December 2013

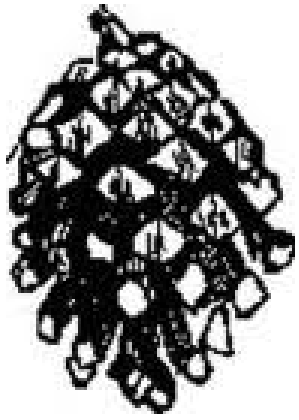
R A I N B O W ' S E N D

Volume 14 *Issue 3*

Support & Information Newsletter of First Person Plural
the national survivor-led association for dissociative identity disorder
and similar complex dissociative conditions
Registered Charity No: 1109464

We wish all of our members peace and safety through the Christmas period, and a stable and happy year to come

CONTENTS



Editorial Statement:-

Thank you so much for all the contributions we have received! It is great to hear from so many people, and we would love to hear from more.

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 **March 2014**; any contributions for consideration for inclusion in that issue must be with us by **23rd February 2014**

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.

Dear All

When ruminating on the last year Ronnie Barker's "It's been a funny old day" (year) from Open All Hours springs to mind. Those most involved in making sure FPP happens have had just about every conceivable personal challenge thrown at them but we are all coming out the other-side. Many very positive things have happened for FPP and lots of really interesting ideas and booked events are already in place for 2014.

Thanks to the generosity of our members both financially and donating their time (and energy) the filming of the next DVD was able to take place in October. Gill who is the producer and interviews each of us throughout the filming is very pleased with all the material she has and January is ring fenced for her to work her magic again. Our proposal to run a workshop showing the new DVD in Copenhagen at the European Society for Trauma and Dissociation (ESTD) conference in March has been accepted. Mary, a member of FPP who has made a DVD with her art therapist talking about and showing how she has used art in her journey has also been accepted to run a workshop. It is very exciting as the change over the years about including the survivor's voice has changed significantly and both of these DVDs I know offers such a high and varied level of knowledge and understanding and will be well received. It will be lovely to have Mary and her husband Martin in Copenhagen. We are also running a workshop at the TAG conference, again showing the new DVD.

I had a lovely day at the Open Meeting in York. With the official part, the Special General Meeting to put forward the proposal that FPP becomes a Charitable Incorporated Organisation (CIO) out of the way we got down to the serious business of eating and chatting over jigsaws. Sharing an activity like jigsaws gives each of us a focus enabling us to really talk to each other and not feel so daunted and overwhelmed. We have learnt over the years that providing activities that are non- threatening and safe helps most people to relax a little and offers an initial shared connection to build on. A member who lives locally brought her little dog for the afternoon, now she was a bit daunted by whole event.

We secured enough votes on Saturday to take the next step in FPP becoming a CIO. If you are interested in learning more about what this means visit: - http://www.charitycommission.gov/frequently-asked-questions/gaq-about-charitable-incorporated-organisations-(cios) It seems to be a very good way forward for FPP; this new type of incorporation has been developed especially for small to medium sized charities. For FPP it will mean very little administrative change once the process has been completed.

FPP's new office is very much up and running and if you are going to be in or near Wolverhampton do please get in touch if you would like to visit. It is such a fundamental but major part in our development and already begins to offer opportunities that can be built on allowing us to tackle and achieve so much more on your behalf.

For those of us who are lucky enough to be able to look forward to the next few weeks, have a lovely time.

For those who are not so fortunate please know that you are being held with warmth and compassion in mine and many others thoughts.

I hope we are able to meet many more of our members in the coming year. We would love to see our membership grow over the next year so do please encourage people with an interest to join.

Take care and warmest wishes Melanie

Unity

By Ruddy

The following article discusses some of my experiences within the dissociative community and makes some suggestions about how the community could become more supportive and accepting. It is quite strong at the beginning so please bear with me – it's to make a point and it does get much more positive!

I am dissociative. Not only am I different from all of the non-dissociative people around me who live life linearly, not only am I different from my friends and my family and my husband, not only am I different from everyone in my day-to-day existence, but I am also different from you.

I don't know who you are, and I don't know what your daily life is like, and I don't know what your dissociative experience is like – but I know it's different from mine. So not only am I isolated from all of the non-dissociative people around me, but I am also different from all of the dissociative people in this community and generally.

I have DID. Many psychiatrists do not believe in my condition. I can tell from my GP's face that he is holding back critical thoughts. I watch as medical practitioners, benefits advisers, and counsellors first look doubtful and then distance themselves from me. I can sense how people shrink away from me. Not only do I have a diagnosis which frightens people and which reminds them that horrific abuse does exist, but I also am made to feel like a liar and a freak for it.

Dissociative disorders thrive on denial and doubt. It is difficult to challenge my default way of living when the world around me shrouds me and my existence in denial. It is difficult to try to live life in a less dissociative way when the world seems to dissociate itself from me.

This is all just part of life with DID. There are many reasons for it, and in some respects it's quite understandable. But what I find deeply sad is the shrinking back that happens within the dissociative community.

I have been part of various forums and communities of people with dissociative disorders. And often one of the key debates which rages amongst the members is in pursuit of recognition of *all* of our experiences. If there are too many members with DID, those with DDNOS can feel marginalised and unrecognised. If there are too many with DDNOS or other dissociative disorders, those of us with DID can feel too extreme and freakish, and almost ashamed and guilty of our diagnosis. If there are too many different types of dissociative disorders, we can all end up feeling isolated and unheard.

The fact is that dissociative disorders are individual and unique. There are many factors which lead to the development of a dissociative disorder and so the variation between two people with dissociative disorders can be huge. Our experiences differ immensely, and so our conditions differ according to what we were responding to. Our individual make ups are different, and so the make up of our minds is different. The way that we are organised, the things that we respond to, the triggers, the experience of being dissociated, whether we have parts or not – all of these things are very unique to each dissociative person. I have never met two dissociative people who are completely comparable in terms of their experiences and their dissociative make up.

Dissociative disorders are not like other illnesses. Some mental and physical illnesses are much more similar from person to person. I believe that this is one of the reasons why it is difficult to diagnose dissociative disorders accurately, and why many of us go through many incorrect diagnoses before we get one even close to what we know to be our experience.

It is a real shame if the dissociative community is also a place where we might all end up feeling marginalised, freakish, and denied. In order to be a unified and cohesive community, we need to work towards being accepting and supportive. We need to acknowledge that other people won't have the same experiences as us, but that doesn't mean that they don't have the same diagnosis as us. We need to remember that those with slightly different diagnoses don't necessarily have it harder or easier than we do. And we need to always bear in mind that we all need to be met with acceptance and care, and we all need to feel that we belong somewhere.

This is definitely much easier said than done. When we live in this denying world and battle daily with our denying selves, it's all we can do to cling to our own experiences and try to validate and believe them. It's very hard to be met with someone else who talks about different experiences: Maybe they are more dissociative than me? Maybe I'm not dissociative? Maybe I don't fit in? Maybe I'm a freak? Maybe I'm making it all up?... and so on. It's very hard to be welcoming and accepting when we feel so tentative and shaky ourselves.

However, the uniqueness of dissociative disorders is a core element of them. It can be very interesting and illuminating to talk to other dissociative people about their experiences in a constructive way, because we can learn a lot from each other, despite our differences. There *are* things that we have in common, and we can share tips, advice, and understanding. Most of all, we can share acceptance.

We can't expect each other to be the same. We can't expect that we will talk about our daily experiences and find that other people have identical experiences. We can't expect that our diagnoses will clarify our foggy experiences of life. But we can expect to have experiences which are in common or at least sound familiar and similar to our own. We can expect to have ideas and tips which might help others. And we certainly can try our very best to meet other people with open arms, to accept other people's experiences, and to welcome each other regardless of our own unique dissociative disorders.

It is not our differences that divide us. It is our inability to recognise, accept and celebrate those differences

Audre Lorde

Have You Tried Chamomile Tea?

By Oriel

Whenever I stay overnight anywhere, whether it be at a conference, a workshop or friends' houses; in fact anywhere that involves having breakfast or even morning coffee together, a first question always seems to be 'did you sleep well?' Now this leaves me in a bit of a quandary. I do not sleep well. Sometimes I barely sleep at all, especially if I am away from home. It is one of the things I regularly talk about in therapy. In some ways it is one of the most debilitating aspects of my disability; it makes it very hard to go away overnight and has a huge impact on my energy levels, emotional stability and physical health. It has such a profound and seemingly intractable impact on my life that when I was once asked for a piece of research what was the one thing I would change if I could, without a second's hesitation I said 'my ability to sleep'.

My therapists and I have spent hours working on this issue together. And we have made huge progress. When I first entered therapy my alters would not allow me to sleep in a bed, have pyjamas on, accept any kind of soothing around bedtime, and frequently engaged in dangerous behaviour. As my understanding has increased, night-time has become easier. I no longer use sleeping tablets, I was realised I had been drugged during abuse and so the drowsy feeling they induce triggered a flight reaction in many alters (which is not very conducive to sleep!). I have worked very hard with particular alters on their destructive and dangerous behaviour. We do now have a bed, which we actually sleep in, and pyjamas which we mostly keep on. I have begun to work with the alters inside who believe that staying awake is the only way of staying safe. I have worked very hard to establish a routine of sorts before bedtime. I have also learnt coping skills to deal with the nights when we cannot sleep at all. I have DVDs which are distracting but not triggering, some alters do craft activities in the night, I have found that on certain nights antihistamines can aid sleep a bit, and when we are sleepy we have audiobooks to listen to as silence is harder for me to fall asleep to. But all of these are hard won, and represent hours of work in therapy and de-programming.

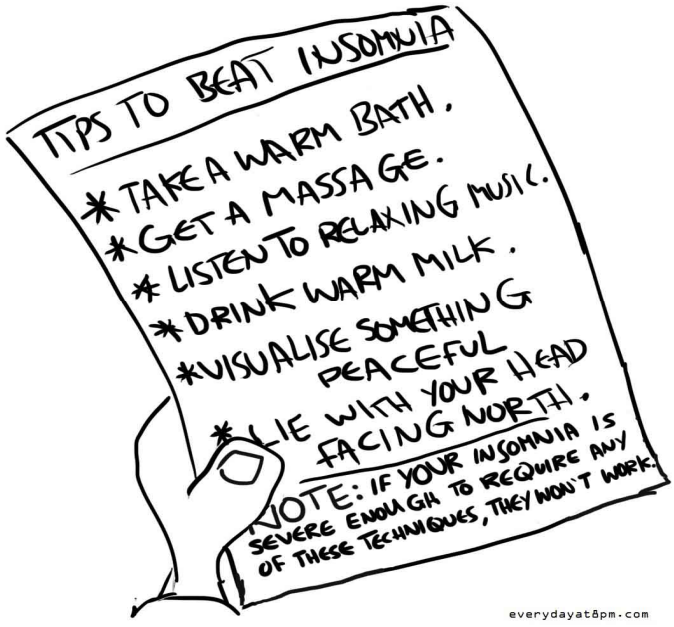
So to return to my original point, when people ask how I slept, I find myself still unsure how to answer. If I say I slept fine, it is not true. And I already feel very separate from other people sometimes, and even white lies can make me feel further removed. I also believe that one of the difficult things about invisible disabilities of any sort is that people are afraid to talk about them, but if we remain silent about the reality of them, then awareness of them will never shift. This seems particularly potent at a conference about trauma for example. However, I also feel hesitation about telling people how badly I sleep. This is partly because I do not want people to feel uncomfortable, but this is actually not the biggest reason. The biggest reason is that in my experience it tends to lead to a flurry of suggestions and personal anecdotes; 'Have you tried valerian?', 'My brother-in-law had huge problems sleeping until he drank warm milk.', 'My friend swears by exercise just before bed', 'Have you tried chamomile tea?'. I have been thinking a lot

about these responses. I believe that they come in part because as human beings we do not like to feel powerless. I also think that we are not, in general, good a sitting with something uncomfortable. I genuinely believe that the people who suggest such things are well meaning. However, I have spent the last decade working on this and living with it every day. It is therefore hard to not hear it as patronising, and critical. As if there is such a simple solution and I just haven't thought of it. But I still find it slightly incredible that people think that I may just have not thought of something so every day. And that they can suggest over breakfast something which my therapists and I have no considered in 10 years.

Why does it affect me so much? I think it is partly because it touches on how painful and frightening it is to have such extreme difficulties with something so every day, and it makes *me* feel powerless. I wish so deeply that there was a simple solution. That there is a magic herb around the corner which will make me sleep. I also think it hurts to think that maybe there are people out there for whom chamomile tea really does work. I wish so badly I was one of them. I think it also it comes back to this idea of an invisible disability, and how painful it is to struggling with something so intangible and yet debilitating. I sometimes also feel like somehow I am failing and I should be able to find an easy solution. And people's reactions can touch on that nerve and actually make me feel even more unseen than if I had just answered 'fine thank you'. Maybe I should just answer 'fine thank you'.

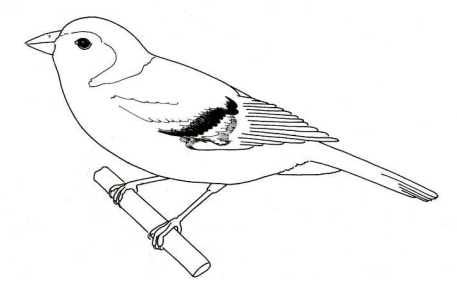
Sadly I don't have an answer. I think I need to learn that people genuinely just are trying to help, and my reaction is out of proportion because it is such a huge part of my life. And maybe if I am feeling braver sometimes, I can explain a little bit more. In the meantime I guess I'll keep going and maybe one day sleep will feel less like a daily battle. I hope so.

And, for the record, I have tried chamomile tea.



PLAY

How to Make a Bird Feeder:



This is a simple project to make a homemade bird feeder which will encourage birds to come to your garden or window sill.

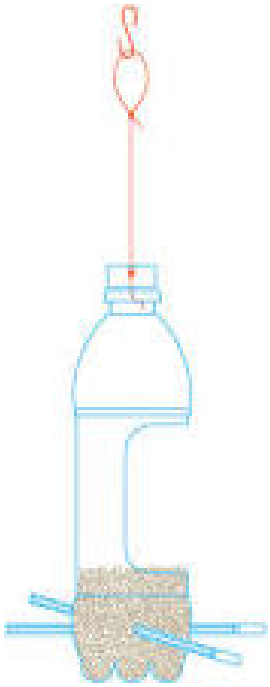
Make sure you get a big to help you

You Will Need:

- ***An Old Plastic Bottle***
- ***Two Pencils***
- ***Strong String or Wire***
- ***Scissors***
- ***Bird Food (or you can make your own by mixing old breadcrumbs with raisins and sunflower seeds)***

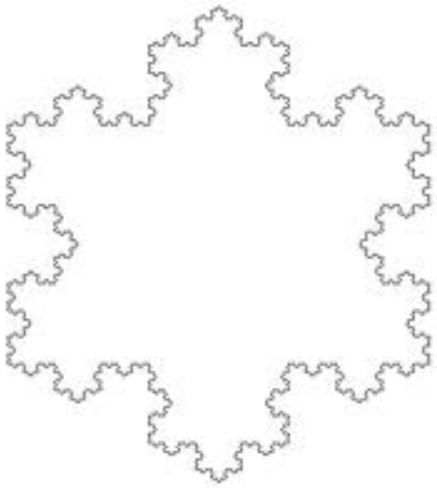
How to Make it :

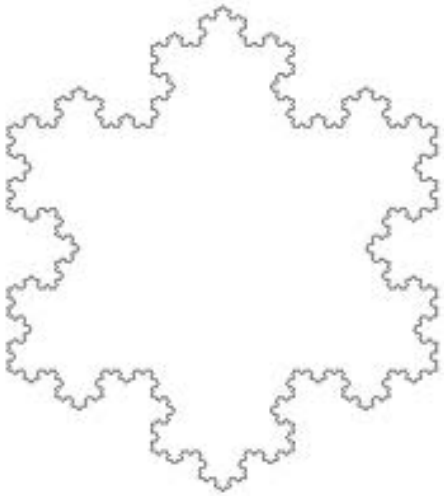
- **Make two holes in opposite sides of the bottle and push the pencils through to create a perch**
- **Make some small holes in the bottom of the bottle for drainage**
- **Cut two holes in the sides of the bottles, about the size of a two pence piece**
- **Fill the bottle with bird food, or your homemade bird food**
- **Screw the lid back on and tie the wire or string around the top of the bottle to make a loop**
- **Hang the feeder from a branch in your garden or from a hook above a window**

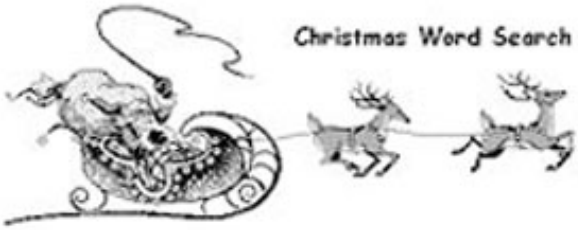


CENTRE

Every Snowflake in the world is different. Can you make these ones unique with your own design?







Christmas Word Search

s	u	b	c	a	n	d	y
l	s	b	a	l	l	e	k
e	n	e	l	f	t	e	d
d	o	l	l	s	e	r	k
t	w	l	g	t	r	e	e
o	w	n	i	a	x	a	i
y	b	m	f	r	m	w	c
s	a	n	t	a	f	r	b

ball
bell
candy
deer
elf
gift
santa
sled
snow
star
toy
tree

Can you decorate the tree?

Is short-term therapy suitable for people with dissociative disorders?

A Therapist's View

Sally-Anne Bubbers MSc MBACP(reg)

Trigger Alert: let me start by saying that you may find some of the content of this article triggering, so please take care when reading it.

Five years ago I would probably have said that in general short-term therapy was not suitable for people with dissociative disorders. I would now give a different answer and I think that a limited number of sessions, say between about six and twelve, can be helpful if the therapist has the correct training.

In this article I hope to explain to you what changed my mind and give you some idea of the type of therapist you might seek out if you want to try it.

The reasons normally given for why short-term 'talking therapy' is not appropriate for people who either have a 'dissociative' psychiatric label or have 'symptoms' that would indicate a dissociative disorder is, because when you start talking in therapy about your experience of life, you do not know what you will uncover. The client could experience an increase of their symptoms without the possibility of them being held within longer term therapy. It can be like putting the foot on the metaphorical 'accelerator' without knowing where the 'brake' is, or the direction and speed in which you are travelling when the limited number of sessions finishes.

In January 2009 I went on a one day workshop about working with trauma using Sensorimotor Psychotherapy. My eyes were opened to a new way of thinking about trauma and dissociation. These ways of working with clients made so much sense: they allowed me to work with the client's own strengths and curiosity, which fitted with my Person Centred training. In some words of Carl Rogers, "It is the client who knows what hurts, what directions to go, what problems are crucial, what experiences have been deeply buried…. How can I provide a relationship which this person may use for his own personal growth?.... The good life is a process.... It is a direction not a destination .....The curious paradox is that when I accept myself just as I am, then I can change" (Rogers, borrowed from "On Becoming a Person", 1961)

I took what I learnt on that day and, with my limited knowledge, immediately started sharing the ideas with clients in short-term therapy, who often responded with 'why has no one ever told me about this before?' I have subsequently obtained Sensorimotor Psychotherapy (SPI) Levels 1 & 2 and the SPI Advanced Trauma Training through the Sensorimotor Psychotherapy Institute (www.sensorimotorpsychotherapy.org)

So what was this new information that changed the way I thought?

- The way that someone experiences life and subsequently responds to the world may appear to be illogical to the casual observer, but if you view their 'symptoms' through the 'trauma lens' it makes perfect sense - as they are living with survival strategies that are programmed to run by their own uniquely devised 'trauma logic'.
- The presenting symptoms may have been created in an effort to survive experiences they found, or still find, overwhelming. What I mean by symptoms are things such as: panic attacks, insomnia, emotional over-whelm, hyper-arousal and/or hypo-arousal, self-destructive behaviour, addictive behaviours, irritability, depression, shame, , anxiety, hyper-vigilance and mistrust, shame, chronic pain and fatigue (Fisher, 2007) - and behaviours and reactions a person does not like but seems unable to control.
- Acknowledgement that the body holds its own memory of trauma, which is capable of 'hijacking' the person into a survival response without reference to the thinking brain.
- Body memory has no concept of time but you can learn to place time onto it through mindful attention to the present.
- Retelling the story of overwhelming experiences, can lead to re-traumatisation.
- Seeing dissociation as an innate survival strategy that every human has in their toolkit. As people grow up what determines where each person fits on the dissociative spectrum is how permeable the boundaries are between their dissociative parts. The spectrum of dissociation can range from the ability to distract your thoughts while doing a boring job, to people who experience dissociated identities in which some parts have no knowledge that others exist within the same body.
- Symptoms like pain, fatigue or flashbacks could be communication from 'parts' who cannot use words to tell you what they are upset about.
- Phase 1 goal for trauma treatment is symptom reduction and stabilization (Janet, 1898), and this should be achieved before attempting to work with the traumatic memory.

I have worked with various clients who have commented about short term stabilization and symptom reduction therapy in the following ways:

- **They realised they were not going mad** (because they understand that their symptoms are a normal response to overwhelming circumstances).
- **There was hope for the future** (we work on finding the client's existing resources and experiment to find new ones, so as to help them find their unique ways of reducing and understanding their symptoms).
- **The short term therapy gave them a language**
    - To help understand what was happening
    - To help understand the 'symptoms' they were experiencing
    - To help explain to other medical professionals what was happening
    - To start noticing and getting to know their 'parts'
- **They understood that obtaining the correct medical, diagnostic label was not important for their recovery** (many clients have multiple diagnoses and feel that is the reason they have not found the correct help).
- **They did not have to 'talk' about all their distressing memories.**
- **This gave them a 'cognitive life raft'** (psycho-education about how the brain, mind and body respond to what they think is a survival situation).

- **The psycho-education allowed them to *start* being a little kinder to themselves** (for example, they understood how we learn to respond procedurally without having to "think", because that is a lot quicker if it is a life and death situation).
- **This stabilised them enough to give them back some choices** (e.g. where do I go from here?)
- **They gained enough perspective to be able to begin to deal with what were utterly overwhelming issues** (a little at a time).
- **This gave them an understanding of the type of therapy they wanted for the future**.
- **They learnt some ways, that they could use to help themselves.**

Notes on finding a therapist:

If you can find the right counsellor, a limited number of sessions can be helpful to learn stabilisation skills, reduce symptoms and gain an understanding of yourself that can help make life less hard work, while you wait for longer term support.

Here are some pointers to help if you are searching for a therapist either within the NHS or privately on the internet:

1. I don't think that the 'type' of therapy offered by the therapist (counsellor/psychotherapist) is as relevant to the choice you make, as
   - whether they have an understanding of trauma theory
   - whether they see dissociation is an innate and creative survival response

2. When you make contact with the therapist you could ask some exploratory questions, e.g.
   - Are they happy to contract for a short course of therapy (6-12 sessions) with the primary goal of symptom reduction and stabilisation?
   - Do they think that you will need to re-tell your whole story? (You want someone who replies 'no'.)
   - Do they believe that the body holds its own memories of trauma? (They should say 'yes'.)
   - Do they use the language of parts, in order to work with dissociation?

3. You want to see a therapist face to face, and not on skype, phone or email.

4. When you actually meet them, you may have some wary 'parts', but check out with your mind and body to see if you feel you can trust the person.

5. Some trainings that you might find it helpful to look for on a therapist profile are: Sensorimotor Psychotherapy, Somatic Experiencing, Internal Family Systems, Babette Rothschild or any training run by ESTD or TAG or FPP.

Sally-Anne Bubbers is a therapist who is currently in private practice; she has worked as a GP counsellor, in bereavement and work place counselling, and is a member of TAG and ESTD.

References

Fisher, Janina (2007), adapted from Bremnmer & Marner, 1998
Janet, Pierre (1898), later adapted by Judith Herman, Onno van der Hart and Ellert Nijenhuis

Making the Follow-On DVD By Oriel

Earlier this year, Melanie, Kathryn and myself, along with Remy Aquarone, Sue Richardson, Mike Lloyd and Paul Manning, undertook the rather optimistic (or possibly crazy) decision to try and make a follow-on DVD. As many of you possibly know, in 2011 we made 'A Logical Way of Being', which discussed the reality of DID along with tools for diagnosis and what it is like to live with. While it touches on therapy and the role of support, it was always intended as an introductory DVD and does not go into great depth about these subjects. Therefore, for some time there had been an idea to make a follow-on DVD which would address these issues more specifically. And so in February this year we began this process.

Firstly we had to secure the funding, as obviously it would not be possible to begin the process unless we had the funds in place to ensure we could see it through. We have all been very touched by the level of generosity we have received from FPP members and other sources. Our genuine heart-felt thank you to all you. So with funding in place, the actual process of production began.

For me it has been a very different experience this time around. Partly I think because I am older and more experienced and apparently am much more opinionated than I was a few years ago. I think it is also partly because the subject of this DVD is primarily therapy, which is something that differs so greatly from one person to another and is something which, in my life at least, is a large part of my day-to-day life. Inevitably therefore I have some quite strong feelings about it.

It was decided that the DVD would be loosely based on the three-stage model, which is a model for trauma therapy in which the therapy progresses through stages of stabilisation, trauma more, and integration (which can be viewed as integrating and consolidating the work, rather than necessarily full 'integration'). Initially I was slightly concerned about this, as I have doubts about the stage model and think that it can be too simplistic and in certain circumstances even dangerous (for example I once had a therapist who was so wedded to the idea that she refused to do any trauma work or talk to any alters until we were completely 'stable', which was obviously impossible in that circumstance and was experienced by us as very shaming). However, once we started talking in detail and began filming, these doubts were alleviated. Everyone involved wanted to present that this is a complex journey which has to be attuned to each individual client at each individual stage, and that indeed over dependence on one model, or a fixity can be very detrimental to the therapy. Issues were also raised such as the fact that the stage model has be to adapted if you change therapists in the middle of the process. So although several of us had a slightly different way of expressing it, I do feel underneath we were all coming from essentially the same place. And for me I think the stabilisation phase, which was the one I was most concerned about, is maybe not as explicit as that but that actually given the right therapist we do it naturally in the sense that we only bring trauma when we are ready to.

The filming this time was much easier too. Gill, as ever, is a wonderful interviewer. Years ago she said to me I would forget the cameras were there, and I didn't believe her but she was right. Maybe even too much so, as it felt like chatting to a friend and not something which would be publicly available. This time around I was more aware of the editing process but it still felt natural. I have just watched through my footage and I am happy with all of it, which is pretty amazing!

We will be editing early next year (another challenge, as I am sure as before we will have too much good material) and hopefully the DVD will be ready for production in early March 2014. Watch this space!

Tips for Surviving Christmas

Everyone of course has different situations, stressors and coping strategies, but I wanted to share some tips I have gathered for myself for surviving Christmas , which is often stressful (whether you have DID or not!)

- Remember it is only a few days, and however stressful, normal life will resume before too long

- Try to identify in advance what the most difficult moments might be and potential triggers, and prepare for them with your therapist or supporter. Think about what you might be able to do to avoid these situations, or how you might deal with them if they do arise.

- Try and keep your expectations low, and remember that family and group situations are often complex, and it is not personal

- Remember you are allowed to take care of yourself, and give yourself permission to do what you may need to stay stable, whether this means having time out or going home early.

- Write a letter to your therapist about the day and take a walk to post it. I find this helps to know that someone outside of the situation is holding it.

- Resource yourself : buy something small for yourself as a treat, make sure you have nice food in the fridge, buy a small bottle of bubble bath or scented candle from some relaxing time at the end of the day.

- I buy a few of my little alters small gifts and they are allowed to go off quietly and open them when they need time out.

- Enjoy the good bits. Whether it be a funny cracker joke, nice lunch, time with a favourite relative, or a meaningful gift.

- Remind yourself about the people in your life who love you. It may help to have a list with you.

- Make sure you have support in place when you are able to. Know when your next therapy session is or contact with your therapist will be. Make plans with a friend.

Hopefully, have some fun and nice time too

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Seasonal Chutney Recipe

This is a simple recipe which makes a lovely homemade gift or seasonal treat.

It goes very well with meats and cheeses

You will need:

5 large cooking apples or 10 eating apples

250g mixed dried fruit

500ml of Vinegar

500g Brown Sugar

1 tablespoon Cinnamon

2 mulled wine sachets

I teaspoon of salt

¼ Bottle Red wine (optional)

About 6 empty jars

Lasts at least 12 months

Method:

Roughly chop the apples, leaving the skins on.

Put apples, mixed fruit vinegar, mulled wine sachets and cinnamon into a large saucepan and bring to the boil.

Add sugar, salt and red wine and reduce to a simmer.

Simmer for about 1 hour, until the apple skins have broken down and the consistency of the chutney resembles thick jam.

Meanwhile place the cleaned jars with labels removed into a cold oven. Turn the oven on as high as it will go and leave on for 10 minutes. Then turn oven off and allow the jars to cool gradually inside the oven.

Put the jar lids into a bowl of boiling water to sterilise them.

Taste the chutney, and add a little more sugar if it tastes too sharp.

Once happy with the taste, remove the chutney from the heat and leave to cool slightly.

Spoon into the jars and put the sterilised lids onto the jars.

Decorate the jars lids with circles of fabric or wrapping paper tied with ribbons.

It will taste best after being left for a month or two.

Upcoming Conferences

In the Spring of 2014 there are two conferences specifically focusing on Trauma and Dissociation:

The European Society for Trauma and Dissociation (ESTD) presents its Biannual Conference

Trauma, Dissociation and Attachment in the 21st Century: Where are we heading?

27th-29th March 2014

Copenhagen, Denmark

Full Details can be found at **www.estd2014.org**

The Trauma and Abuse Group (TAG) Presents its National Conference:

Working With Complex Trauma, Issues of Attachment, Trauma and Dissociation

With Keynote Speakers
Suzette Boon, Janina Fisher, Ruth Cureton and Mike Lloyd

4th-6th April 2014

Copenhagen, Denmark

Full Details can be found at **ww.tag-uk.net/TAG National Conference 2014**