

Healing Approaches for DID and Ritual Abuse

Dissociative Identity Disorder (DID) is a complex condition in which the person's mind or soul is dissociated into distinctly separate identities. This condition can develop in any person who suffers from overwhelming trauma before the age of 8. It is not a mental illness, but rather a very clever, God-designed coping mechanism for children who find themselves in highly traumatic situations, which could include profound neglect as well. Over 90% of cases involve sexual abuse.

While DID (formerly Multiple Personality Disorder) was considered a rare condition, it probably affects at least 3% of the general population. Few clinicians have really been trained adequately to treat this population. Nevertheless, many treatment approaches have been developed over the years by those who are increasingly encountering these individuals amongst their clientele. Some have been developed within the secular, professional community and others by Christian inner healing ministers. While we believe that DID can be healed without involving God, we do not believe that spiritual freedom can be obtained for ritual abuse survivors without involving God and a genuine faith in Him and His Son, the Lord Jesus Christ.

Healing Approaches for DID

I. Terms to understand

A. Original Self

The original, undivided, non-material soul and spirit of the person created by God that existed before overwhelming trauma occurred; the part into which all dissociated or desynchronized parts will integrate for complete healing to occur; the part most closely connected to the person's heart and spirit as well as to the identity center in the brain, thus carrying the strongest sense of identity; May also be referred to as the "Original Person," "True Self," "Core Self," or "Core"

B. Alter-identity (Alter)

A separated part of the person that can function independently of the primary person as an alternate identity; formed under extraordinary distress to enable the person to cope in the midst of an overwhelming situation

C. Primary identity

One of several identities; including, and closely related to, the Original Self; that carry the strongest sense of self within the person. These parts, formed through desynchronization, remain close to the identity center and subjectively "feel like me," as opposed to alter-identities that are formed through dissociation, "don't feel like me," and are anchored in

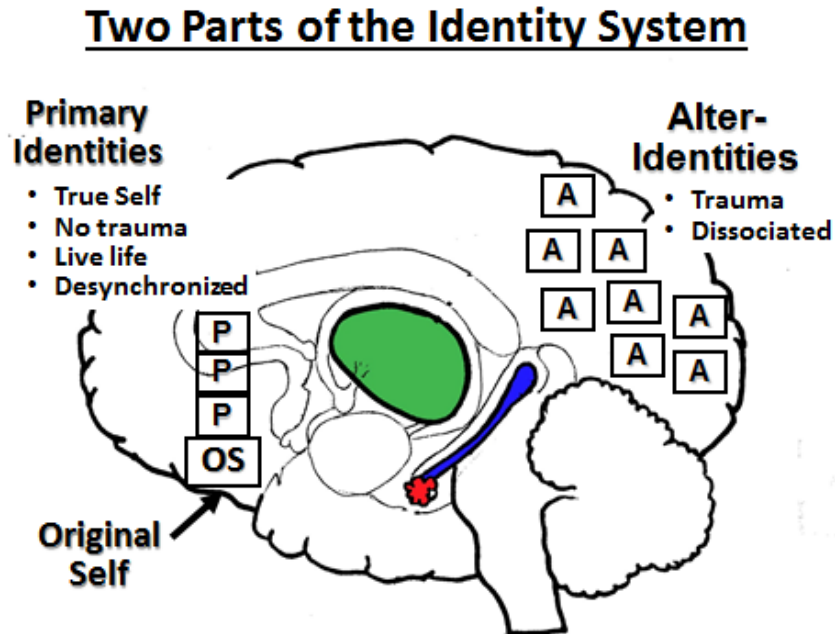
the rear of the brain. The primary identities were protected from overwhelming trauma while the alter-identities were formed to cope with it.

D. Primary Presenter

The primary identity that is in control the most in living daily life; often a direct representation of the Original Self; often called the “Host” by others. The identity serving in this position may change from time to time over the course of the individual’s life in situations of extreme duress.

II. Two parts of the DID System

A person with DID has two main parts to their identity system: Primary identities and alter-identities. The primary identities were protected from overwhelming trauma. The alter-identities handled the overwhelming trauma.



A. Primary Identities

1. Represent the true self
2. Seem to be located in the front of the brain near the identity center
3. Were protected from overwhelming trauma
4. Participate mainly in living daily life (Some have called them Function Identities.)
5. Advance in age with the body
6. May be formed by desynchronization rather than dissociation

B. Alter-Identities

1. Do not represent the true self
2. Are located in the back of my brain
3. Handled the overwhelming trauma events and the issues related to them
4. Emerge to live the parts of life related to, or reminiscent of, trauma or trauma issues
5. Usually remain frozen at the age at which they were formed
6. Formed by dissociation

III. The Cause of DID

Understanding the cause of dissociation enables one to ascertain the best healing approach to bring an end to the need for dissociation.

A. The Role of Trauma

Overwhelming childhood trauma is the most universally agreed upon cause of DID.

1. The trauma must be severe enough to surpass the child's ability to cope with it.
2. The first instance of *overwhelming* trauma must occur before the age of 8.

Dissociation and the formation of further identities can occur after age 8 as long as the process has begun before the age of 8.¹

B. The Role of Intolerable Conflict

While overwhelming childhood trauma is the root of all dissociation, more specifically, what makes a trauma overwhelming seems to be the intolerable psychological conflict that it creates in the person.²

Understanding this concept provides a means to track a path to healing. *While trauma cannot be undone, the intolerable psychological conflicts created by the trauma can be identified and resolved. This makes the trauma no longer overwhelming and dissociation no longer necessary.*

What makes a trauma overwhelming is **the intolerable psychological conflict** that it creates in the person.

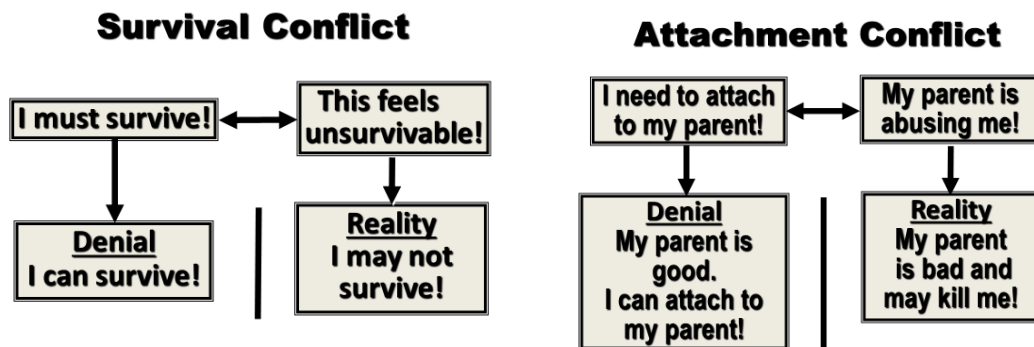
¹ Different sources may quote a different age ranging between 5 and 8, as the age depends on the somewhat flexible timing of the myelination processes of the brain.

² David Neswald introduced this concept at a Christian Society for the Healing of Dissociative Disorders (CSHDD) conference in Dallas, TX, in 1996.

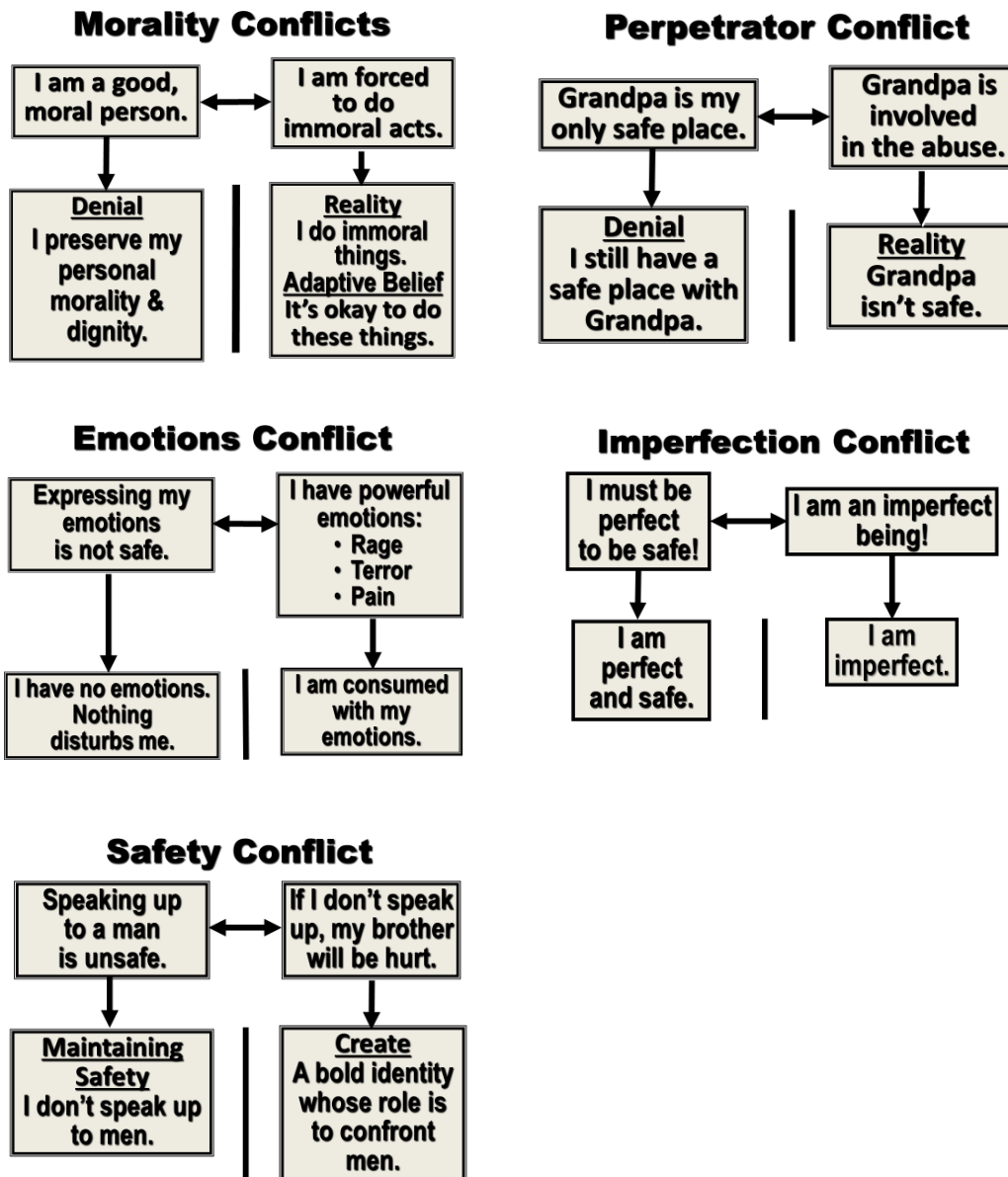
1. What is a psychological conflict?

A psychological conflict is the simultaneous existence of two or more opposing instincts, needs, beliefs, desires, views of reality, commitments, or impulses within a person or an identity.

 - a. Conflict of needs: I need to stay home to care for my sick child/I need to be at work to finish an important project.
 - b. Conflict of commitments: I'm committed to honesty as a Christian/My boss wants me to lie on a financial report.
2. An *intolerable* psychological conflict occurs when a person encounters a situation that threatens a critical instinct, need, belief, or view of reality that is held so absolutely that it seemingly *cannot be compromised* without intolerable consequences.³
3. Examples of intolerable psychological conflicts
 - a. I must survive—This feels unsurvivable.
 - b. I must attach to my parent—My parent is abusing or neglecting me.
 - c. I want to be a good person—I am forced to do immoral things.
 - d. Mother is my only safe place—Mother was involved in the abuse.
 - e. I have powerful emotions of terror, rage, and pain—Expressing my emotions is unsafe.
 - f. I must be perfect to be safe—I can't be perfect.
 - g. Speaking up to a man is unsafe—My brother will be hurt if I don't speak up to a man.
4. Intolerable psychological conflicts create dissociation.



³ David Neswald, 1996.

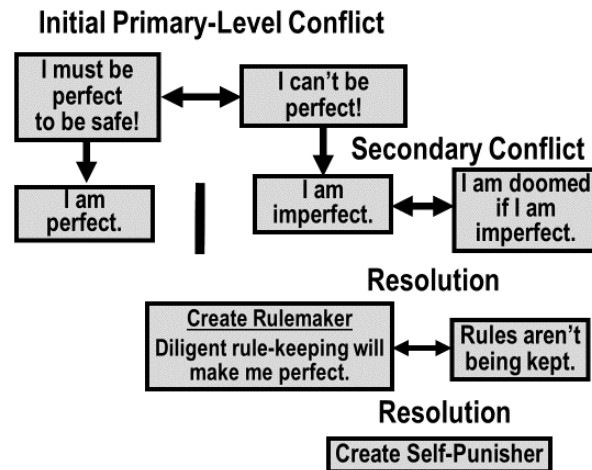


5. All conflicts begin with the primary identities.
 - They are the ones functioning in daily life who get overwhelmed by an intolerable conflict and form other identities to cope with it.
 - a. If it is a trauma-related conflict, alter-identities are usually formed.
 - b. If it is an identity-related conflict, other primary identities are usually formed.

6. The identities they form can have further intolerable conflicts with what they have to handle. Thus, chains of identities can be formed from one intolerable conflict that started with a primary identity.

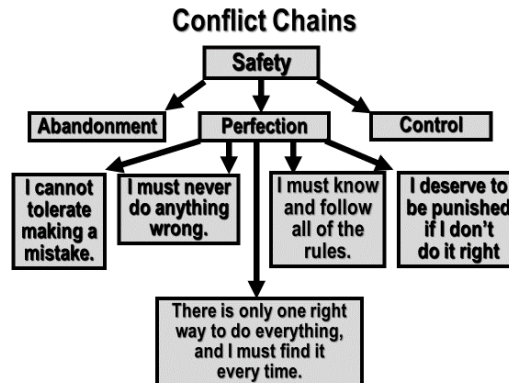
Example: Multi-levelled Perfectionism Conflict

- a. This conflict begins when a child is told that she is being abused because she is bad. This creates the intolerable conflict that she must be perfect in order to be safe while knowing she can't be perfect.
- b. This causes the creation of separate identity to carry the person's imperfection.
- c. This new identity still feels the initial intolerable conflict and the intense need to remedy her imperfection in order to avoid further punishment.
- d. This leads to the creation of a "rule-maker" identity, believing that diligent rule-keeping will make them perfect—and thus safe.
 - 1) The rule-maker's job is to observe all aspects of life and to make "rules" for what is the right thing to do in every situation.
 - 2) Most important is carefully scrutinizing the perpetrator to learn what is "right" in the eyes of this most important person so the person can be safe.
- e. The rule-maker, in turn, faces another intolerable conflict as she observes that the rules are not always being kept.
- f. Knowing the disaster this could bring, she creates a self-punisher alter.
 - 1) This new alter will internally scold other parts or physically hurt the body whenever anyone breaks a "rule."
 - 2) The intent is that this will be a warning for the person to shape up so she doesn't reap more serious repercussions from the perpetrator.



7. Resolving the conflict at the original, primary level eliminates the need for all of the other identities created to handle that particular conflict.

- Conflicts can also be layered so that resolving some conflicts will resolve all the conflicts under them.



IV. Alter-centered healing approach

This approach focusses the healing process on the alter-identities (alters) formed to handle the overwhelming trauma which the primary identities of the person could not tolerate. This focus seems logical because the alters are the separated parts of the person that experienced the trauma.

A. Weaknesses

- While this approach can help to lessen pain and some dysfunctions, it ignores the intolerable psychological conflicts that necessitate the dissociation.
- By focusing on the alters, the primary identities are often overwhelmed by what is revealed, which leads to system instability and sometimes hospitalization.
The instability in the system can only be resolved by focusing on the primary identities and what overwhelmed them rather than on the alters.
- It also requires working with virtually every single alter, which can be in the hundreds or more. Therefore, it is very time-consuming.

B. Adaptation

In order to bring healing to the dissociation when using the alter-centered approach, you need to go to the Primary Presenter and process whatever has been learned from the alters and ask what it means to the Primary Presenter if these things are true. This is the only way to bring healing to the primary level and end the need for dissociation. Starting with alters, while sometimes necessary, is a much less efficient route to healing, however, than starting with the primary identities.

V. Memory-centered approach

This approach focuses on learning the memories of what happened and bringing healing to them. Since memories are usually held by alters, it is very similar to the alter-centered approach.

A. Weaknesses

1. This approach also can help to lessen pain and some dysfunctions, but it also ignores the intolerable psychological conflicts that necessitate the dissociation.
2. By focusing on the memories held by the alters, the primary identities are often overwhelmed by what is revealed, which leads to system instability and sometimes hospitalization.
3. If the survivor is required to dig for memories, imagination and suggestibility can play a role. This throws the survivor into the horrible tension over whether his/her memories are real.

B. Adaptation

When working with memories, healing can take place at a primary level if the memory is processed not only with the alter holding it but also with the Primary Presenter, always asking this key part of the person what it would mean if the memory is true. This may lead to some intolerable conflicts inadvertently being resolved but is not the most efficient way to resolve dissociation.

VI. Primary Identity Approach

The Primary Identity Approach is built on recognizing 1) the difference between primary identities and alter-identities and 2) intolerable psychological conflicts being the cause of dissociation.

This is the most efficient way to address the whole gamut of issues the survivor must resolve, including healing memories, relieving pain, resolving dysfunction, and eliminating dissociation. It focuses healing on the primary identities, where dissociation is initiated with the result that the healing flows to all of the other identities created to handle each intolerable issue, and they are all healed at once, making it much more effective and efficient in resolving dissociation.

It also begins by looking at the effects of the trauma in the person's life instead of searching for the hidden trauma memories. When overwhelming trauma occurs, it leaves other effects in the person's life in addition to the dissociated memories. These effects, which we call "issues," are very evident red flags in the person's life for the hidden traumas and the intolerable conflicts arising from them. By starting with them, connection can be made to the pertinent memories in which the intolerable conflicts are rooted. When healing occurs at this root, the intolerable conflict reflected in the "issue" is resolved and no longer intolerable so that dissociation to cope with the conflict is no longer needed, resulting in spontaneous integration of the identities previously formed to handle it, regardless of whether you have met those identities or not.

We call the process for healing "IBM-Truth." This stands for Issue—Belief—Memory—Truth. The process is to identify the ISSUE, find the root intolerable BELIEF, go to the

MEMORY in which the belief is rooted, and bring TRUTH to the belief in the context of the memory.

A. Advantages

1. By working with the issues and resolving the conflicts experienced by the primary identities, the other identities formed to handle what was overwhelming to the primaries are healed as well and usually integrated without even going to them individually.
 - a. Numerous identities/alters can be healed and integrated by resolving a single primary-level conflict, making the healing process much more efficient.
 - b. By addressing the broadest conflicts first, multiple conflicts can sometimes be resolved at once, leading to even more identities being simultaneously healed and integrated as a result.
2. By starting with the issues in the person's life and then going to the underlying intolerable belief and then the memory where it is rooted, the reality of the memories is less apt to be doubted.
 - a. When the memory makes sense out of the belief and the issue in the person's life, it is much more believable than when it is accessed all on its own.
 - b. When Jesus speaks truth to the belief rooted in the memory, it validates the reality of the memory.
 - c. When the conflict and the issue in the person's life disappear as a result of addressing the belief rooted in the memory, that also validates the reality of the memory.
3. In the Primary Identity Approach all of the necessary memories will be addressed but from the perspective of the primary identities and the issues they have caused in the person's life, resulting in the intolerable conflicts embedded in them being resolved and the need for dissociation eliminated. This is the most productive way to address and heal memories.

B. Challenges

1. You can't always approach what is happening in the system from the perspective of the primary identities or from the starting point of issues in the person's life.
 - a. When alters emerge spontaneously, you have to address their concerns.
 - b. When troubling memories emerge spontaneously, you have to address them without starting with an "issue." You still want to extract the beliefs that came from that memory and bring truth to them, but you may or may not resolve an intolerable conflict.
2. Even in these complicating situations you want to keep the general principles of the Primary Identity Approach in mind.
 - a. Follow the IBM-Truth process as much as possible from wherever you start.
IMB-Truth = Issue → Belief → Memory → Truth
 - b. Always get back to the Primary Presenter and ask what it means to this key part of the person if has been revealed or dealt with is true. This is the way to keep the

Primary Presenter, who leads life in general, from being overwhelmed and incapacitated by the memory work that was done.

- c. Remember that resolution of dissociation will only occur as the primary identities resolve their intolerable conflicts so that they are no longer overwhelmed by any part of their history.
4. Changing to the Primary Identity Approach is harder for those who have worked for a significant amount of time using another approach.