



June 2006

RAINBOW'S END

Volume 7

Issue 1

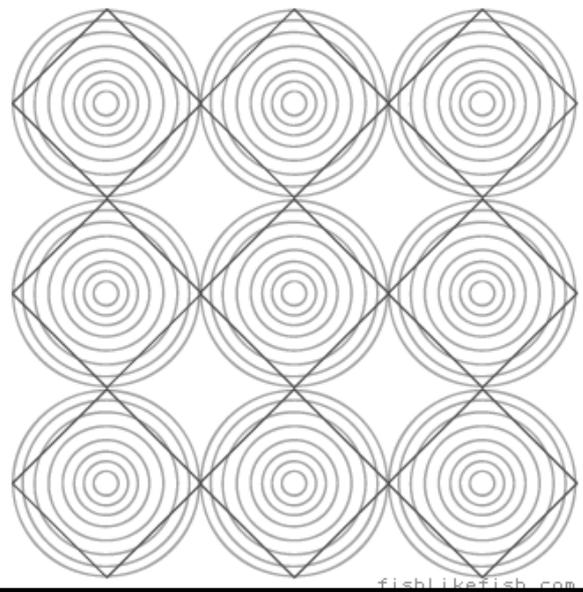
Support & Information Newsletter of FIRST PERSON PLURAL
the survivor-led association for survivors of trauma and abuse who experience
dissociative distress, and for their family, friends and professional allies

Registered Charity No: 1109464

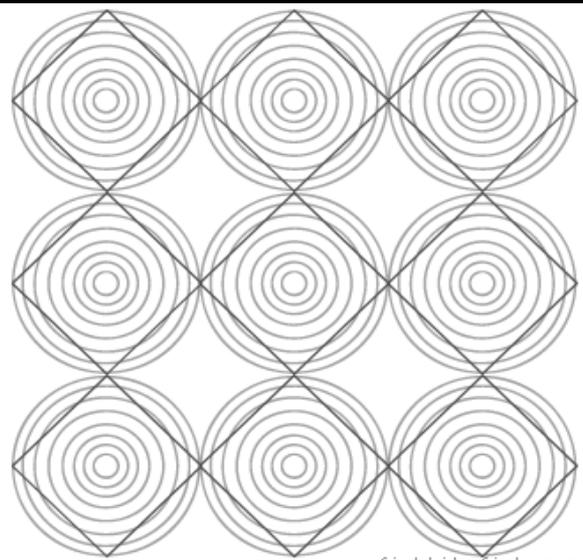
CONTENTS

Editorial Statement	2
DVD Review	2
FPP Committee after A.G.M.	3
Body Memories.....	3
We can grow, change & be whole too.....	4
Dissociative Distress after trauma of physical illness	5
Play Centre	8
Behind Scenes of DVD Production the Making of: You're Not Crazy & You're Not Alone	10
Composite Person	12
CIS'ters Self-Harm conference	12
The Survivors Trust conference ...	13
UKSSD conference	14
Metamorphosis (poem)	16

The lines are straight... honest!



fishlikefish.com



fishlikefish.com

First Person Plural, PO Box 2537, WOLVERHAMPTON, WV4 4ZL

<http://www.firstpersonplural.org.uk>

email: fpp@firstpersonplural.org.uk

Volume 7, Issue 1

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 made by the editor and are final. Contributions do not necessarily reflect the views and opinions of First Person Plural, members of the executive committee or the editor. Inclusion of any reference to an individual or organisational resource is not a recommendation. The contents of this newsletter are for information and support purposes only. The newsletter is not a substitute for individual therapy or professional supervision. It is an addition to, not a replacement for, other networks of support.

Contributions can be sent in at anytime

articles; stories; resources; book reviews; tips; poetry; personal experiences;
words are good but **brief snippets & artwork** are desperately needed

To be considered for the next issue we need to receive them **by 16th September, 2006**

Originals will only be returned 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

D V D R e v i e w *by Kathryn Livingston*

"YOU'RE NOT CRAZY & YOU'RE NOT ALONE"

Inside the Inner World of Dissociative Identity Disorder

produced by Wendy Lemke M.S., Licensed Psychologist through Quarterion Productions, 2006

As a person with D.I.D. I was moved by the six people with D.I.D (and their partners) who are featured. I identified with them; feeling affirmed and encouraged to be hearing from 'real' experts. In my role as trainer for First Person Plural I consider this DVD is a very useful addition to our training tools. As founder and (until recently) Chairperson of FPP I believe that the DVD will be useful to help explain D.I.D to those newly diagnosed, to partners, family and friends; to anyone in the health, mental health and social care sectors who needs an introduction to D.I.D and it will help enlighten and reduce stigma and discrimination when viewed by the general public.

I had no hesitation, when asked for an endorsement by Wendy Lemke, in writing the following:-

".....showing excerpts from the DVD "You're Not Crazy & You're Not Alone - Inside the Inner World of Dissociative Identity Disorder supports our training style which uses personal lived experience to bring to life the dry textbook facts and theories about dissociation and D.I.D. which we also present. Evaluations by participants on our training have shown they find the DVD informative and helpful to their understanding of D.I.D. and the effects it has on individuals' lives. "You're Not Crazy & You're Not Alone" is a valuable tool for use in educational and training programmes to introduce dissociation and its effects to pre- and post-registration professionals of all disciplines and other workers providing health, mental health and social care support services."

Clips from the DVD can be viewed at <http://www.clearwatercounselingservices.com/id13.html>

You can order the DVD from First Person Plural, Price £36.00 inc p&p

See Order Form enclosed with this newsletter

First Person Plural Committee following elections at AGM – 3rd June

Melanie Goodwin **Chairperson**
 Marie Bridges **Secretary**
 Kathryn Livingston **Treasurer**

Jacqueline Jones **Full member**
 Ana Dax (not legal name) **Full member**

Paul Burns **Associate member**

Sandra Sunfire **Full member**
 Kate Evans **Full member**

Thank You to **Emma, Elaine, Angie** and **John**
 who resigned from the committee 2005/06

Body Memories *by Jackie Jones*

I got into doing body memories whilst talking to an unhappy alter (we are co-conscious). After careful questioning it turned out the unhappy alter was in pain. I thought, how do I relieve this pain? By trial and error we came up with this method:-

- First, find a comfortable position, either lying on the bed or in a chair.
- Second, relax and clear your mind.
- Third, find out where the pain is held in the alter's body.
- Then gently focus your attention on that area of your body.
- Increase the focus of attention and think gently of the pain coming into your body (This is for the host to do).
- After a few minutes, relax and then focus again, if necessary.
 Sometimes, the pain comes in the relaxed periods.

I have found that the pain or, swollen pressurized feelings, last for a few seconds up to a few days. (Meningitis suffered by my alters for 4 weeks took 3 days of headaches to do)

I always warn my alters that they may "go", if I take their pain away, but they are usually pretty eager to have their pain gone.

Don't expect your alters to bring up the subject of pain. Mine were resigned to always being in pain and thought there was no hope of relief.

I hope this is useful to you and that your alters will be as grateful as mine are that I was willing to take their pain on board.

Volume 7, Issue 1

We can grow, change & be whole too. by Samantha & Angela Dax

I want to say something about why our system doesn't like to use the word "alters" when talking about insiders. I don't want to offend anyone who doesn't agree with us so ask you to understand that this is written from our experience

"Insider" is a very common term used amongst multiples -and supporters- who think in terms of many people, not many parts, when referring to members of a multiple system. "Insider" distinguishes the person we're talking about as someone of a multiple system, but without using the derogative word "alter".

Some people seem to think that insiders are just parts of a machine, with no function or ability to stand alone. I don't agree with that. Insiders are all people with lots of abilities, both working as a cog in the machine, but also standing on our own. The problem a lot of the time I think, is that insiders are told that they're just a part with one job to do, and that they're not allowed to be or do anything else. I've seen lots of insiders of different systems stifled, and it makes me quite sad. The only reason that I think some insiders don't grow far beyond what they were first like when they came out in the open is that they weren't taught that things could be any different.

I personally think that it's the fault of the uninformed therapist. A lot of therapists don't have much understanding about our level of dissociation when they come into contact with us, and the printed materials they read usually point towards us "simply" being incomplete parts that need to be melted down and merged with the outside one for her to be whole.

Don't you think that she can be whole on her own?

Yes we helped her for a long time, and we can continue to help her, but that doesn't make her or us any less a complete person now we're safe, older, and multiple. For some systems, integration can work quite well in the end, but shouldn't that be at the choice of the entire system, and not the choice of the therapist? And shouldn't it be at the choice of the system only after finding out how most individuals of that system can be a complete person? It makes me sad that these individuals don't get the chance to find out.

Here's an example of someone being able to grow, and be complete. I'm 9 years old, and I have been 9 for a very long time. The story "Jackie the Dog" in the last newsletter was written by me about 4 years ago. Now, by reading more, and practising writing more, the stories I write are much fuller, and I can express myself and ideas better. I am still 9, but I've learnt a lot about life and I've grown a lot emotionally. Sometimes I have whole days out here on my own, and I can be responsible, safe, and do good for myself and the system at the same time. Why? Because I was given the chance! I was allowed to take small amounts of time here and there to write and read and learn new hobbies, and as it was seen that I could be responsible and add depth to this systems life, I was allowed more time. I am learning to cook. I'm finding out that I have ideas and likes and dislikes, and I have dreams and wants and needs that are different to others here. Being my own person and not just the "social one" that I was "made" to be is okay. It's okay that as I'm growing and having ideas of my own, that not everyone will like me anymore. I don't need to be that person or that role. As I'm growing, so are the official hosts of our system, and they're able to be social on their own, so my "role" is not really who I am anymore. The hosts of our system are as complete as me, or I am as complete as them.

We're so different from each other, and have our own dreams that we often work towards, and as a whole that's making a very rich and diverse system. I'm not saying that how we live and what we believe is the perfect or only way to live. We have difficulties with time keeping for instance! But difficulties are a challenge that communication -something that most systems whether they want to integrate or not need to learn- can overcome. I'm also not saying that if we're given the chance to grow that we can't later integrate, because it isn't one or the other. It's having the chance and the choice that is important in my eyes.

Our way isn't the only way, but I think it would be a good idea for therapists to be informed that we're more than just parts, for each system and each insider to discover, and then to decide what is best for them.

It is said that humans are given free will. To be told you're just a cog in a machine with no choice but to integrate, I see that as having free will, and the right to be a whole person which most of us on the inside can be, being taken away. It is offensive to a person's identity, equal to saying that they aren't an entity in their own right at all.

Dissociative Distress after trauma of physical illness & NHS failings

A partner / carer's perspective and plea for help

If you have any ideas or support to offer the writer after reading this please send via First Person Plural email or postal address. We will forward all responses

I am the carer for a wife with a rare chronic physical illness, and now severely mentally-ill. This is the 7th year. 7 years in which the NHS has not worked in any coordinated fashion. Following horrific, almost unbelievable errors, ineptitudes, abusive practice and often total lack of treatment, help and support by the NHS over this seven year period for my wife's physical illness my wife has now been left in a dissociative, post-traumatic, panic-ridden and obsessive-compulsive state. I believe this could have been avoided with a modicum of forethought and, even now we are not able to get the help and support my wife needs to overcome her mental illness. The place we are in is the place that all manner of professional people have led us. Sadly, I have been left with a great deal of cynicism about the ability of health professionals to act for the patient rather than their system.

Previous to her physical illness my wife was on top of the world. She has just won promotion at work against strong competition. She led a full life -she was a popular local Methodist lay preacher- and I hardly seemed to see her. Plus, she was the most organised person I knew. Let me put that another way, she was only really happy if she had someone i.e. me around to organise. She was a strong and determined personality.

My wife was eventually diagnosed with the rare and incurable Stiff-Person Syndrome which is a crippling neurological disease which causes very painful and frequent muscle spasms. The treatments available for this were mismanaged, often delayed or refused for lack of funding and I had to fight every inch of the way to get them for her. These standard treatments eventually didn't work at all so in November 2004 Jo was referred to another hospital for an alternative (then unlicensed) treatment. There she was told, after a repeated series of diagnostic tests, "You may have had Stiff man yesterday, you may have it tomorrow, but you do not have it today. Bye Bye' And we were left like that. No one would answer my questions about whether Jo was still diagnosed, had been misdiagnosed originally, or what.

Volume 7, Issue 1

When we returned home, the local neurologist telephoned my wife to tell her to come off the medication that he had put her on "in good faith". And that was the last we ever heard from him. The effect on my wife? Well she declined into clinical depression. She refused medication, and I was left alone by the GP to cope. Her mental state was compounded by the fact that she had been on a catheter for 9 months. This had been inserted by the local hospital in early 2004. But no one- GP, neurologist, district nurse - had bothered to query the continuing need until the northern hospital said 'what on earth is she doing on a catheter'. And it was withdrawn, without any warning (before I could tell her), without any counselling. And inevitably there were months of floodings (simultaneous with her depression) that must have affected her. She would have no visitors in the house, because she had an accident in front of a friend. And although her bladder control is now more or less normal - she is still frantic if a visitor arrives at the front door.

The only good news at this time, was that I begin to notice that Jo's posture was improving, her lordosis was less pronounced, and she was gradually unstiffening. I managed to progress her from a wheelchair to a 3 wheeler, and with the GP to slowly take her off the high levels of diazepam and baclofen. I was hopeful that she would make a full recovery (but from what); but fearful that the spasms might return. But then like a cruel killer-punch, as Jo came out of depression, it became evident that she had developed a mental illness. She started talking in a child's voice, obsessed with bodily functions, and referring to them in a child's way, and often in a mutter difficult to understand, talking repetitively, acting in a child-like fashion, acting irrationally.

I wrote to a friend at the time "For the last 3 months she has regressed into a safer world-talking in the mannerisms of a young girl. Plus talking incessantly, sometimes for twenty hours non-stop. This I find the hardest to take, as she can talk through the night, and follows me if I try to sleep in another bedroom, begging me to return, and does not stop till I do so, and then continues talking. . I thought I would go out of my mind, or cause her physical injury. And it is all a one-sided conversation. She does not respond often to what one says. She is locked in her mind - but then later will tell you exactly what you said. I have had quite a few nights without sleep, and then have to go to work, do the cooking etc. It all seems to be some kind of extreme anxiety, mixed up with some kind of paranoia. But other times she can be quite lucid. And she can flip from one state to another with no obvious cause. She finds great comfort in routines - having drinks at set times, going to the toilet at set times- and gets agitated if these are broken. She has isolated herself in the house, and will not see nor allow any phone calls from anyone in the Church. It is as if she is trying to wipe away her past life, and to start again with a clean slate."

The situation exploded in June 2005, when we went away for a house holiday with church friends. The change of scene affected Jo. She kept insisting that she be admitted to a mental hospital, who would cure her, and for me to then find her a rest-home for the rest of her life. Something inside her knew that she was mentally-ill. The journey back was horrific - with Jo haranguing me for 3 hours to get her to a mental hospital. She was in a near psychotic state. I managed to get Jo to the GP just before 5pm. The GP called out a duty psychiatrist. I was to wait outside the house, as Jo was refusing to enter our home. And I waited, and I waited. But no one came that evening, nor the next morning. It was not till the next evening that the psychiatrist came. It was decided not to admit Jo, but to wait till an outpatient's appointment that had already been arranged on the Monday. Following which, under pressure from myself and Jo's son, she was admitted. I did hope that this would be the start of restorative action. But nothing was done - no close observation, no attempt to involve Jo.

After a day, she realised she hated the place, and kept texting me to get her out of there. I was so appalled at the low standards that I was only too glad for Jo to be home, where my standards were infinitely higher. A clinical psychologist and psychiatrist came to the house- but Jo was upset at their presence. She felt their questions were intrusive. Because she was not complying, well that was more or less it, except for a CT scan and a Spec scan which did not reveal any organic damage.

A CPA programme was arranged for 6 monthly visits from a care coordinator. But as Jo was upset at a stranger in the house, they ceased, and with that the CPA key contact was taken away, and I was told to liaise about any problems through a duty officer. I felt that I was being left to cope alone with an impossible situation. I felt pretty much abandoned by the local Adult Mental Health outpatients' service. I became cynical and bitter about them. Nights were often sleepless with Jo's talking or acting neurotically, and when I got to work Jo would phone me obsessively up to 50 times every day. A phone ringing again and again and again is, I can assure you, a form of mental torture. And the response of the mental health people was 'Have you tried asking her to ration the phone calls'. Eh! Do these people have any understanding whatsoever? And of course, the strain of all this led to several crack-ups - sobbing uncontrollably in the corridor at work.

About 6 weeks ago, the situation changed again. Jo started to leave the house each day- at first by taxi and then by bus. She would arrange to visit someone each morning and afternoon several weeks in advance. It was obsessive to try to fill in each day. Then she started turning up at my place of work, lunch-times and late afternoons. I could not stop her- she was so determined. But colleagues complained to the boss, and I was in trouble. She understands now that she should not come here. Instead she travels by bus and taxi repeating the same journey 4 times a day. Her visits to people she limits to only 15 minutes- however much they want her to stay.

I asked the Mental Health outpatients centre for a risk assessment - no response. I asked for a referral to Mind - no response. I asked advice about the work situation - no response. The referral to Mind for a befriending service has now been actioned by the GP. I just hope it comes to something.

When I first saw the psychiatrist, I was told that this was a serious and unique case. He diagnosed Dissociation bought on by the trauma of her physical illness. I did hope at the time that would mean an intelligent and structured approach. Whereas, the stance seems to have been very much hands off - which has put so much pressure on me. (I have had no respite as a carer for 7 years. My wife refuses to let me have it - she is afraid that she is going to be put away if that happens).

I understand that as Jo will not take any tests, then he is just waiting till she does agree. I had hoped that he would at least seek the advice of the UKSSD. It has been left up to me to persuade Jo to see a counsellor at her local surgery- which she has now done. I hope that this will eventually lead her to accept Cognitive Behaviour Therapy. But there is so much else to tackle - the panic attacks and the OCD. Why is it being left all to me, when I am so exhausted?

Is this story typical of the Mental Health Service? (Please say No). Is there anything else that I should be doing to help my wife? Is there anything that I should be pushing the psychiatrist to do? Help please - as I feel so lost in an apparently uncaring system

In the Sweet Shop Word Search

L S Y R X S I C I B R C U S J
H I N L P N A Z U O U H W W D
B W Q S L N O B I I O O S E S
J W I U D O B U C S L C T E L
P R H Y O L L F G L E O U T W
C E Q X E R C E A A Q L N S G
G Q N G H E I M C A T A A I E
A I U Y X F H C T I V T E A U
O M G N I S F X E C G E P S E
T S G F R U I T D R O P S J G
S B Z A P O P I L L O L N T D
Z W M T O F F E E S T N I M U
A U E B Y A M D H F E K T E F
O T P H Q S Z X T K Y F Q T I
C X C D C L T D G K D L G D F

- | | |
|------------|--------------|
| BUBBLEGUM | LIQUORICE |
| CANDY | LOLLIPOP |
| CHEWS | MARSHMALLOWS |
| CHOCOLATE | MINTS |
| CRISPS | NOUGAT |
| FRUITDROPS | PEANUTS |
| FUDGE | SWEETS |
| ICELOLLY | TOFFEE |

Five things to do for fun

- Go on a nature treasure hunt in the local park - make a list of things to find e.g. animal paw prints, a pine cone, a pink pebble, a holly leaf
- **Make a tent from a blanket over kitchen chairs and eat lunch or a snack inside.**
- Pretend to be a tourist and visit the sights and notable places in your town.
- **Lie outside on the grass and look for shapes in the clouds. Make up stories about the cloud shapes.**
- Learn a bit of sign language and talk with your hands. You can get books on British Sign Language from your local library

PLAY

JOKES

Brian: What kind of dog is that?

Terry: A police dog.

Brian: Are you sure, it doesn't look much like a police dog.

Terry: That's because it's a plain-clothes police dog.



Three tourists were driving through Wales. As they were approaching

Llanfairpwllgwyngyllgo gerychwyrndrobwilllan tysiliogogoch,

they started arguing about the pronunciation of the town's name. They argued back and forth until they stopped for lunch. As they stood at the counter one asked the lady serving, "Before we order, could you please settle an argument for us? Would you please pronounce where we are... very slowly?" The girl leaned over the counter and said,

"Burrrrr, gerrrrr, Kiiiiing."

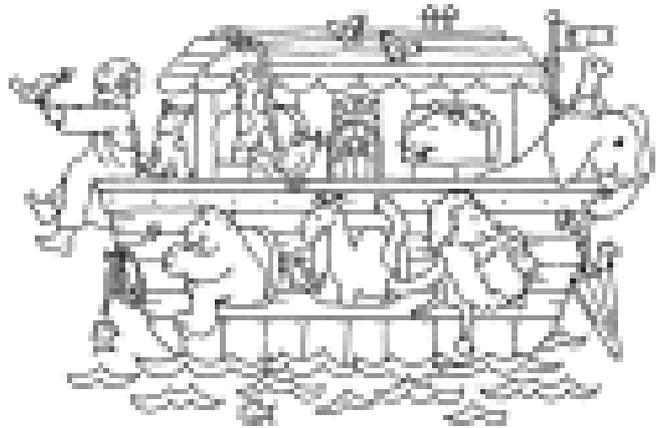
CENTRE

Picture to Colour



Lessons to be learnt from the story of Noah's Ark

1. Don't miss the boat.
2. Remember that we are all in the same boat.
3. Plan ahead. It wasn't raining when Noah built the Ark.
4. Stay fit. When you're 600 years old, someone may ask you to do something really big.
5. Don't listen to critics; just get on with the job that needs to be done.
6. Build your future on high ground.
7. For safety's sake, travel in pairs.
8. Speed isn't always an advantage. The snails were on board with the cheetahs.
9. When you're stressed, float a while.
10. Remember, the Ark was built by amateurs; the Titanic by professionals.
11. No matter the storm, there's always a rainbow waiting.



Answers to Word Search

N	S	R	X	S	I	C	I	B	R	C	U	S	J		
H	I	N	E	P	N	A	Z	B	O	U	H	W	D		
B	W	O	S	I	N	O	B	I	I	O	S	E	S		
J	W	I	N	D	O	E	N	C	S	L	C	T	E	L	
P	R	H	Y	O	L	L	F	G	L	E	O	U	T	W	
C	E	Q	X	E	R	C	E	A	Q	L	N	S	G		
G	Q	N	G	H	E	I	M	C	A	T	A	A	I	E	
A	I	U	Y	X	F	H	C	T	V	T	E	A	U		
O	M	G	N	I	S	F	X	E	C	G	E	P	S	E	
T	S	G	F	R	U	I	T	D	R	O	P	S	J	G	
S	B	Z	A	P	O	P	I	L	L	O	E	N	T	D	
Z	W	M	T	O	F	F	F	E	E	S	T	N	I	M	U
A	U	E	B	Y	A	M	D	H	F	E	K	T	E	F	
O	T	P	H	Q	S	Z	X	T	K	Y	F	Q	T	I	
C	X	C	D	C	L	T	D	G	K	D	L	G	D	F	

Behind the Scenes of a DVD Production; the Making of:
You're Not Crazy & You're Not Alone

by Wendy Lemke, M.S. L.P

This article reprinted with permission from Many Voices. Vol XVIII, No.2; April 2006

The motivation and desire for this project was fuelled by a need I've recognised for a number of years. This need is two-fold; first, as a therapist who has worked with dissociative identity disorder, (D.I.D.) for over fifteen years, I've come to know how difficult it can be to learn you have this disorder. Often when individuals are first diagnosed with D.I.D. they are in disbelief, and they feel completely isolated and alone. They often fear and worry that they are crazy. Even after working with a therapist for a while, they still wonder whether or not they should believe the things they hear in therapy as they often don't have any recollection of some of the information obtained from their alters. I remember working with one individual for almost a year, and when I was telling her about an email that was sent to me by one of her alters. She said, "I know you're telling me the truth but I have to admit it's still really hard to hear things like this, as I'm quite sure I haven't been on the computer at all this week; a part of me still worries you might be trying to trick me."

This is an all too common feeling and one that is easily understood given the difficulties, memory impairment, and vulnerability that often accompany this disorder. I often recommend reading material written by others with the disorder, as it helps validate some of the 'craziness' an individual may be feeling and I always advise them that they shouldn't rely on just what I say. I want them to obtain information from other reliable resources as well. I want them to understand that the disorder really exists and that there is other information about it besides what I'm sharing. I've also become aware of how helpful it is to talk about (in general terms of course) experiences of other D.I.D. clients. On occasion I've obtained permission to share artwork, journal entries, and/or poetry which has helped the treatment process considerably at times. These individuals need to know they are not alone.

Although group therapy for people with D.I.D. can be beneficial, it can also be counter-productive, especially during early phases of treatment. It can also be very difficult to find an adequate group, as sometimes individuals have to drive great distances just for their individual therapy.

The value of hearing from others with the disorder is matched by the desire of these individuals to find someone who truly understands them, and no one understands better than those with the disorder; they are the real experts. These are all thoughts that contributed to my desire and plans to produce this video, but I also hoped the project would fulfil another need as well.

I've become increasingly aware and professionally frustrated with the lack of knowledge about this disorder. These individuals have suffered horrendous abuse and a lifetime of difficulties and the mental health profession hasn't always treated them with the compassion and expertise they deserve.

Greatly contributing to this problem is the lack of adequate education. I learned very little about dissociative disorders in my graduate training and my desire to learn more only came about because of a client who presented with what I thought at the time were rare symptoms that resembled multiple personality disorder. I also know however, that it is quite rare for D.I.D. to present in an obvious way, so if you don't have education about assessing for this disorder, you're not likely to 'see' it and if you don't 'see' it, you're not going to see any reason for seeking further education.

People tend not to believe in things they haven't seen and/or experienced. I don't know how many times I've heard about other professionals saying things like.....



"I've worked in this field for twenty years, and have never come across the disorder yet, so I don't believe it exists." In fact, just recently the spouse of a client of mine, who has D.I.D., went for help at a V.A. hospital that was supposed to have a dual diagnosis program for addictions and trauma. He was told by the admitting psychiatrist, that he "needed to grow up and take responsibility for his problems...there was no such thing as D.I.D." He is still struggling to find adequate treatment within the Veterans Administration system.

My hope is by providing an opportunity for the disorder to be 'seen,' we can start to plant a seed for professionals to at least consider the possibility of this diagnosis. Professionals need to know that people with this disorder 'look' like everyone else and quite often they are not aware of the disorder themselves.

It will be a challenge to get this DVD in the hands of the professionals who need to see it, but if seen, I believe they'll begin to think differently about the disorder. My hope is to target our future clinicians by marketing it to those who teach abnormal psychology classes, as well as marketing to places where more education could make a difference in how individuals with dissociative identity disorder are treated such as inpatient hospital settings, as well as Veterans Administration clinics and hospitals, etc.

Now that you know a little about the motivation for tackling such a project, I'll share the process of how the video came together.

A survey was given to individuals with D.I.D. that described the intent and process of this production and asked whether or not they would be interested in participating and/or if they had a close loved one who would want to participate. If they were interested, they were given more information and screened for stability prior to participation. They were given written questions prior to their interviews so they knew what they would be asked and they all signed appropriate consent forms prior to their participation.

During filming, identities were blurred to their satisfaction for those who wanted to remain anonymous. They were also given opportunities to view their parts prior to finalizing the production. Measures were taken to assure internal approval and safety pre-, post-, and during production.

Memories of childhood trauma were not discussed other than in general terms. This was very intentional, not to underscore the severity of the cause of D.I.D., but to protect those who participated as well as potential viewers from triggering memories of their own.

All of the responses were from individuals with D.I.D. and from partners of people with D.I.D. However, actors were utilised to convey responses. In a few cases were individuals with D.I.D. were not able to participate on camera, but the responses were from those with D.I.D. and their partners.

I thought the production was complete and began marketing at the annual ISSD conference in Toronto. However, an opportunity came about post-production to include Robert Oxnam, author of *A Fractured Mind: My Life with Multiple Personality Disorder* and his wife Vishakha, so I halted further marketing, and sought production services once again, as Robert is an articulate, passionate individual whom I knew would add a lot to the program.

Following five and a half days of filming, including six participants with D.I.D. and four partners, at six different locations, plus several days of editing-the production is finally ready for distribution! I could never have imagined all that would go into this production and I have to thank Quarterton Productions for all the extra time and effort that they contributed at cost. I had a limited budget to start with that I more than doubled by the time of completion, but if this helps in the way I hope and think it will, it will all be worth it.

The DVD can be ordered from FPP – see enclosed order form

COMPOSITE PERSON by Kate

Integration:- We start as one self and through tramatisation we become a COMPOSITE person. This is the "over" extension of natural personality tiers. If one can integrate, one becomes not one's first (non-D.I.D.) self but a third being - a person who became a person with D.I.D and then became the last two experiences within a new 'moved-on' person. There is no going back, only moving forward.

Having tried to do all this, I have hit a snag. It turned out that at least one of my alters thought I was trying to kill her (i.e. me). Things had become very unsettling by this point. I also realised (& other composites may not have this problem) that I risked losing the ability to speak (again), as my alters share physical function responsibility between and amongst them. I know this sounds odd, but pole-axed, I held an internal conference. This fear of obliteration had never occurred to me. So, the conference closed with a decision to go on as a composite personality with better internal communication. Oddly, the result is a sort of different repair. I feel much more harmonious.

Therapists leave. They are paid. They have private lives. Don't get over-dependent. Trust but don't over-invest.

Abusers:- Don't assume they've changed or feel remorse. Watch your back. Whilst I was hacking my way through therapy my abuser (the brightest) set up a chain of events to devastate my life. I'm working to find solutions.

Being bright! Composites are often very bright and very loving. The world cannot handle this mixture. So, be aware of this. Yet, to be fair there are an awful lot of lovely people out there, most of whom are getting on with getting by.

CIS'ters Self-Harm Conference - April 8th : Report by Kate Evans

This was an excellent day. It was helpful and warming to see 200 people from both statutory and voluntary sector wanting to learn. More had been turned away. Speakers were Jan Sutton, (author of "Healing the Hurt Within"); Tracy Alderman & Karen Marshall (authors of "The Scarred Soul" and "Amongst Ourselves"); Gillian (Coordinator of CIS'ters); Matt Byrne (); Angie Conroy (Colchester Rape Crisis) and Chris Holley (Nurse specialist in sexual abuse and self-harm). Norma Howes (Counsellor) chaired the plenaries. The basis for the day was a complete respect for self-harm as a coping strategy, set by CIS'ters excellent video of "Jo" talking

about her own self-harming, and Jan Sutton's gentle introduction. Several speakers emphasised that behind self-harm was the real problem - very often, but not always, the damage done by child sex abuse. It was also pointed out that, while excellent work is being done in the voluntary sector, only the NHS had money for research projects, so that most of the good work is only known anecdotally and cannot be clinically "proved".

Speakers recommended the following as helpful for self-harmers:-

- Peer mentoring (twice recommended) - among other things, it breaks the isolation.

- Cognitive behavioural therapy can help learning what you feel and in challenging entrenched negative self-images.
- Emotion education can help, in learning to notice what happens in the body at the time of self-harming type emotions - multiples were recommended to wiggle feet and toes.
- Doing something creative with the hands that connects mind and hands and needs concentration e.g. a jigsaw.
- Esteem and confidence building
- Putting elastic bands around wrists and snapping them when the urge to cut is felt.
- Acquiring a doctors letter to take to Accident & Emergency (details from National Self-Harm Network), or keep the local A&E informed.
- Patient involvement in self-care plan, with boundaries set by both patients and nurses. This comes from the pioneer inpatient project run by Chris Holley within NHS.

The following were mentioned as unhelpful:-

- Self-harm contracts
- Hospitalisation - except Chris Holley's model which accepts self-harming as a coping strategy so implements harm reduction strategies rather than expecting complete stoppage of self harm during inpatient stay.

In Jan Sutton's workshop it became evident that quite a few participants recognised that some self-harming clients were multiples. An explanation of multiplicity was eagerly listened to and could clearly explain the conflicting voices heard by some self-harmers.

As a multiple, I was fascinated by the clear break between the two situations that preceded / prompted self-harm. One type of self-harmer felt cut off, lifeless, disconnected and would, as I understood it, self-harm in order to feel a connection, e.g. to be able to cry. The other type would self-harm due to overwhelming feelings. This type would probably be said to self-harm to cause a smaller pain in order to stop the greater.

One of my multiple friends is familiar with the sense of cut off-ness, and says a protector inside would race to protect others by cutting off feeling. On the other side, I have had 'accidents' caused possibly by one insider attacking another, seen as the body, in situations of overwhelming terror. It would be interesting to see a study done of the varieties of inner conflict and protection that may underlie some D.I.D. self-harm. It seems to me that the route to much alleviation of self-harm would come with therapy for dissociation.

The Survivors Trust Conference - July 7/8th : Report by Rebecca King

As this is the first conference I have attended, I have nothing to compare it with, but I have to say the general mood was that of friendliness, co-operation and support. There was much focus on networking and I made many useful contacts and friends. The event was well organized, with much variety of information available. The venue was lovely and all venue staff were friendly and helpful as too were the Survivors Trust support staff.

The talks from both Dr Jo Nurse (public health advisor) and Breda Allen (Dublin Rape Crisis) were very informative on research undertaken into the prevalence of adult survivors of childhood sexual abuse.

Volume 7, Issue 1

Their findings correlated almost exactly and Breda's overview of the SAVI Report and SAVI Revisited were extremely interesting. For anyone who doesn't know about the SAVI research, it was a countrywide research undertaken in Ireland, using random telephone contact as its methodology. Although there were concerns about this method of contact it seems that the research was both successful and well received. Statistically it emerged that out of the participants, those who disclosed past abuse amounted to one in five women and one in ten men. It was good to hear that they were intending to use this research data to inform and provide services for survivors and raise awareness and hopefully move towards prevention of Childhood Sexual Abuse.

The talk from Norma Howes was wonderful. She explained the process of therapy for both adult and child victims with great skill, empathy and humour. She described the skill needed to engage the limbic system and cortex of the brain in order to allow optimum processing of traumatic memory and also how to hold a client in the right emotional state during therapy to allow this. If anyone hasn't yet heard her talk it is something not to be missed.

I attended a wide variety of workshops, including self harm, Witness - dealing with clients who have experienced professional violation, Scottish Strategy and other developments in Scotland and an open question workshop with Norma Howes. I thoroughly enjoyed all workshops and found them informative and interesting.

In summary this was an extremely valuable experience for me both emotionally and in what I have learned, and one I would recommend to anyone. Look out for news of next year's conference!!! Much appreciation and admiration goes to Gillian Finch for introducing the event and to Dot and Fay, and anyone else involved in the organization of the event. It was a wonderful experience for everyone there and was very well received.

Editor's Note: First Person Plural was well represented at this conference with four official delegates and other FPP members, like Rebecca, also attending. We had an information display throughout the two days and on 7th I presented a workshop entitled "Multiples' Choice: a taster of living with Dissociative Identity Disorder" which was attended by 25 delegates and seemed to be very well received.

UKSSD Conference on Dissociation, Complex Trauma & PTSD European Perspectives - July 7/9th : Report by Kathryn Livingston

Racing (by taxi and train) from the workshop I delivered at The Survivors Trust conference in Coventry to this second major event of the weekend in Norwich I found myself wishing, not for the first time, that multiple identities came with multiple bodies. I arrived in Norwich, tired and not at all happy, just in time for the opening evening plenary having completely missed the UKSSD AGM earlier in the evening (due to severe train delays) at which I'd been re-elected onto the UKSSD Committee. Dr George Rhoades delivered the opening plenary with a very (and perhaps un-necessarily) graphic but exceptionally moving presentation about his work in Sri Lanka following the tsunami of 2004 and its aftermath. After his presentation George (who is from Hawaii & ISSD representative on the UKSSD committee) managed to bring a very big smile to my face, despite my tiredness, when he gave me a beautiful orange & gold Hawaiian Lei in thanks for my work on the UKSSD committee.

After a good nights sleep myself and Melanie Goodwin were back at the venue early to set up the First Person Plural display stand. This was themed on involving experts-by-experience in the training and education of professionals for working with and supporting dissociative clients. It received a steady stream of interest from delegates throughout the conference and many FPP promotional and information leaflets/booklets were distributed. Dr Ellert Nijenhuis from the Netherlands delivered the keynote address on Saturday morning. He spoke of his and others research which supports the concept of Structural Dissociation of the Personality, especially as it relates to trauma and PTSD. His talk was interesting and though I have heard Ellert speak several times before I was alerted to aspects of his work that were new to me.

I attended two workshops on Saturday. The first, for 90 minutes, was delivered by Nel Walker and had us considering the nature of time and how its distortions in people with PTSD and DID can be addressed in therapy. What she had to say was enlightening and, something which I admire about her training style, gave many practical examples of using techniques and tools in the therapy room. The second was a 3 hour workshop by Ruth Blizard which gave insight into the role of traumatic relationships and attachments in the development and maintenance of dissociative spectrum disorders. Ruth made a very good case for the inclusion of Borderline Personality Disorder (which she wants to see renamed) on the dissociative spectrum. Her presentation style was informal yet informative which captured and held my attention. But I was disappointed that what I was expecting to be a workshop with significant audience participation was more presentation than experiential though I did volunteer for one role play.

Sunday morning opened with 3 hour parallel sessions. I attended a paper presentation session entitled "Memory Issues". Ilze Gerharde, a PhD candidate from Latvia presented her research into differences in dissociative experiences between younger and older women in Latvia. It was encouraging to hear about such work going on in a former Eastern bloc country. Following Ilze, Lynn Crook, an American investigative journalist and herself a childhood sexual abuse survivor who has successfully sued her perpetrators spoke in a first half about the 'holes' in the recovered memory research which is used to argue false memory syndrome. Lynn revealed that her investigation into the so called seminal 'lost in the mall' studies which are claimed to prove that false memories can be implanted has shown falsification and exaggeration of the research results. In a second half which had fewer participants Lynn encouraged a personal sharing and impromptu discussion around the issues of recovered memories and so called false memory syndrome.

Following lunch on this final day, Eli Somer, the current president of the International Society for the Study of Dissociation, gave a keynote address using his very personal experience as both an Israeli civilian resident and a trauma therapist exposed to repeated and unpredictable acts of terrorism in the Israeli/Palestinian conflict. His presentation was brave and moving but carried little hope. While probably this was a simple reflection of reality I thought this was not the best finale for the conference. It's personal nature and graphic slides almost certainly risked vicarious traumatization. A closing plenary panel, on which I was asked to participate as 'expert-by-experience', alongside Ellert, Eli, George, Remy Aquarone (UKSSD chair), Suzette Boon (Chair of the newly launched European Society for Trauma & Dissociation) and Sue Richardson (Vice-Chair & Conference/training Coordinator, UKSSD) gave a final opportunity to ask burning questions and give feedback.

Metamorphosis

by KL

See the dun brown caterpillar,
An ugly bug is she;
Captured in an old glass jar
Held on a young boy's knee.

She crawls around her tiny world
With freedom but a dream.
When in a tiny ball curled
She like a turd does seem.

To see her hidden quality
You need unbiased eyes.
To know one day she will be free
You have to fantasize.

My friend, you see the ugly bug
When at yourself you look;
Trapped forever in a jug
By everyone forsook.

But me, I see the butterfly
That is your true esprit;
I know that you can reach the sky
On wings that set you free.

So till you build your chrysalis
And from the grub pupate
Make yourself an armistice
And cease destructive hate

Self hatred saps the strength you
need

To fight your nemesis.

Love of self can only speed
Your metamorphosis

