

f i r s t p e r s o n p l u r a l

Newsletter for Dissociators and their Allies

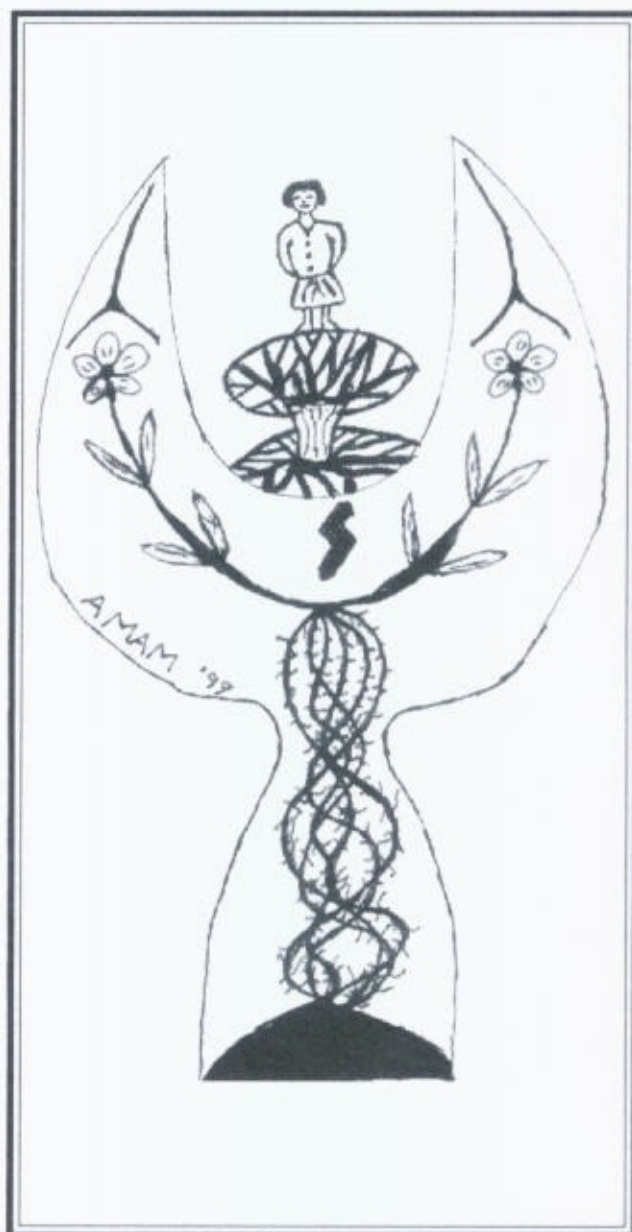
July, 1999

Vol 2 : Issue 1

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Editorial Statement

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

Contributions to next issue to be received by 1st Oct, 1999

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

ATTENTION

Material in this newsletter may trigger painful memories and feelings.

Read with caution and appropriate support if necessary



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

Meet the Steering Group

Melanie - I am married with four children, two who live at home and are completing their A levels and two who have completed their education and live away. I have been in therapy for my dissociative disorder for five years. During the past year we have changed therapist and now work with someone who is experienced and is incredibly comfortable with our internal family. This has enabled us to feel safer and most of us feel we have consequently made some impressive strides.

Our deeply held belief that the ignorance and isolation surrounding dissociation worsens a situation which is already intolerable has made us want to help in educating people on the complexity of the problem. Our biggest step was to make contact, through FPP, with other people who are dissociative and to build on this through joining the Steering Group. This contact has confirmed an initial 'gut feeling' of the need to share with others who really understand what it is like to live with dissociation 24 hours a day, 365 days of the year.

Julia & Co - We are single and live alone. When we heard that Kathryn was hoping to continue with a newsletter we wrote in the hope of being able to help continue the work that Collective Consciousness had started. We knew how important CC had been to us, helping us know that other people understood and we wanted to give something back however small that maybe. As FPP has helped us to continue on we would like to take this opportunity to say thank-you to all contributors and subscribers.

John - is married to a woman who has DID. He has recently stepped down from the Steering Group but has provided support and ideas throughout the first year of FPP. Thank you, John.

Kathryn: - It is somewhat remiss of me to not have introduced myself properly before now. I am the founder and newsletter editor of First Person Plural. I am 43 (leastwise this body is) and single. Kathryn Livingston is not our legal name but we use this identity in our work for FPP to try to maintain some level of anonymity while trying to do what is, in essence, public work. Staying anonymous has become increasingly harder so it is fortunate that it is now not as crucial an issue for us as when we first started FPP. More people in our life now know of our dissociative disorder. We have been in private therapy specifically focused on our dissociative disorder and related trauma history for 4 years but prior to this we'd had a very long, unhappy and predominantly unhelpful involvement with statutory mental health services.

I work full-time (paid) for a mental health charity which campaigns and informs for positive changes in the mental health system. Sadly, my employer is inactive on the topic of the dissociative disorders and the needs of people who experience them. In my spare time I single-handedly edit, desk-top publish, photocopy, staple, fold and mail the FPP newsletter. That is why it is not always on time. ☺

*The FPP Steering Group (all 3 of us) are scattered geographically but try to meet once every two months (at our own expense) to discuss non-newsletter FPP projects. Our current primary focus is planning and writing booklets about dissociation. **We would like to hear from any dissociative member of FPP who thinks they might like to join the Steering Group.***

Dear Kathryn.....

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

IMPORTANT: - If you write to First Person Plural please make it clear if you intend your letter for publication and indicate what, if any, of your personal details can be printed. If you wish to receive replies but wish to use the FPP address it is essential you send a large 31p sae with your letter. In this event your letter will be printed with a number and replies forwarded in your sae. To reply to a numbered letter place your reply in a sealed envelope with the letter number marked on the outside and put inside another envelope for posting to First Person Plural.

Kathryn Livingston, First Person Plural, PO Box 1309, Wolverhampton, WV6 9XY
or email fpplural@aol.com

Networking sought by Play Therapist

I am a counsellor who has worked with several people with Dissociative Identity Disorder and supervised other counsellors in this work. I struggle in this due to the lack of acceptance and understanding of the condition from other professionals. I wonder if you have contact with other professionals working in this area who I could network with.

I am now working as a Play Therapist and feel that one of my 12 year old clients disassociates to an extreme degree. I am wondering if you have any information or can recommend any literature about working with children who disassociate, or again, if there are other people working with children with whom I can network.

Letter Number 2.1/1

Note: - The editor has advised the writer to contact ISSD(UK) but if any individual therapist/counsellor wants to offer to network with the writer or if any of our readers can respond to her information request letters will be forwarded.

"You Don't Quite Fit" *by Melanie*

How many times has the phrase "You don't quite fit" been used in my household over the last few years? Previous to my life collapsing around me and having to deal full on with my dissociation it had been my unspoken secret. I knew I was different and yet every bit of energy went into appearing like everyone else. Since my dissociation has become obvious my husband confesses to always having been confused as to how someone so mature could be so immature. He used to think we had chosen a carpet, decided to go for a walk, planned what we wanted for supper only to find that his reasonable wife had completely changed her mind with no apparent memory of the original plan. Remarkably, this was accommodated within our relationship but it wasn't resolved as much as unacknowledged and unidentified.

Later, when we first entered therapy, there were times my husband would talk enthusiastically about having heard an interesting programme on the radio or read something about some mental health problem or other. We knew, he thought he'd found the solution. Always, as he shared his newfound insight, he would get slower and slower until his enthusiasm dissipated with the phrase "But you don't quite fit, do you?"

Even after we had taken overdoses when my kind, but dissociation-ignorant, GP spent time talking and explaining why people try to kill themselves he would end up looking at me and saying, "None of this fits, does it?"

The question used to make me feel I'd failed again by not fitting into the recognised models of mental health problems. This is less of a problem for me now as I accept my difference and no longer allow others the luxury of ignoring it when it is the cause of a situation. To reach this still shakey assertiveness has been incredibly tough.

It often seems that there is an implicit assumption that not only will the person with D.I.D. already have a doctorate in psychology but the rest of her family/ supporters will have a life-long interest in mental health and a wide knowledge of such issues. At the times when we are at our lowest and most confused; most in need of support and understanding we have to try to support others who love and care about us to understand what is happening. I know we have made a bad job of this and it will be a big problem for my family for many years. Yet how can we meet these expectations when we have little or no idea what is going on ourselves?

It is our dream that the dissociative disorders will be increasingly recognised, accurately diagnosed and effectively treated in the UK. However, alongside this progress must come the availability of easily assimilated information about trauma-related dissociation for the newly diagnosed, for mental health and other community workers and for the partners; adult and dependent children; other family; and friends of people experiencing dissociative disorders.

I am sticking with working through my problems in therapy, partly because I have little choice if I am to survive with any reasonable quality of life but mostly so that I can make sense of my existence. If, during my therapeutic journey, I lose my husband and children through lack of support and information for them then I see little point in the process.

Thankfully, I am now far enough on for this to be less of a risk but I wonder in amazement that they are still with me. I feel bitter that my journey has had to be taken with this constant risk of losing those closest to me.

continued on page 5

As announced in previous issues, First Person Plural has the funding to produce Plain English booklet(s) about trauma-related dissociation. Myself and other members of the steering group hope that this will be one of the first sources of easily assimilated information available for people who experience a dissociative disorder; for their family; friends and other supporters. We also hope that through widespread distribution of the booklet(s) we can stimulate interest in the dissociative disorders among mental health and other community workers likely to be in contact with persons who have an undiagnosed dissociative disorder.

However, the steering group consists of only 3 people. While we each have some contribution to make from our own and our supporters experiences we believe it is essential that the booklet(s) draws on many different first hand experiences and offers as wide a representation of perspectives as is possible.

You Can Help

Please tell us what you think would be helpful to include in the booklet(s). Tell us the things that you would have liked to have known when you first started your journey. What information would you like now? Tell us the things you have found helpful. What have you found unhelpful? What skills have you learned/discovered to cope with being a supporter or to help your friend/relative. What skills have you learned/discovered to cope as a person who is dissociative?

We want to hear from people who experience dissociation; from their relatives and friends and from any professional supporter with relevant input.

Please send your input for the booklet to:- FPP Booklet, PO Box 1309, Wolverhampton, West Midlands, WV6 9XY

The **National Self-Harm Network** is a survivor-led organisation committed to campaigning for the rights and understanding of people who self-harm.

The aims and objectives of the **National Self-Harm Network** include:- ● To support and empower people who self-harm. ● To provide information, contacts and workshops on matters relating to self-harm, and to promote survivor-written literature. ● To challenge assumptions and demystify common misconceptions surrounding self-harm. ● To promote and advocate for the interests, needs and aspirations of people who self-harm and to influence social and health care policies at a local and national level. ● To raise awareness among the general public, health services, hospitals and their staff of the needs of people who self-harm.

As a member you will be updated on the work of the **National Self-Harm Network** and kept informed of all campaign events and materials. New ideas and initiatives are always welcome. In contacting us please be patient waiting for a reply, as all correspondence and work of the organisation is done by volunteers. The **National Self-Harm Network** has two types of membership:-



**NSHN,
PO Box 16190,
London, NW1 3WW**

Full membership. This applies to any person who has direct experience of self-harm - i.e. people who have harmed themselves.

Associate membership. This applies to any person who supports our aims and objectives, but does not have direct experience of self-harm.

The FPP presentation at ISSD Spring Conference

by Melanie

Conference - the word loomed so big for so long while myself, Caro and Kathryn met on many occasions to put together a presentation that was both personal and professional. Whether we achieved this only our audience can tell but I felt at the end of the eight months preparation a wiser person. As the three of us lived about as far apart as it was possible meetings were a problem and involved train trips to London as well as several sessions in the open cafe above Birmingham New Street station which for me involved a round trip of over 400 miles. In that cafe, dissociation came into its own as we cut out all that was going on around us and confronted some very deep, difficult areas of our lives.

We agreed to waste little time in our presentation repeating the well-documented clinical definitions and information. Our audience, if not necessarily converted, were likely to be mostly therapists and people with dissociation and would therefore, we assumed, at least be well informed. Deciding what not to speak on was the easy part. But what was it that we actually wanted to say?

Gradually our presentation evolved as we talked about some of the everyday things we do to get through ordinary life. It was important to get the message across that dissociation affected us everyday and all day. As we talked we began to recognise that the things we spoke of generally fell into two categories - positive, which we called "swings"; negative, which we termed "roundabouts". The categories were not always clear cut and the more we discussed the less clear for me these areas became. Often things I did to cope could be fitted into either category.

In our presentation we talked about how different parts cope with various aspects of our lives; our growing awareness of each part's individual needs and some of the seemingly bizarre strategies we develop to prevent chaos. We shared the difficulties we each have in learning to be and cope in the present while reclaiming a past we don't necessarily want and beginning to think that we might have a future. There were many areas we didn't even touch on and we emphasised that what we were offering was our own daily experience. While there was some commonality of our experiences we acknowledged that there are differences for each and everyone of us who lives a dissociative life. Our presentation came at the very end of the 3-day conference which had advantages and disadvantages. One advantage was that it was well timed to establish with our audience that all the things they had heard during the conference applied to real people; to emphasise that dissociation was not just a potentially interesting subject for academic study.

The most frightening part of the whole experience for me was the last twenty minutes of the drive to the conference centre. I kept thinking, "What on earth (or something like that) am I doing driving in Manchester?". Overall, it was a good experience and one I would repeat if I felt I had an aspect of this subject to talk about that would be useful to others.

Having just looked at the script of our presentation for the first time in eight weeks I think we achieved what we had hoped. The handout we gave to participants would, I feel, be useful to therapists and their dissociative clients. ***Copies of the handout are available by sending a large (A4) stamped (£0.77p), addressed envelope to Kathryn Livingston at the First Person Plural address.***



Medication responses

Thank you to all who responded to the letter asking for information on helpful and unhelpful medication which was enclosed with the last issue. Your responses have been passed to Dr Hughes who is going to write on his findings in a future issue of FPP.

From a lay viewpoint the responses appeared to confirm that medication is avoided if possible. Many have had unhelpful experiences through inappropriate prescribing. Your letters indicate that no one drug had been found to be of use. Interestingly, natural alternatives featured repeatedly in the responses seemingly because they help people who experience dissociation feel they are taking control of their lives.

This is not the end of this important subject. If any reader at any time has anything further to share on the subject of medication please send your contribution to the newsletter.

Melanie

RESOURCES

Cuckoo is a unique American comic book about the true stories of a woman with MPD/DID. This autobiography by Madison Clell is presented as a comic book series but deserves notice not only for its original format. The artist/author does not shy away from some of the horrors of her life and for this reason the comic is most definitely adult reading material. The horror however is balanced by a healthy humour and talented artwork all of which contributes to making it a powerful, moving and intelligent addition to the MPD literature with the advantage of being accessible to people averse to reading more wordy tomes.

A one year subscription costs \$12.00US (c£7.50) for 4 issues. See enclosed flyer for further details or contact **Green Door Studios, 2000 N.E. 42nd Avenue, Suite 302, Portland, Oregon 97213-1305, USA** or email: madclell@teleport.com

The editor's favourite website **Divided Hearts** (DH) has closed after 3 years. This DID support and information website was a pioneer of its time and grew and grew under the founder's loving care. DH will be sadly missed by many although your editor was one of only two Brits who were ever regulars.

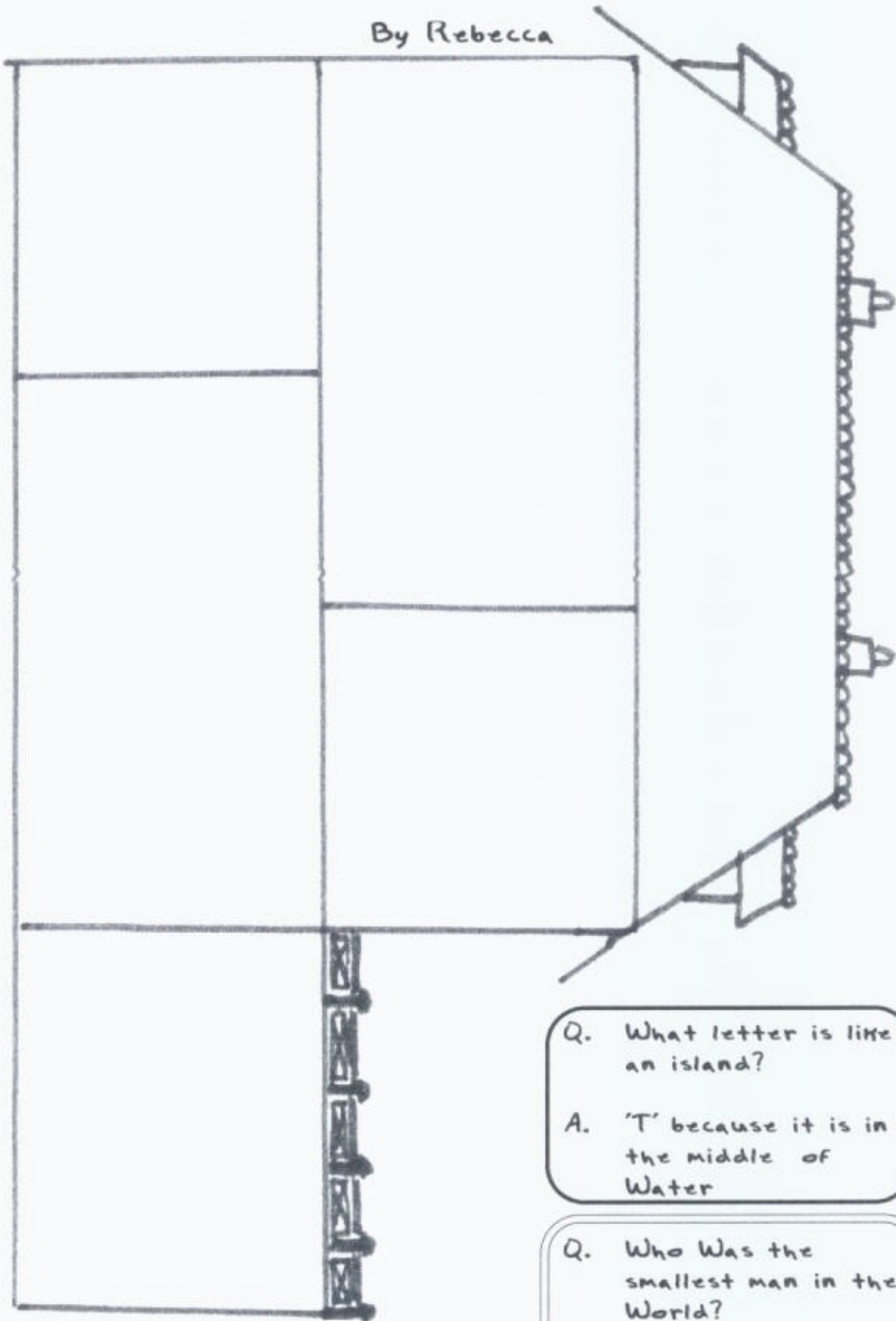
With the closure of DH a group of administrators and other regulars from the DH site have started up **Mosaic Minds**, a new D.I.D. website which will offer similar resources to DH including Interactive Community Forums. **Mosaic Minds** can be found at <http://www.MosaicMinds.org>

SAFE supports survivors of ritual abuse through a helpline (01722 410889) and through their recently relaunched quarterly newsletter **Safe Contact**. Subscription to **Safe Contact** is £9.00 for survivors; £11.00 for professionals and organisations. Write to **Safe, PO Box 1557, Salisbury, Wiltshire.**

RAINS is a network for professionals and carers who support ritual abuse survivors. Membership is NOT open to survivors but **RAINS** will provide basic information and a reading list on request. Contact the membership co-ordinator on 01483 898600

PLAY

By Rebecca



A House for you to draw the furniture and gardens in how you like. It is your house

Q. What letter is like an island?

A. 'T' because it is in the middle of Water

Q. Who Was the smallest man in the World?

A. The guard that fell asleep on his Watch

CENTRE

The Dissociation Umbrella

It's like an umbrella
I can put it up
To shut out the rain
And keep me dry.

The good thing is
That I don't get wet.
I know I won't get wet
And so I keep it up.

The bad thing is
That when the heavens open
And the rain pours down
I still get soaked through.

And the sad thing is
When I keep it up
It shuts out the sun
And keeps me in the dark.

Then how can I tell
When the rain has passed,
Clouds blown away
And it's safe to come out to play?

So now I am learning that
I can fold my brolly down
And carry it with me
In its case, just in case.

And only when it is really wet
Do I need to put it up
Or turn it upside down
And float away.

Just long enough
To escape the flood
And help me stay dry
To live another day.

Nick (aged 10 years)

**PATIENT: DOCTOR, I SNORE
SO LOUDLY I
WAKE MYSELF
UP!**

**DOCTOR: TRY SLEEPING IN
ANOTHER ROOM**



By Rebecca

A flower to colour

Book Review by Little Caro

"Come and Hug Me" by Michal Snunit
illustrated by Vanessa Levy; translated
by Yael Lotan - Robinson, London '99

I'm not sure whether this little book is for children or grown ups. The pictures are quite grown up but the words are written like in children's books. It isn't really poetry and it isn't really just ordinary writing. It is special. It is like a song in writing.

It is about the language of the hug. I like the big polar bear cuddling the little polar bear. I like the butterfly stroking the petals of the flower. I like the sun touching the horizon and the tree holding the bird and the moon and stars above. I like all the things a hug can be and all the things you can say with a hug.

This book has a lovely warm feeling (like a hug really) but it also makes me sad. When the Mother cuddles the little baby and the story says the hug is warm and sweet, that make my tummy hurt. Why can't all mummies be like that? Still, all the other cuddles and hugs are still there and no-one can ever take them away.

I think you will like to read this book too.



Doctors are Not Our Favourite People

For seventeen years I had a truly caring doctor who, nine years ago, arranged therapy for me due to severe depression. He left the practice suddenly through ill-health. I needed an alternative doctor but it was difficult to find someone who was sympathetic who stated she felt ill and yet was known to have mental health problems. The GP I chose appeared to be caring. He offered the opportunity to talk at any time. 'We' began to believe he was there for us.

Dissociation had not been diagnosed and therapy was continuing. The therapeutic situation was difficult but, having had no previous experience, it was considered to be the norm and tolerated. However, work with my psychologist (therapist) ceased suddenly in an untidy manner after the suggestion that I "find myself a lover" was not well received. After six years of therapy I was DUMPED with no prior warning despite having been told repeatedly that this would never happen. I'd been assured that the decision to finish therapy was to be mine.

I had, and still have, a wonderful psychiatrist who supports me through the really tough times. After my psychologist terminated therapy my psychiatrist acted with great speed. I was diagnosed with dissociation and placed with a specialist psychologist. My 'Team' were recognised and therapy really began and continues.

Around the same time as my original therapy was terminated my GP and my psychiatrist wanted me to stop some medication because it was severely limiting my ability to receive other medicines. 'We' agreed to stop the medication but, after a while, my psychiatrist noted I was deteriorating and decided that the time was not right to stop the medication and re-prescribed the tablets.

When I next visited my GP his manner told me that he was FURIOUS. The 'Team' were totally thrown and terrified. The 'Little Ones' spoke - "It wasn't the right time. My daughter has just gone abroad to live and my therapy has just finished in such a messy way." He demanded loudly, "MESSY! What do you mean? What do you mean by MESSY?" "I don't know what it is safe to say to you." replied the 'Little Ones'. He shouted, "Just TELL me WHAT you mean by MESSY." Details of how therapy had finished were related including making it clear that the psychologist had never offered or suggested being the lover I was advised to find. My GP already knew that I had challenged my father who had then, in the presence of my husband, admitted abusing me. The appointment was completed in great haste.

Then all hell broke out. My GP phoned my psychiatrist. Letters were written to both my psychiatrist and new psychologist.

The most devastating written statement by my GP was "I do not know why I feel so wary of this patient. I only know that I am acutely aware that she has already accused both her father and a fellow medical worker of sexual/emotional abuse." WRONG! I challenged father who then admitted abuse and I made no accusation of abuse against any medical worker. The GP would listen to no-one. He sent formal notification of my removal from his list and advised me to find a female doctor who would be better able to help with my particular problems.

The letters including the quoted statement remain in my medical notes. All efforts to get those papers removed (including efforts by my psychiatrist and psychologist) have failed.

Now 'We' are TERRIFIED of doctors to the extent that illnesses are not attended to promptly. Appointments are only made as a last resort. I now have a female GP who seems caring but there has been no mention of our dissociation. 'We' plan 'Who' will go to appointments to try to maintain a calm appearance. She gets cold medical facts only. She says she understands the difficulty resulting from the action taken. She believes time will improve the situation.

Doctors are not 'Our' favourite people. The 'Team' has been through HELL. AGAIN!!

J.

Book Review

Prozac Diary by Lauren Slater,
Penguin, London, 1998 - p'back £9.99

In a way this is an autobiography; in a way it is a biography of Prozac itself. This book will not allay any doubts you might have about Prozac but neither will it convince you to avoid it at all costs. The author makes it clear how much her life has changed, for better and worse, since she swallowed her first small dose over 10 years ago and fell "in love.....with my pill".

While this isn't a book about dissociative disorders there is a measure of acknowledgement of dissociative parts and a clear descriptive differentiation between voices inside and outside the head. However, these issues are not well-developed within the narrative. Clearly the author has had many admissions to psychiatric hospital and several diagnoses. The problem for which Prozac is prescribed is obsessive compulsive disorder. Equally clearly, many of her symptoms disappear with Prozac. She begins to find out how much she doesn't know about life. Her list of things she has learned through Prozac includes "setting an alarm clock, a weekly wage, how to rock".

Over the years the author begins to see her childhood in a different light - with more vividness and lightness. This she puts down to the effects of the drug. However, I wonder whether we don't all review our lives with time, as we heal and begin to recognise that our lives were not good but neither were they ALL bad.

Given that the author is a therapist with a doctorate in psychology I did feel that the level of personal insight, although great, lacked something. Unless I just missed it there seems to be no account of the therapeutic side (or absence thereof) in Lauren Slater's recovery. Despite that, this is an enjoyable read and she has some valuable points to make.

Caro Archer

JAN MARVEL, SINGER/SONGWRITER

Atta Girl Records spokesperson, Rikki Ramsden interviews Jan Marvel about her CD, "Too Close to Reality" which was reviewed in the last issue. The interview took place on a sunny rock by the river close to Jan's home in New Hampshire, USA.

RR: What prompted you to write the songs on your CD?

JM: I was going through a very difficult time and nothing seemed to help. I was watching a songwriter feature about Sting on VH-1 and it was very inspiring. I shut it off half way through, went to the nearest keyboard and began writing. For the first time in quite a while I felt my spirits lift and I knew this would be good therapy. I knew that I needed to write of things I cared about; things that had meaning or else it would be a waste of time.

RR: How do you feel being dissociative has influenced your music?

JM: I think that it has enhanced my depth of understanding and compassion. "Kaleidoscope" was written about a friend of mine who has MPD/DID. Everytime I performed the song for her it brought tears to her eyes. She was deeply moved that a song was written about her and it touched her heart. A Nashville producer recommended that I make the meaning of the song more clear; that I use terms like 'multiple personality' in the lyrics. But I didn't want to exploit the subject. I believed that people who are dissociative would easily figure it out and those that aren't in touch with that wouldn't grasp it anyway,

RR: You have said "Freight Train" is your story. Can you tell us about that?

JM: Most of the songs are very personal to me. "Friday Afternoon" and "Friends Don't", for example, are stories of actual events in my life. "Freight Train", however, goes back to my childhood and was by far the most difficult song for me to write. It is about the feelings I had surrounding my father's physical abuse of me. When I thought about writing it I felt very scared and apprehensive. I thought, "It's too personal, I can't write this!" and "I don't want to expose so much of myself to any who might listen." I told myself that he's dead now. He can't hurt me. I just willed myself to write as a way to triumph over it. As I wrote some of the words, I felt that nervous feeling that often leads to dissociation and I would scribble the line out. I would say, "No! I can, and I will do this!" I wrote from the heart and played it over and over again until I became desensitized to it. There are many survivors who can relate to this song for varied reasons and I hope they'll make it their own and know that they're not alone.

RR: What do you hope to accomplish with this CD?

JM: I hope to reach as wide an audience of survivors as possible. So far, I've received nothing but positive feedback and reviews on my CD and performances. It was two years in the making and was a very gruelling process. We were aiming to achieve the results of a top quality, major label release on a very limited budget. This was made possible thanks to the help of several musicians working for free or substantially lower than their usual fee because they believed in the music. Also Dave Dobbins, the executive producer, came along just as we were running dry so I was able to finish.

After my most recent live show a lady came up to me and said "Freight Train" really got to her. She had tears in her eyes and I said, "I'm sorry". She said, "No, I want to thank you. This is stuff I've been denying for so long and I need to deal with it." Then she confided in me about her past. That was the greatest reward of the evening and the kind of response I was hoping for.

RR: We've seen quite a bit of interest in your music in the UK. What are your comments on that?

JM: I'm thrilled that through the help of the Internet, survivors worldwide can join hands and feel the kind of support they never had while growing up. It seems from different posts I've read in survivor forums, such as Divided Hearts, the UK is a difficult place for a dissociative to be. There is much more support needed for those experiencing dissociative disorders in that country. I hope that, in some way, my music will make a difference so these people will know that they are not alone. As a final note, I'd like to commend Kathryn Livingston for her courage in creating this wonderful newsletter.

Atta Girl Records!

www.attagirlrecords.com

Editor's Notes:-

Copies of Jan's CD can be ordered directly from the Atta Girl Records web site. If you prefer to order through First Person Plural send a cheque for £10.00 made payable to "First Person Plural" to the newsletter address.

Jan is interested in doing benefit concerts in the UK for survivors' causes. If any reader has relevant experience or useful contacts which might help Jan in this please write to the editor at First Person Plural.

In the review of Jan's CD which appeared in the last issue of FPP there was a caution about the brief end tracks. I have since had a response from Atta Girl Records about these and wish to share it with you, particularly if you have bought the CD. The explanation helped me to listen to the tracks in a different light and took the 'trigger potential' out of them.

Jan "did understand how you could be triggered by the ditties at the end, though it didn't occur to her at the time of recording them.

The meow one is a silly thing she and her producer used to do, since her studio is named Paws Productions (animal lover). The moose and squirrel thing is from a cartoon called Rocky and Bullwinkle. The two people characters in the cartoon are Boris & Natasha who are Russian spy-types always plotting to kill the 'moose & squirrel', but Rocky & Bullwinkle always foil their plans. It is a very silly cartoon in actuality. Jan was hoping to add a little comic relief to the project."



The Death of A Stranger

You were part of my life, but you were a stranger.
 In fact, did I even know you were there?
 No, maybe not, but I felt it when you died.
 Your death was not a peaceful thing.
 You were murdered not only by others but by myself.
 You were never allowed to grow;
 Never allowed to love or to be loved.
 Instead, you were choked to death.
 Even now I can feel those hands around your throat,
 Squeezing the very life from you, unable to shout for help.
 As you grow weaker and weaker you fall to your knees
 And try to beg and you are kicked.
 I see your eyes as they grow darker and then they see no more.
 How can a stranger's death be such a loss?
 But you were not meant to be a stranger.
 You were meant to be the other part of me,
 But you were taken from me.
 I have lost a part of me that I did not even get to know.
 Why does it hurt so?
 You were only a stranger in my life
 Yet your death has left me feeling so empty and lost.
 The pain too great to describe and too frightening to feel.
 I do not know how to mourn.
 How do you mourn the death of a stranger?
 My heart longs to cry for you and, for your suffering.
 And I long to weep for my loss of you
 But how can I when I didn't get a chance to love you;
 To care for you or even know
 You were meant to be a part of me?
 For you were only a stranger
 Who never got a chance to be.

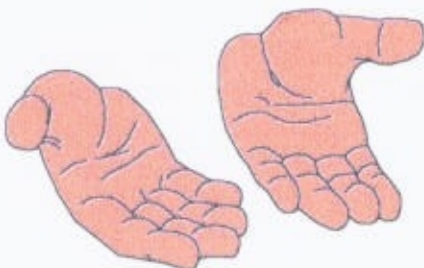


Julia & Co

All Hope Destroyed

Let us talk and hold us tight.
 Turn our darkness into light.
 Our arms are open, flung out wide
 But you just push us away to hide.
 Please bring back Rosie, she knew the way
 To help us live as one Someday.
 She always knew just what to say
 Then left us alone upon that day.
 With no more light, there is no hope.
 Now all we do is hide to cope.

Diane



She taught me that I don't have to live in shadows
 Or listen to the vague accusing whispers.
 She taught me not to run away from memories
 And the pain which comes from them.
 She taught me to look at my hands
 And not to see filth and obscenity.
 She showed me that an outstretched hand
 Can mean safety and caring;
 That there isn't always a threat;
 Some people really do care
 And that all those moments of darkness
 And fear can be faced with help and kindness.
 She taught me that cruelty can be overcome;
 Shame lived through, and she taught me that little girls deserve
 Love and tenderness, care and understanding.
 That the very young are innocent of crimes committed against them.
 She eases my pain and shows me
 That not everyone is malevolent; how to be brave;
 To stop running away, but most of all
 She shows me that despite everything, I really do
 Have a right to live



received from **Alison**
 for JP, Counsellor dealing with D.I.D., S.R.A. and other types of abuse

The Gang

We are
 We exist.
 One appears
 One disappears.
 Lots of us
 Here and there.
 Some with freckles;
 Some with yellow hair.
 Each an individual
 Looking to trust;
 Looking for safety
 Which is a must.
 Each is playing
 In their own space
 Separate and together
 Some holding hands.

All sorts of ages,
 Sizes and sex;
 Even a bird,
 Whatever next?
 The only thing
 In common
 Is that they were
 All born in pain.
 To escape it
 They all
 Have to remain
 To protect the body
 As **THEY** are back
 Inflicting pain
 Once again.

Anon



Family Within

I want to say
 "I love you"
 But,
 To me these are just words.
 Sounds uttered for convenience
 By our 'outside family'
 Who do nothing but take.

I want to get to know you all;
 Each separate one.
 To be there -
 To listen -
 To catch you when you fall.
 To open my ears and heart
 When you call.
 Just to be there for you.....
 Yes, that most of all.

To everyone inside from **Rachel**

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