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Through the one-year DOH funded research Dr.Hale and I have been carrying out on patients alleging ritual abuse we have encountered a large number of Dissociative Identity Disorder patients. I have had 5 in twice-weekly treatment for the last two years and have presented my first paper on this topic at the Tavistock. I am now gathering together the small number of clinicians in this country who have such experience to see if our treatment experiences are similar.

Despite the clear DSM4 categorisation and the enormous amount of research in the USA we are ten years behind here with the diagnosis still being controversial. I am pleased to say that Professors [redacted] are research amnesia between alters at University College as part of their memory research and that should help. I will also be editing a clinical book with contributions from the NHS clinicians most experienced in this.

As with abuse, which largely precipitates this severe splitting, these patients do not reveal their different states when in an environment that does not or cannot make room for the subject. Many of the ones I have seen have had years of multiple diagnoses and increased deterioration prior to having their presenting state accepted.

However, I can also see that you would provide a non-traumatising context for Miss Myers as you do not know the details of her experiences. This will aid her so long as she also receives input from another professional who understands the meaning of her split-off states.

As so many mainstream places do not welcome patients alleging ritual abuse they often go to fringe therapists who then get doubly discredited-both for not being mainstream and for accepting the patient's narrative. I would never in the normal course of events had met [redacted] had it not been for several referrals she made to me. Together with her ex-husband [redacted] the brilliant discoverer of the male climacteric, she brought back autogenic training from the USA to the UK and trained the Metropolitan police in these relaxation techniques. She has also been trained in the USA on how to deal with brainwashed cult victims. A couple of patients referred to me owe their life to her ability to deprogram them. She is not a formally trained psychotherapist and indeed could more be seen as Ms Myers' advocate with a specialist skill in understanding her flashbacks and reducing their impact.

Having now seen her twice Ms Myers would like to come to a review meeting at the Portman with myself and Dr Hale. We would also be happy to meet with you.

I do not feel Ms Myers could manage on her own physically or mentally. I would recommend the Henderson (Dr Norton has worked with MPD and ritual abuse) or Arbours. I think there is still a high risk of suicide

Please let me know if I can be of further use.

Yours sincerely,

Valerie Sinason

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PS I have Ms Myers' permission to speak to you as [redacted]