

It is important to note that seminar presentations along with related printed materials are continually updated and refined as better understanding and new insights become known.

Therefore, those working with survivors of severe trauma are encouraged to make use of the Restoring Shattered Lives seminar (on DVDs or mp3-CDs) if you would like to have more recent information on issues such as "conflict and denial" and "Primary Identity dynamics" (Core/Original Person/Original Self), spiritual dynamics, etc.

Excerpts from *Restoration Matters*, Fall 2001, Volume 7, Issue 1

- From "President's Letter" (Dr. Tom Hawkins)
- "Education Matters" by Diane W. Hawkins, M.A.
- "Therapeutic Insights" by Dr. Tom Hawkins

From "President's Letter"

...We are focusing this newsletter on the subject of "Denial" because of the many new insights we have recently gained concerning this key dynamic common to all cases of Dissociative Identity Disorder (DID). We are extremely excited because it seems that what we are learning may potentially speed up the healing process for people who have been deeply damaged by abuse.

While we have long recognized the role that conflict plays in creating and maintaining dissociative barriers, several years ago Diane began recognizing that "denial is the glue that holds dissociation together" and hypothesized that "when denial is no longer needed, neither is dissociation."

It was only after a prayer ministry team spent a week here this summer, however, that I fully picked up on this concept and began witnessing firsthand the phenomenal results occurring when all the reasons for denial are identified and resolved within the survivor.

.... DID is a complex disorder, and while I hope that applying this new insight will shorten the process, I do not want to give the impression that DID can now be "quickly" healed. I also want to emphasize that post-integration work needs to be done to address whatever issues remain and help the client adjust to living life as a single, whole person.

....In "Therapeutic Insights" I describe in more detail the approach I have developed over the past four years to identify the three Primary Identities of the survivor (characterized by Denial, Pain, and Confusion respectively), who are most directly related to the Core (or Original Self) and carry the strongest sense of self. I then focus more specifically on working with the Denial Identity, whom I believe is a major key to healing, and addressing the reasons this part is so invested in denial. I also share the two questions I have used in the last couple months which have seemingly led to the dramatic results I described above with the final outcome being that dissociation is no longer necessary.

Education Matters

Diane W. Hawkins, M.A.

"...when denial is no longer needed, neither is dissociation."

Once considered merely an annoying appendage to the diagnosis of Dissociative Identity Disorder (DID), denial is now being recognized as the glue that holds the dissociation in place. The fact is that DID would not exist without the mind's need for denial. In other words, when denial is no longer needed, neither is dissociation.

DID originates when severe, repeated childhood trauma produces intolerable conflicts which the young psyche, under extreme duress, resolves by splitting itself into separate identities. This enables part of the person to encapsulate the unbearable event so that other parts can live as if it had never occurred.

Intolerable conflicts arise whenever seemingly vital beliefs are threatened. These beliefs may involve survival, safety, functionality, identity, morality, religious commitments, or any other issue that is viewed as unable to be compromised.

For instance, most young children, because of their extreme vulnerability, believe that they cannot survive without a protective parent or caretaker. Therefore, if Daddy violently hurts the child, this creates an intolerable conflict with the child's belief concerning what is necessary for survival. The child resolves the conflict by creating a dissociative split in its own mind, which allows part of him/her to "not know" about the event and thus continue believing he/she has a protective caretaker and therefore the means to survive.

The same kind of intolerable conflict arises when a person is faced with an absolute need to function and yet is too overwhelmed by the impact of the trauma to do so or a person committed to high moral standards is forced to participate in "unthinkable" activities. Again dissociation provides the means by which part of the person can be separated from knowledge of the trauma and thus be able to do such crucial things as function normally or maintain its moral identity.

Perpetrators who understand the mechanism of dissociation may deliberately create such conflicts for their victims whenever their agenda calls for another split-off part or extreme secrecy. They can readily do this by subjecting the victims to trauma which seems unsurvivable or evokes intolerable emotions, such as life-threatening terror, humiliating shame, or unbearable guilt, or by forcing them to participate in activities which drastically conflict with their moral or religious beliefs. Each of these situations will generate an intense need to deny that the event ever occurred, which will invariably create the dissociative wall the perpetrators desire. They can usually rest assured that the person will also be deeply invested in never taking it down as that would mean confronting the unbearable reality or emotions.

When the key role which denial plays in both the origin and maintenance of dissociation is recognized, it creates a profound shift in therapeutic focus. No longer is it sufficient to process traumatic memories with the parts that experienced them. Instead the need for the dissociative barriers between the trauma-bearing and denial-maintaining parts must be addressed if true healing is to occur. This entails identifying and resolving the intolerable conflicts which seemingly demand their existence. This can be a very threatening process, but it will bring the focus of therapy to the true issues maintaining the dissociation.

Giving up denial can be a process for the survivor, passing through progressive stages. Often in the beginning the whole idea of being multiple may be denied. When the reality of the split-off parts is finally accepted, the reality of some, or all, of the trauma may be denied. Perhaps abuse by one perpetrator is accepted but not by another, or the memories of sexual abuse are finally accepted but not those involving anything Satanic.

Eventually the reality of the trauma in its entirety may be accepted, but "owning" it may be resisted. In other words, the primary denial-bearing identity accepts that all the horrible things happened but wants to continue to remain separated from them. Only when this key identity is

willing to identify personally with the events and their implications can the dissociative barriers come down.

Since this involves a major change for the denying Core/Host rather than the trauma-bearing parts, the therapeutic focus belongs much more heavily on these identities than previously recognized. Somehow their threshold of tolerance must be raised at a deep psychological level. What was once considered absolutely unacceptable must be embraced as “ownable.”

Changing this perspective will involve identifying, challenging, and correcting many false beliefs. It will also mean coming face to face with horrendous emotions and deep-seated identity issues. The truth is that becoming whole requires tremendous motivation, ego strength, and courage on the part of the survivor. When God is your partner, however, He promises to supply the grace and strength to enable you to do “all things” (Phil.4:13; 2 Cor.12:8)

Therapeutic Insights

by Dr. Tom Hawkins

“...we have been all too slow in recognizing that denial is a significant issue that cannot be ignored...”

Denial is certainly not a new concept in DID therapy. It has always shadowed the process in varying degrees. We have only recently recognized its critical importance, however. In the past, therapists generally tended to treat denial as merely a nuisance and were sure that continuing to unveil the memories would make the truth unmistakably clear, and the denial would vanish. To their dismay and astonishment, however, it often emerged as strong as ever months or even years later.

After learning about a type of dissociation at the level of the Core Self and presenting this concept to hundreds of survivors and various groups of therapists over the past four years, I have found an overwhelming majority of survivors acknowledge that part of their Core Self is holding firmly to denial. I have also come to recognize how critically important it is to address this part gently, but directly, and to work through the many conflicts this key identity has over “knowing the truth.”

When bad things happened, this part seemingly concluded that it could not “know” and survive—or function—or maintain its moral integrity—or preserve some other seemingly crucial element of its existence or identity. Therefore, it built elaborate systems of alter-identities to contain the trauma and thus keep it from knowing the reality of the abuse. At the same time another part of the Core Self seems to have accepted the reality of the trauma and its accompanying pain. This part is usually separated from the part maintaining the denial by a third part that seems to act as a buffer between them, indicating the extreme investment the Core Self has in keeping the key denial and reality-oriented identities from ever coming together. This middle part is often characterized by confusion.

We are now calling these three key identities (who are most directly related to the Original Self/Core [Original Person] and who carry the strongest and truest sense of self) the “Primary Identities.” In general, we refer to them individually as the “Denial,” “Confusion,” and “Pain”

Identities although in each specific case they may prefer slightly different designations. I always use the terms that are most comfortable to the client.

A degree of shared consciousness usually exists among these three Primary Identities, which allows them to appear as though they are functioning as one. They may do this so well that they fool most therapists—as well as themselves. Once the division among them is recognized, however, they may eventually come to realize that they are not always fully co-conscious with each other.

In dealing with the Primary Identities, you must become attuned to how subtly they can shift among themselves. I call it a “shift” rather than a “switch” because it is much less obvious than the switches which occur between alters or between the Primary Identities and alters. To recognize the almost imperceptible shifts between Primary Identities requires keen observation of any change in speech content, perspective, or body language. If the person suddenly starts talking about pain and has lost the perspective of “it never happened,” the Denial Identity may have slipped away, which it is very prone to doing whenever anything is perceived to be overwhelming.

In order to address the Denial Identity, you first have to find it. While this might be easy in some cases, such as when this part serves the role of the Host, I often find that the Denial Identity is like the great Houdini, wearing a thousand faces and having a thousand ways to escape facing reality. If therapy is exposing overwhelming issues, this part will simply “not be present” just as it was “not present” when the events originally occurred.

As therapy progresses, however, and some of the alter-personality dynamics are resolved and demonic strongholds broken, the Denial Identity may not be able to hide nearly as well. The therapist must be careful, however, not to impose upon the Denial Identity (when found) the memories that other parts of the system have revealed. This will be counterproductive and in extreme cases can even result in potential lawsuits over “implanting memories.”

The approach that I now recommend involves educating the system about the Primary Identities early in the therapy process. While validating the pain borne by the Pain Identity and the alters is essential upfront, I try to move quickly to help survivors identify their Primary Identities. I do this for each specific part by addressing its primary distinguishing characteristics. For instance, I might say, “I know that sometimes it probably seems like nothing bad really happened.”

Once the three Primary Identities are identified, therapy becomes focused on bringing the Denial Identity to accept the reality of the trauma and all its implications, thus ending the need for the dissociation. I now see this as the key to healing. It is no easy task, however, and must be done with great care.

The first step is to help the Denial Identity understand its need for therapy. When you approach this part, you must do so without any evident agenda, however. Rather than trying to prove why you think he/she needs to be in therapy, just listen to the perspective being expressed and validate it. If you’re told, “I don’t believe this stuff is real,” try to find a way, without lying, being flippant, or exaggerating, to identify with this belief. The most critical thing at first is to build a relationship.

Don't assume that the Denial Identity always denies everything, however. Sometimes if the survivor has been in therapy for a considerable time, the Denial Identity, when recognized, will have already accepted the reality of the DID. Nevertheless, the reality of the trauma or specific aspects of it may still be rejected. Often the Denial Identity is aware in a general way of what's happening in therapy and can sometimes make spontaneous changes without your direct involvement.

By working gently and respectfully with the Denial Identity, you can build a relationship of trust. When this is firmly established, we have recently discovered that asking two specific questions provides a focus that seems to propel the client toward healing in a much more rapid fashion than we have previously experienced. In making this statement, I want to point out, however, that we suspect (but are not certain) that before these questions can be asked and successfully answered, the client must be far enough along in therapy that certain other key issues have already been resolved. We need more time and experience to identify just what issues this includes. At the very least it would seem necessary that they acknowledge their dissociation and are aware of the internal conflict existing concerning their alleged abuse.

The first question is, "What would happen if you knew your entire history?" Sometimes a long list of potential disasters will spill out, such as "I would die" or "I would fall apart." Resolving these false beliefs or perceptions should then become the focus of therapy, as you will not progress very far until this Primary Identity has no more reason to resist knowing and owning the truth. While it is too soon to be dogmatic, it is possible that previous therapeutic attempts, which have tended to lead one on circuitous rabbit trails, may be due to this Primary Denial Identity resisting knowing truth.

Sometimes in working with the Denial Identity it is helpful to point out that not everything that has been reported by the alter-identities is to be taken as factual history occurring in the natural realm. Some of it may be the result of guided imagery or deceptive illusions directed by the perpetrator or may represent events occurring in the spiritual realm. Some of it may also be purely a matter of imagination or the result of suggestibility. When the person is no longer afraid to look at truth, he or she will probably be much more able to discern truth.

When all the issues hindering knowing the truth are resolved, the second question is, "Who would you be if you knew everything?" This question seems to provide a direct link to the true Core, or the Original Self, whom God created at conception. This is also generally the part who has experienced the new birth and has a "heart for God." Often when the reasons for denial are resolved, the Core's fear of facing life diminishes, and this previously protected part can take her rightful place without the need for dissociative barriers, which seem to melt away.

Admittedly, this seems to imply that healing for Dissociative Disorders is not necessarily a direct "integration," or bringing together of dissociated parts, as usually understood but rather a recognition by the Original Self that he/she can face all of life without the need to "be someone else." This seems to bring a spontaneous dissolving of the dissociative barriers. If this approach proves true, then it will be a major paradigm shift in treating the Dissociative Disorders.

While both the terminology and approach I am suggesting represent a radical change in DID therapy, I have found the general concepts regarding the Primary Identities to be extremely helpful in working with several hundred survivors. I have also been able to train people all over the U.S., Canada, and Australia in identifying and focusing therapy on these key parts, and they

are confirming its effectiveness as well. Further time and experience are needed to document the validity of the newest ideas described in the last few paragraphs.

If you call us, we may be able to give you the name of someone in your area who is using this approach. We are also working to put this critical information onto a CD ROM so that it will be available on computer. In the meantime we are willing to schedule telephone time with any therapist desiring to discuss these principles and approach further. I believe they constitute a strategic "piece of the puzzle" without in any way claiming that they are the "final word" or embody all the dynamics needing to be addressed for the therapeutic resolution of DID.