

The Dissociative Spectrum

The topic of dissociation is one of the most controversial of sexual abuse issues. It stems from the immediate terror caused by the abuse and a need to forget what happened. In studies of women who have been abused, between 38%¹ and 77%² of the women reported times of either partial or complete memory loss.³ Some women completely forget that the abuse ever happened, while others remember what preceded the abuse, or even remember a part of the abuse, but cannot remember the most traumatic portions.⁴ A woman may remember her father telling her that he was going to show her how to have sex, but she cannot remember anything after that. While a woman may not have any conscious memory of the abuse, she will still be likely to have symptoms from the abuse.⁵

Initially, it might seem strange that someone cannot remember the most traumatic thing in her life, but these traumas are too much for a little girl to handle. Dissociation can be helpful in keeping the child from consciously experiencing the trauma, but it is also dangerous. Sometimes dissociation is a gift of protection from God to keep little children from going mad in situations where escape is impossible, but there is a reason for pain. It is the impetus for change. If a victim learns to block out the pain, she will not do anything to stop the abuse.⁶

“It takes a bit of effort to dissociate in the beginning, but eventually, it becomes

¹ LM. Williams, “Recovered memories of abuse in women with documented child sexual victimization histories.” *Journal of Traumatic Stress*, (8,4 1995) 649-674.

² CM Roe, MK Schwartz, “Characteristics of previously forgotten memories of sexual abuse: A descriptive study.” *Journal of Psychiatry and Law*, (24,2 1996) 189-206.

³ The Sidran Institute web site gives an overview of over thirty studies done on the frequency of repressed memories. <http://www.sidran.org/refs/ref3.html>

⁴ Renee Fredrickson, *Repressed Memories* (New York: Fireside/Parkside 1992) 39.

⁵ Terr 33.

⁶ Simpson 28.

almost automatic. Memories are still stored, but in fragments. Sometimes the brain retains most of the memory but loses the worst or most conflicted part. Many who do not to remember certain parts of their childhood may have used dissociation in the past to cope. Unfortunately, children who go into trances to avoid pain discover that they lose their ability to tolerate any strong emotion. They end up being ‘emotionless’ kids.”⁷

Often repressed or dissociated memories will begin to surface years later when the victim is better able to handle them. This process of recovery usually begins when a woman is in her mid thirties.⁸ Sometimes it is a significant or traumatic event in the woman’s life, such as getting married or becoming a mother, which brings the memories back. Although the woman is older, she is usually very traumatized by the reemergence of the memories.

Those who were abused when they were very young (often before the age of six), children who were threatened not to tell,⁹ and those who experienced especially traumatic abuse, are more likely to have repressed the memory of the abuse.¹⁰ Also, the closer the victim’s relationship is to the abuser, the less likely it is that she will remember the abuse.¹¹

Numerous studies have been done that show the validity of recovered memories. Dr. Freyd, one of the worlds leading experts on repressed memory and dissociation does a good job of explaining this phenomenon.

⁷ Simpson 28.

⁸ Jeffery Pokone, lecture at the International Center for Biblical Counseling, Course 2. July 2003.

⁹ D. M. Elliott, J. Briere, “Posttraumatic stress associated with delayed recall of sexual abuse: A general population study.” *Journal of Traumatic Stress*, (8, 1995) 629-647.

¹⁰ Leonard Holmes, “Corroboration of Child Abuse Memories” (19 July 2003) <<http://mentalhealth.about.com>>.

¹¹ L. M Williams, “Recall of childhood trauma: A prospective study of women's memories of child sexual abuse.” *Journal of Consulting and Clinical Psychology*, (62, 1167-1176 1994).

If you think about the situation in which you temporarily cannot remember where you left your keys, you probably can remember times when you later remembered the location (and later remembered putting those keys in a special place) and you were accurate (a true recovered memory), and other times when you thought you remembered the location, but you were wrong, because the keys were actually somewhere else (a mistaken recovered memory). There were probably other times you thought you remembered your key location all along, but when you checked the place you were sure you left your keys, they were not there (a mistaken continuous memory). Finally, and fortunately, sometimes you thought you remembered the location of your keys all along, and you checked the location and they were there just as you remembered (a true continuous memory). The possibilities of true or mistaken, and recovered and continuous memory, don't seem so remarkable when it comes to memory for keys. But when it comes to memory for abuse, the issues can get confusing. One big difference between memory for key location and abuse is that we can almost always check our memory against reality when it comes to key location, but evidence for prior abuse is much harder to agree about.¹²

Often memory recall is not precise. It is common for two witnesses to a hit-and-run accident to differ on basic details, such as the color of the car. For example:

Baseball aficionados may recall that Jack Hamilton, then a pitcher with the

¹² J.J. Freyd, (2003). *What about Recovered Memories?* (5 June 2003)
<<http://dynamic.uoregon.edu/~jjf/whatabout.html>>.

California Angels, crushed the outfielder, Tony Conigliaro, in the face with a first-pitch fastball. Although Hamilton thought he remembered this horrible event perfectly, he misremembered it as occurring during a day game, when it was actually at night, and misremembered it in other critical ways.¹³

Studies have also found that memories can be influenced. Another study demonstrated the malleability of memory for a serious life-and-death situation.

The subjects had attended an important high school football game at which a player on the field went into cardiac arrest. Paramedics tried to resuscitate the player and apparently failed. The audience reactions ranged from complete silence, to sobbing, to screaming. (Ultimately, fortunately, the player was revived at the hospital.) Six years later, many of these people were interviewed. Errors of recollection were common. Moreover, when exposed to misleading information about this life-and-death event, many individuals absorbed the misinformation into their recollections. For example, more than one fourth of the subjects were persuaded that they had seen blood on the player's jersey after receiving a false suggestion to this effect.¹⁴

It is also possible to have memories implanted. Here is one vivid example:

Family torn by false repressed memories settles for \$1 million
SPRINGFIELD, Mo. (AP) - Beth Rutherford never knew she had a tormented childhood until she went to a church therapist for

¹³ Loftus, Reality

¹⁴ Loftus, Reality

counseling. Under the counselor's guidance, she recalled how her minister father repeatedly raped her, got her pregnant, and then performed a painful coat-hanger abortion. In truth, Beth was still a virgin, and her father had had a vasectomy many years before...¹⁵

Many people have been deeply hurt because of false memories. The popular book, *The Courage to Heal*, has been implicated in many false memory cases. This book says, "If you are unable to remember any specific instances like the ones mentioned above but still have a feeling that something abusive happened to you, it probably did"¹⁶ On the next page the book goes on to say,

You may think you don't have memories, but often as you begin to talk about what you do remember, there emerges a constellation of feelings, reactions and recollections that add up to substantial information. To say, "I was abused," you don't need the kind of recall that would stand up in a court of law. Often the knowledge that you were abused starts with a tiny feeling, an intuition... Assume your feelings are valid. So far, no one we've talked to thought she might have been abused, and then later discovered that she hadn't been. The progression always goes the other way, from suspicion to confirmation. If you think you were abused and your life shows the symptoms, then you were.¹⁷

If a counselor suggests to a client that they have the symptoms of sexual abuse, the client may try so hard to remember, that she brings up false memories. The same

¹⁵ Lubbock, *Avalanche-Journal* (1996. 3 March 2004)
<<http://www.lubbockonline.com/news/111696/family.htm>>.

¹⁶ E. Bass, L. Davis, *The courage to heal*. (New York: Harper & Row 1988) 21.

¹⁷E. Bass 22.

holds true in questioning victims about the severity of the abuse. In searching her past she may get movies or things she has heard about mixed up with true memories.

When memories begin to return, “the women themselves were very often unsure about their memories and said things such as 'What I remember is mostly a dream.' Or, 'I'm really not too sure about this.'¹⁸ Be careful not to ask leading questions. Instead of asking, “‘Did you get caught cheating?’” ask “‘How was your day?’”¹⁹ It may take a bit longer, but their memories will likely be more accurate.

False memories do occur but not to the extent that the False Memory Syndrome Foundation would like people to believe.²⁰ Lenore Terr, in her book, *Unchained Memories*, suggests that, “One way to determine whether someone’s memory is false is to look for symptoms or signs that correspond to the remembrance. If a child is exposed to a shocking, frightening, painful, or overexciting event, he or she will exhibit psychological signs of having had the experience.... If, on the other hand, a child is exposed only to a frightening rumor or to the symptoms of another victim of trauma, the child may pick up a symptom or two, and even, perhaps, the whole “story” -- but will not suffer a cluster of symptoms and signs.”²¹

Dissociative Identity Disorder

It is believed that about one percent of the general population may have Dissociative Identity Disorder or DID.²² Formerly known as multiple personality disorder, it is the final level on the dissociative spectrum. While some people may block

¹⁸ L. M. Williams, Recovered 669-670.

¹⁹ Terr 156.

²⁰ Mike Stanton, “U-Turn on Memory Lane” *Colombia Journalism Review* (July/August 1997. 3 March 2004) <<http://www.cjr.org/year/97/4/memory.asp>>.

²¹ Terr 161

²² “Dissociative Disorders” *Sidran Institute* (1995. 16 September 2003) <<http://www.sidran.org/didbr.html>>.

out the worst parts of their abuse, and others may have no conscious memory of being abused for twenty or thirty years, those who have Dissociative Identity Disorder have generally been through such horrible, repeated abuse that in order to survive they have unconsciously developed what would seem like completely different people inside the same body, called alters or personalities. “Each identity is unique, and has its own sets of memories, ideas, thoughts, ways of thinking, and purposes. One identity may be the protector, while another may be a child.”²³ These alters handle different parts of the abuse and different emotions that result from the abuse. Someone with DID may have as few as two distinct personalities or even a few hundred. These personalities switch back and forth as a result of triggers, things that in some way remind them of the abuse.

For a time these personalities allow the child to function as if the abuse never happened. Almost everyone who has Dissociative Identity Disorder begins to develop it by the time they are six years old. Those who acquire Dissociative Identity Disorder are usually very creative and often have a higher than average IQ. Usually the person with Dissociative Identity Disorder is not aware that they have alter personalities, or even that they have been abused, until they are in their twenties or thirties.²⁴ Eventually this system of alternate personalities begins to break down. The person may find herself someplace she does not remember going. She may find clothing in her closet that she does not remember purchasing and people she does not recognize that seem to know her. She may experience severe headaches, seizures, mood swings, flashbacks, time loss, and sleep

²³”Dissociative Identity Disorder” Mental Health Matters & mental-health-matters.com (4 March 2004) <http://www.mental-health-matters.com/disorders/dis_details.php?disID=39>.

²⁴ , James G. Friesen *Uncovering the Mystery of MPD*. (San Bernardino, California: Here’s Life Publishers, Inc., 1991) 62.

problems.²⁵ This is a very frustrating and confusing time for her. Many women who have Dissociative Identity Disorder think they are going crazy.

About twenty-five percent of those with Dissociative Identity Disorder have it as a result of Satanic Ritual Abuse.²⁶ These children are taught to dissociate by their abusers. That way the secrets of the atrocities stay safe. Those who are victims of Satanic Ritual Abuse generally have the most complex cases of Dissociative Identity Disorder. Some have even been programmed to self-injure or commit suicide if they discover that they have Dissociative Identity Disorder. Some also have a personality that has been programmed to call their abusers after a counseling session and report what happened. Sometimes occult members will beat or abuse their victims further, or even try to kill them for revealing their secrets to a counselor.

Counseling for someone with Dissociative Identity Disorder is often complicated and difficult. In addition to a counselor, the victim with Dissociative Identity Disorder needs someone to listen and support her without rejecting her, regardless of how strangely she is behaving. She will tend to have a hard time trusting others.²⁷

The actual Dissociative Identity Disorder counseling should be done by a Christian who has a good understanding of Dissociative Identity Disorder and how to restore the fractured parts of the woman. Generally, once the counselee is comfortable with the counselor, the counselor will help the core person acknowledge and process through the pain that her alter personalities have been carrying. The other personalities will have believed lies that need to be identified, brought to the light, and replaced with

²⁵ Symptoms of 'dissociative identity disorder' *Sasian* (16 July 2003. 24 September 2003) <<http://www.sasian.org/papers/did.htm>>.

²⁶ Friesen 209.

²⁷ *Characteristics of a Person with DID*. Introduction to Spiritual Warfare Course 2 International School for Biblical Counseling Hand out.

the truth.²⁸ They have believed false ideas like, “I have to be the protector,” and “all men are evil.” The goal is to lead each alter personality to the truth. In time the alternate personalities will usually be able to integrate or join with the core personality.

The victim’s Dissociative Identity Disorder developed as a result of fear but the bondage of Dissociative Identity Disorder is because of the lies that the victim believes. She needs to understand that God wants to be her protector. She needs to learn to let the Lord carry her pain.²⁹

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²⁸ Psalm 139:23-24

²⁹ 1 Peter 5:7