Volume 2: Issue 2

FIRST PERSON PLURAL

December, 1999

Newsletter for Dissociators and their Allies

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Christmas Times

It's Christmas Time
Such a Happy Time
A Funny, Family Time
A Bright and Present Time..
And such a Sad Time,
Remember Past Times
Childhood Hazy Times
Dark and Crazy Times

Each time, as Christmas comes
(This season of good will to all)
It brings with it such confusion:
Hope flickering in the candle shadow,
Despair, gift-wrapped and beribboned,
Loneliness amidst the party crowds,
Horrors hiding behind the carol sheets,
Not knowing whose Time it is.

Yet soon there will come a Time,
Not many years from now,
When we can take our Time,
Begin to unwrap discarded presents
From the lost and stolen past,
Accept the thorns of holly
Alongside its precious berries
As all the family join the celebration!

by Caro Archer & friends

HAPPY XMAS and MILLENNIUM

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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 First Person Plural, members of the steering group or the editor. Inclusion of any reference to an individual or organisational resource should not be taken as a recommendation. The contents of this newsletter are for information and support purposes only. The newsletter is not intended to be a substitute for individual 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 Feb, 2000

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

IMPORTANT : - When writing to First Person Plural please make it clear if your letter, article or other contribution is for publication and say which, if any, of your personal details can be printed. **The editor will assume permission to publish if you do not make your wishes clear.**

ATTENTION

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

Changes to Scheduling

Readers will be aware that there has been some difficulty in keeping to the published timetable for publication of issues. This has been due to publication dates co-inciding or falling close to times when the editor has been in personal crisis. Some of these crisis times may have been predictable and can be accommodated by a change in the schedule of publication. Beginning with this issue such a re-scheduling is being implemented. The new dates for publication of Volume 2 & 3 issues are listed below. This re-scheduling will **not** reduce the number of issues subscribers receive for their annual fee but will push back the subscription renewal date.

Issue Number	Date of Publication	Contributions deadline
Volume 2, Issue 2	**December, 1999**	**Not applicable**
Volume 2, Issue 3	**March, 2000**	**1st February, 2000**
Volume 2, Issue 4	**June, 2000**	**1st May, 2000**
SUBSCRIPTION RENEWALS by.....		1st August, 2000
Volume 3, Issue 1	**September, 2000**	**1st August, 2000**
Volume 3, Issue 2	**December, 2000**	**1st November, 2000**
Volume 3, Issue 3	**March, 2001**	**1st February, 2001**
Volume 3, Issue 4	**June, 2001**	**1st May, 2001**

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

Writing to *Dear Kathryn.....*

- Keep your letters brief
- State clearly that your letter is for publication.
- If you wish to receive direct responses give permission for your contact details to be printed.
- If you wish responses to be forwarded from the FPP address **it is essential you send a large 31p s.a.e.** Your letter will be printed with a number.
- No replies will be forwarded if you have not sent an s.a.e.

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.

To reply to a numbered letter place your response in a sealed envelope with the number of the letter you are replying to marked on the outside and place inside a second stamped envelope addressed for posting to;-

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

Choosing a Therapist

I have recently been diagnosed as D.I.D and as a result my GP has obtained funding for long term therapy for me. An Analytical Psychotherapist who has experience of working with D.I.D is helping me to decide who to work with long term.

He would offer two 50 minute sessions per week and no contact between sessions, except to leave messages on an answering machine which will not be responded to outside of sessions. The same applies to letters. Most of the literature I have read states that the hour long session is not enough to work with D.I.D. or Ritualised Abuse issues.

I would really value hearing anyone's experience therapy.

- *How long are you sessions? Is it enough?*
- *How have your sessions worked for you?*
- *What could improve them?*
- *What has been unhelpful?*
- *Are there pitfalls to be avoided?*
- *Is it important to have extra contact? If so, how much and how?*
- *What are the important issues to focus on when choosing a therapist?*

I have enjoyed reading F.P.P. Thanks for making it possible for me to have a place to ask my questions.

Wendy
Letter Number 2.2/1

S h a m e *by Sara Lambert*

Shame is one of the most common and damaging consequences of abuse. Many survivors are left with a pervasive sense of being bad, worthless, filthy and sinful. They feel they have to put masses of energy into simply appearing normal because, in their mind's eye, they are so grotesque in appearance and character that it is amazing anyone tolerates then at all. Some even punish themselves with self-mutilation or other destructive / defeating behaviour because they believe it is only what they deserve.

Shame is not the same as feeling guilty, which is about what one *does*. Rather, and deeper, shame is about who one *is*. Many survivors consider their greatest sin lies in the simple fact that they exist.

Shame & Abuse

The connection between sexual abuse and shame is relatively clear. Sex is generally considered to be a highly private act. Many generations supposedly only had sex in the sanctity of marriage, and certainly always behind the closed doors of the bedroom. It is often considered something that is only properly done between people of opposite gender and between individuals of the same species. Many consider sex to be basically sinful as portrayed in the Bible. Even at its most respectable (i.e. within the marriage bed) sex has for hundreds of years and up to very recent times been a socially taboo subject. Incest is an even stronger taboo.

So sex carries a big dirty bagful of shame with it even before the secrecy, humiliation, degradation and callousness of abuse is added to it. However, sexual abuse is not the only childhood trauma that causes deep shame in survivors. Physical abuse humiliates a child and batters their spirit every time their body is battered. It sends with physical force the message that the child is helpless and powerless and, at the moment of the abuse, utterly reviled by their abuser.

Neglect is equally effective at shaming a child - if not more so - because the message it gives is that no-one cares enough about the child to think of her even to the extent needed to actively abuse her. She is nothing. She might as well not even be there. Few of her basic needs are met.

No-one loves her. She is provided with no attachments to other people. She, therefore, cannot connect with her own humanity and develop a sense of who she is, beyond "nothing". In fact, the only lessons she gets is how to negate herself.

Emotional abuse may cause the most damage of all, even without anyone necessarily laying a hand on the child. It picks the soul to pieces, then leaves behind the exact words a child needs to construct her shameful self-image.

Shame & Ritual Cult Abuse : Special Issue

Ritual cult abuse survivors are often left with a sense of shame more intense than any other abuse survivors, including those who have been ritualistically abused by an individual. This is because ritual cult abuse is the most extreme violation of a child imaginable. It involves physical, psychological, spiritual, and sexual acts that go beyond abuse into the realms of torture. In addition, the cult designs situations and programmed messages specifically intended to make the child feel shamed and helpless.

Toxic Shame

All children crave approval. It's a matter of life and death because, if a child has no worth in her parents' eyes she can't get her essential needs such as food and comfort met. Thus, it is necessary and instinctive for a child to accept whatever scraps of worth her parents throw her way. She needs them to survive.

The child also needs to perceive her parents as benevolent regardless of what they do to her. All her hope resides with them. If she admits that her parents are indeed wrong and wish her only harm, she then also admits to her total helplessness and loses all hope for survival. Consequently, the abused child has no option but to see herself as the wrong one. By doing so she restores her hope. If the abuse is her fault, then logically she must be able to stop it by, for example, working hard to be a better person; doing all the right things and earning her parents' love. The problem with this is that the abuse is actually ***not*** the child's fault. It has nothing to do with her. Indeed, if she were not around, her abuser would simply find another victim. The situation is beyond her control.

No matter what she does, the abuse will continue until her abuser is ready to stop (or until she can physically, psychologically and permanently escape.)

Unfortunately, the child does not grasp this. She truly believes the abuse is her choice and her fault. If she accepted the degree of her helplessness she might just go mad. So, instead she sees herself as failing twice - first by inspiring the abuse, and then by being unable to reach an acceptable enough standard of humanity or behaviour so that she no longer deserves to be abused.

To make matters worse, the majority of chronically abused children comply or deliberately draw benefit from the abuse in some way. They then feel this means they must have been willing partners in the abuse (rather than desperate and trapped children only trying to survive) and their sense of shame is compounded.

Compliance Statistics garnered from one study *[Goulding & Schwartz, 1995] show how common this behaviour is for children who are being abused.* 80% of adult survivors reported that they were passive during the abuse and did not fight back. Of course, if you think about the size and strength differences between a child and an adult (or maybe even several adults) and if you consider that the most common sexual abuse reported is incest by a parental figure in the home *[Putnam, 1989]* you will see that fighting back could only make things worse for the child - not only at the time of the abuse but in the days and weeks that follow. Thus the non-resistant child ought to be congratulated for her excellent survival instincts.

Furthermore, the influence of conditioning on abused children is generally underestimated. All abused children receive repeated messages such as 'you enjoy this, you are a whore' and so on. If a child is told something often enough she will come to believe it. But she will also still be feeling the truth inside - that she really does not enjoy the abuse. The conflict between what she 'knows' and what she feels is intensely confusing. One way out of this confusion is for the child to devide that the adult is right - she does enjoy the abuse and those bad feelings she is having are because she *is* bad.

Some survivors also feel they must have been willing because the abuse continued after they were out of childhood. In fact, some are still caught in incestuous or other sexually and/or ritually abusive relationships well into adulthood

It is common for society (and survivors themselves) to ask "She 's an adult now, why doesn't she just leave?" But it is not so easy. A woman trapped in a sexually and/or ritually abusive relationship is a lot like a battered wife. There are many things about the abusive situation which keep her bound and rob her of choices. This is especially so if she has grown up with constant abuse, never having experienced hope or freedom.

Furthermore, and particularly in the case of ritual cult survivors, there may have been brain-washing, death threats, and accessing of child selves who are still attached to the abusers out of love, trained obedience, loyalty or fear. Friends and family members may be held hostage to convince the survivor to stay in the abusive relationship. Despite such circumstances the survivor will feel shamed that she stays which is compounded by the shaming response of society.

Secrecy 96% of survivors studied kept the secret of their abuse. This does not make them accomplices in their abuse. What it does make them is terrorised into silence by adults who threatened all manner of horrific consequences if the secret came out. Threats which in many cases the abusers had already proved themselves to be capable of carrying out. The secrecy also demonstrates how effective abusive conditioning can be. Many children do not disclose the abuse because they believe they are guilty and tainted. They believe that other people will hate them, abandon them, or throw them into prison or a mental hospital if they find out what the child has been 'doing'.

Seductiveness 62% thought that they asked for the abuse by doing things like approaching dad for a hug. Many survivors when faced with arguments about the spuriousness of such thinking counter with the ultimate reasoning - "I was born to be abused".

It is often true that abused children behave in a seductive manner towards their abusers and other adults. If a child's seductive behaviour is met with the approval of her abuser it is only natural that she will use it in her naivety to gain the approval of other adults. She may also act out sexually with her peers. This is normal behaviour for a sexually abused child and to a lesser degree for non-abused children too. Growing up is about exploring ourselves, our environment, our bodies and ours and others boundaries. It is about testing limits and learning what is okay and what is not.

Adults are the ones who should know the limits and have the responsibility to protect their children from going too far. Sexually provocative behaviour from a child is never an excuse for an adult to behave sexually with the child.

Physical Pleasure 58% of survivors felt some degree of physical pleasure during sexual abuse. 86% believed this was unnatural and did not know that the body responds automatically to sexual stimulation regardless of what the mind and heart are feeling. The genitals and other erogenous areas are basically a bunch of nerve endings. They cannot help but respond to touch. Survivors of brutal gang rape by armed strangers have reported having orgasms during the ordeal, despite being certain at the time that they were in the process of being murdered. Members of ritual cults, may physically manipulate children into feeling pleasure during the abuse. Later, telling the children that their pleasurable sensations are proof that they enjoyed the rituals and therefore belong with the cult. Similar is also true of some non-ritual abusers.

Emotional Pleasure 64% used sex with their abusers to get affection. They may take this as proof that they wanted, instigated and encouraged the abuse. But actually it goes back to the fact that an abused child is taught her only value lies in her being available for abuse and to the fact that she longs for the approval and love of her abuser. She believes the best way to do this is to give the abuser what he apparently wants - sex. Moreover, sex may be the closest the child gets to what she really yearns for - intimacy, love, a cuddle.

Material Benefits 41% of surivors reported they used the abuse to bargain for favours and rewards. Additionally 50% reported that their abusers bribed them. The survivor may believe that is tantamount to prostitution and therefore shaming. However, when she was a child it was probably one of the few ways she could gain any control over her abuse and, at the same time, get small revenge on her abuser by taking from him/her just as the abuser took from her.

The Residue

"They stole my self and implanted shame. I know enough not to believe their lies, but if I let go of the shame there is nothing else there to grab hold of because that perverted me at such a young age. I want to reconnect, but there is nothing to reconnect to." [Adam, Safe Passage to Healing, p216]

Some survivors have so much shame that it is remarkable they can tolerate their own existence enough not to kill themselves, let alone function amongst other people.

Manifestations of shame include:-

- Not wanting to be seen
- Rarely speaking
- Speaking with your hand over your mouth
- Not making eye contact with others
- Blushing when you feel attention is on you
- Feeling that your insides are fetid and infected
- Compulsive need to be perfect
- Feeling suicidal / despairing / sick when you make a mistake
- Being haunted by your mistakes
- Having a constant critical inner voice harassing you
- Considering people who like / love you to be weird or crazy
- Wearing layers of clothing; heavy coats even in summer
- Eating disorders
- Inflicting self-punishment
- Avoiding mirrors - can't stand looking at yourself
- Constant apologising for everything - even good things
- Self-negation through dissociation
- Detaching from your body
- Not fulfilling your potential in case you fail (or succeed)
- Promiscuity or fear / hatred of sex
- Sabotaging of your achievements
- Being frightened of success; not accepting credit; thinking it is luck or a mistake
- Hatred of going to the toilet
- Depression
- Thinking everyone is looking at you; talking about you behind your back; laughing at you.
- Feeling abnormal
- Deliberately ignoring your own needs
- Compulsive over-grooming
- Neglect of personal hygiene and appearance
- Not being able to eat in public

Releasing Shame

Survivors frequently hear that it was their abuser who was the bad person, not them. This argument seldom works. The survivor can always come up with a conclusive counter-argument such as "If I didn't deserve the abuse it wouldn't have happened to me" *[Napier, p179].*

Eventually, and with support, a survivor will discover that she herself has power, not to remove her feelings but to reclaim and integrate them.

In the meanwhile, it helps to respect the survivor's sense of worthlessness. For example, when she says she is sorry for 'no good reason' instead of insisting she doesn't need to apologise, tell her that you know she is sorry and that it is ok for her to be. Thereafter, encourage her and her other selves to explore their feelings of shame and badness. Help her work out where those feelings might have originated and then encourage her to imagine what life would be like if she let them go,

Another thing that helps is to perceive the abuser as a person with dissociated self-parts. This takes away the need to resolve the conflict between good and bad. The abuser can be both. S/he can have one part who did nice things for the survivor and who really seemed to care. Such a part may hold the victimisation the abuser experienced as a child. Or it may hold the fear, guilt or deep-down good intentions the abuser had. Thus, the survivor is able to say (if she needs or wants to) that part of the abuser really did love her. At the same time, the abuser can have another part who was nasty, angry, completely responsible for the abusive acts and whose cruelty is not diminished by the existence of the abuser's good part.

What helps most of all in the struggle against shame is for the survivor and her *selves* to have compassion for each other. The struggle to attain redemption is an endless one. It simply is not possible to be flawless, accomplished, beautiful, all-pleasing, nice etc. On the other hand, compassion can be achieved immediately. It is just a matter of opening your heart, opening your arms to your selves.Instead of flagellating each other for your *sins* -which then seem to magnify and contort to become a heavy stone dragging you down for days, weeks, even years after - you can hold each other close and say 'it's okay.'

Love really does melt shame away. *Sins* dwindle in it's light. They don't matter so much because you have a good sense that what really matters is yourselves.

Try This

- Make a Hope Jar into which you can put notes about nice things that happened during your day or positive thoughts you had. Take them out to read when you are feeling bad.
- Talk to each other about yourselves and your feelings. Understanding where other's motives and fears are coming from helps you to accept and feel compassion for each other.
- Ask for feedback from other trustworthy people about how they see you and what feelings they have for you
- Remind yourselves that "if you aren't making at least one mistake a day you may not really be engaged in living, and you may not be learning anything new" *[Napier, p182]*

References

- **Bass & Davies**, The Courage to Heal, Harper & Row, 1988
- **Goulding & Schwartz**, The Mosaic Mind, WW Norton & Co, 1995
- **Lambert,** The Feeling Page : Shame in Team Spirit, Volume 12, Cloud Cuckoo Press, 1996
- **Napier**, Getting Through the Day, WW Norton & Co, 1993
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This is an abridged version of an article which first appeared in Team Spirit.
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The full text is available on request from First Person Plural

HELP WANTED

I am looking for advice. For some years I've been using SAFE (who support survivors of ritual abuse) as a postal address for my parents and brother as I don't feel safe enough to let then know where I live. This year I have had some doubts as to whether the arrangement works for me anymore and I'm looking out for other organisations or ways that can serve as a postal address. Any ideas?

Send replies addressed to "Kali" c/o First Person Plural

PLAY

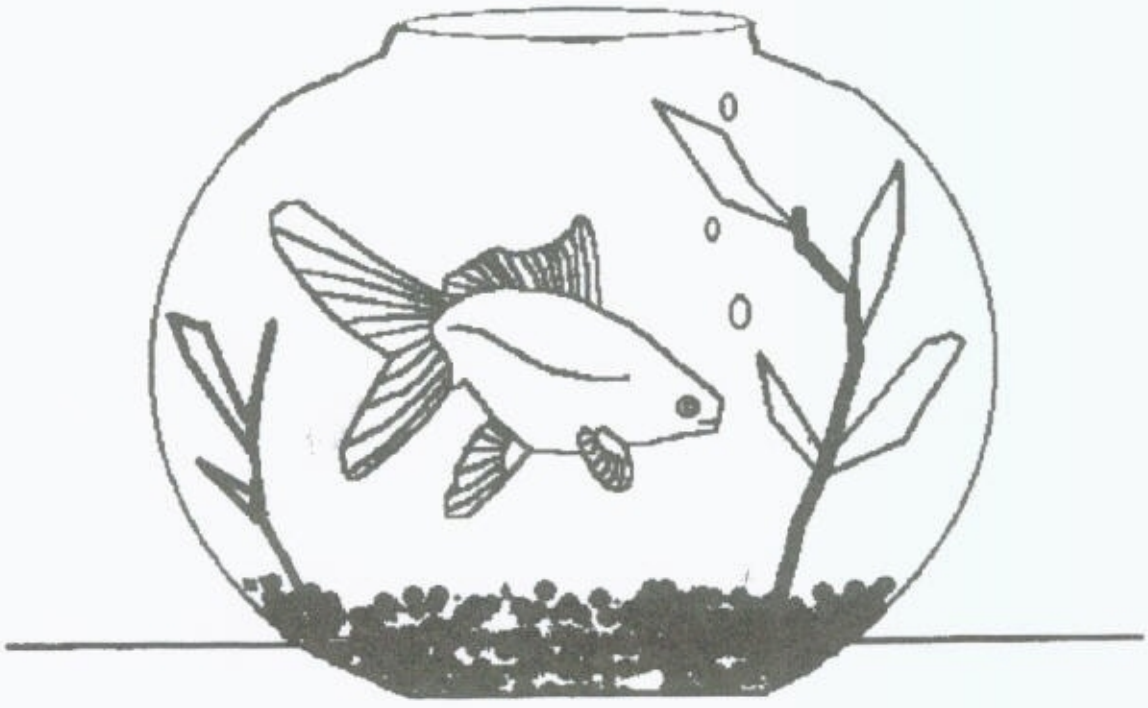
A Book ReviewW

by Rebecca Jones

"Daggie Dogfoot" by Dick King-Smith
published by Puffin

This book is by the man Who Wrote "Babe", the original. It is very funny. GroWn-ups can read it to children because I think some of the jokes are for groWn-ups really so they Will enjoy it too.

It is about a pig With a disability but in the most Wonderful ending it all turns out to his and everybody else's advantage. And the best of all is that his Mommy and Daddy do love him. But I Will not spoil it for you by telling you all about it. GO READ IT!



A PICTURE TO COLOUR

CENTRE

BIRDWATCHING IN WINTER

by Rebecca

Now is a good time to feed the birds in your garden, but keep the feeding station clean. You wouldn't let your dining table get that dirty, would you? It is best to have lots of feeding stations so that the birds don't get crowded.

If you can, go and see the waterfowl, geese and swans migrated here for the Winter. There may be some on the pond in your local park. Lots of birds are moving around now : to find food because of frost, or getting together in great flocks for protection. In cities, at dusk, look up and see flocks of small birds coming together to roost.

Father Christmas says.....

"A VERY MERRY CHRISTMAS TO THE SPECIAL GIRLS AND BOYS WHO READ THE PLAY CENTRE"

Christmas Jokes

Why is a (real!) Christmas tree like a clumsy tailor?
- *Because they both drop needles!*

How many presents can Santa fit into an empty sack measuring a metre by a metre?
- *Only one - after then it's not empty any more.*

Who hides in the bakery at Christmas? *- a mince spy!*

What falls at the North Pole but never gets hurt? *- Snow.*

Mind & Body Speaking by Kali

Almost a year ago, in Volume 1, Issue 3 of this newsletter I asked readers for some help. I want to now write to share with you the help I received and what it means to me.

I received numerous articles on the physiological effects of trauma and its long term consequences. Those of us who were repeatedly traumatised in childhood, when mind and body are still developing, may be suffering with a complex form of Post Traumatic Stress Disorder (PTSD). The body~mind having suffered overwhelming experiences remains in a long-term state of shock. *Physiologically this* involves the hypothalmus~pituitary~adrenal axis - endocrine glands which produce internal 'messengers' in response to the overwhelming levels of stress. The body reacts as if the trauma is ongoing and never-ending; the mind responds likewise. The general functioning of the body~mind is permanently altered by the early trauma.

I found that 27 years after the atrocities I experienced as a child had ended my body came to a stop with my thyroid gland not working (endocrine dysfunction). My immune system had brought this about by not identifying my body cells as my own (auto-immune dysfunction). Such immune system dysfunction is also involved in the rheumatoid arthritis which I suffer from. Endocrine and immune system dysfuction, together with heart disease are physiological consequences of complex PTSD.

The concept of PTSD is one that I find useful. It goes some way to describe my own personal experience in a way that makes sense to me. And in more practical terms it is a psychiatric diagnosis that is acceptable to British medics. After many years of searching for appropriate therapeutic help; trying to pay for therapy from a low income and being offered very little support and understanding from within the NHS, I now have health authority funding for the 'treatment' of PTSD. Apart from this being a great financial relief for me it represents a significant acknowledgement from society and medical community of the seriousness of the effects of childhood trauma into adulthood. This is most important to me. I've been heard and seen at last. Help is on its way.

The scientific evidence that is now being explored by psychoneuroimmunology confirms what I have found through the unfolding of a beauty within myself; within others and within our world. Through the alchemical transformation of a cry for help, despair becomes hope; betrayal becomes trust; and my life story continues to unfold. Thank you and you and you.....

BBC Horizon - *Were we misled?*

"we appreciate how important it is to reflect the experiences and opinions of people who have the disorder, as well as those therapists who work in this field"

"aware that DID is a sensitive issue"

"will be tactful and respectful"

"particularly interested in understanding what it is like to live with DID rather than the trauma ..... associated with it"

The above are quotes from the approach made to FPP readers by BBC Horizon when researching their programme on DID (Volume 1, Issue 3). Their programme, "Mistaken Identities" was broadcast on November 11th. What was your opinion / reaction? Did the researchers mislead our readers? Was the programme a balanced documentary or was it designed to 'prove' the absurdity of MPD? Did it reflect your experience of living or working with DID? **Write to FPP and let us know your thoughts, opinions, and feelings so we can feedback to the BBC**

"Mistaken Identities"

Horizon flying it's true colours

by Kathryn Livingston (a personal view)

On Thursday, 11th December the BBC broadcast a Horizon programme entitled "Mistaken Identities" which focused on Multiple Personality/Dissociative Identity Disorder. Researchers for the programme had contacted First Person Plural, spoken on several occasions to myself and met with some FPP subscribers who had responded to the letter published in Volume 1, Issue 3. Despite these contacts (Or maybe because of - I was asked if I would agree in principle to appearing in the programme but was unable to do so without having my identity protected which wasn't appealing to the researcher. One FPP reader was left with the impression after meeting the researcher that she wasn't 'entertaining' enough) the programme was made entirely in America with no British survivors or therapists included. Worse than that the programme showed an alarming bias which irresponsibly and erroneously promulgated the myth that MPD/DID is an American absurdity created by over-enthusiastic and unethical therapists in their vulnerable clients. These therapists, the programme suggested, had gleaned all of their professional education and knowledge on the topic of MPD from the popular book and subsequent film "Sybil". Only the best informed and most critical of viewers could have come away with any impression other than this. Press reviews the following day echoed and regrettably reinforced this impression.

"This ludicrous condition apparently didn't exist until somebody made a film called Sybil..... Next thing you know, psychiatrists waiting rooms were crammed with patients - all American funnily enough -.....

MPD has all the symptoms of a bogus ailment invented by the therapy industry. ..... Horizon's chosen patients were extremely damaging to any lingering credibility"

The Guardian (G2, 12th November 1999, p18)

*"**Horizon: Mistaken Identity (BBC2)** was a fascinating but disturbing attempt to unravel the truth behind what became a kind of medical cult. I felt much more convinced by the sceptical psychiatrists than by the psychiatric believers or their poor, disturbed patients.*

They cleverly saved the scariest shrink until last, a San Francisco psychotherapist who believes herself to be a sufferer and says she sometimes has to change her clothes ten times before her subconscious makes up its mind who she is going to be today. If her patients relent and try to tell her they have been imagining the whole thing, she tells them they are "in denial", a tell-tale sign that they have the disorder. Aaargh!"

The Times, 12th November, 1999

Superficially, the programme portrayed both sides of the controversy. This made it even more cynical and damaging. Both sceptics and believers were interviewed but as can be seen by the press reviews above the interviewees were carefully selected (or at least selectively edited) so that the believers just did not come across as believable. Choosing a therapist-believer who has D.I.D. herself and suggests that being in denial is diagnostic of the disorder (assuming these comments were not taken out of context or distorted by editing) is not a creditable or fair way to present this side of the controversy to a largely sceptical and ill-informed public. The choice of the second therapist-believer surely begs the question - why were the father / son combination of sceptic/believer therapists chosen? Could it have been to leave the viewer wondering if the family dynamics influenced the son to believe in M.P.D. for no other reason than to antagonise his father? Opting for a therapist-believer who could offer a balanced perspective would have been fairer and more informative. I myself had suggested Phil Mollon to the researchers. An interview with a former M.P.D. client who has recovered and now has an improved quality of life through the intervention of a therapist-believer would have given a further balance to the programme.

Where were the clients of the sceptical psychiatrist who treats clients who have previously been diagnosed as M.P.D. by ignoring their 'alters'? Do they feel they are benefiting from his methods? Why wasn't this sceptic asked how he knew that his clients were not simply hiding their 'alters' to give the impression of recovering from their M.P.D. in order to please him in the same way he claimed clients of believing therapists created 'alters' to please their therapist?

Couldn't the programme have shown a less controversial excerpt from a therapy session or at least balanced it with a more typical excerpt - you know, the mundane but more common sessions where no obvious 'switching' takes place and certainly no overt hypnotic technique is used?

Why wasn't the therapist-sceptic who is a well known proponent of False Memory Syndrome questioned about how the upsurge in recognition of this media-created 'syndrome' which does not appear in any psychiatric classification system (unlike MPD/DID) differs from how he claims the upsurge in MPD diagnoses has occurred?

Why was there no mention in the programme of the screening and diagnostic tools that have been developed for the dissociative disorders; no mention that these tools have been scientifically validated and are as reliable as any other such tools used in psychiatry. Why wasn't any false diagnoses of M.P.D. / D.I.D. which does occur put into perspective. A level of false positives and false negatives are universal in psychiatry, not unique to D.I.D.

Why did the programme make no mention of M.P.D. / D.I.D. occurring in Britain or anywhere outside America. Why was there no reference to the research which shows D.I.D to have a similar prevalence (though not frequency of diagnosis) in European countries (including UK) to that reported in America? And why, despite repeated promptings from myself, was no helpline contact broadcast after the programme as the BBC now does for almost every programme which mentions or covers clinical conditions or social ills. Oh yeah, I forgot M.P.D. probably doesn't exist and it certainly doesn't occur in Britain so no-one watching could possibly be emotionally affected or have questions about anything in the programme.

Horizon advertises itself as the BBC's flagship science documentary series. One definition of flagship is 'more influential than others' - a definition which implies a heavy burden of responsibility. Horizon has, in this episode, side-stepped responsibilities in favour of pandering to what they think the masses want to hear. They chose to leave out just about every bit of science that has relevance to the D.I.D. debate and presented a biased version of facts. How then can they describe the programme as a science documentary? (A definition of documentary is 'aiming at presenting facts').

Maybe Horizon would redeem itself somewhat by providing access to a more balanced set of resources on it's web site (http://www.bbc.co.uk/horizon/mpd.shtml)? Sadly, no. The site gives the contact details of the American headquarters of the International Society for the Study of Dissociation (ISSD) but not the details for either the ISSD (UK) or First Person Plural. The site lists only three books on the subject, all of which are written from the sceptical viewpoint. A transcript of "Mistaken Identities" is available on the site.

So, the flagship flies it's true colours. I am angry and disappointed that the BBC has missed this opportunity to responsibly inform it's viewers about the realities of people living with D.I.D. or not even tried to contribute to a balanced debate on a controversial subject but have instead chosen to promote the myths.

FPP Members Contact List - Too Risky?

From a reader who experiences DID

Emphases are writer's own

I find this worrying. That is, the idea of a list of contact details being sent out to other people who experience DID.

Initially when we first read about it, we thought it was a really good idea, but as I listened to others in my system I began to realise that I did not feel safe with the idea at all. This was for several reasons.

Many DID individuals have parts which are unknowingly still in contact with cult groups - my cult loyal people tell me that there would be significant reward for providing information about people who have 'defected'. Some DID individuals knowingly remain in contact with the cult group.

Not everyone who is DID has experienced cult / ritual abuse and therefore may be unaware of the dangers. They are a network of groups - just like other national organisations, they are in every city and every town. Information passes between them just like information might move from one company to another. They do threaten, harass, intimidate, punish and even kill people for trying to leave.

These people by day, act like normal members of society. By night, they do anything but. These are the people that deliberately create DID in their children. They know how to set up situations that create DID. They know how to access DID systems - even years later. They may still be able to gain control. In some ways they know more about it than we do.

The worse scenario might go something like this: FPP reader signs up to your list. It is taken by a cult-loyal part to a cult group. The information is networked around the country (they use e-mail too) and everyone who is doing their level best to stay safe, stay sane and to cope with life in general gets harassed - or worse..... It only needs to happen once.

I am not saying that anyone would deliberately do anything to hurt someone else but is everyone on that list so in control that they are absolutely sure that nothing like this would ever happen?

Do you feel safe knowing what might happen to your address or telephone number?

For myself, I cannot honestly say that I am in that much control all of the time - and so for other people's safety and for my own, I do not want to be on that list.

Also, many people are either not able to, or choose not to have any kind of therapy. What about the possibility of dependence, manipulation intimidation between less healthy parts of people's systems? Even something as simple as someone deteriorating and needing support which another is not able to give? What would happen then?

The first edition of the Contact List will be circulated to FPP members early in January, 2000.

Not many of you have chosen to join it and several, who have joined, have chosen to use the FPP address as their contact.

It would be easy to dismiss the letters on these two pages as scare-mongering. However, we believe the concerns of the writers are valid from their experiences. We reprint them, to ensure that choices are made with the support of as much relevant information as possible. Those of you who have received the full membership pack will realise that our thinking about introducing a contact list had considered the potential risks involved. However, if after reading these letters you wish to withdraw your details from the contact list you may do so by writing to FPP by 4th January, 2000.

Abusers are sometimes dissociative - if the list is only open to dissociative people - how will you know if someone is genuine or trying to gain access to potential victims?

I know that there is also great potential for love, friendship, support etc and if that happens, which is some cases I am sure it will - then that can only be a good thing and there is a part of me that is sad not to be able to put my name down.

I think we may have missed an issue of FPP and we may well be coming in late on a debate that has already started. In which case, please fill us in.

I think there is potential for both harm and for health here. I just want to be sure that the consequences for both sides have been equally considered.

Rentacrowd

Editor's note - this letter was responded to enclosing the full membership information pack but no further reply was received so it is not known whether the writer's concerns were allayed by the information contained in the pack.

From a* reader *who is a counsellor

This letter was received after I had responded to earlier concerns expressed by the writer about the Contact List. My response had enclosed the full information pack being sent to potential members which includes discussion of risk and options for risk management and emphasises the self-responsibility of the individual who makes an informed choice to join the Contact list. **KL**

Emphasis is writer's own.

I appreciated the chance to consider the information regarding the FPP membership list. I have to be honest and say that I retain considerable concerns regarding this issue - concerns that are based primarily on the things I observe about and hear from the clients I work with.

I am aware that for many individuals who have coped with trauma by dissociation their therapeutic journey may be a lengthy one. I am also aware that in any situation an 'unknown' part may work against others in the system causing sabotage and distress.

I worked closely with (name supplied) and had extensive first hand discussion with him concerning Department of Health funded research set up to consider the claims of twenty dissociative individuals that they had experienced prolonged and extensive ritualistic abuse. Clinically their presentation totally supported their claims but all forensic and factual evidence was eventually unsubstantiated.

As a professional I have to draw a conclusion for myself in this. **Does this outcome mean that the claims were false (by which I mean without the actual existence of forensic support) or, does it point to sabotage of the project from outside or internal system parts?** I strongly believe the latter to be more probable.

I understand that we have a difference of opinion regarding these issues but I believe that to fail to maintain my stance I would be betraying not only my clients but also myself.

[name supplied]

Editor's comment

I have a great deal of respect for the writers of these two letters. It could not have been easy, particularly for the person who is herself dissociative, to express these concerns. I am honoured that despite strong beliefs about the pervasiveness, deceptiveness and power of cult ritual abusers (some - but not all - of which, as an RA survivor myself, I share) they are willing to trust me, not only with their views but with contact details. This shows a willingness to take risks for the benefit of others which is worthy of respect. I am happy to be able to give reassurances to all subscribers that contact details supplied to FPP are held confidential unless specific permission to disclose to others is given.

Therapy & Support

Do statutory services meet the need?

From Julia & Co

It would be a lie to say that we have never had any problems with statutory mental health services. For many years we were shoved from pillar to post and ultimately left to get along on our own, ending up in hospital repeatedly.

Then, a friend wrote on our behalf to a private therapist who agreed to see us. With her help we started to come to terms with our dissociation but we knew that more support than even she could give us was needed. Just over 18 months ago our therapist suggested asking our GP for a referral to a social worker. Our GP arranged this and suggested that we tell the social worker about D.I.D. At first it seemed as though the social worker was not going to support us as we did not fit neatly into any of the little boxes that they have been trained to put people into but in the end she agreed to continue seeing us. She accepted our dissociation and read the books we lent her. Unfortunately, she was moved but her replacement was introduced to us and thankfully she was also willing to learn more about D.I.D.

Due to a build up of stresses we did end up in hospital again but this time we had a social worker who understood some of what was going on. To cut a long story short with the support of our therapist and social worker we have been able to tell our psychiatrist. He, in turn has been willing to listen to us. We now attend a day hospital where two members of staff know we are dissociative and are prepared to work with us. But probably the biggest milestone is that not long ago our therapist, social worker, psychiatrist and our key-worker from the day hospital met up together to discuss how each of them can help us on our path to discovery.

Who pays the therapist?

During the initial years of therapy I funded myself and never expected it to be otherwise. It was only when my therapist was approached by the local health authority to take on another dissociative client who they were willing to fund that we thought it would be worth approaching my fund-holding GP. He, without consulting the practice manager, agreed to pay for my therapy. Unfortunately, when the first bill was submitted the manager refused to pay. Then began a battle which I became acutely aware was fought only from a financial perspective. Me, as a person, and my needs did not feature in the debate. I felt like a puppet having my strings pulled, never knowing how to perform to get the money for the therapy we needed. Nevertheless I determined to fight my corner as best I could.

I had to perform for a non-believing psychiatrist. He had lost all my notes and letters from my therapist which would have put him in the picture. He pulled my strings for an hour without any progress being made. He only told me I would have to go back anytime that he wished to recall me. Then luck took a hand. The non-believer met a believing psychiatrist to whom I had been referred to earlier, before they changed all the health authority boundaries. Hey presto! A week later my GP told me my therapy would be funded until the end of that financial year.

So, as the end of the financial year approached anxiety levels rose to an almost intolerable level as we waited to receive the summons to perform for the non-believing psychiatrist again. We had been told this would be in February 1998 and we are still waiting. Meanwhile, health authority boundaries have

changed again and primary care groups have been introduced. My therapy, (now with a different private therapist of my choosing) is now funded from a primary care pot of money and overviewed by the believing psychiatrist. For the time being I hope funding for my therapy is secure.

During the years I was financing therapy myself I was referred to a day centre because we were suicidal. When I arrived there they had lost my notes and asked me to come back tomorrow. My only other brush with statutory services was a referral for respite care at a centre for women who had been abused. Because it was funded by social services I had to be means tested. This made me very angry as I felt I had to justify yet again how bad it can be at times. Another case of performing, trying to answer the questions correctly with the answers that would get my needs met.

A few months later my GP again sought respite care for me but when he contacted social services he was told the facility was no longer available.

All in all I have got off lightly in my involvement with the NHS and other statutory services. But I have to ask, if one health authority is prepared to fund therapy for a person diagnosed with dissociative disorder why is this the exception rather than the rule? Maybe now, with many changes in mental health policy and practice including National Service Standards upon us, is the time for more of us to be asking our GPs about equality of access (if 1 health authority funds, all health authorities should) and to not be too easily fobbed off. (name supplied)

Something to think on

4½ years of private therapy for dissociative disorder has personally cost me about £16,500 **and** I have made significant progress towards recovery. During 15 plus years of ineffective NHS & Social Services input (some of it against my will and none of it addressing my dissociative disorder) I made no sustained progress. I guestimate the cost to the tax payer of this travesty to be, at least, a half a million pounds. The emotional cost to me is immeasurable. **KL**

There is help out there by Lynda W

I "woke up" in hospital in October '97 after being sectioned. It seemed I has a psychotic episode that lasted 3 days. My psychiatrist said it was a stress reaction and I need to take it easy. I stayed off work for 3 months. In May '98 it happened again. Thankfully, my psychiatrist started to suspect a dissociative disorder and eventually this was the diagnosis she gave me.

My GP, however, kept putting "depression" on my medical certificates until, eventually, my Community Psychiatric Nurse accompanied me to support me in explaining to him that I needed my experiences validated. I insisted he write 'dissociative disorder'.

Unfortunately my psychiatrist moved on in Sept '98. Since she left I have been given Cognitive Analytical Therapy which didn't address my core problems. The therapist did her best but was not experienced with dissociation.

Last month, with the support of my CPN and my housing support worker I screwed up the courage to ask my consultant to refer me to a specialist in dissociation. To my amazement he said he would look into it.

Also last month, the Independent Tribunal Service awarded me Disabled Living Allowance after I had been turned down twice in the past.

This condition is real. It does exist and if I am to learn better ways of dealing with stressful situations then I need the health professionals involved in my care to validate my reality.

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