-term counselling, with counsellors who are experienced in working with dissociative clients. If you are recovering from a severe dissociative disorder you will need long-term therapy, by which I mean weekly counselling for a period of several years. Be prepared for the process to take a long time, and to take a lot of your energy. Recovery for real started for me when I met an experienced counsellor who had an in-depth knowledge of working with people with dissociative disorders. She taught me that for recovery to take place I would need to contain my out of control emotions and learn to form a healthy attachment to another person. Learning to attach and relate was the most difficult part of the journey, as it involved a total re-learning of my way of being and behaving, feeling and experiencing. It was only when I could be in relationship with another person without running away or dissociating that I could start to encounter and explore my self. When I learned to stay in relationship with another person I could then learn to form relationships with the disparate parts of myself, and heal them by bringing them into a coherent whole. Never forget how powerful you are. Whatever anyone tells you, you are the only person who can heal you. You are in charge. You are the

expert. You know yourself better than anyone ever could, and inside yourself, however fragmented you may be, you hold the keys to your recovery. The secret is listening to yourself. Ask yourself a question, and listen carefully for the answer. An instinctive, deeply felt response will come; the trick is learning to listen to the deep knowledge inside yourself

You might find it difficult, if not impossible, to listen to and trust yourself enough to accept what your instincts are telling you.

This is something that is vital to learn – it might be a long, slow, repetitive process, but you will get there eventually.

Your brain is an amazing organ. It helped you to survive by splitting into many parts; now it will help you to recover by creating new links and joining all the disparate pieces back together again. Your brain is your most valuable asset. If you have nothing else, you have your brain, and your ability to change. Your brain possesses an immense plasticity, which means that it has an incredible capacity to grow and change, and learn new ways of being and thinking. However, none of this can take place unless you want it to. You are in charge of the recovery process at all times, even though it may not feel like it. Having said this, there is a proviso. Be gentle with yourself. This process can't be done quickly. It will most likely be a slow painstaking process. In the early stages of recovery you will most likely be fragile, and your system will react strongly to any pressure or stress. Don't try to do things too quickly. Avoid stressors or triggers which you know might plunge you into disarray. Be gentle with yourself. Gentleness is the best medicine, the best way to help your own recovery.

'Understanding Misunderstandings' - Trust Issues by Melanie

In the last copy of Rainbow's End I wrote about the 'Early Days', how a person with a dissociative disorder might present to a volunteer who is managing short term, crisis support. In this article I will write about trust issues, as before this touches the tip of the iceberg but hopefully offers crisis support workers a starting point highlighting the areas that are probably pertinent to most abuse survivors who are dissociative. As with all the articles in this series I worked with a friend who is DID and has also been a Rape Crisis telephone volunteer for many years.



Lack of trust for people with a dissociative disorder is probably one of the main issues that makes our lives so complicated. I was totally unaware that I even had this problem until quite a way into therapy. If your immediate world is extremely confusing as a child you automatically find ways of managing it and trust is probably something you never had the luxury to learn about. Different parts will have different behaviour patterns of managing this issue. I either trusted a person/situation totally or not at all. I had no resources to tolerate a grey area of indecision while I explored my feelings.

I think continuity is a foundation ingredient of support, it is vital for allowing the person to begin to trust the organisation they have called. For me calling a helpline I need to know what they can offer, how and when, who will be answering the calls? Can other people hear the call, who will they be discussing my call with? Can I expect to speak to the same person every time I ring, can I make arrangements for certain times, how do they manage us being many? The list is endless but it does help the organisations to begin to address these issues. I think giving an insight into the reality of living with dissociation during training helps to put our demanding expectations into a context and hopefully feel less challenging and often overwhelming.

It is not about saying they can fulfil all our needs. It is much more about them looking at what they do offer, clarifying their organisation's policy, consequently allowing individual volunteers to feel more confident. To help me feel more grounded, allowing a little trust to creep in, I want to know that when I ring there is no guarantee that I will be able to speak to the same person but I can be reassured that all their volunteers will be trained to work in the same way. My call will be discussed with a supervisor but I will remain anonymous or whatever that organisation's policy is. Yes I might hear noises in the background because others share the room. I might find the answers difficult, I well might try to manipulate the situation to suit me but I need to know that the volunteer is secure in their role. This openness and transparency is vital to me being able to begin to feel safer, begin to trust. So much is distorted in abusive childhoods that this sort of support can be very healing in its own rights. Through the fragmentation of thinking with dissociation the worker can help to hold our thinking together if we sense their own security and groundedness while remaining connected to us.

Volunteers need to understand how fragmented our thinking can be. If a person is switching between personalities how one part will possibly have absolutely no knowledge of the others. During a crisis the internal world of a DID client is often more fragmented, chaotic and can be divided into many belief systems, the confidence of the volunteer at these times to stay grounded is so important. This may allow the whole system or at least many in the system to begin to re-engage with the reality around them, re-connect, begin to trust the person they are speaking with allowing them to safely explore what they need at this time.

The volunteer needs to understand that they will often have to repeat what they have already said, possibly many times. If the worker assumes that everyone within a system knows what has previously been discussed this can destroy the tentative development of trust and may cause major feelings of shame and humiliation for the caller. I want the volunteer to validate my reality while staying firmly within theirs. If they do not understand something I don't want them pretending they do, I want the volunteer to ask me to clarify what is happening in the present if possible. I want to know they will not be probing about why I am in a crisis at this time, I need help to get me back on terra firma.

RAINBOWS END

If the abuse issues are overwhelming, preventing me being in touch with the here and now I want help in containing rather than exploring my situation.

I also need to know that the person I am talking too can take care of themselves through peer support and supervision, I don't need to worry or protect about them.

I talk about volunteers but this might be members of a crisis team, mental health team, or any organisation that offers support. If there was more uniformity within the NHS in their approach I think a lot of misunderstandings on both sides could be avoided.

Ideas for DID Recovery

For help with learning to listen to yourself you could try a focusing activity such as meditation, yoga, physical exercise such as a long walk, or a body-oriented form of psychotherapy. If you can't find a sense of yourself or your own history, I would recommend reading history books or watching historical films. Study the early history of your country, read about its historical development. Doing this will activate pathways in your brain which will boost your ability to reconstruct a sense of your own personal history, a narrative of your own life. It will help you to gather muddled pieces together into a more coherent whole.

If your thoughts, parts or fears are overwhelming or overly repetitive try focusing all your energies on one area. Try focusing on your body, to get it calm. Get your body calm, nourished and rested, and you will help your recovery a huge amount. Your body, and your brain, are the key to your recovery. Feed them. Visit a dietician to make sure you are eating a nutritious diet. This will help you to beat depression, sleep problems, and the anxiety or obsessiveness that you may be experiencing. Food will heal your brain and body. It is the most important way that you can heal and nourish yourself. Think of food as your closest ally, a life force. I urge you to treat yourself to something delicious and new, something you have never tasted before.

Another therapy which was incredibly helpful to me was the Lightning Process. This is an easy-to-learn technique based on Neuro-Linguistic Programming. The technique works on the principle of containing difficult emotions, and changing destructive thought patterns into healthy patterns. It works well for people who suffer with chronic fatigue, depression, or compulsive thoughts. It proved invaluable to me in the latter stages of my recovery when I was continuing the work of integration.

Keep a journal. This also helps to enforce new positive thought patterns, building your capacity to think and remember, and piece your mind back together.



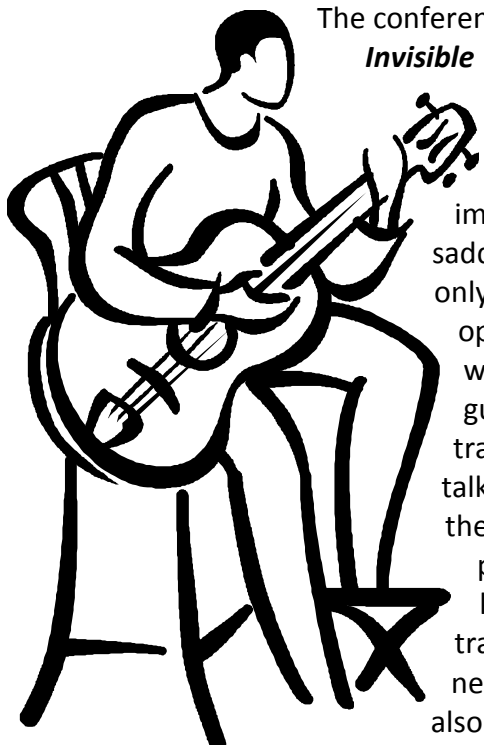
“There are Many Walls to Take Down on the Way to Intergration”

Review of 2012 ESTD Conference

By Oriel

The third biannual conference of the European Society for Trauma and Dissociation was held this March in Berlin. Melanie and I were fortunate enough to be able to attend in order to present the DVD *A Logical Way of Being* in a workshop. Alongside this, we had the opportunity to hear some of the other speakers. I would like to give you a very brief overview of a small selection of these.

The whole conference was very aware of the political and social backdrop of being in Berlin, and the trauma associated with both with the Holocaust and Nazi-Regime, and the East-West divide which has only dissolved in recent history and therefore is still very present. Many of the key note speakers were addressing this subject.



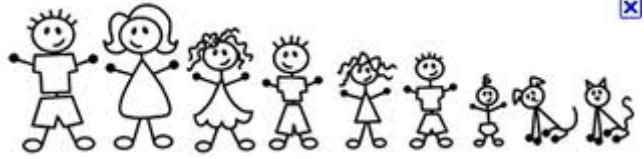
The conference opened with **Karl-Heinz Bomberg** talking about ***Invisible Wounds: Late effects of political repression***. Bomberg is both a therapist and was a political prisoner for his musical expression during the communist regime. He spoke of the shocking figure that 300,000 were imprisoned for political reasons during the cold war. It is so saddening to think that many of these people were imprisoned only because they were brave enough to think and speak openly- but I am sure many of our members will resonate with that in some way. Unsurprisingly really, the treatment guidelines he outlined for work with patients of political trauma made a lot of sense for many sorts of trauma. He talked for the need to appreciate the injustice, to recognise the reality of the trauma, and to doubt the validity of the punishment. All of which may sound obvious, but as we all know, is anything but! He talked about unprocessed trauma blocking the ability to mourn and the ability to create new visions, and that in the context of political trauma this also means damaged ideals and therefore a mistrust in society which, if not addressed, can be passed down through generations. He then underlined the need to get good memories into the person's psyche, and allow a gradual movement from a malign internal object to a good internal object, but also recognised that trauma cannot always be fully healed, but that a good therapeutic relationship can bring about huge improvement. Finally he raised that in political trauma (although I imagine in other types too) it is necessary for there to be some distance from the trauma before processing can begin.

RAINBOWS END

Michaela Huber then talked about ***Challenges of Treating Complex Dissociative Disorders***.

Huber acknowledged that working with this client group was working with what she termed 'the difficult of the difficult' but also with

some of the most creative, intelligent, smart, funny, special and full-of-life energy people who challenge their helpers in every way, not just negative ways! This was really



refreshing to hear. I do not think it helps to pretend that this is not difficult work, I think we all feel it anyway. To name it, and also acknowledge the flip-side to that was very refreshing.

She spoke of the difficulties of getting Dissociative conditions recognised and how isolating this can be, attributing it at least in part to the fact that trauma diagnoses and attachment diagnoses are political diagnoses because inherent in their name is the cause which means people have to face that, whereas this is not true of most diagnoses. And also, of course, as we all know, it is hard to get acknowledged because the treatment is long-term, and this challenges any health care provider.

I cannot, unfortunately, comprehensively sum up her whole talk, as it was very in-depth, but I would like I highlight a couple of other point she made. She talked of the need for the therapist to consistently be able to name what was happening in the transference. She said that the transference in this work has a 'life and death quality' which can be overwhelming to both client and therapist, but that returning again and again to naming what is happening rather than emotionally responding to it, can provide a frame. She made the strong (and for many of us I imagine, difficult) statement that the therapist should position themselves as a coach and not a mother because this is actually more realistic in terms of what the relationship can offer, and that also, unfortunately in adulthood, it is not possible to be re-mothered as the damage is already there. Therefore for both the therapist and patient, the role of mother is bound for failure. Those of us who have come from very damaged attachment will, I am sure, find this a painful thing to face, but for me it was also quite important in being able to at least intellectually understand, even if the damaged parts cannot yet.

She also spoke of the need to engage the most damaged parts of the system in discourse- the parts who are loyal to the abuser and may actively damage the body. There can be a wish to 'exorcise' these parts, but if this is done then the therapy is doomed to failure. For me, it was very moving and even healing that there was someone from another country talking about the very things that I struggle with in therapy. It can feel very isolating to be in therapy without context, and to realise that I am not the only one who challenges my therapist and puts them through hell sometimes, but it is happening in many therapy rooms, not only across the country but across the world, made me feel less 'difficult' and realise that this is not because 'I am bad' but because, unfortunately, that this is what is this work is like.

Ruth Blizard presented her paper on ***Empathic Treatment of BPD***. She spoke of BPD as a

Dissociative disorder characterised by oscillation between submissive and dominant states, with no ability to reflect on one state while the need for the therapist to bridge the gap allow communication, again by naming and learned patterns of the past, and allowing them to healthier current states and explore



in the other. She spoke of between the states and understanding the over-the client to compare new possibilities.

She underlined the need to remember that such states are caused by chronic relational trauma and therefore not to fall into blaming or judging difficult behaviour but rather by understanding and encouraging the client to do the same. She spoke of two primary self-states in BPD which are partially or fully dissociated from each other and work at odds to each other; one which seeks to control the other and protect the self from attack, and the other which seeks to pacify and please the other. The therapist must be alert to which is speaking and what they are trying to achieve, and through this to think with the patient about this dynamic.

Following on from this **Rachel Wingfield Schwartz and Joseph Schwartz** presented ***Poisoned Performance and Addiction and their roots in disorganised attachment***. This was a very



moving look at how in disorganised attachment there are often two selves; the self which longs to please the parent and to 'perform' and the part which longs to detach itself from the parent and the associated expectation. In this paper these parts were called the 'false self' and the 'alien self' - with the false self desiring to please and the alien self being deeper and more damaged but also in some ways more resonant. The more the false self 'performs' for the parent or other, the more

the alien self needs to destroy the performance to maintain a sense of integrity. In disorganised attachment patterns, the child has to hold onto a frightening and rejecting parent, which therefore produces an internal saboteur to attack the ego's desire for relationship. This produces an impossible dynamic where any performance or achievement is threatened and attacked, and repeats in therapy, where a great need for therapy exists alongside the desire to attack and destroy it. Maintaining a successful therapy relationship would be a deep betrayal for this self, and the need for the hurt to be seen. The speakers reminded the audience again, as Ruth Blizard had done, of the fact that this dynamic has its roots in trauma, and that trauma is defined as a threat to the integrity of the self, and this includes the psychic self. Such behaviour is a desperate attempt to protect the self from further harm, but unfortunately can lead to the body being damaged and even destroyed. Once again, the emphasis was on naming the dynamic and holding the seemingly impossible paradox, and together with the patient finding a new pattern of relating.

The next day, **Bethany Brand** presented the findings of her extended **research project on**

Dissociative Disorders. In the USA and increasingly across the world, therapy cannot be funded unless there is evidence based outcomes. In response to this trend Brand carried out a research project with 280 people with a Dissociative disorder who were in psychoanalytically based therapy and mapped their progress over 30 months. It would be impossible to accurately summarise her findings here, other than to broadly say that such therapy seemed in general to be of help in reducing symptoms and increasing functioning. But I wanted to mention it here, as it is great that such a project has taken place and a



follow on to it is planned, and although it is difficult that such things are needed to recognise what patients and therapists already know, it is also validating to see it mapped on a global scale.

RAINBOWS END

Finally, **Suzette Boon** talked about ***Resolving Therapeutic Misadventures and Impasses in the Treatment of Dissociative Disorders***. In this talk she underlined again and again the importance of a strong therapeutic relationship which was consistent and limit-setting. I was reminded of Michaela Hubers 'Coach not mother' position. She talked of the need for therapy to be grounded in the present, to be mindful and reflective, and above all to enable the client to think about even the most damaged parts. This ability to think or 'mentalise' is the key to



change, and to be able to contain the incredibly powerful pull of the transference or enactment. She spoke of impasse often being where either the patient or the therapist had lost this ability to reflect and understand, and that a way out is to return the attention to what is happening, and be able to name it and think about it, but without defensiveness or judgement. Leading on from this idea, Boon suggested that the patients with the best prognosis were those who were able to mentalise (which is different from the capacity to intellectualise), who

had an understanding, at least in some parts of the system, about what the therapeutic relationship should look like, and the limits of it, and had 'islands of health' that they and the therapist can return to in order to contain the process- such as the ability to function in the outside world and contain themselves sometimes, and to understand the strength of the transference. I think the image of 'islands of health' is a lovely one, and beautifully sums up something which I think many of us with DID understand. The less of these key corner stones are present, the harder the therapeutic job for the patient and the therapist. She kept returning to the need for the patient and therapist to understand together the role of a therapist, to try and create a working alliance which can provide a frame to the powerful pull of the feelings evoked and the difficulties the therapeutic journey can present to both parties.

Overall, it was a very powerful and moving conference, with many ideas I was already aware of beautifully illustrated and extended, and new ones being presented. It was amazing to realise that all over the world, people are working and struggling with the same things, the same pitfalls, the same unbearable transferences, which allowed me to see, just for a moment- I am sure it will go again, that this is not 'me', it is not because I am bad or difficult, but because this is what the legacy of such abuse really is. I also felt a huge amount of hope that so many people are thinking so carefully and intelligently about these difficult subjects. I did not get any sense of anyone wanting to throw up their hands and say 'this is too difficult' or to blame the patients; I felt steady and caring thinking about these issues. I came home with a stronger sense of self and the beginnings of a realisation that I might not be the only one who is this 'difficult' and a real understanding that this work is Hell- for all concerned- but it also can be done. And with a determination to do it.

HIDDEN by no-name

If the world pretends it didn't happen
Does that mean it's not true?
How many people are there
Who really care for me and you?

Are they scared of hearing?
Can't they bear the pain?
Does it turn their sunshine
Into dark and heavy rain?

But what harm are they doing
By just standing by?
Don't they understand
That innocent children could die?

The tanks go to fight wars
In countries far away
But what about the untold suffering
So near but hidden away

Too Many, Too Much.

By Amy and the many!

*PUSH, PUSH!
SHOVE! SHOVE!
Too many voices!
Too many choices!
Pressure building up inside!
I just want to run and hide!
From too many people
Who are living inside!
Who do I listen to?
What do I do?
Do we go or do we stay?
Too many parts all wanting their own way!
Some say eat and, some say starve!
Some say cry and some say laugh
Some are cold and some are hot
Aggh! When will all this fighting STOP!?*



I wonder how many readers of Rainbows End have felt like this. If you have then how did you deal with it? It would be really good if some of you wrote in to the next publication please, to let me know. Until then take care and be really kind to yourselves. Best wishes too all of you.

A message to my therapist....

By Liz

I'll shut my eyes
So I can't see
The things supposedly done to me
Shut them tighter
Now take my mind
In other directions
With nothing to hide

I can escape to a place untainted
It's called deny
You see I'm well practiced
To myself I can lie
And if I try harder
I can make other things true
I believe me so well
Maybe you will believe too

Forget all I said, I was wasting your time
I had a perfect childhood
And everything's fine
You see, easy, see the smile on my face
I know this route well
And I know it is safe

I must go now, and will stop bothering you
There are so many with REAL problems
They must be forming a queue
So sign off my file please.....
.....under all those GROSS things
Write it in capitals
'CONCLUSION:- SHE MADE IT ALL UP'
please?.....

(For several years I spiralled back to 'denial' as a coping strategy. At times I was on my knees begging my therapist to tell me it was all a lie, and I had got it all wrong. The brain can only handle what it can handle, which is why healing is usually a long slow process)

**I was always looking outside myself for strength and confidence, but it comes from within.
It is there all the time.**

Anna Freud