

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*, Spring 1999, Volume 6, Issue 1

- From "President's Letter" (Dr. Tom Hawkins)
- "The Spectrum of Survivor Needs" written by the RCM Staff
- "It Takes a Team to Make One Whole" written by the RCM Staff

### From "President's Letter"

....The theme in this issue of *Restoration Matters*, ***IT TAKES A TEAM TO MAKE ONE WHOLE***, expresses another aspect of our overall vision for ministry. We believe that teamwork, accountability and multi-disciplinary cooperation are essential in the process of bringing healing to survivors of severe abuse. None of us alone knows all the answers, and even as a team, we must direct people to the living God, who is the true Healer.

....Much of our work in the past has involved teamwork with pastors, psychologists and counselors. During the past year, however, I have come to appreciate the pronounced advantage of having prayer intercessors, as well as individuals who have the gift of discerning spirits (1 Cor 12:10), present in the actual therapy session. Ideally, at least two intercessors with this gift work together with, and under the authority of, the Christian therapist/prayer minister. This enables confirmation of the spiritual insights discerned and has an even greater impact on the survivor.

Based on my own previous lack of experience with the gift of discerning spirits, I would venture that it may be one of the most unrecognized and under-utilized gifts in the body of Christ today. It is not one of the more "showy" gifts and can certainly be misused, but when it is exercised properly, I have seen breakthroughs in cases that had previously been resistant to resolution. Many times the issues keeping a person in bondage are often rooted in unresolved, generational spiritual dynamics that would go undetected were it not for God graciously giving His perspective and direction through the gifts....

## The Spectrum of Survivor Needs

written by the RCM Staff

Although ritual abuse survivors traditionally seek treatment primarily from those in the mental health field, their needs extend well beyond the psychological. Complete recovery requires each of the following areas to be addressed as well. We feel that a multi-disciplinary team can best treat the whole person. (See *It Takes a Team to Make One Whole* below.)

### Psychological Health

The scope of psychological needs for an individual with Dissociative Identity Disorder is extensive. The basis of the dissociation must be determined and addressed by identifying and resolving the internal conflicts and false beliefs which seemingly necessitate the separation. This will require coming to understand the dynamics of the Core [Original Self] as well as those that determine the organization and operation of the system of alter-identities. It will also mean confronting and owning the traumatic memories which led to their existence. When programming is involved, its triggers must be identified and defused. Inappropriate behavior patterns and conditioned responses need to be addressed as well as unhealthy coping mechanisms and addictions. When present, other accompanying diagnoses, such as eating, panic, attachment, and obsessive-compulsive disorders must also be addressed. Eventually the dissociated identities must come to a point of inner cooperation and integration. Finally, to preserve the newly achieved unity, the survivor must learn new ways of handling stress and looking at life from a singular perspective.

## **Relational Health**

Relational skills are often severely lacking in abuse survivors. Sometimes these are the dysfunctions most noticeable to others. The inconsistencies of rotating personalities, the lack of positive role models in childhood, the strength of programmed and/or conditioned responses, and the amount of justifiable rage survivors carry all contribute to their deficits in this area, which is so critical to success in life. Because they were constantly manipulated and motivated by shame and aggressive anger, survivors may tend to repeat these patterns in their relationships to others. On the other hand, intense fear may drive some into perfectionism and pleasing others at all costs.

A traumatic history can also diminish one's ability to trust, develop intimacy, and enjoy sex and marriage in an optimum way. Parenting skills are obviously affected as well. The concept of love has generally been grossly distorted for abuse survivors. Distrust and self-protection are more apt to characterize their relationships.

All of these deficiencies leave abuse survivors feeling insecure in many areas. They generally need help in overcoming these insecurities and developing a good self-image. They also need to learn healthy communication skills as well as responsibility and accountability with others. Perhaps most of all they need to learn what true love is and how relationships can be governed by love.

## **Physical Health**

While perhaps not as evident, caring for their physical bodies is another area in which abuse survivors may be notoriously lacking. The very nature of abuse generally implants a deep-seated belief that one's own needs are not valid. Some respond by turning off their conscious awareness of those needs. As a result, significant medical conditions can go untreated and reach serious stages before even being recognized by the survivor. Sexual abuse can result in intense shame and self-hatred towards one's own body, adding yet another reason to disregard caring for it. Some survivors may therefore need instruction and guidance in developing healthy habits of hygiene and/or nutrition.

Self-inflicted injuries, when they occur, may need treatment and the survivor monitored until the issues driving the self-harm are resolved. These survivors also need to learn better coping strategies.

Untreated injuries from childhood, stress-related disturbances in body chemistry, and the long-term effects of addictions may also need medical attention. Those addicted to work need to learn how to live a more balanced lifestyle. Because of their greatly deprived childhoods some may even need to learn how to play and have fun.

## **Spiritual Health**

Personal salvation and sanctification are spiritual needs of all survivors. While God sees the survivor as a whole person and a genuine salvation experience brings redemption to the entire person, some parts may be amnesic to, or even in disagreement with, such a decision. When this is the case, those parts need to make their own decision to submit to the lordship of Jesus Christ. Although the separate parts may perceive this as their point of salvation, in reality, it is an act of further sanctification for the survivor. While discipleship and growth in sanctification are needs for every believer, abuse survivors who have undergone significant indoctrination have an exceptionally great need for “renewing their minds” (Romans 12:2) and bringing every part into obedience to Christ (2 Corinthians 10:5).

Demonization is another powerful dynamic which needs to be addressed, especially in RA survivors, who were deliberately demonized at many junctures of their forced cult involvement. The footholds for these attachments need to be identified, removed, and the demons commanded to leave. Often this involves considerable spiritual warfare and must always be done with the cooperation of the alter-personality involved. A mass deliverance is usually not possible since the individual actions and decisions of specific alters were generally involved in receiving the demons and must be renounced by the specific alter in order for deliverance to take place. Breaking all generational spiritual inheritances is also important for the survivor. Because of dissociative barriers, this may need to be done at more than one stage of the healing process.

Other issues affecting a survivor’s spiritual health involve handling anger, accepting and giving forgiveness, and developing a self-image anchored in the truth of their identity in Christ. They also need to learn spiritual warfare skills and how to recognize and develop their own spiritual gifts and become a vessel of God’s love to others as a healthy part of a local church.

## **In Summary...**

Some of these psychological, relational, physical, and spiritual needs require the attention of trained professionals. Many, however, can be addressed by sensitive, knowledgeable, and spiritually mature support persons who are ideally assisted by dedicated intercessors, prayer warriors, and disciplers. In fact, in many cases growth takes place most effectively in the context of true life settings rather than in the therapy room or doctor’s office. For this reason RA survivors ideally need a team of committed individuals with a wide variety of skills assisting in their recovery.

# **It Takes a Team to Make One Whole**

written by the RCM Staff

The example of the early Church and the teachings of Scripture clearly indicate that God does not intend believers to live or function in isolation. God has distributed spiritual gifts among believers so they can be used for the benefit of the whole Body, not just the individual. Furthermore, all the gifts are necessary to make the whole Body function in the optimal manner God intends.

Restoration in Christ Ministries is recognizing the important implications this carries in bringing physical, emotional, and spiritual healing to deeply wounded individuals. Not only does true healing occur best in an atmosphere of genuine love, but it also requires the technical and spiritual giftedness of a broad spectrum of individuals. When this is available, the survivor's functionality, spiritual growth, physical health, and length of time in therapy are profoundly impacted.

## **THERAPISTS/COUNSELORS/PRAYER MINISTERS**

In a sense professional therapists and counselors have the most formal/technical training for working with deeply traumatized individuals. They are also most likely to have worked through their own psychological issues, which might otherwise be triggered in the counseling setting. Although few have received extensive training in the dynamics of Dissociative Identity Disorder (DID) and Ritual Abuse (RA) in their formal education, they are knowledge-able of many other psychological issues which have a direct bearing on abuse survivors. They are therefore most equipped to recognize and address such phenomena as attachment, panic, and eating disorders as well as self-mutilation, codependency, and other pathological patterns in the survivor's life.

Few mental health professionals deny that RA survivors are the most complex cases they have encountered. Many see the value of networking among themselves in regard to these clients. While we agree that this is helpful, we believe that even greater benefits can be achieved by expanding this network to include gifted individuals in other fields as well.

## **PASTORS**

Many pastors are also gifted counselors who can effectively work with RA survivors, even in the role of primary therapist. They must recognize, however, their need for extra training and accountability. Other pastors who are knowledgeable and experienced in dealing with the spiritual realm can offer invaluable help in dealing with demonization issues, which can otherwise create a formidable barrier to healing. Many other issues which RA survivors face are spiritually oriented as well. Anger, hate, forgiveness, cleansing, self-worth, and effective spiritual warfare are but a few. When addressing these concerns as well as other difficult theological issues (such as why God allows innocent children to be hurt so horribly), survivors often attribute a higher sense of authority to pastors.

## **DISCIPLERS**

RA survivors who have been excessively entrenched in a life of darkness need a significant amount of discipleship as they seek to “renew their minds” and change the course of their lives. While pastors can serve in this role, many mature Christian believers are just as capable if they are willing to learn how to work with dissociated people.

Because survivors may initially receive extreme torment internally or be otherwise punished for activities aimed at connecting them to God, disciplers must be adaptable and creative in their modes of discipling. Just as Jesus’ disciples grew in their understanding and relationship to God by living and working alongside Him, this is often the preferred discipleship model for RA survivors.

## **PRAYER WARRIORS/INTERCESSORS**

So many aspects of the survivor’s life can benefit from committed prayer support. Prayer warriors and intercessors are therefore another critical part of the therapeutic team RA survivors need. Perhaps the most intense kind of prayer needed is direct spiritual warfare against the forces of darkness which ensnare survivors. Individuals who truly know how to confront Satan’s forces on behalf of the survivor, using the authority of the name and blood of Jesus are invaluable. When such prayer warriors are present in the therapy session, their prayers become like guided missiles which can be fired at exactly the right moment against the precise target needed. If some of these intercessors also have the gift of discerning spirits, they can alert the therapist/prayer minister to spiritual dynamics occurring that might otherwise be missed. This kind of assistance can dramatically increase the effectiveness and efficiency of therapy sessions.

## **SUPPORT PERSONS**

Experience has shown that survivors who have some kind of support network to draw upon between therapy sessions progress more rapidly. Not only does this allow them additional opportunities to process issues, but it provides opportunities in which love can perhaps be most effectively ministered to them. While not mandatory, if support persons attend the therapy sessions, they are better equipped to support the survivors between sessions.

Support people must understand the basic dynamics of DID and RA so that they can effectively interact with the survivors and be sensitive to their various needs during the week. Survivors may need comfort and compassion as they process difficult memories or perhaps a sounding board for issues they are struggling to resolve in their lives. If they are particularly distraught, overwhelmed, or otherwise dysfunctional, they may need assistance with some of their daily living responsibilities as well. Effective support people learn to be available for a wide variety of needs while maintaining good boundaries and not letting the survivor become overly dependent on them in unhealthy ways.

## **PHYSICIANS & PSYCHIATRISTS**

Although usually involved with the survivors on a less frequent basis, medical personnel who understand the unique dynamics of DID and RA are a special adjunct to the healing team. Survivors often require medication at some point to help them sleep, manage anxiety, control destructive impulses, or alleviate depression. Monitoring medications can be more complex with DID as knowledgeable psychiatrists confirm that DID clients often have different responses to

medication, depending on which alter is in control. Psychiatrists inexperienced with DID and RA may misinterpret dissociative symptoms as being psychotic. Treating them as such is counterproductive, if not traumatic, to the survivor.

Abuse also takes a toll on the physical body. Whether it is complications from previous injuries, the cumulative effects of decades of stress, or side effects of current medications, survivors often need medical attention. Many experience anxiety, however, when it comes to visiting a medical doctor. What if they switch to another personality under the stress of the visit? What if the doctor is insensitive to their fears and anxieties about a physical examination? What if the true account of what has damaged their bodies is too bizarre to be believed? How do they explain incidents of self-injury? To have a medical doctor who understands the nature and ongoing effects of sexual and ritual abuse is a tremendous blessing to an abuse survivor. Without this, a survivor often refrains from disclosing significant information crucial to her treatment and well-being.

A knowledgeable medical doctor is also tremendously helpful to survivors in dealing with what is known as "body memories." In this phenomenon survivors actually re-experience pain and other physical symptoms of their abuse. When this occurs, it is difficult to know for sure if the symptoms are a memory or actually need prompt medical attention. Survivors often tire of going to the doctor or emergency room with acute symptoms only to have them disappear when they arrive or have all tests return as normal. Having a doctor who understands the phenomenon of body memories means the survivor need not fear embarrassment, or even castigation, if her symptoms prove to be a body memory.

After having the opportunity to conduct therapy in a limited team setting this past year, Tom and his colleagues are convinced that this approach can significantly enhance and accelerate the healing process for these survivors. Restoration in Christ Ministries desires to see God put together such teams in many parts of the country so that treatment of DID/RA can proceed in a more effective and efficient manner, offering greater hope to traumatized survivors.