March 2014

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

Volume 14 *Issue 4*

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

CONTENTS

The 2014 Spring Members Open Meeting is being held in Golders Green, London on Saturday, 10th May

Details enclosed

The AGM which was to have taken place on the same day has been postponed

It's Membership Renewal Time Again!

Please find enclosed renewal form and return it as soon as possible

Thank you!

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 any time.** 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, hand-written and typed material sent by post will continue to be accepted.

The next issue of the newsletter is due in **June 2014**; any contributions for consideration for inclusion in that issue must be with us by **1st June 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.

CHAIR'S LETTER

Dear All,

Well we did it. The new DVD which now has a title, 'No Two Paths the Same', was ready to take to the European Society for Trauma and Dissociation conference in Copenhagen. Kathryn, Oriel and I had gone to Gill, the producer's studio for a day to be involved with the final editing and I know I was even more anxious than with the first DVD. It was amazing and very quickly we felt reassured that what we hoped to achieve had indeed happened.

Gill interviews us individually for a couple of hours prior to filming so she knows what she wants from each of us. She definitely holds the big picture in her head. Through her meticulous preparation ensuring she elicits the responses she needs through asking the right questions is so apparent in the final product. She has us all supporting each other while also giving our different perspectives allowing it to flow very naturally, genius. Last time we were criticised for not having a supporter on film, this time we have and Paul has a whole chapter to himself. It is amazing, he talks with such insight, compassion and respect in a way that I know will help so many people over the years. We are going to have this chapter available on our supporting page of the updated website. It is priceless in what it offers partners and others who are close to those of us living with complex dissociation.

Sue, Remy and Mike have again given so much time to this project; words cannot express the depth of gratitude we owe each of them. The wealth of knowledge they bring is so evident in the film; Mike said at the end of our workshop in Copenhagen that the simplicity of the film is part of what makes it such a good resource that can be used by clinicians from all levels as well as many others and I totally agree with that.

The new constitution is in place and the application for FPP to become a Charitable Incorporated Organisation (CIO) has been completed and is now with the Charity Commissioners. It appeared a relatively straight forward exercise but as is usually the case has been a lot more complex than we ever dreamt. Some of this is because we are so small and unique and it is very important to make sure what we write supports and includes what we need to be able to do. Kathryn has spent many hours on it so a really big thank you to her.

If any members would like to be more directly involved do please get in touch. We do need a new editor for the newsletter, it is wonderful when someone organises an Open Meeting for us by finding a venue and/or leading a craft session. If anyone would like to organise a local session of awareness raising and would like us to come along to present or support them again get in touch. We see the new DVD being used in smaller groups of clinicians, therapists etc. so this might be something you would like FPP to bring to your area.

Finally I would like to thank Oriel on behalf of all FPP members for the time, work and enthusiasm she has given to us over several years. She has decided for personal reasons to take a break from FPP and I know we will all wish her well. I first met Oriel at an Open Meeting where this very shy but determined young woman came through the door and I still have the card one of her little ones made me that day on my pin board. She quickly became involved and over the years has contributed in many ways, some you are very aware of like editing the newsletter and others unless you have been at the Open Meetings you will not know about. Oriel has led the creative part of the meetings several times and I think the one that really sticks in my memory is last year in Brighton. She led the bead making session and we had several new members there who were very anxious. Through her quite, gentle manner nearly everyone was involved quite quickly with a lovely quiet hum of voices as people chatted to each other. We all made the bead necklace I am wearing on the second DVD there, so the day was personally important to me/us as well. Her contribution on both DVDs is invaluable and I know has offered insight and hope to others alongside the other contributors. So a very big thank you Oriel and when the time is right for you do please keep in touch. Warm wishes, *Melanie*

A Response to 'A Therapist's View: Is Short term work suitable for people with DID?'

by All of Us

'Trigger Alert'- You Bet!!

First of all, thank you for the trigger alert at the beginning of this article. Type of approach may be suitable for some people seeking help for their 'symptoms', but, for us, it had opposite effect. By the time we had reached the third paragraph we had been miraculously 'cured'. By this I mean that after the initial internal explosion, everybody began talking at once. The article was terrifying everyone and the more we read the worse the shouting, arguing and anger was becoming. Then we completely shut down and felt nothing at all- we were cured!

We would like to explain what this type of treatment would do to us.

The first thing we didn't like was the fact that the word symptoms was put in inverted commas. These sensations are not 'symptoms – so called' (and I apologise if the writer did not mean for the word to be translated this was); they are symptoms, and they are real.

Secondly, what about the question of trust? When you have learnt from a very young age that NOBODY is to be trusted, how can you possibly feel you can trust this stranger simply because you are told that he/she is a therapist and then build that trust up in a matter of six to twelve sessions? It took us at least 3 years to even **begin** to think maybe our therapist is safe and she's not going to do a bunk if we say, or do, something wrong and even then we kept asking her if she trusted herself, and if she was us would she trust her? It took ages- years not weeks.

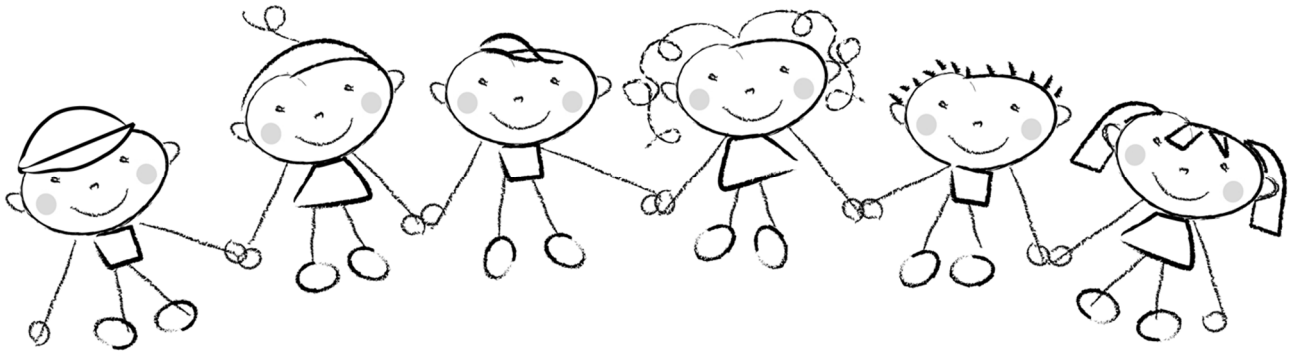
The next thing that upset everyone here was the belief that the parts did not have to talk about all their distressing memories. We were in long term therapy, with a trained therapist, for 9 years and we were never able to trust her, or ourselves, to be able to recall all of our various memories and experiences. Our younger parts are still too traumatised to be able to speak at all and we still have a lot of blank spaces in our memories. But, it was simply by our therapist assuring us that we could tell her if we wanted to; we could tell her anything and she would believe us; she wanted to hear what we had to say etc.. We did manage to tell her a lot. But there are still secrets we can't tell to anyone because the threats of what would happen to whoever we told are still too strong- even after all these years.

If she had just said 'Look, you don't have to tell me anything you don't want to, I don't need to know' we would never have talked to her about anything at all! Of course, she did say that; there was never any pressure to talk to her, or not, but more importantly, she was giving us permission to talk to her, even if we couldn't tell her everything.

There are other things in this article that, for a while, made the whole Newsletter feel unsafe such as making us feel the writer was treating 'symptoms' not 'a person' (again we apologise if we are wrong in thinking this). Some of the sentences sounded controlling. For example, when looking for a therapist ('You want someone who replies 'no'') a nd ('They should say 'yes''). We have spent many years of our life being told what we 'should' do and what we want and do not want.

Lastly, what is the point of having six to twelve sessions and then having to look for longer-term support? How do you know you won't stir things up during those sessions other than 'making life less hard work' and 'learning stabilisation skills' and then having to say to the client 'Sorry, I can't see you anymore, you have had your quota of sessions'. We had quite a few stop start therapists before we finally found one who was able to help us the most, and stop-start, in our experience, does not work.

To sum it all up, a therapist is much more then someone trying to help you deal with your 'symptoms'. In many cases, they are the first person ever who has given you permission to talk; they are the first person who has ever allowed you to be who 'you' are, however many 'you-s' there may be. Having that person in your life is a big deal, especially for people who have perhaps had very limited or no 'normal' contact with people who were supposed to care for hem and protect them, and so had to create multiple parts. A good therapist should never undervalue him/herself!!



In my early professional years I was asking the question: How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth?

Carl Rogers, Ph.D.

The Multiple Therapeutic Needs of Multiple Clients

by Ruddy

We're having a bit of a difficult day today. Today could potentially be a real disaster day. Luckily we spoke to our therapist this morning on the phone, which helped us to get up and get going. We will continue to text and possibly speak again on the phone during the day and evening.

So what does a difficult day for us mean for our therapist? Really bad days have been known to include numerous phone calls, emails, her coming to find us, lots and lots of texts, and of course longer and/ or more frequent sessions. That's not to mention the worry and responsibility that comes with being our therapist, and all of the other effects which she doesn't tell us or which we aren't aware of or just don't remember. Don't worry though – a normal day these days entails just some texts!

We are probably not the easiest clients. We don't mean to be so demanding, and acknowledging it is horrible. We're not demanding people – we would much rather go all out trying to help other people and put other people before ourselves. Unfortunately the therapeutic journey means that we have to openly and wholeheartedly allow our needs to be met, and we have huge needs.

Our need for constant contact and reassurance, and all of the other things that go with our attachment difficulties, are just a few of the very many effects of the extreme abuse we have been through. We have a lot of problems because our experiences impact every aspect of us and our life. We have huge needs because we have been hugely hurt and damaged. We need our therapist's love and care to heal the wounds of being treated so very unlovingly and uncaringly.

We are not going to discuss the reasons for why we are like this any further, but instead we are going to focus on what we need and don't need from our therapist.

Let's focus on the positives first. What positive effects does our therapist have on us? It's a big question and the answer can be simplified to this: Without her, we would be dead. Put in a more positive way: our life now and the fact that we are alive now is a testament to how exceptional she is as a therapist and as a person. Her love, unconditionality, acceptance, and consistency are healing beyond words and she has enabled us to grow and to hopefully to keep growing. She gives us a safe place to talk about what we need to talk about and also to practise how to live in this world. We cannot express enough how incredibly important she is to us and how much she has given us.

What positive effects do we have on our therapist? You'd have to ask her!

What do we need, and more broadly what does someone like us need from a therapist? Firstly, the things above: love, unconditionality, acceptance, and consistency. We need her to be kind, to always listen without judgement, to be interested in us and our life and how we are, to be willing to learn, to have a sense of humour, to have boundaries, to be very clear, to be able to interact with a very wide range of people of all ages and backgrounds, to be unshockable by our experiences, our behaviours, and our behaviour towards her, to be stable, centred and supported enough to be able to cope with what we have to say... And that's just the beginning of what could be a very long list – imagine what the job advert would look like! In the end it actually just boils down to this: someone who is committed to us; who really cares about us; and who is able to listen to us.

This is really what we want to emphasise to you: Anyone can be the therapist of a multiple client, but not everyone. You don't have to be an expert but you do have to offer love and commitment, and you do have to see the people behind the diagnosis and abuse.

Multiple clients are a huge commitment and responsibility. Before you even think about giving therapy to a multiple client, you need to consider very honestly and carefully what you are able to offer and where your limits are. Our needs can seem bottomless and endless, and you need to know exactly what needs you can try and meet and what you can give. Think carefully about what support you have in place, because sometimes it will be hard and sometimes you will hear things that will be very upsetting and disturbing. Think about your own experience and knowledge. You don't need to be an expert in DID, but you do need to do your research as comprehensively and quickly as you can, get in contact with people who are experts, and of course listen openly to everything that your client tells you. Think about your workload and your other clients, and whether you really have the time and energy needed. Think also about whether you are able to offer such a long term commitment – we're talking years rather than months. Think about what it means in your everyday life – we are in contact with our therapist at least several times every day, we talk to her when she's on holiday, and we need much more of her time at difficult times. In some respects she is our life companion: she hears and reads about every single day and is alongside us non stop. Think also about what phone contract you're on!

Why do you need to consider it so carefully? Because when it goes wrong, it goes disastrously wrong. Bearing in mind how deep our needs are and why, and bearing in mind how much we have been hurt already, being hurt again and having our trust broken again would be absolutely unbearable. Every DIDer can tell you horror stories about therapy gone wrong. It is dangerous and destabilising at the time and it has lasting consequences. We still acutely feel the hurt of previous therapists who found that we were more than they could cope with, and each failure resulted in us spiralling further and faster downwards. Please, please don't just give it a go. This is very serious and potentially very dangerous, so never take on work with a multiple client lightly or half-heartedly.

That said, we would like to really encourage all of you that every single one of you is capable of being a fantastic therapist to a multiple client and giving that love and acceptance which is so incredible, healing, and beyond words. Don't be scared, but please do be very serious.

Mutual Support: - the first FPP regional group meeting by Melanie

FPP often receives queries asking where is my nearest support group, where can I meet others with complex dissociation? We know there is very little available and starting regional mutual support groups has always been something FPP has hoped to do. The time feels right now for many reasons so **our first, introductory regional group meeting is in Brighton on 21st May from 6.00 – 8.00pm.** If you would like to know more or are interested in attending this first meeting then e-mail me at fpp-chair@hotmail.co.uk but please read this article in its entirety before you do.

This first meeting will explore what all those who are interested in forming this group want from it and how this can be achieved safely. Some of the things we will consider is venue, times and frequency of meetings, cost, can others join the group once it is established, may I bring a support person; do I feel having attended the first meeting that I am in a place to do this or is it not the right time for me? There are so many things to consider and then of course it might just not be right for you. ***Being in therapy or with a very good external support system is essential as these meetings will inevitably bring up issues that need a safe place outside the meeting***. The ground-rules for the group will be based on those we use at FPP Members' Open Meetings, amended to meet this group's needs.

I (as an individual, not on behalf of FPP) have personally started and been a member of two groups in Norwich; the first ran for two years and the second for four. They were very different, the first was a closed group after the initial meeting, there were five members and we met fortnightly. This group was a life saver at times for me and was given precedence over any other commitments. The second group was an open group, people were able to join at any time and we had a male member; again it worked well. We met monthly and it was important to me but I was in a very different place by this time. We managed to make the groups a safe place for people to be by being very clear what we felt was appropriate and what was unlikely to be helpful.

I intend starting this first FPP regional group based on what I have learnt appreciating that it will evolve to suit the needs of its members. The new group will not be facilitated; this was an extremely important part of why most of those who attended the Norwich groups got a lot from them. It was empowering to feel as an individual responsible for my own safety and to achieve this I could chose not to attend if I was not in a good enough place, I could also leave at any-time as long as I told someone if I was not coming back that time. I could respectfully say if I felt someone was not following the ground-rules, maybe talking too explicitly. I also had to assess whether it was my perception so I needed to take time out or if this was the reality of that situation. It was a place of sharing, challenge, change and growth.

Neither group was for people in a major crisis, everyone needed to be in therapy or have good support and an understanding of how they managed their life/lives. We definitely were not a therapy group. We did not have themed meetings; we went with what people wanted to talk about each time. This could feel quite difficult sometimes but staying with it allowed us each to be responsible for the meeting building up a sense of being part of something in a safe and healthy way. It was for adult parts or those who were managing every-day living. This was important to make sure that the meetings stayed as safe as possible for the whole of each of us. The idea was we would share how we manage in the present knowing that each of us there was DID/DDNOS. Being with others who understand what it is like living with being dissociative was so validating, we never had to justify ourselves, the deep, unspoken knowing shared by others was very powerful, for me it removed the feelings of shame about the complexity of my everyday life in the present. The meetings did evolve, people did feel free to challenge respectfully. An important aspect was nobody was responsible for anyone else; this became an appropriate place to be with others who understood, to share and sustain self-responsibility. It helped to give me confidence.

Whether FPP regional mutual support groups can and will work remains to be seen; but the time does feel right to give it a go knowing we need to take it very slowly with a lot of reflection and honesty. I am excited as well as apprehensive about this next step in FPP's development.

Other FPP regional mutual support groups may be developed in the future but this can only happen where there is a local person(s) willing to be the instigator and contact – not facilitator, not lead – just someone who is willing to be the voluntary organiser for the first meeting in the locality, including finding a venue. Is that you? Contact us.

Letter to Ruddy

Written 26th January 2014

Dear Ruddy

I am a multiple living in upstate New York and am an international member of First Person Plural.

I want to tell you I am so helped by your article in the September 2013 Rainbow's End on 'Abandonment and the Therapeutic Relationship'.

I recently got a new therapist after being without one for a year and a half, The previous one lasted 4 years but ended without closure which was very painful as you might imagine. After about three months with the new therapist, she made a couple of 'missteps' that resulted in me feeling very abandoned. I did not know how to talk to her about my feelings as you suggest in the article and I did quit the relationship. This was back in mid-December 2013 (at holiday time with me with no plans socially).

I became increasingly anxious and isolated. Thank God a few days ago I hit and insolation 'bottom' crisis point and called a friend who lives 2 hours away and she gently planted the seed that I might consider reconciling with my therapist and share my feelings that surfaced in response to the 'missteps'.

I left the therapist a message saying I wanted to resume therapy with her, adding that I felt very scared. She called back the next day and said sincerely that she would be happy to work with me again.

I re-read the article you wrote and am going to bring it to use as a bridge to help me to talk about my feelings. I so appreciate how clearly you express yourself regarding this issue of feeling abandoned by the therapist (whether that is what is actually happening or not).

With my other therapist of 4 years I would feel very distraught when seeing her after she had been away and would just cry mostly (or I believe it was child parts crying) at having her back. With the new one I haven't been able to show her how much we need her. Maybe tomorrow (when I see after almost 9 weeks of not seeing her) I will be able to share my more vulnerable feelings.

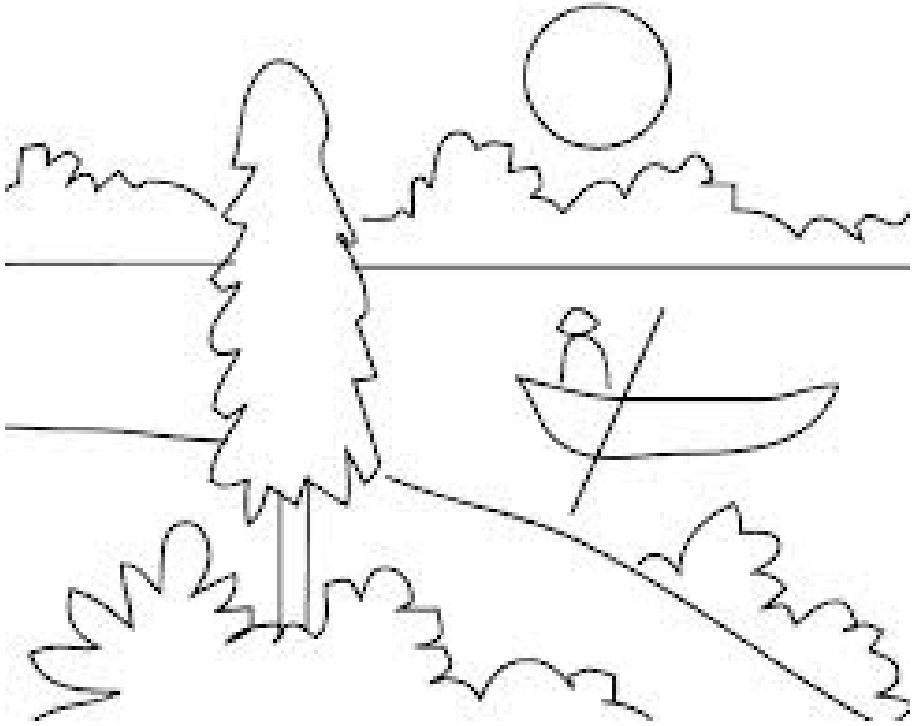
Thank you so much for your article, it is so helpful!

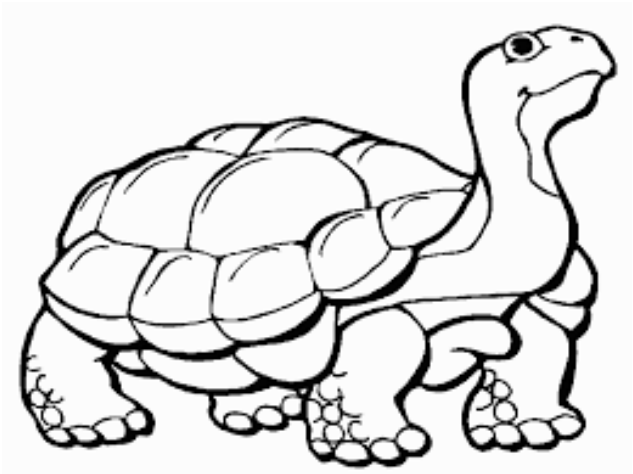
Sincerely,

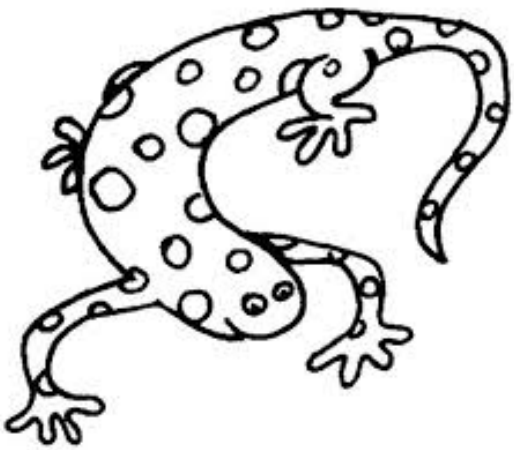
Susannah

PLAY

Can you add some detail to this picture?







And colour in these creatures?

First Person Plural, PO Box 2537, WOLVERHAMPTON, WV4 4ZL
http://www.firstpersonplural.org.uk - email: fpp@firstpersonplural.org.uk

CENTRE

Can you fill this in with things you would like to do this summer? It can be anything you like. You don't have to do all of them, but just have nice things to look forward to like visiting a friend or going to the cinema

Fun Things to Do this Summer

Have fun!

Q. Why Did the sun go to school?
A.To Get Brighter

Q: What goes up when the rain comes down?
A: An Umbrella.

Q: What do you call a month of rain?
A: England

Q. What's the difference between weather and climate?
A. You can't weather a tree, but you can climb-it

Q.What does a cloud wear under his raincoat?
A.Thunderwear!

Looking on the Lighter Side of Lives

by Ruddy

Having DID is hard. When you live with DID it can be very difficult to see that it is anything but dark. But darkness itself implies the existence of light. As bizarre as the concept may seem when darkness surrounds you, it is only a dark side – and that means there is a light side too. We are going to talk about some of the great things about having DID, from the profound to the silly, and how to use the lightness to cope with the darkness.

DID has helped us to survive

This is one of the most fundamental facts about having DID: Without it, we wouldn't have survived. And more than that: Even if we had survived, we wouldn't have been able to live our life in the way that we are now. Our parts protect us from things that we couldn't cope with knowing, and they went through things that we couldn't cope with going through. Although it can feel like DID ruins and complicates life, it's important to step back from it and remember how much it has done and still does for us.

The joy of the littluns

Littluns are great. Children have a zest for life, a curiosity, and an innocent playfulness , which we get to enjoy and be uplifted by. Some of our littluns' sense of humour is brilliant and they often pop out when we're feeling sad to try and cheer us up. They are ever so sweet and they encourage us to be interested in life. Their constant curious questions are interesting and funny, and we get to do things that we wouldn't otherwise, like go into toy shops! They delight in every fun activity and we're learning to listen to them and enjoy doing some fun things rather than suppressing them. There are of course plenty of littluns who are extremely traumatised and sad, and they need lots of care, but it's good to recognise and enjoy those parts who make us smile too.

The help of the littluns

The littluns help us a lot. They give us childlike courage when we are anxious. They can be blunt and interfering – and often sort out arguments and problems. They make us laugh. They cheer us up when we feel sad. They push us to do fun things. They get us home when we are too dissociated. They aren't afraid or embarrassed to check things out and ask direct questions. They are lovely companions.

Switching as a resource

Switching can cause a lot of problems, but it can solve a lot of problems too. It is often a real relief to have DID. When some of us are overwhelmed by darkness, switching means that we can carry on functioning while some of us have a break. Switching is handy if we're in a boring situation, since we then just have to do five minutes or so and then let someone else take over. It's also great for jokes and pranks when we're with people we're out with!

Enjoying each other's skills

We have some creative and talented parts, and it's a pleasure to enjoy their artwork, music, writing, and other skills. We wouldn't have nice pictures up on the wall and a colour co-ordinated house if it wasn't for those parts. We are also grateful that other parts cook nice dinners, sort out bills, and do the housework. Enjoy the fact that different parts have different jobs and enjoy the fact that you don't have to do those jobs!

Constant companions

It is a deep comfort knowing that we are never alone. There is always chatter, always people around, always someone close by and ready to help. Many of us have inside friendships and some have responsibility for certain littluns. At different points we have found it so comforting to go out for a walk and turn round and just notice everyone around us.

Never on our own with things

There is a security in knowing that if I completely lose it or if I'm overwhelmed, there are plenty of people ready to jump in and help. If I can't cope at work, I know that there are others who will step in and give me a break. If I become too dangerous to ourselves then I know that someone is going to sort things out. It's hard to believe sometimes but we've proved this time and time again and we wouldn't be here if it wasn't true.

Opportunity for growth

Not many people get the opportunity to completely relearn how to live, to relearn attachments, and to become so selves-aware and equipped. We sometimes notice that other people just aren't as aware of themselves as we are and we are learning to be grateful for the awareness we are developing. We also get the opportunity to ask silly questions about things we don't know, to find out about things that other people wouldn't have the chance to find out about, and to practise little but important things like how to hold cutlery, how many kisses to put on the end of a text, and what clothes are appropriate to wear.

Lots of lives

We have lots of interests, lots of habits, and lots of friendships (even if they're with the same people). This can feel too much and too complex, but the other side of it is that it makes life more interesting and broad. We have lots of hobbies and we try to appreciate the variety that this gives life.

We're great at covering up

Other people can't function when they're sad. Something happens and they have to go home from work and manage other people's prying questions. When we're sad, we don't function as well, but we can function. This gives us more privacy and control over what people know and it means that we can carry on living despite everything.

Funny stories

We have lots of anecdotes of amusing switches. Sometimes it can be very funny to step back from ourselves and notice that in the last ten minutes we have ranged from a grief-stricken mother, a boisterous 6 year old, a cuddly baby, a serious worker, a trickster child, a football fan, a cook, an artist, and a shy teenager – and that our husband and/ or therapist have managed to keep up with it all!

Life isn't boring

At the very least, we can't complain that life is boring. Life is varied, interesting, challenging, sometimes fun and funny, companionable, and full of potential. DID is hard to live with, but we wouldn't have it any other way. When we've been in a very dark place and people have told us to look on the bright side and to be grateful to our parts, it has just seemed invalidating and empty. We would feel guilty for not being able to have compassion for other parts and frustrated by people's lack of understanding. Be compassionate and grateful – how are we supposed to do that?! So we are now going to make some practical suggestions about how to appreciate your parts and their lightness.

- *Encourage the littluns*. Ours love lego, toys, games, children's books, animals, writing practice, and lots of other things. Have an area in your house for the littluns' stuff. Allow them time out. If you are able to be co-conscious, play with them. Let them practise their letters and numbers. Read them stories. Talk to them when you're out and about. Listen to what they say and try and answer their questions. Identify littluns who are more present in the outside world and enjoy their simplicity and zest for life. Let them try to comfort you. Ask them what they'd like to do. Notice the way that they appreciate the little things. Laugh at their jokes and smile with them.

- *Get to know your parts – not just their darkness, but their lightness too.* We could write a lot on how to get to know your parts, and it depends on where you're at, so we will be brief. If you're at the start of this, try things like leaving notes, a shared journal, a whiteboard or noticeboard, using your therapist as a mediator, listening and sensing the others, and trying to show respect for them. As you get to know your parts and their suffering, also try to get to know what helps them, what they enjoy, their hobbies, their sense of humour – them as a rounded person. Encourage these hobbies and allow yourself to enjoy what they bring to your collective life.

- *Involve your parts.* When you're making a decision, ask the others. If this doesn't work yet, leave a note. Stop and listen to inside and allow yourself to feel their feelings and reactions. Find out what the others would like to do and what activities they'd enjoy. You might end up really enjoying something that you would never have thought of. Involve them in the lighter side of your life, and they might just involve you in the lighter side of theirs.

- *Try not to be embarrassed.* We used to feel a bit embarrassed of other parts' hobbies and interests. Then we realised that it doesn't make any sense, since we are not those parts and they have the right to be interested in anything they like. It's ok to allow interests in football, art, singing, lego, electronic music, and anything else that might not be your taste. Allow yourself to be broadened by others' interests.

- *Creativity*. Drawing is a great therapeutic/ memory tool, but it's great for lightness too. Let the littluns draw cartoons and animals. Tell them it's for things in 2013 and it's only for good things. Show them some happy pictures for ideas. Give them interesting experiences and memories that they can draw later. Put their pictures up if you can. Allow older parts to draw. If you have some resident artists, give them time out. Appreciate their talents. Let your musicians play and enjoy music. Let your writers write. Let your interior designers help with decorating. And so on. Maybe you could even have lessons from someone. Always: Appreciate them and their gifts.

- *Feel a bit smug*. Having DID can be great. No washing up, no bills, no boring conversations. You can switch if you're too tired for work today, get a runner out if you're late, and you're so much better at multi tasking than other people! Enjoy your collective special and varied talents. Notice that there are some advantages to being a DIDer over being a singleton, and enjoy it.

- *Be comforted by each other*. Nurture your inside friendships. Look after your children. There is a deep comfort in looking after and being around children, and we can do that all the time. Notice that switching isn't always about being pushed aside, but it can be a very caring hand on your shoulder letting you know that you can go and have a break and trust that someone else will cover for you.

- *Laugh*. Have some humour and joke about DID. Collect funny anecdotes. Let yourself laugh about it, even if it's trench humour. Roll your eyes and sigh exaggeratedly and smile.

- *Be out with someone*. This is not always possible and that's ok. But if it is possible, it can be amazing, and having someone else around will help you to appreciate DID. That person can relay funny stories, they can have jokes with you, and your parts could even play (safe and funny) pranks with them. It's fun when there's someone else in on it and they will notice different things about it which you can appreciate.

- *Witnessing growth*. It's amazing to watch parts growing and healing, particularly the littluns. Some of that growth can come from those parts experiencing and responding to acceptance, respect, and love – from you and other parts. You can be a part of the growth process of others.

We who have DID are resourceful – and the resourcefulness doesn't need to stop at coping with bad stuff. We can also use it and apply it in a range of ways in daily life. Encouraging and enjoying lightness is a resource in itself, and it can help you, comfort you and uplift you during the dark times. Having DID is wonderful and we literally owe it our lives. Again, this doesn't stop at surviving the bad stuff. There are so many good things about living with DID, much more than we have written. DID is who we are, and we wouldn't have it any other way. It hasn't just kept us alive – it is our life, and we are trying to enjoy living it together. If you are able to, why don't you write a list for yourselves? Value each other, and value each other's lightness.

Wonderful, wonderful Copenhagen! – report of ESTD Conference

The European Society for Trauma and Dissociation Conference was held in Copenhagen and it was extremely encouraging to have nearly 500 delegates from all over the world. Several of the plenary sessions were focusing on research with the closing session allowing the main speakers to summarise their hopes and challenges for the future helping to bring the whole conference to an integrated conclusion. A lot of the research revolves around somehow dovetailing trauma and dissociation which seems a logical approach as long as the recognition remains that the therapeutic input requires to be appropriately focused on the individual client's needs and does not get lost in a neat package with, in my opinion, probably poor outcomes.

I attended three workshops that focussed on directly working with people. The first was Mary Parish's film about her journey through art therapy, told by Mary and her therapist. Very sadly Mary recently passed away and as I was fortunate to know her this was an extremely poignant occasion. Dr Zoe Pool from Dorset Action on Abuse and two art therapists and a psychologist working as a team with refugees in Denmark talked about the power of art in support groups and demonstrated the healing that it is possible to achieve through this medium. They all, including Mary found that this often allowed a story to unfold that had otherwise been silenced.

Finland's Trauma Centre that is held in high regard throughout Europe run parenting programmes for mothers who are also in individual therapy for DID. They have between 6 and 8 in the group and the twelve week course is structured and themed. Imagine living in a country that recognises and provides therapy at this level to have enough mums to run these groups. How I wish something like this could happen in the UK. I think it would need to be only for mums with complex dissociation as our needs tend to be different to those who have more connected thinking. It was a very practical approach allowing issues to be raised and thought through in a non-judgemental environment while appreciating that for many this was probably the first chance to reflect on attachment, positive parenting and the importance of play. Overall a very good conference and it is so reassuring to see an ever growing energy and enthusiasm in Europe to address trauma and dissociation.

by Melanie

A message to my therapist…

by Liz

(*For several years I spiraled 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'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

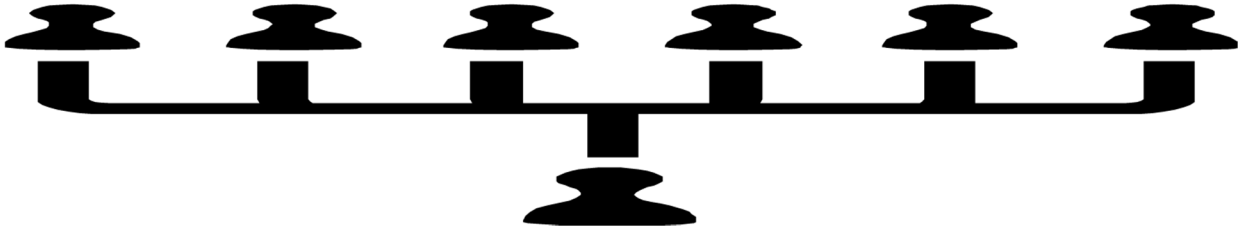
I must go now, and will stop bothering you
There are so many with REAL problems
They must be forming a queue
So sign off my file please……
…..under all those GROSS things
Write it in capitals
'CONCLUSION:- SHE MADE IT ALL UP'

Please?.....

Research participants wanted :- I am currently looking for people to take part in the research I am doing for my thesis as part of my Clinical Psychology Doctorate. It aims to explore how people who dissociate experience therapeutic relationships with members of staff on NHS wards. **The main criteria for taking part is: - Have you been on an in-patient ward for any reason, for at least two weeks within the last two years?**

If you would like to know more please contact Sarah parrys1@exchange.lancs.ac.uk

Sarah is working with Dr Mike Lloyd who has supported FPP's work including appearing on both DVDs.



Funding, more difficult than ever! by Melanie

In this transition period and the enormous financial cut backs affecting Mental Health Services trying to get DID recognised and long-term therapy is becoming harder. We hear about mental health workers who do the initial assessment when a GP refers a patient into the well-being services, the first port of call in mental health. In many areas you have to negotiate the system at this level before arriving at the appropriate secondary level mental health services. The assessment questionnaires often feel that they are on a one track course, CBT and it is recognised this is inappropriate at best and can be extremely harmful for people with complex dissociation. I think many GPs are as demoralised by the developments within mental health and are genuinely concerned as to the path they inevitably have to set some of their patients on who obviously need considerably more help and support than this route will provide.

Luck seems to play a bigger part than ever as to what the outcomes are for each individual but there are some commonalities. Two therapists who have recently secured funding shared their routes through the system. In each case it had been a long process involving a supportive NHS clinician, in one case the GP and in the other a psychologist, as well as strong and increasingly proactive involvement from a significant other and luck.

The stages of one therapist and her client's journey: -

- The GP's recommendation to new Clinical Commissioning Group (CCG) .
- It was necessary to say that the therapy needed could not be provided within existing resources. This was achieved through an external SCID-D assessment with treatment recommendations being an important factor. The report recommended that this client with an accurate assessment of DID should not be referred for CBT.
- Providing links to supporting evidence for this recommendation and what is appropriate help e.g. the International Society for the Study of Trauma and Dissociation (ISSTD) guidelines & current research and some evolving UK research showing the prevalence of complex dissociation and cost effectiveness of appropriate therapy
- A process of built in review and evaluation. Funders asked for a review every 6 months via a report to GP.
- Treatment aims, outcomes & prognosis - a very medical model
- The hard bit was how to define, evaluate & value the therapeutic relationship which we know to be the most important element.
- To show a 'sufficient level of illness'

Funding was eventually achieved 'through persistence and indicating that inpatient care would be inappropriate and more expensive'.

It feels like nothing has really changed just got a lot harder. We would appreciate you sharing your recent attempts to negotiate the system, the pitfalls and successes as it is important that we offer any support that we can through FPP. If anyone would like more information regarding the UK research programme and the results of FPP's survey we conducted four years ago do please get in touch.

If you are having a battle write to your mental health leads in your area and MP, this has worked in the past for some people, likewise an official solicitor's letter if your needs are continuously not being met ,has been effective for a few people.

Sad news – by Kathryn

Mary Parish who had been a full member of First Person Plural for several years and was a previous Trustee and Treasurer for the charity sadly died on 14th February 2014, aged 66years. I was privileged to count Mary among my friends but sadly never got to see her as often as I would have liked. But I will be forever grateful that I did meet up with her a few months before her death. The occasion was a meeting to view and discuss a film she had made with Dorset Mental Health Forum. The film documented part of her journey of recovery from DID through art therapy using interviews with herself and her art therapist, and examples of her therapeutic art. It is a beautiful film; a very fitting legacy among many from a beautiful person who lived a strong, courageous, selfless, and highly productive life despite a great deal of adversity throughout. Thank you for being part of my life, Mary. I miss you. I was so very pleased to be able to say my goodbyes when attending the celebration of your life with your family and closest friends. My thoughts are with Martin, your children and grandchildren. Rest now!

Wonderful, wonderful Swanwick – report on TAG Conference *by Kathryn*

Its only hours since I returned from TAG's wonderful conference held in Swanwick, Derbyshire. Okay not quite the same romanticism as Copenhagen – see p15, but the Hayes Conference Centre where TAG holds its biannual conference certainly feels wonderful when the TAG conference delegates assemble. I don't mind admitting that TAG is my very favourite conference to attend. It never disappoints. And this year was no exception. With excellent keynote speakers in Suzette Boon from The Netherlands, Janina Fisher from USA; and our own Dr Ruth Cureton & Dr Mike Lloyd from UK we were spoilt and privileged to hear from such influential, inspirational and knowledgeable speakers. I was able to attend only one workshop (because FPP was presenting our new learning resource film during the other workshop session, which was very well received) - with Janina Fisher talking about trauma, dissociation and psychosis. As queries about the differences between DID and psychosis are often asked I gained much useful info from this workshop. The two and half days were end to end nourishment, swathing me with the revitalising energy (and paradoxical immediate exhaustion) that comes from being with a very diverse friendly delegate group with the common goal of learning and sharing about trauma, dissociation and attachment. It was wonderful too that so many FPP members were there and came over to our resource stand to say hello.

tag trauma and abuse group

No Two Paths The Same *is a unique learning resource film which explains and offers insights into the phased-orientated treatment approach for Dissociative Identity Disorder (DID).*

It features three experts-by-experience who live with and are in long-term therapy for DID — Melanie Goodwin, Kathryn Livingston & Oriel; Paul, a partner of someone diagnosed with DID; Remy Aquarone, Analytical Psychotherapist; Dr Mike Lloyd, Clinical Psychologist working in the NHS; and Sue Richardson, Attachment - based Psychotherapist.

The film complements First Person Plural's first training film "A Logical Way of Being – the reality of dissociative identity disorder and other complex dissociative conditions (2011).

No Two Paths The Same *is approximately 109 minutes in total divided into a brief introduction and five chapters.*

Introduction (3m 26s)
Chapter 1 : Stabilisation (34m 52s)
Chapter 2 : Working through Trauma (20m 10s)
Chapter 3 : Consolidation & Integrated Living (23m)
Chapter 4 : HOPE (08m 06s)
Chapter 5 : A Partner's Perspective (18m 36s)

Who is this film for?
The film will be useful to any adult who wishes to be better able to help their clients / patients, partner, family, friend or self by learning more about therapeutic process for people who have DID. This includes clinicians of all disciplines; other mental and general health, social and community services personnel; survivors; partners and others.

The film is available on DVD [region-free PAL format] or as an MP4 download

For prices and ordering visit www.firstpersonplural.org.uk/sales

Generous discounts are available for members of First Person Plural (FPP), Trauma & Abuse Group (TAG) and European Society for Trauma & Dissociation (ESTD) and/or when purchased together with "A Logical Way of Being"

Newly joining or renewing First Person Plural members will also find the discount offer on their membership application form

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