

February 2009

RAINBOW'S END

Volume 9

Issue 2

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

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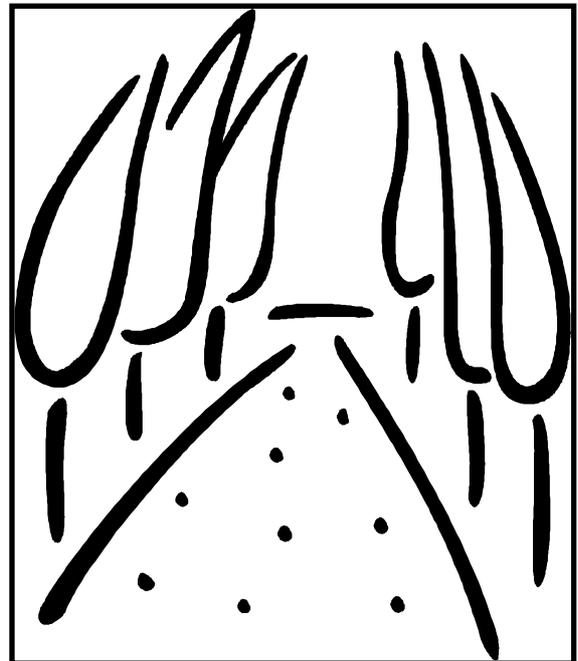
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**New Telephone Number
01902 763490**

FPP now has a telephone number for administration and office purposes only. This is **NOT** a help, advice or support line. An answer machine will pick up most calls and a volunteer will get back to the caller as soon as possible



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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 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; written articles and poems are good; brief snippets & artwork are desperately needed. It would help if you can send your contribution electronically as an email attachment. This saves times and resources but handwritten and typed material sent by post will continue to be accepted.

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

Book Reviews

"The Time Traveller's Wife" by Audrey Niffenegger *Reviewed by Oriel*

The Time Traveller's Wife is one of my all time favourite novels. As well as being well written, having an intriguing plot and being a very moving love story, it also resonates very deeply with me from the point of view of living with DID.

The central character, Henry, has a rare genetic condition which means that he involuntarily time-travels from the present to other periods in his life, arriving naked in a strange times and leaving behind nothing but a pile of clothes, with no warning to those he leaves behind. He will often visit periods of his past that have emotional importance to him. Despite this, however, the novel does not read like a science fiction book, but rather it is the story of an ordinary man struggling to lead an ordinary life alongside a disorder that his friends, doctors and colleges do not understand and cannot believe exists. Henry struggles to hold down a job as he keeps disappearing in the middle of a shift, finds social life challenging in terms of how much his friends know and can understand, and worries about having children in case he disappears and cannot look after them.

The description of the feeling before he travels reminds me of the feeling of being on the edge of switching, and trying to get to a safe place. He says 'How does it feel? *How does it feel?* Sometimes it feels as though your attention has wandered for just an instant.'

One of the most poignant parts for me is Henry searching for a doctor who will take his disorder seriously, reminding me very much of my difficulties with therapists and mental health professionals, before DID was diagnosed.

The novel also centres on Henry's wife Clare, and her challenges of being married to someone who can vanish at any moment. She starts the novel by saying 'It's hard being left behind. I wait for Henry, not knowing where he is, wondering if he is okay...Why has he gone where I cannot follow?'. The difficulties that she faces in terms of trying to maintain a partnership, I think are also relevant to the challenges face by couples living with DID. The love story between them and the way that they face the difficulty together is deeply moving, and offers hope.

I would recommend this book to anyone. Actually I would push it on them. And to people living with DID, I think that it may resonate on another level as well.

“Forensic aspects of Dissociative Identity Disorder”

Edited by Adah Sachs and Graeme Galton

Reviewed by Kate Evans

'Forensic' means legal, and this is a wide-ranging and powerful collection of writings on the legal implications of memories, largely of ritual abuse. Therapists portray their growing concern, while listening to clients, about the criminality of what was done to and seen by them. An osteopath writes of how it is possible to detect, in body tissues, the history of the physical abuse caused by raping young and growing bodies. Others detail the difficulties of verification – and indeed of what exactly to believe – in the often partial or confused trauma memories, while on the whole validating the clients' experiences. Then there are the questions of responsibility for crimes committed by inside parts – both of those serving jail sentences and those receiving therapy outside. There is also an introduction to mind control, and the criminal aspects of the deliberate creation of dissociation and programmed insiders.

Two chapters are by survivors. One shows vividly the scale of abuse and criminality endured. The other is a courageous account of how multiplicity can both protect vulnerability and result in serious aggression. Besides this marvellous inclusivity, through the book runs the commitment and concern of those who are helping survivors to heal. They write of how their views and their lives were changed by trying to care for clients, and I found this very moving.

I found a chapter describing an inner murder and the subsequent grief of insiders and supporters in the external world a deeply upsetting and triggering read. My own experience of inside deaths is that my insiders always imaginatively resurrect insiders who have died. I can respect people who experience insider deaths and agree that mourning may allow closure. But I am concerned that it might be more helpful for supporters to suggest that insider deaths may not be as final as in the outside world; that the inner world seems much akin to the fantasy world of a five year old child, and is amenable to change.

Overall I found the material on mind control puzzling, as it describes only highly complex methods of achieving and healing from this. In my experience simpler ways of effective mind control are also commonly used by perpetrators. Healing from these can be achieved with standard psychotherapy techniques for trauma and dissociation. It does not have to involve much, if any, directed de-programming methods. The only extra element of my own healing was undoing commands insiders had been given and installing vows to change their loyalty by using, in reverse, the spin hypnotism technique originally practiced on me by my abusers.

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The book is partly an initial foray into the largely unexplored territory within dissociation, where psychological damage and crime meet, where evil becomes explainable, as sickness, and curable. It is inspiring to see this step along the path and to feel that a major methodology for preventing violence could come out of terrible pain - a vast leap in human evolution

On the whole it is easy to read, and survivor friendly. It tells a lot of survivor memories, and details an extensive survey on ritual abuse. It explains why it is so very difficult to help. How the hiding of the paedophile world and much of the sex industry behind the mask of unbelievable satanic rituals combines with traumatic amnesia to create the perfect conditions for serious crime.

Letter from FPP's Chairperson

Dear all,

We held our first meeting of the new committee in November and with the hoped for co-options we now have 11 members. This is the largest committee we've had during our ten years. The first meeting was extremely energized and I think we all felt that between us we have a very wide range of skills that is going to enable us to move forward.

For me one of the big pluses is that we now have several members with the same skills so they will be able to work together and support each other in various ways. An example is that several people not only have skills in IT but enjoy it so hopefully Kathryn will feel supported both metaphorically and literally in this area.

Two members took on writing up the necessary policies that we have to develop and adopt before we can go for the bigger pots of funding and other members are developing a questionnaire that will provide the necessary statistics and general information about our beneficiaries.

At the end of 2008 FPP ran two days training in London, our own day on 'Understanding Dissociation' and a second day entitled "A introduction to dissociation in children" which we commissioned Dr Renee Marks to deliver.



and R.A.I.N.S.
2009 National Conference

Working with Complex Trauma

To be held at

The Hayes Conference Centre
Swanwick Derbyshire
29-31 May 2009

Keynote Speakers are
*Janina Fisher. Alison Miller
Valerie Sinason.*

There will be formal presentations from experienced practitioners. There will also be opportunities through workshops and informal networking to explore current developments and progress in the treatment of complex trauma and dissociation.

If you would like further details please contact: -TAG www.tag-uk.net. or phone the conference line 0776 6487653

Kathryn with my support under my new (self given) title, support administrator, organized the whole event from publicity down to food and ultimately delivering the training on the first day. It is a significant amount of work and involves a few sleepless nights as the days approach wondering if you have covered everything. The two days went incredibly well. Both received very encouraging feedback via the evaluation forms. Some committee members volunteered to help out with general tasks on the day. These volunteers as participants in the training also contributed additional expert-by-experience perspectives. This was valued by the delegates, as well as Kathryn and me, so all deserve a big pat on the back and many thanks to all of you who helped.

FPP is planning to submit a proposal to run a workshop at the tag and RAINS conference in May next year. We hope to talk about the reality of living with complex dissociation and to involve up to four committee members in the presentation. This will build on our growing reputation as being professional in the work we do but able and willing to share personal experiences when it helps to make an aspect of this very complex subject more easily understood.

P.S. Since writing this letter the Executive Committee has met for a second time. Regrettably there has been one resignation so our numbers are now down to 10.

Much time at this meeting in February was spent discussing a new three year business plan for 2009 – 2012. Also the committee has agreed a proposal to amend the constitution. This will now be taken to a Special General Meeting (SGM) to be approved by members. The SGM will be held immediately before the Spring Members' Open Meeting to be held in Brighton on Saturday, 4th April.

The proposed amendment to the constitution will increase the maximum size of the committee to 14; introduce a means to ensure some continuity of the committee while encouraging new members to join and it gives more flexibility in number of places available for full and associate members while still maintaining the fundamental principle of ensuring the committee remains survivor-led.

May 16th is the date of the next FPP Annual General Meeting at which elections to the committee will be held. This is less than one year since the last AGM (which was held late) to enable us to get back in line with our financial year and constitution.

We are also currently in the early stages of planning further training days for 2009. so watch our website and future mailings for booking details. We hope to run our one day Understanding Dissociation course in Norwich on July 16th and in York on November 19th. On November 20th in York we plan to offer a one day course for professionals on Assessment of Dissociative Disorders which will be delivered by Remy Aquarone. The two York courses are offered in collaboration with ESTD-UK.

So, dates for your diaries.....

4th April 2009 : SGM & Spring Open Meeting, Brighton

16th May 2009 : AGM, Birmingham

16th July 2009 : Understanding Dissociation training day, Norwich

5th September 2009 : Autumn Open Meeting, venue to be decided

19th November 2009 : Understanding Dissociation training day, York

20th November 2009 : Assessment of Dissociative Disorders training day, York

From ALL OF US

We would like to tell you about our recent run-in with the NHS. Our therapy ended recently after nearly 9 years work, discovery, acceptance (some of the time), denial (most of the time), frustration, insight etc. and so we are trying to come to terms with the fact and having to learn new ways of coping as a team rather than as an individual. This is proving very difficult to do as we have to leave our job at the same time as therapy ending and starting a new job is turning out to be harder than we thought it would be. Our trust has been shaken and our confidence has taken a battering as well.

A few weeks ago our therapist and our doctor wrote to the local Mental Health Team asking them for support as we were finding it difficult to cope with daily life. We were given an appointment for an assessment to find out what our needs were and attended this appointment a week ago. We last attended this mental health clinic 10 years ago and, eventually, MPD was mentioned as a possible cause of our difficulties at the time. We were advised by the Team, that unfortunately there was no-one qualified there able to help us and we were advised to go and look elsewhere for the help we needed. We eventually 'found' a psychologist whose work was primarily treating MPD and paid privately to go and see her for an assessment. She then recommended the therapist we have been seeing, and, as she was out of our area there followed months of letters and appeals in order for us to be able to go to her for treatment.

So, we were referred back to our local Mental Health Team and went along last week hoping, this time, for understanding and support. The CPN first of all read out loud the letters she had received from our therapist and doctor and began to shake her head. She told us that they no longer offered the kind of support asked for; they were aiming for quick fixes and discharge. She then went on to ask us questions about our difficulties such as panic attacks, depression etc. and asked what help we actually were asking for. Every time we told her about the difficulties she would say "But you are stronger than you think you are". We have spent our entire lives being told, and believing, that nothing is wrong with us and this woman was again reinforcing these beliefs. We had learnt, after 9 years of therapy, that it was ok to admit we have got problems and difficulties and that life is a struggle most of the time and here she was trying to minimise the whole thing. Of course, we all recognised these negative messages and so we began to think that she must be right and that we are, actually, stronger than we think and that it is about time we pulled ourselves together and just got on with it.

We told her that we were asking for someone we could talk to who understood MPD and needed to know someone was there when we were feeling suicidal or having a panic attack.

She said they encouraged independence and were not there for people to be in the 'system' forever and that we were managing better than we thought we were. We should have got out of the room there and then but we decided to stick it out after, first of all, asking her if this was a waste of time. By now, inside people were beginning to shuffle around and whichever one of us was talking to her had to really fight to keep things under control and stop people getting angry and annoyed with her.

She then went on to say that, if we had got bipolar disorder or schizophrenia, for instance, then there were groups we could join; if it was a case of just depression or anxiety, then there were groups that we could join, but she has already come to the conclusion that we 'didn't look depressed' and anyway, these groups wouldn't be dealing with the MPD part of the problem. (We **did** agree with her on that). It was as if she had got boxes to tick and we didn't fit into any of the boxes. (Haven't we been here before? Oh yes, 10 years ago)

By this time we had numbed out all her hurtful, painful comments but she still hadn't finished her onslaught. We told her, in a last desperate bid for understanding and acceptance, that we were just surviving, we weren't living and she said 'aren't we all?' Now the anger and annoyance was turning into dislike for this woman.

At the end of the assessment she suggested that we look on the internet for support and information as the NHS could offer us no help whatsoever. If we had gone along for a diagnosis of our problems then they had got a psychologist who was "interested" in this condition and we could have got help from her. The whole thing was full of "ifs", 'buts' and 'yes buts' every time we tried to tell her how it was.

When she has finished she asked if we had got any questions for her. We asked if she had ever come across anyone else with MPD and she said in her 22 years of nursing, we were the third person she had met. We know our therapist would disagree with her and say she just wasn't looking hard enough.

We are beginning to think it was only by some miracle that we found our therapist in the first place and we thank her for her belief and help in a system full of professionals unwittingly causing further damage to people who simply do not fit into their level of understanding. We have since received a letter saying that we have been discharged from the Service until such time as we may request further therapy.

Time has not improved our experience of the NHS stance with regard to MPD. It seems they have not moved on, and that they are still in the dark ages with regard to this condition. Wonder what the next 10 years will bring.

PLAY



CENTRE

WORDSEARCH

Disney Characters

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

ARIEL
 AURORA
 BELLE
 BOO
 CINDERELLA
 DORY
 DUMBO
 GRUMPY
 MICKEYMOUSE
 NEMO

PETERPAN
 PIGLET
 PINOCCHIO
 PLUTO
 POCAHONTAS
 SHEREKHAN
 SIMBA
 SNOWWHITE
 TIGGER
 WALL-E

Created by Puzzlemaker at DiscoveryEducation.com



JOKES

Teacher: Give me a sentence with the word 'analyze' in it.

Pupil: My sister Anna lies in bed until nine o'clock.

Q. What has four eyes and a mouth?

A. The Mississippi

A man and a giraffe walked into a bar. The man asked for a drink and one for the giraffe. They drank it and had another one, then another and another. The man got up and went to walk out, the giraffe tried to follow and fell over. The bar man said don't leave that lying round here and the man said, it's not a lion, its a giraffe.

Why do elephants paint their toenails red?

So that they can hide in cherry trees.

Don't be silly – when did you ever see an elephant hiding in a cherry tree?

Never..., Proves how good the disguise is, doesn't it.

How did you first realise that you had DID and how did this realisation affect you?

I had been going to therapy initially for bereavement counselling, but as the weeks progressed, the therapist said that there was much more 'under the surface' but felt as if she kept coming up against blockages and barriers.

Shortly before therapy began I began to hear voices in my head and kept having to scratch my arms and hit brick walls but, at the same time, feeling as though it was not my decision, or intention to do this. Something (or, as I now know, someone) was taking over. Again after a few weeks, first one young child, and then others, began to appear and the voices got louder.

"I" (by now I was beginning to lose the sensation of just being an "I") told the therapist that different 'people' now wanted to come to the session, but she insisted that this could not be, and therefore, would not be, possible to be full of different 'people'.

After a couple of years the therapist gave 'us' a copy of Collective Consciousness (a now defunct newsletter for multiples) that she had received and filed away at the back of a drawer, as she felt she would never have any use for it. We read it and immediately felt some sort of connection with some of the articles written in it.

Over the next 3 or 4 years we saw various counsellors and psychiatrists but they all insisted that, either they had not heard of MPD (DID), did not believe it existed, and even those who had heard of it did not know how to treat it. The more resistance to help, acceptance or even belief, we came across the stronger we became and we, eventually, found a therapist who was trained in the treatment of DID.

What is your understanding of how, when and why alters developed?

This is a difficult question for us to answer as our "host" has little memory, or sense of ever being a child. We do feel that the first 'split' occurred when the body was 4 years old because she had 'turned into a boy' by the time she started school.

We have learnt through therapy that in order to survive childhood she learnt to have no needs or wants, to rely on no-one, trust no-one, become invisible, shut off all feelings – good as well as bad, and become nothing. It wasn't until 40 years later that we began to realise that different 'people' did, and still do, exist in the same body. It's as if our brain has been wired wrong and we are now having to learn all the ways of coping and dealing with situations which should have been automatically put into place, and learnt as a child. We have to go right back to basics as we have no firm foundations inside to build on, and no sense of being protected, and feeling safe, as a child in order to be able to grow up into a reasonably well-balanced adult.

We still haven't been able to find out fully, accept, believe and come to terms with what caused our mind to split, as the younger children have never felt safe enough to tell an outside person, or even an inside person, what happened to them, and so, we are still traumatised.

What therapists in training want to know – Part 4 *by Melanie*

In this Part 4 I continue to share questions asked by therapists attending the UKSSD's (now ESTD-UK) Dissociative Disorders Psychotherapy Training Programme in 2007 and my responses as someone with lived experience of DID, invited to participate in the delivery of this training. Since that time my recovery journey has moved on –see p14

How does switching between alters happen for you and how do you manage physical sensations around this, e.g. headaches?

We are very lucky because we always have a sense of continuity for the part who is managing outside life. We have several parts who can take over and each has their own way of being and own vulnerable areas but because we lived like this as an adult for so long we are all really good at covering up for each other. I had a relatively stable few adult years which I feel sure has enabled us to go to work and stay functional mostly during the day. The switching that is obvious between various ages happens in the privacy of our home. When the breakdown of the dissociation started to become obvious I had four children, the youngest seven the eldest fifteen. I have tried to manage to remain adult with them and we as a whole use anytime we can snatch to work on ourselves. This is often during the night. Of course it didn't always work and I was often a missing mother, walking the lanes, in a hypo state in bed or just mentally and emotionally unavailable. The first eight years were a living hell. Switching often causes us to blink fast and we get a switching movement throughout our body. We are always amazed how effortlessly we can switch back into an adult part if we hear anyone coming. We do get switching headaches and sometimes take medication but generally this is not too much of a problem. We often feel very disorientated when a young child has been out and this increases with how traumatized they are. As each part has worked through much of their trauma they come and go much more smoothly, a child can pop out and enjoy something and pop back in. We can now share things at times and that is one of the best feelings ever. Our body shakes a lot and as all our memories were stored in the body we are often left with a residue of shock throughout that can last from hours to days. Our therapist is usually able to talk with someone he asks to or an informed representative. The structure between inside and out has been incredibly strong so I still have difficulty communicating with insiders but we do seem to usually have a way of being that is OK enough.

What has been your experience of involvement with the psychiatric services? Do you have any tips that might help us with our clients?

I have avoided the NHS like the plague as my various encounters with it have been extremely detrimental and positively dangerous at times. I have seen my GP once in the last eight years when I was called in to talk about money.

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He has not been supportive, just glad to get me off his patch but, to be fair, neither has he put any obstacles in my way. I feel sure that if I had to manage the health service alongside working through the dissociation I would not have survived. Again there are no simple answers.

If your client finds any allies within the health services use those to try and get the help needed. The only way I know that some people have eventually got this help is by challenging their GP that they have a right to the correct help and if they cannot provide it the PCT is required to buy it in. This may include insisting on getting a diagnosis from someone specializing in dissociative disorders. There are places in the UK where this can be got.

For each person I know with DID the way through has been difficult. So many are still getting so called help that is making things much worse but as a client when you are at your most vulnerable it is extremely hard to do anything about it. I hate to say this but the most likely way is to fight the system and this will of course take so many resources that your client is likely to be short of. If they have a partner or supporter they may be able to be more demanding of the NHS

If the GP wants to refer your client to a psychiatrist try to establish that it is someone who at least believes in or is open to the possibility of DID. If not you can end up in an even worse place with the client yet again having their reality denied, being prescribed in appropriate medication and yet another downward spiral. I know of some people who have felt duty bound to co-operate with what is being suggested even though they know it is not helpful. Of course old messages come into play but there is reality in the present as well.

Would you like to share your own answers to these questions? Write to FPP and we will publish them in future issues. More questions and Melanie's responses will appear in the next issue



Why we believe the work of FPP to be so important

by Bunchy

It was only this morning after speaking with a counsellor that I have finally been able to put words together to write this article, that I have been thinking about for several weeks.

He had been asking about our survivors group here in Shetland, the SAS, and continued to ask about the workshop that was led by Melanie and Kathryn here earlier this year. He had wanted to attend to learn more about dissociative disorders but there were no spaces left.

It was as we spoke that he commented on how animated I had become as I talked of the SAS and then the work of FPP. He asked me why this was so and it is the answer that I gave him that has brought the words for this article together.

I told him that we have been in therapy since 1992 when memories began to resurface. I told him that over these years I have met many survivors several of whom have not made it through to healing and are sadly no longer with us. I also told him that the body age is 52 and that there is no aspect of our life that has not been affected by DID - schooling, teenage years, a failed marriage, difficulties in parenting, failed friendships and so we could go on. Admittedly it has been the development of DID from a very young age that has led to our survival but at immeasurable cost to us and those whose lives have touched ours.

My answer to him was that FPP and people like Kathryn and Melanie and other co-workers are promoting the knowledge and awareness of complex dissociative distress amongst that 'world' of professionals who we so often rely on to help us on our healing journeys.

I told him that my deep hope is that as the years move by, the training initiated by FPP will branch out and awareness grow, therapeutic models develop and healing for survivors begin sooner as diagnosis can be made at a younger age. This pioneer work by FPP is laying a path for those survivors emerging now and who will inevitably emerge in future years.

What a hope that not only will lives be reclaimed when folk are younger but also that many lives will be lived that might once have been so tragically lost.

Thank you everyone in First Person Plural for being committed enough to join and be a part of these early years of change in the UK where Dissociative Disorder is no longer just a foreign word

Reflections and Connections *by Melanie*

I feel I am a long way through my journey to some form of integrative being and reflecting is becoming much more possible. It is a gift that I am holding very gently and tentatively as it is so new. As memories become shared not just known about by others, including myself I am able to begin to look back and hold onto how difficult it has been for all of us.

Until recently I saw my job as the outside part keeping the 'show on the road' as something that just happened and in fact that is exactly how it has been. Forever I have been controlled by the insiders and have been no more than a puppet figure. This has made me feel that I have no ability to make changes and I have often reflected how limited I am but it was never more than a thought. There was no move on my part to be proactive about making change happen and I believe that to keep us all safe this was managed from inside. I was only allowed to know what was safe to be shared with other people. I was only allowed to do things that would not be too hard to manage so we didn't rock the boat.

The contradiction to this is I was always fighting someone else's situation with them if I felt it was an unfair place for them to be. On reflection I was rarely without a controversial project on the go ranging from fighting school closures to more recently supporting people who are not getting the help they need. I now feel like a passive person where I/we am concerned while the hidden anger has been kept at a just about tolerable level by allowing me to fight others battles. I sure know how to be angry for other people. So how does this fit in with keeping me restrained and safe, I don't know but I do know that both are my reality.

As we become a lot less separate I now have to find the will and energy to get me up in the morning when depression is threatening big time. I no longer can rely on it 'just happening'. I am learning to still function when what has become the shared anxiety is paralysing the body. Before there would have been a switch or I would have gone into a hypo arousal state needing to get us all to a safe place, well wrapped up as our body temperature would inevitably plummet. I still cannot stop the brain at times pulling the plug and losing consciousness. It happens in boring situations or when I am tired which may induce a feeling of weariness that a walk or equivalent could enable others to change how they feel. We still cannot manage this and experience a total loss of consciousness. The difference now is I am aware it is a brain pattern that is out of date and it therefore feels necessary to try and re-educate the brain. This requires an enormous input from me but at least I am now able to do this occasionally and not be returned to my passive state so often.

So very normal things like feeling cold or tiredness have always been triggers, ones that I have subconsciously tried to avoid, that have the power to render us unconscious. Now I have been able to connect cause and affect, stop beating myself up for being a wimp when I panic if I am cold, I can now tell myself that it is not a dangerously threatening situation and sometimes it works.

One of the hardest things is for me to make a decision. I am asked something and I wait for the answer, decision to appear on my lips. No longer does this happen and it is so new and scary. I ask inside and it is all quiet. I don't feel empowered at all. Having operated like this all my life and now having to stand alone, yet I am now all, it is very hard. I don't feel we have integrated, it feels more like a whole blending where each person is still individual but without the external shape. Everything is in the swirl but not able to be accessed yet. It has gone from thirty or more different colours to one massive rainbow that is as yet undefined. We are unable to move between each other and yet cannot respond as individuals.

Over the many years I have heard some of my internal family saying that some of the most difficult things could not be approached until we were much more together as it would need all our combined strength to tolerate and cope with. This is proving to be our reality. We are addressing situations that I know we could not have managed until we had this blending. It is really strange for me to not so much hear about these things but have them more as part of my memory right from the start of remembering them although I would deny I consciously remembered them until they are talked about now. It is so different from sitting back and waiting to hear what is said. I cannot be proactive in instigating the memory yet but when it comes I cannot say it is anyone else's.

So when I am tired or cold, grumpy or depressed it is mine. I can no longer just wait to see what happens or be a reaction without thought processes behind it. I always seem to be hungry and have to manage not eating continuously. I don't think I am aware of being in the body properly for a lot of the time and seem unable to mentally manage that and everything else but I do think it will all come together eventually. I remember reading in, 'The Flock' how the therapist viewed her client a bit like a new grandchild. You can see glimpses of so many of that child's family in the new baby and you wait for her to develop and be herself, a total individual but also the end product of her own biological family history. I feel I am waiting to see how such different people can all come together and what strengths and weaknesses we take forward in an overt way and will I still be aware of how so many different parts of us there have been. I do still feel very much like work in progress! I also am aware that I have needed to go through this writing and remove the odd 'we' as this is not being true to myself and most of the time for me now it would be an affectation. I never thought I would be writing this.

POEMS and RHYMES

Grey

by Lonely

Grey skies
lead heavy
crush me.

All around the grey ness
seeps through
the skin into
soul.

A shroud for
the dying
forms

around my heart.

Will I survive
The Grey?

Loss *by The Collective*

The day came for the ending,
And the day passed.
With its passing
Gaping holes appeared
In the many lives of one life;
The holes filled with emptiness,
nothingness, numbness
And later sadness and missing you – ness.
With anger and poor us – ness,
Meshed with confusion and told you so – ness
The holes filled and yet remained holes,
These holes called 'Loss'
Demanding of grieving, chaos and alone-ness
From when the day came
And even yet, now one year has passed

Relaxing like an Old Rag Doll

by Mary P



First wrinkle up your face
Keep it like that and then....
Gently let it go
Till you look like....
An old rag doll

Now shrug your shoulders up to your ears
Keep them like that then....
Gently let them go
Till they feel like they belong to....
An old rag doll

Make your arms like a strong man act
(Show off those muscles!)
Keep them like that then....
Gently let them go
Till they feel like they belong to....
An old rag doll

Take a deep breath to tighten up your
chest
Keep it like that then
Gently let it go
Till you look like....
An old rag doll

Pull your tummy in to make it feel tight
Keep it like that then....
Gently let it go
Till you look like....
An old rag doll

Stretch out your legs till they feel really
tight
Keep them like that then....
Gently let them go
Till they feel like they belong to....
An old rag doll