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A Theological Engagement with Current Theories of Dissociative Identity Disorder Using the Mimetic Theory of René Girard.

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Abstract

Dissociative Identity Disorder (DID), formerly known as Multiple Personality Disorder, is described in *DSM-IV* as 'The presence of two or more distinct identities or personality states'. The diagnosis is controversial and some mental health professionals were against its inclusion in *DSM-V*, which was published in May 2013. The concept of DID has its roots in beliefs about possession, hypnosis and hysteria, and it is these three different theoretical origins which shape current theories of DID and which underlie the fierce debates which surround it. Parts of the Church still adhere to the pre scientific view that multiple personalities indicate demonic activity, and mental health professionals can be divided into those who see DID as a product of hypnosis, and so are likely to view it as an iatrogenic condition, and those who view it as a dissociative disorder and believe it to be caused by severe abuse in childhood. Failure to reach agreement about the nature and cause of DID has led to misdiagnosis and mistreatment. Through an application of the Mimetic Theory of René Girard, this paper will propose a theory of multiple personalities which could be utilised by all disciplines. Mimetic Theory is often studied in three parts: psychological, sociological and theological. Maintaining that tripartite structure, principles of interdividual psychology will be used to explain the creation of new identities, the Scapegoat Mechanism will explain why those who have been abused continue to be victimised, and a theological engagement will produce a model of care which is safe, effective and appropriate for both church and clinical settings.

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<u>List of Abbreviations</u>

A.P.A	American Psychiatric Association.	23
BJP	British Journal of Psychiatry	40
CBT	Cognitive Behavioural Therapy	92
DAP	Double Aspect Perspective	82
DDNOS	Dissociative Disorder Not Otherwise Specified	70
DID	Dissociative Identity Disorder	15
DSM	Diagnostic and Statistical Manual Of Mental Disorders	15
EAS	Extreme Abuse Survey	23
EMDR	Eye Movement Desensitisation and Reprocessing	107
FIC	Freedom in Christ	77
FMSF	False Memory Syndrome Foundation	27
GP	General Practitioner	108
ICD	Manuel of the International Statistical Classification of Diseases, Injuries and Causes of Death	15
ISSMP&D	International Society for the Study of Multiple Personality and Dissociation	25
ISSTD	International Society for the Study of Trauma and Dissociation	106
MPD	Multiple Personality Disorder	23
NHS	National Health Service	16
PTSD	Post Traumatic Stress Disorder	36
SRA	Satanic Ritual Abuse	26
STFC	Steps to Freedom in Christ	97
WHO	World Health Organisation	55

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Acknowledgements

Chapter 1. Introduction

1.1. Dissociative Identity Disorder: Diagnosis and Treatment

Dissociative Identity Disorder (DID), formerly known as Multiple Personality Disorder, has been listed in the *American Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) as a disorder since 1987. In the 10th edition of *The International Classification of Diseases* (*ICD*) which is the manual preferred by European psychiatrists, the condition is still called Multiple Personality Disorder, although the diagnostic criteria are similar to those listed in *DSM*.

The major feature of the disorder and a cause of much controversy is, as the former name suggests, the appearance of more than one identity or personality in a single individual. It is therefore different understandings of secondary consciousness which shape the various theories of DID and related conditions. According to anthropologist Sherrill Mulhern, there are two ways of understanding secondary consciousness in contemporary Western society: dissociation or demon possession, and she says these two different concepts came together in the 1970s within the context of DID (Mulhern, 1994, p. 277).

Until Enlightenment advances in the health sciences, multiple personalities were understood to be due to demon possession. In the late 19th Century, the French neurologist Jean-Martin Charcot, redefined the condition as hysteria, then Pierre Janet, a student of Charcot's went on to develop the theory of dissociation.

Janet believed that dissociation was caused by trauma, but his theory was overshadowed for much of the 20th Century by Freud's theory of repression, according to which it is internally generated ideas that are blocked from memory rather than external trauma. Current debates amongst mental health professionals about the aetiology of DID and its validity as a diagnosis can be traced back to the differences between the theories of Janet and Freud. A number of psychiatrists claim that DID, if it exists, is created iatrogenically, others affirm it as a diagnosis and believe it to be caused by the trauma of severe abuse in early childhood. Today, the majority of publications on DID are produced by those from the latter group.

There are also works by Christian counsellors who believe multiple personalities to be the result of demonic activity, some of whom accept that dissociation is also involved and others who reject any insights from science.

Failure to resolve the debate has led to misdiagnosis and consequent mistreatment. There is no consensus on a typical clinical picture, and the average time from initial consultation with a clinician to a diagnosis of DID is seven years (A.P.A, 2000, p. 528). The disparity of the different theories means that, for the person who has a severe dissociative disorder as a result of sexual abuse in early childhood, the quality of care they receive will depend very much upon whom they approach for help.

Those who go to National Health Service (NHS) providers are unlikely to be treated, initially at least, by someone who recognises or even acknowledges the dissociative disorders. The MIND booklet *Understanding Dissociative Disorders* advises that obtaining appropriate help requires persistence and suggests looking to the voluntary or private sectors for therapists as there is a keener awareness of dissociative disorders within these sectors than within mainstream mental health provision (Livingston, 2009, pp. 11,12). However, voluntary services are not available in many parts of the UK, and people who suffer from multiple personalities may be too incapacitated to work and so are unlikely to have the means to pay for a private therapist. Even when a therapist who has experience of DID is found, there is no guarantee that a cure will be effected; complete integration of personalities is achieved by only 16%-33% percent of those who receive specialist treatment for DID (ISSTD, 2011, p. 134).

Church leaders, who understand alternate identities to be a result of demonic activity, may perform exorcism or deliverance ministry (a charismatic practice with the same aim as exorcism but without the sacramental aspect), this has been demonstrated in a number of studies to be harmful to those who have been diagnosed with DID. It has also been shown that a significant proportion of people with DID, either come from or are attracted to churches which offer this type of ministry (Bowman, 1991, p. 222).

Currently, the person who presents with multiple personalities may be demonised or denied, and even those who are given a diagnosis of DID may not receive appropriate treatment.

1.2. Aims.

The aims of this thesis are as follows:

- To provide a theory of multiple personalities which will be comprehensive enough to engage in dialogue with all existing theories, and will explain why there are so many different ways of understanding human multiplicity, and why people adhere so firmly to their particular view of the condition and its causes.
- To explain, in a way that speaks to all disciplines, why someone who has been abused in early childhood may present with multiple personalities as an adult.
- To explain why this condition, more so than other disorders, is judged by some to be a specifically spiritual problem and as such a matter for the Church rather than the mental health services.
- To formulate an argument against counter-therapeutic treatments and attitudes, such as deliverance, denial, demands for compliance and inappropriate medication.
- To offer an alternative model of treatment.

1.3. The Need for a Theological Engagement with Multiple Personalities.

Because some people claim that this condition can only be properly understood and treated within the Church (Bramhall, 2005, p. 231), and because people who have been abused in childhood are often interested in matters of theodicy (Shooter, 2012, p. 25), any approach that does not have a theological element is likely to be perceived by many of those who suffer from and treat the condition as incomplete. However, because DID is also classified as a mental disorder, no theological treatise would be sufficient without the incorporation of scientific insights. In addition, the incidence of extreme, and sometimes ritualised, abuse reported by people with DID has implications for law enforcement, safeguarding practices, and societal integrity.

It is proposed that the Mimetic Theory of René Girard is adequate to cover the theological, psychological and sociological aspects of the study of multiple personalities. Until now each of these components has been treated separately by different disciplines and this has led to some of the disconnect between them.

Mimetic Theory has been criticised as a metanarrative (Finamore, 2009, p. 96), but it is argued that, in this case, it is the scope of Mimetic Theory and its claims to universal application, that make this model superior to existing theories of DID.

1.3.1. Mimetic Theory.

Mimetic Theory states that all humans are driven by desire, and that this desire is mimetic, therefore desire is never original but always in imitation of a model. When the object of desire is limited the imitator and model are brought into rivalry, this is resolved by blaming a third party (scapegoat) for the conflict who is then expelled or murdered, after which peace and order are restored. Girard describes this process as the Scapegoat Mechanism and claims that it is at the heart of all human culture. In order for the Scapegoat Mechanism to be effective, those involved must not be conscious of what they are doing; they must believe that the scapegoat really is guilty. According to Girard, myth is used to maintain this mechanism by covering up the lie of the scapegoat murder, whereas the gospels expose the lie. Initially, Jesus is depicted as a typical scapegoat victim who, being guilty, is rightly executed. This verdict is then overturned by the resurrection in which he is vindicated by God and shown to have been innocent all along. The innocence of Jesus extends to all victims and so undermines the Scapegoat Mechanism.

The sociological aspect of Mimetic Theory enables an analysis of the way scapegoats are created in DID and a means of identifying those scapegoats. Psychological use of the theory explains how new personalities are created, and a theological application offers a model of treatment which is based on imitation of a benevolent model who will never become a rival. This model of healing requires a transformation of consciousness from myth to gospel in all members of the group; it is not something that applies only to the one who is labelled as sick.

1.3. 1.1. How a Mimetic Theory Model of DID Differs from Current Theories.

This work will demonstrate that existing therapies are not effective because they operate within a cultural order which has arisen from the Scapegoat Mechanism. Scapegoats are created by scandal and accusation, and so one of the recommendations of this model is that all distinctions between good and evil, or healthy and sick are avoided. As a result,

no one is singled out as the one with the problem, and the suggested treatments involve behaviours which are beneficial to all.

The model relies upon the creation of a new self which absorbs and heals all previous selves. This new self is called into being through the mediated desire of a benevolent non rivalistic other following a disintegration of the existing self. Although Girard claims that it is only because of the gospel revelation of God through Jesus, that humans can conceive of an other who is never a rival or obstacle, such models are available outside of the Christian faith and so this treatment approach is not exclusively Christian. Mimetic Theory does not support current conceptions of DID as an individual containing a number of personalities or identities, but it does describe the formation of successive new selves and does not rule out the possibility of some such selves presenting as multiple.

1.3.1.2. A Mimetic Theory Model of DID in Practice.

This thesis is aimed at those who work in the mental health services and at pastoral theologians, it is also hoped that it will reduce tensions in the debate on aetiology by showing that new personalities can be created by both trauma and suggestion. Successful treatment depends upon imitation of a benevolent model, therefore Christians must ensure that they do not present God as rivalistic by, for example, practicing deliverance ministry or demanding compliance, and secular health professionals should be encouraged to offer non rivalistic models through acceptance and non-judgmental attitudes. For Christians it is suggested that the state of disintegration, which precedes the new identity, is achieved through corporate worship or contemplative prayer, and for secular health professionals, informed use of hypnosis is recommended.

1.3.1.3. Possible Objections to This Model.

The suggestion to give up distinctions between good and evil might be met with resistance in any context, but it will be particularly difficult to endorse where children have suffered extreme abuse at the hands of adults who were entrusted with their care. The suggestion itself may be a scandal to some and so by creating scandal this model may increase rather than reduce the incidence of scapegoating.

The model of care based on Mimetic Theory does not aim to improve someone's position within the world order which is formed by the violence of the Scapegoat Mechanism, but enables them to transcend that order. In a world in which mental health is largely understood as compliance to behavioural norms, healing according to Mimetic Theory may not be understood as such by those still operating according to the violent world order. As this model depends upon the transformation of consciousness from myth to gospel its appeal may be limited to those who have made that transformation, to others it may appear as another form of Gnosticism.

1.4. Method.

Following this introduction, the five chapters of Part One explore the ways in which different disciplines approach and treat multiple personalities. Because one of the major controversies surrounding DID is that of aetiology, Chapter 2 presents a review of the literature on the aetiology of DID and on the sequalae of ritualised abuse. It is found that the debate, which focuses largely on the accuracy of recovered memories, has polarised into two main positions: those who believe DID is caused by the trauma of abuse in childhood, and those who believe it to be created through iatrogenesis. Works by those who believe DID to be caused by the activity of malevolent spirits are also reviewed.

Chapter 3 examines the concept of DID from the perspective of the health sciences, and concludes that neither medicine nor psychology have succeeded in providing an analysis or description of DID which could be used by other disciplines, or which results in prompt and accurate diagnosis and effective treatment.

Because of the assertion, by some, that DID is caused by malevolent spirits, and because DID shares a number of characteristics with spirit possession, Chapter 4 examines different notions of spirit possession as well as psychiatric explanations of trance and possession states. The two main understandings of possession in the West, that are pertinent to a study on DID, are the Christian understanding of demonic possession and the Western psychiatric view of possession states as dissociative or delusional.

Some claim that DID is a spiritual condition and that those who suffer from it should be cared for by the Church. Chapter 5 examines a number of Christian attitudes to DID, and finds a variety of approaches. Differences between Christian models depend upon

traditional views of evil and human sin, and the extent to which Christians will engage with science depends upon whether priority is given to human experience or the authority of scripture. There would appear to be no Christian model of DID which the majority could agree to and which, when applied, consistently improves quality of life for those who suffer from it.

Chapter 6, the final chapter of Part One, uses the published memoirs of four women with DID, and the unpublished semi autobiography of one man, to illustrate the different treatment methods produced by the secular and Christian models examined in chapters 3 and 5.

The conclusion of Part One is that there is no effective treatment available to those who are diagnosed with DID. There is no agreement on whether or not it exists, or, if it does exist, what causes it. This failure to reach agreement has led to a situation where each of the disciplines produce their own model of DID, and the lack of communication between them restricts any sharing of best practice, limits accountability, and leads to ineffective or potentially harmful treatment methods based on inadequate research.

The three chapters of Part Two discuss the need for a theological engagement with DID, and introduce the Mimetic Theory of René Girard as most suited to this purpose.

Chapter 7 explores attitudes within the Church towards victims of sexual violence and towards those who exhibit multiple personalities, through reviewing commentaries on two biblical narratives: The Levite's Concubine (Judges 19-21) and The Gerasene Demoniac (Mark5:1-20). The commentaries demonstrate that Christian responses to evil typically involve blame and accusation, and it is commonly the victim of evil who is expected to carry the guilt and is excluded by the community. There is therefore a need for a theological engagement with theories of DID which is able to move beyond themes of blame and pathology; sin and sickness.

Chapter 8 serves as an introduction to the work of René Girard. An overview of Mimetic Theory is presented with an exploration of its use and development within different disciplines, including theology. Chapter 9 focuses specifically, and in more detail, on those aspects of Mimetic Theory which are used in subsequent chapters to formulate an alternative model of DID.

In Part Three, Mimetic Theory is applied to those conditions which feature multiple personalities: DID and demonic possession, and a model of care is offered for both which is safe, effective and does not single out the victim as the one who must change or be changed.

Chapter 10, focuses on the psychological aspects of Mimetic Theory, and offers an explanation of how new identities are created. Using the work of Oughourlian on possession, hypnosis, and hysteria, it is possible to show that both the alters of DID, and the demons of possession are the result of crises in the subject's relationship with the other. Suggestions for further research to test this hypothesis are included.

Chapter 11 looks at DID in its sociological context by using Mimetic Theory to explain society's response to abuse survivors and to abusers. Both are identified as scapegoat victims along with those who support or treat them. Because of an absence of existing Girardian studies on child abuse, Alistair McFadyen's work on this subject as presented in *Bound to Sin* is used as a basis for engagement with Mimetic Theory.

The final chapter uses insights from previous chapters to provide an alternative model of care for people who have been diagnosed with DID or demonic possession. Methods of achieving a state of dispossession, from which a new identity may emerge, are suggested and it is emphasised that the nature of the new identity depends, not upon the route to dispossession, but on the nature of the model.

Using the Mimetic Theory of René Girard to engage with DID, an alternative model of treatment has been offered which is safe, effective, does not discriminate and may be tailored for use in both church and clinical settings.

Part One
Chapter 2. Dissociative Identity Disorder: Aetiology and Related Controversies. A Review of the Literature

2.1. Introduction.

Multiple Personality Disorder (MPD) was first listed in the revised third edition of the Diagnostic and Statistical Manual of Mental Disorders (*DSM-III-R*)(A.P.A, 1987, p. 269). In the fourth edition, *DSM-IV*, it appeared as Dissociative Identity Disorder (DID) (APA, 1994, p. 484). The inclusion of DID in the *DSM* remains controversial, and some questioned its inclusion in the fifth edition, published in May 2013 (H. G. Pope, Jr., Barry, Bodkin, & Hudson, 2006, p. 24). The change of name was, in part, an attempt to distance the condition from the controversies that surrounded it (Richard P Kluft, 2003, p. 72). The two main areas of contention are the validity of DID as a diagnosis and its aetiology, particularly claims that it is caused by ritualised sexual abuse in early childhood. In the 2008 Extreme Abuse Survey (EAS), 84% of those diagnosed with DID reported histories of ritual abuse, and of the subjects who had suffered extreme abuse, 65% had been diagnosed with DID (Rutz, Becker, Overkamp, & Karriker, 2008, p. 77)[1]. Whether memories of severe or ritualised abuse in DID patients are accurate, distorted, or fictitious, has implications for treatment methods, law enforcement and social care.

Through a review of available literature relating to the aetiology of DID, this chapter aims to explore the different viewpoints held regarding DID and its causes, and will explain how those views have been influenced by changes in wider society, including science, religion and popular culture.

Scientific interest in multiple personalities has peaked in two discrete historical periods, both lasting about 30 years. The first beginning in the late 1880s, and the second from the early 1970s to the late 1990s (Hinshelwood, 2002, p. 213). There are a number of literature reviews covering these periods (Goettman, Greaves, & Coons, 1994; McAllister, 2000a; Piper & Merskey, 2004) and these will be used to provide an

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[1] The authors of the Extreme Abuse Survey did not define the terms ritual abuse or extreme abuse but assumed that respondents would define define the terms within their own frames of reference(Rutz, et al., 2008, p. 77). Definitions of abuse are discussed further in Chapter 2.

overview of publications on the aetiology of DID up to 1999. This will be followed by a fresh search of the literature, with analysis, from 1999 to the present.

A summary of the debate will show how the differing opinions have consolidated into two opposing positions; that DID is caused by extreme trauma in childhood or that it is an iatrogenic condition created by therapists.

2.2. History: 1880- 1999.

Throughout the 19th Century scientific advances led to a decline in the belief in demonic possession, and the care of the "possessed" passed from the Church to the medical profession. The French neurologist, Charcot, explained those states, previously understood as demon possession, in terms of hysteria, a neurological disorder which could be induced by hypnosis (Harris, 2004, p. 346).

Pierre Janet was the first to describe dissociation and he linked it to overwhelming trauma (Mollon, 1996, p. 36). Between 1890 and 1920, reports of patients with multiple personalities proliferated e.g. (Binet, 1896; Prince, 1906) although they were concerned more with description than cause. Freud initially believed a splitting of consciousness existed in every case of hysteria, but following suppression of the seduction theory in 1897, his theory of repression replaced Janet's theory of dissociation with its traumatic origins (McAllister, 2000b, p. 26). The psychoanalytic perspective of repression supported the belief that multiple personalities were hypnotically induced by therapists (F. W. Putnam, 1989, p. 5).

As a result, for most of the remainder of the 20th Century, it was generally accepted that the cause of DID was iatrogenic. Research came to a halt, and there were very few cases reported (F. W. Putnam, 1989, p. 46). A literature review (Taylor & Martin, 1944) found that there had only been 76 cases of MPD documented between 1791 and 1944, and in an update 20 years later, only one case was added (Kihlstrom, 2005, p. 228). That case was Eve, the now famous patient of Thigpen and Cleckley (Thigpen & Cleckley, 1957). The stories of Eve in 1957 and then Sybil in 1974 (Schreiber, 1974), were produced as books and films, and both reflected and influenced the resurgence of interest in multiple personalities. It was the story of Sybil that first connected DID to childhood trauma (F. W. Putnam, 1989, p. 89).

In the 1970s, a return to Janet's theory of dissociation was enabled by a new acknowledgment of the incidence of child abuse, particularly incest (F. W. Putnam, 1989, p. 40), as well as interest in the psychological effects of extreme trauma following the Vietnam war (Midgley, 2002, p. 38). Average annual publications on DID increased from 1.2 in the period 1961-1970, to 9.8 in the following decade (Goettman, et al., 1994, p. 1).

In 1984 the *International Society for the study of Multiple Personality Disorder and Dissociation* (ISSMP&D) was created. [2]It ran an annual conference, and from 1988 produced the journal *Dissociation*.

Research into DID developed from case studies to sample based research (P. Coons, E.Bowman, & V.Milstein, 1988; Putnam, et al., 1986; C. A. Ross, et al., 1991) and neurobiological studies looked for, but did not find, changes in EEG patterns (P. Coons, et al., 1988; P. M. Coons, Milstein, & Marley, 1982), leading some to conclude that DID was a result of trauma rather than any underlying electrophysiological dysfunction. With increased awareness came a reduction of associated stigma, and adults felt released to talk about sexual abuse they had experienced in childhood. A number of patients who had been diagnosed with DID began to recover memories of ritual abuse (C. Ross, 1995, p. 73), and this led to the development of two related areas of research: examining the existence of ritual abuse and establishing the reliability of recovered memories.

2.2.1. Ritual Abuse.

The link between DID and ritual abuse was first introduced in 1980 in the book *Michelle Remembers* (Smith & Pazder, 1980). The study of ritual abuse is problematic as there is no consensus on what the term actually means (Mulhern, 1994, pp. 280,281), despite various definitions being suggested (Finkelhor, Williams, Burns, & Kalinowski, 1988, p. 59; A McFadyen, H Hanks, & C James, 1993, pp. 35-41; Smith & Pazder, 1980). Most of these definitions place the abuse in a religious or ideological context, although this is not always the case, "ritual" can refer to any customarily repeated acts (Lanning, 1992). Goodwin prefers the term "Sadistic Abuse" as it focuses on the behaviour without attributing any motivational system (Goodwin, 1993, p. 181). It is

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[2] Now International Society for the Study of Trauma and Dissociation (ISSTD)

also understood that when authors refer to extreme or severe childhood sexual abuse, ritualised abuse may be included in that description.

Allegations of Satanic Ritual Abuse (SRA) at the McMartin Preschool in California were heard in the longest running court case in U.S history (1983-1990), which was eventually dismissed due to lack of evidence. This case generated widespread media coverage (Satter, 2003, p. 424), and academic interest (A. R. Dunn, 1995; Garven, Wood, & Malpass, 2000; Wyatt, 2002). Similarities between these children's reports and the reported abuse history of patients with DID, added credibility to recovered memories of ritual abuse.

In 1991, anthropologist Jean La Fontaine was commissioned by the Department of Health to research the subject of ritual abuse in Britain. Her report, published in 1994, concluded that there was no evidence to support the existence of Satanic Ritual Abuse (La Fontaine, 1994). Largely as a result of this report, the media and professionals became wary of any references to Satanist or ritualised abuse, and therefore the reliability of the memories of DID patients (Coleman, 2008, p. 10). In North America, interest in ritual abuse diminished rapidly when in 1997, prominent therapists Dr Bennet Braun and Dr Judith Peterson were charged with criminal and civil actions for implanting false memories of ritual abuse in their patients (Rutz, et al., 2008, p. 32). Ironically, Braun had stated in 1989 that a fear of iatrogenesis may deter therapists from making the diagnosis of DID (Braun, 1989, p. 66). One of the major difficulties associated with allegations of ritual abuse has always been the lack of any evidence. The 1990s saw attempts to both prove (W. C. Young, R. G. Sachs, B. G. Braun, & R. T. Watkins, 1991) and deny (Bottoms, Shaver, & Goodman, 1996) its existence.

2.2.2. The Memory Wars.

Memory is central to DID. Interpersonality amnesia is required for diagnosis (A.P.A, 2000, p. 519) and memories play a large part in determining aetiology. Accusations of child sexual abuse following recovery of repressed memories provoked counter accusations that those memories were false, and the term "false memories" came into use.

In 1991, an article was published by Jane Doe describing the experience of parents accused of child abuse by their adult daughter (Doe, 1991). Jane Doe was a pseudonym used by Pamela Freyd, who, with her husband in 1992, set up the False Memory

Syndrome Foundation (FMSF).[3] The FMSF supports families accused of sexual abuse by their adult children, and promotes research which substantiates their position, (e.g. (Elizabeth F. Loftus, 1993; Ofshe & Watters, 1998). In 1995 founder member Elizabeth Loftus published results of a number of experiments based on the concept of "Lost in the Mall." This was an experiment designed by Loftus, and involved a young adult "reminding" his sibling of the time he got lost whilst out shopping, an event that never actually happened. After some persuasion, the younger brother is not only able to remember the alleged incident, but can elaborate on the details (Elizabeth F. Loftus & Pickrell, 1995, pp. 720, 721).

Critics of "Lost in the Mall" say it is impossible to compare the extreme trauma of childhood rape to that of temporarily getting lost at the shops (Ashmore, Brown, & MacMillan, 2005, p. 85), and that "Lost in the Mall" can also be used by proponents of recovered memories to show how easy it is for an older family member to influence the memories of a child (K. S. Pope, 1996, p. 963).

The British False Memory Syndrome Foundation was founded in 1993 (Coleman, 2008, p. 10). Psychiatrist Colin Ross, is keen to point out that False Memory Syndrome is not an accepted medical term and has no scientific status (C. Ross, 1995, p. 186). Working parties from The British Psychological Society and the Royal College of Psychiatrists failed to reach agreement on the reliability of recovered memory, leading to the production of contradictory reports (Galton, 2008, p. 117).

2.2.3. An Overview of the Different Positions Taken Regarding the Aetiology of DID.

Amidst the confusion of a debate that has been described as "highly emotional and at times itself abusive" (Mollon, 1996, p. 78), it has been possible to discern four distinct models:

I.   **The Sociocognitive Model.** According to Nicholas Spanos, a major proponent of this view, aetiology is irrelevant because DID does not exist, rather it is a "context bounded, goal directed, social behaviour geared to the expectations of significant others" (Nicholas P. Spanos, 1994, p. 143). It is termed the Sociocognitive Model because it is not only therapists who cause people to enact

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[3] The daughter who made the allegations is Jennifer Freyd, currently Professor of Psychology at the University of Oregon and editor of the *Journal of Trauma and Dissociation*.

multiplicity but also culture and the media (Nicholas P. Spanos, 1994, p. 152). Spanos claimed that as those who have been abused are more likely to suffer mental health problems, a high rate of child abuse will be found in any group of psychiatric patients (Nicholas P Spanos, 1996, p. 266). He ranked memories of Satanic Ritual Abuse with memories of alien abduction and past life regression, and blamed Christian fundamentalists for imposing their ideology on mental health professionals (Nicholas P Spanos, 1996, pp. 268,270). Other proponents of this view are Loftus (Elizabeth F Loftus & Davis, 2006), and Schnabel (Schnabel, 1994).

Spanos was killed in an accident in 1994 and *Multiple Identities & False Memories* (Nicholas P Spanos, 1996) was published posthumously. This book, based largely on Spanos' own experiments, provides a historical overview of multiple identities, beginning with demon possession through mesmerism to hypnosis, and questions widely held assumptions about hypnosis and memory (Nicholas P Spanos, 1996). Critics of the Sociocognitive Model say that it minimises the pathological aspects of DID (Gleaves, 1996, p. 54).

II. **The Iatrogenic Model.** Here, DID is accepted as a valid condition but it is said to be created by therapists (Merskey, Cohen, Berzoff, & Elin, 1995). Key supporters of this view are Merskey (Merskey, et al., 1995), Piper (Piper & Merskey, 2004, p. 592), and Aldridge-Morris (Aldridge-Morris, 1989, pp. 42,43). They see no relationship between DID and trauma; recovered memories of extreme abuse are said to be created by over-zealous therapists (Mulhern, 1994, p. 266). Janet's methods are criticised, and he is accused of creating memories through suggestion (Stickley & Nickeas, 2006, p. 181). This model is supported by the lack of external evidence with which to validate patients' abuse histories (Piper & Merskey, 2004, p. 593). Critics respond by saying there is no evidence to support iatrogenic creation of DID (Gleaves, 1996, p. 42).

III. **The Trauma Model.** According to this model DID is a result of childhood trauma, particularly sexual abuse. Adherents to this model can be further divided into those who accept reports of ritual abuse, and those who reject such reports as false.

a) **Those who believe DID is caused by ritual abuse:** This view is held by Ross, Shaffer, Cozolino, (C. Ross, 1995; Shaffer & Cozolino, 1992) Young, Sachs, and Braun (W C Young, R. G. Sachs, B G Braun, & R T

Watkins, 1991). Young is so sure of the link that he says anyone who receives a diagnosis of DID should be suspected of having a history of severe sexual trauma as a child (W. C. Young, 1993, p. 448). Ross does not believe that DID can happen in the absence of severe child abuse. In his 1995 book *Satanic Ritual Abuse : Principles of Treatment* (C. Ross, 1995) the treatment referred to in the title is for those with DID, as they are the only patients he has known to report Satanic Ritual Abuse (C. Ross, 1995, p. 103) .

b) **Those who do not believe reports of ritual abuse:** George Ganaway, a Christian psychiatrist and founding member of the FMSF, feels that talk of Satanic Ritual Abuse discredits all abuse histories and is detrimental to the advance of abuse research (George K. Ganaway, 1989, p. 207). Ganaway contributed to the *Journal of Psychology and Theology* special issue on Satanic Ritual Abuse (1992)(George K Ganaway, 1992, pp. 201-205). The issue focuses on the existence of ritual abuse, rather than on the aetiology of DID, but throughout, the two are connected; patients are referred to as SRA/MPD. Whilst attempting to appear neutral, the position of the journal is clear in the choice of guest editor; Martha Rogers is a forensic psychologist who has testified in court as an expert witness in defence of accused parents (E. Loftus, 1995, p. 205). Ralph Underwager and Hollida Wakefield provide the "Christian Perspectives on SRA Phenomena" which is unfortunate, as Underwager was later required to resign his position on the advisory board of the FMSF due to his pro-paedophilia views recorded in the European magazine *Paideka* (C. Ross, 1995, p. 187).

Two key advocates of the Trauma Model are Frank Putnam and Richard Kluft; they neither insist upon nor deny a link to ritual abuse. Kluft, probably the most prolific writer of the period[4] (Goettman, et al., 1994, pp. 34-40) developed a four factor theory of aetiology:

i. Inherited dissociation potential

ii. Traumatic life experiences

iii. Shaping influences and substrates (including exogenous factors)

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[4] Kluft produced sixty nine publications on DID between 1982 and 1992.

       iv.   Absence of soothing measures by significant others. (Ganaway, 1989, p.205).

Kluft believes all these factors must be present in order for DID to develop. Putnam's theory states that people are not born as a single unified personality but as a set of behavioural states. Integration of the different states, which is necessary for consolidation of self, is a developmental task which can be disrupted by trauma (F. W. Putnam, 1989, pp. 51-53). Many developmental models of DID are based on the work of Putnam and Kluft.

IV.   **The Spiritual Model.** The main proponents of this view are James Friesen (Friesen, 1991) and Ralph Allison (Allison, 1980). They acknowledge a link to early trauma and the reality of ritual abuse, but argue that DID can also be caused by malevolent spirits in the absence of any trauma. Both have used exorcism in treating patients with DID, and Friesen's book *Uncovering the Mystery of MPD: Its Shocking Origins .... Its surprising Cure,* contains instructions on how to perform an exorcism (Friesen, 1991, pp. 263,264).

In addition to these views, minor contributions were made by feminists, social constructivists , anthropologists, and postmodernists (McAllister, 2000b, pp. 27,28).

A remarkable feature of the debate is its highly personal nature, as Colin Ross said

'The historical roots of the False Memory Syndrome Foundation are in the Freyd family and its unresolved problem '(C. Ross, 1995, p. 185).

In an attempt to create dialogue between the opposing factions, Ross invited Elizabeth Loftus to write the afterword to his 1995 *Satanic Ritual Abuse: Principles of Treatment.* Loftus confesses to initially suspecting the invitation to be a trick, this suspicion having grown out of her involvement in a debate where, she claims, character assassination is more common than scholarly dialogue (E. Loftus, 1995, p. 205).

In 1989, Richard Lowenstein, then President of ISSMP&D, wrote

"Never in the history of psychiatry have we come to know so well the specific etiology of a major illness."(Midgley, 2002, p. 40)

But by the end of the 1990s support for the Trauma Model appeared to be waning. Sybil was exposed as a case of iatrogenesis (Rieber, 1999, p. 10), and on investigation, evidence was found which contradicted elements of Michelle's story (Nathan & Snedeker, 1995, p. 45). The *Journal of Dissociation* ceased publication in 1997[5] and

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[5] Re-launched in 2000 as *Journal of Trauma and Dissociation.*

there was a sharp decline in scientific publications on DID (H. G. Pope, Jr., et al., 2006, p. 21).

Figure 1 Peer Reviewed Publications on DID 1980-1999. A search of PsychINFO using keywords "Dissociative Identity Disorder"
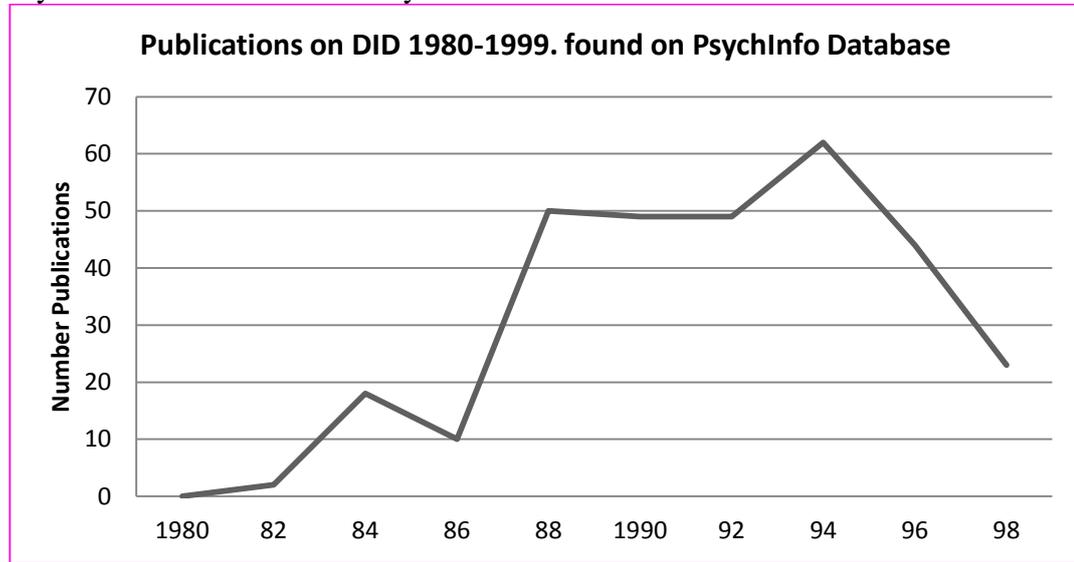
2.3. The Continuation of the Debate from 1999 to the Present.

Despite the lessening of scientific interest in DID, it did not go away and the debate continues. Replicating the above search for the years 2000 to 2012 showed an average of 20 publications per year. It has been suggested that the key issue is no longer the existence of DID, but its aetiology (Lilienfeld & Lynn, 2003, p. 115). The two major competing views are the Iatrogenic Model and the Trauma Model. Minor views may assert that patients deliberately fake DID, perhaps to escape responsibility for a crime (Steinberg, Bancroft, & Buchanan, 1993, p. 353) or that multiplicity is a postmodern condition: the result of living in a fragmented society (Rossel, 1998, pp. 221-240).

To overcome the difficulties brought about by the interdisciplinary nature of the study of DID and the scope of related areas of research, two searches were conducted, one on the subject of the aetiology of DID and one concerning the sequalae of ritual abuse.

2.3.1. Aetiology of DID.

The search terms ("Dissociative Identity Disorder" or "Multiple Personality Disorder") and (etiology or aetiology or traum* or iatrogen* or abuse) were entered into the following databases: MEDLINE, CINAHL, PsycARTICLES, PsycINFO, International Bibliography of the Social Sciences, Caredata, JSTOR, Article First, Cambridge Journals Online, ATLA Religion, ACP Journals Club, Web of Knowledge, F.R.A.N.CI.S, and Annual Reviews. These databases cover theology, anthropology, psychology, sociology and medicine/psychiatry. Only those publications that were journal articles or book sections published since 1999 were selected. In addition some papers were included that were not among the search results, but had been cited in other articles. The results can be grouped into psychology, psychiatry and neuroscience, although naturally, there is some overlap.

2.3.1.1. Psychology.

Within psychology there has been little advance in the debate, although there have been efforts, on both sides, to find some middle ground. Those who support the Trauma Model endeavour to re-present it, possibly in the hope that greater understanding will lead to acceptance. Kluft believes that the association with ritual abuse is a stumbling

block for many who would otherwise accept a link to early trauma. He expresses a wish to see the study of DID extricated from surrounding controversies (Richard P Kluft, 2003, p. 85). He concedes that symptoms of DID can be created iatrogenically and some manifestations of DID are culture bound, but adds that this does not mean the condition itself can be created by the suggestions of therapists or the demands of society (Richard P Kluft, 2003, p. 75).

Manning and Manning believe the controversies surrounding DID have been due to the lack of an acceptable paradigm within which to understand it. To remedy this lack they offer Legion Theory, "a new meta-theory of psychology" which returns to the 19th Century concept of parallel conscious streams which form the self. As in Putnam's model, DID is the product of the failure of selves to integrate as a result of trauma (Manning & Manning, 2007, p. 858). Oppenhiemer hopes to bridge the gap between the Trauma and Iatrogenic models by offering a "Social Cognitive, Neuroscientific, Developmental theory" (Oppenheimer, 2002, p. 121). Building on Kluft's theory of aetiology and Putnam's developmental model he argues that DID is not a problem of dissociation but of association: it is not a case of a personality dissociating or splitting, but the inability to associate self-relevant information. Not all children who suffer trauma develop DID and he puts this down to differences in organisation within the neural networks in which knowledge about self is stored (Oppenheimer, 2002, p. 114). Attempts have been made to gather empirical evidence, one such study tested the Trauma Model against fantasy proneness and the results showed that the relationship between trauma and dissociation is consistent, but dissociation is not consistently related to suggestibility (Dalenberg, et al., 2012, p. 550).

In 1996 Gleaves published a refutation of the Sociocognitive Model (Gleaves, 1996, pp. 42-59), Scott Lilienfeld and other disciples of the late Nicholas Spanos responded by reiterating the idea that DID can be grouped with other multiple identity enactments such as demonic possession, mass hysteria, transvestitism and glossolalia. Unlike Spanos, they accept that DID does exist, but question its origins and maintenance. The alleged link to child abuse is rejected (Lilienfeld, et al., 1999, pp. 508,509). Lilienfeld worked with Steven Jay Lynn on a contribution to a book published in 2003 entitled *Science and Pseudo Science in Clinical Psychology* (Lilienfeld & Lynn, 2003), in which they stressed the lack of evidence to corroborate abuse histories, and claimed that the Sociocognitive Model is more credible. Any studies that offered evidence of trauma

histories in DID patients were dismissed as inconclusive (Lilienfeld & Lynn, 2003, pp. 133,134). Whilst Lilienfeld et al now accept the existence of DID, there are still those who do not. In an evaluation of the evidence, Kihlstrom, a former FMSF board member, cites research by Lalonde et al (Lalonde, Hudson, Gigante, & Pope, 2001) and Pope et al (H. G. Pope, Jr., Oliva, Hudson, Bodkin, & Gruber, 1999) which claim that more than half of North American psychiatrists have reservations about the validity of the diagnosis and its inclusion in the *DSM* (Kihlstrom, 2005, p. 244).

Lynn collaborated with Stafford in a study which they claimed confirmed the iatrogenic model hypothesis by using role play to demonstrate evidence of a cultural script linking DID to a history of child abuse (Stafford & Lynn, 2002, p. 80). This claim is challenged by the epidemiological studies in which Ross was involved. (C. A. Ross, et al., 2005; C. A. Ross, et al., 2008) (discussed below). Merckelbach and Muris invert the trauma link and claim that the fantasy proneness and heightened suggestibility of DID patients make them more likely to fabricate a history of abuse (Merckelbach & Muris, 2001, p. 248).

More recently, Lyn and Lilienfield, whilst adhering to the view that DID is an iatrogenic condition, have agreed that trauma may play a part, by pre disposing people to fantasy proneness and so making them more vulnerable to the suggestions of therapists. Although they still maintain there is no direct causal link between trauma and DID, they also propose a theory in which sleep disturbance is said to heighten dissociative symptoms, this would be another way that trauma could, indirectly, cause DID as sleep problems may be a result of trauma. They claim that this theory offers a conceptual bridge between the opposing positions (Lynn, Lilienfeld, Merckelbach, Giesbrecht, & Der Kloet, 2012, pp. 49-51).

Three reviews of the Memory Wars have been published, two are from FMSF members (Elizabeth F Loftus & Davis, 2006) (Taub, 1999) and although they demonstrate some acceptance of the existence of DID there does not seem to be any move to engage with the opposition. Recovered memories of abuse are said to be always the result of bad therapy (Pendergrast, 1999, p. 53). Ashmore et al provide an objective analysis of the debate in which the iatrogenic view is seen as strongest (Ashmore, et al., 2005, p. 101).

In 2012 there was a slight increase in articles on DID[6], possibly due to the publication of the second edition of Sinason's *Attachment Trauma and Multiplicity* at the end of

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[6] Numbers of publications stored on the PsychINFO database rose from 19 in 2011 to 24 in 2012.

2010 (discussed below), and Nathan's *Sybil Exposed* in 2011, both of which seemed to inject new energy into the debate, but did nothing to move it forward as can be seen from the published correspondence.

Nathan's work examines written records and transcripts of "Sybil's" (real name Shirley Mason) therapy sessions, and presents a picture of an unhealthy and unprofessional client/therapist relationship in which the claim to multiple personalities is driven by Wilbur, the therapist, who also silences any attempts made by Mason to retract such claims (Nathan, 2011).

In their review of Nathan's book, Lilienfield and Berg describe the story of Sybil as an urban legend, and argue that it was largely responsible for the burgeoning of DID cases throughout the 1970s and 80s. They stress Nathan's report of a lack of any evidence that Mason had been abused as a child, or that she had displayed any symptoms of DID before entering therapy with Wilbur. Wilbur is said to have violated professional boundaries, deliberately hidden facts that did not support her diagnosis and misused Sodium Pentothal in a way that is likely to have created false memories rather than uncovering the truth. Lilienfield and Berg express the hope that Nathan's exposé will not only cast doubt on the case of Sybil, but will undermine all DID theory (Lilienfield & Berg, 2011).

Colin Ross also reviews this book and claims that, apart from making known Wilbur's violation of professional boundaries, it adds nothing new to the debate. He points out that the book contains no analysis of the scientific literature and describes Nathan's theory as less evidence based than the one that she rejects (C. Ross, 2012, pp. 490-493).

2.3.1.2. Psychiatry.

The Sociocognitive Model asserts that in the West, there is an accessible cultural script linking DID to a history of trauma (Stafford & Lynn, 2002, p. 68). Piper and Merskey carried out a literature review from which they inferred that the link between abuse and DID has not been proven, but cases of iatrogenesis have. They called for an investigation into those children who are abused but do not develop DID, and they said the terms of abuse should be more clearly defined (Piper & Merskey, 2004, pp. 592,593).

Colin Ross was involved in two studies which discovered DID in China, where it is not included in psychiatrists' training and there is no media awareness. This, claim the

authors, demonstrates that DID does exist in the absence of any cultural script or role demands (C. A. Ross, et al., 2005; C. A. Ross, et al., 2008).

Ross maintains that the Trauma Model has been proven. In a study undertaken with Laura Ness (Colin A. Ross & Ness, 2010) he claims to show that the symptoms of DID are merely extreme versions of common post traumatic symptoms, meaning that DID is a normal human response to severe and chronic childhood trauma. This study also found that trauma related comorbid disorders are frequently seen in DID, and Ross believes these findings could be used to gain greater understanding of the traumatic origins of such conditions when seen in people who do not have DID (Colin A. Ross & Ness, 2010, p. 459). Ross does not confine childhood trauma to sexual abuse, he includes physical abuse, poverty, war and natural disasters etc. (Colin A. Ross & Ness, 2010, p. 465).

2.3.1.3. Neurosciences.

Studies of hippocampal and amygdalar volume have offered an explanation as to why only some abused children develop DID. The aim of these studies does not appear to be to prove a link between DID and trauma (that is assumed), but to understand trauma induced changes to brain structure and function in order to inform treatment.

It is thought that the stress response has an atrophying effect on the hippocampus, reduced hippocampal and amygdalar volumes have been found in patients with Post Traumatic Stress Disorder (PTSD) and other stress related psychiatric disorders. In Vermetten's study, a group of DID patients were found to have smaller hippocampal and amygdalar volumes than a healthy control group (Vermetten, Schmahl, Lindner, Loewenstein, & Bremner, 2006, p. 630). This could prove early and ongoing trauma in DID patients, if all the DID patients did not also have PTSD, a condition in which hippocampal and amygdalar shrinkage is expected. Weniger et al followed this up with a similar study involving DID patients who do not have PTSD, PTSD patients who do not have DID and a healthy control group. All except the control group had a history of abuse. Results showed reduced volumes in the PTSD group but normal volumes in those with DID (Weniger, Lange, Sachsse, & Irle, 2008, p. 287). Various interpretations are offered: It could be that patients with DID have larger hippocampal and amygdalar volume to begin with or there is some difference in the stress response. This interpretation would agree with the concept of DID as a defence mechanism, protecting

against PTSD. Conversely, some people may be born with smaller hippocampal and amygdalar volumes and so genetically predisposed to PTSD (Vermetten, et al., 2006, p. 634; Weniger, et al., 2008, p. 287). That normal brain structure could indicate an absence of pathology is not mentioned.

In assessing the impact of brain imaging research, Reinders points out that most of the researchers accept the link between DID and trauma, so do not explore possible iatrogenic influences (A. A. T. Reinders, 2008, p. 47). The wide variety of results from studies including Magnetic Resonance Imaging (Tsai, Condie, Wu, & Chang, 1999; Vermetten, et al., 2006), Positron Emission Tomography (A. A. Reinders, et al., 2003; A. A. Reinders, et al., 2006), Single Photon Emission Computed Tomography (Sar, Unal, Kiziltan, Kundakci, & Ozturk, 2001; Sheehan, Thurber, & Sewall, 2006), Event Related Potentials (Allen & Movius, 2000),and electroencephalography (Lapointe, Crayton, DeVito, Fichtner, & Konopka, 2006), mean they are inconclusive. However, Reinders envisages a future in which neuroimaging tests will be used to prove or disprove the existence of DID, and cerebral blood flow studies will enable differentiation between neutral and trauma related memories (A. A. T. Reinders, 2008, p. 51). In 2010 Reinders was involved in an experiment to determine whether or not the psychobiological features of DID could be replicated in a role playing control group which contained fantasy prone and low fantasy prone individuals. Results showed that the non-DID groups did not produce the same changes in cerebral blood flow as seen in those with DID. The authors concluded therefore that DID cannot be caused by suggestion (A. A. T. S. Reinders, Willemsen, Vos, den Boer, & Nijenhuis, 2010, p. 1).

2.3.2. Ritual Abuse as a Cause of DID.

The same databases and search methodology were used to search for ("Dissociative Identity Disorder" or "Multiple Personality Disorder") and ("Ritual Abuse")

Noblitt & Noblitt have published two books on the subject; the first appears to be predominantly concerned with proving the existence of ritual abuse. There is an assumption that ritual abuse results in DID but the process is not explored (Noblitt, 2000, pp. 23-40). The second, published in 2008, is a reader on ritual abuse, again primarily concerned with proving its existence. There is a call for a new diagnostic category that would adequately reflect ritual abuse as the cause and determining factor in symptomatology (R. Noblitt & P. P. Noblitt, 2008, p. 22). The book contains a report

of the Extreme Abuse Survey in which almost 1500 survivors of ritual abuse across 31 countries completed an online survey relating to abuse experiences and sequalae of that abuse. Extreme abuse in this survey refers to ritual abuse, Satanic Ritual Abuse and ritual abuse with the intention of mind control (Rutz, et al., 2008, pp. 73-81).

Results of the EAS are also published in a book edited by Adah Sachs and Graeme Galton, *Forensic Aspects of Dissociative Identity Disorder* (Becker, Karriker, Overkamp, & Rutz, 2008, pp. 33-49). The forensic aspects of the title relate to the ritual abuse histories of patients with DID (Sachs & Galton, 2008, p. 5). Like Kluft (Richard P Kluft, 2003, p. 85) and others, Sachs believes it is the questions raised by ritual abuse allegations that make therapists reluctant to diagnose DID (Sachs & Galton, 2008, p. 3). A chapter by Silverstone explains how osteopathy may, in the future, provide corroboration of abuse histories by detecting traces of past injuries in the tissues (Silverstone, 2008, p. 146). The majority of contributors to this book, including the editors, understand DID from an attachment theory perspective. Attachment theory is seen as pertinent to forensic aspects of DID, as only concrete infanticidal intentions from the caregiver would provoke the level of developmental disruption necessary to cause DID. Therefore the very presence of DID is forensic evidence of extreme abuse by a caregiver (Sachs, 2008, p. 132). Two journal articles also use attachment theory to connect DID to ritual abuse (Brown, 2000; Steele, 2003).

Sara Scott provides a sociological response to psychiatric interest in multiple personality. Following interviews with adult female survivors of ritual abuse she perceives multiplicity as "a metaphor for making sense of painful experiences". That multiplicity is still pathologised, she asserts, demonstrates that, contrary to claims made by postmodernists, Western society continues to regard unitary consciousness as the norm (Scott, 1999, pp. 434,435).

In an online survey carried out by Ost et al, hypnotherapists and psychologists were questioned to determine which of the two groups were most likely to believe reports of Satanic Ritual Abuse. The survey, which the authors claim offers the first new evidence on ritual abuse in over ten years (Ost, Wright, Easton, Hope, & French, 2011, p. 2), found that psychologists saw more cases of SRA, whilst hypnotherapists encountered more cases of recovered memories of child abuse and more cases of what they believed to be false memories. The psychologists appeared to be more likely than the hypnotherapists to believe reports of SRA, and across the groups, those who thought that some memories could be false, were less likely to believe in the existence of either

SRA or DID (Ost, et al., 2011, p. 2). 32.4% of all respondents claimed to have treated people who reported SRA and 39.6% said they had seen clients who met the criteria for DID.

2.3.3. Using Attachment Theory to Understand DID.

In 1986, Main and Solomon (Main & Solomon, 1986, pp. 95-124) added disorganised/disoriented (D) to the three categories of attachment described by Ainsworth in 1978 [7] (Ainsworth, Blehar, Waters, & Wall, 1978, p. 131). Because of their own unresolved traumas, D parents are distracted, may even be dissociative, and appear frightened or frightening to the child. Liotti believes it is the infants with D attachment patterns that will later develop DID (Liotti, 1992, p. 196). Because of the child's attachment needs she is drawn to the parent, but the parent is dangerous so there is a conflicting need to flee, this leads to the construction of multiple incompatible models of the self and the attachment figure (Liotti, 1992, p. 199). D parents do not intend to harm their children, but provide inadequate care, possibly due to their own dissociation or other mental health problems (Sachs, 2008, p. 130). In 2007 Kahr added infanticidal attachment, in this model the harm is intended. Sachs further subdivided infanticidal attachment into symbolic and concrete. When a parent wishes a child dead, but does not verbalise or act upon that wish, it becomes symbolised (e.g. telling the child the pregnancy should have been terminated) (Sachs, 2008, pp. 131,133). In concrete infanticidal attachment, the murderous wish is acted upon, the infant is exposed to torture and murder, and survival is not guaranteed. Sachs says DID is the result of concrete infanticidal attachment, and manifests in concrete terms, she finds DID sufferers to be literal in their communication and does not view multiplicity as a metaphor (Sachs, 2008, p. 137). Sachs claims that only concrete infanticidal attachment patterns will create DID, whereas Liotti sees DID resulting from a combination of D attachment and repeated abuse (Liotti, 1992, p. 201).

Blizard elaborates on how the D attachment pattern leads to dissociation and multiplicity by drawing on Object Relations Theory. In attempting to maintain attachment to a person who is necessary to survival but also dangerous, the child splits apart representations of self and object, developing two separate senses of self, one

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[7] i Secure, ii Anxious avoidant, iii Anxious resistant.

attached to the good parent and one who is abused by the bad parent (Blizard, 1997, pp. 223,224).

In 2002 Valerie Sinason edited a book entitled *Attachment, Trauma and Multiplicity* (Sinason, 2002), the focus of the book being evident in the title. Contributors all view DID from an attachment perspective and the hope is expressed that future research will continue to consider attachment theory and DID together (Richardson, 2002, p. 150). The claims made by attachment theorists could possibly be supported by ongoing research in the field of neuroimaging by demonstrating trauma induced developmental disruption in the brain. The beginnings of such a collaboration can be seen in Oppenheimer's work (Oppenheimer, 2002, p. 121).

The second edition of this book, published in 2010 (Sinason, 2010a) was reviewed by Harold Merskey in the *British Journal of Psychiatry* (BJP), Merskey bemoans the uncritical acceptance of the validity of DID found throughout the book, and says the current debate and scientific contributions to it have been ignored. He describes it as a book for believers only and claims that patients who are diagnosed with DID would respond better to "the normal management of similar patients under other diagnoses" (Merskey, 2011, p. 348).

In his response to Merskey's review, Remy Aquarone's argument is not predominantly with Merskey's critique of the book but with his assertion that DID does not exist. Aquarone complains that the dissociative disorders are still ignored by clinicians which results in retraumatisation of survivors (Aquarone, 2012, pp. 163,164). In responding to Aquarone, Merskey states his belief that Multiple Personality Disorder ruined the theory of dissociation (Merskey, 2012, p. 164). In another review, the same book is described as providing evidence that DID is real (McFadden, 2011, p. 557).

2.4. Discussion.

2.4.1. Research Pre 1999.

Much of the research conducted before 1999 attempts to answer two questions: Does ritual abuse exist? If so, is it a major cause of DID? Those who adopt the Trauma Model, focus on the incidence of abuse histories in DID patients and endeavour to find external corroboration of those histories. Supporting evidence is offered in the form of scars, school attendance records (W C Young, et al., 1991, p. 186), hospital reports of childhood headaches and social services documentation on the inadequacy of the

subject's parents (D. O. Lewis, Yeager, Swica, Pincus, & Lewis, 1997, pp. 1704,1705). While these items may support the patient's claims, they can hardly be viewed as proof of extreme abuse. Kluft asserts that fifty six percent of a sample group of thirty four DID patients had obtained confirmation of abuse (Richard P. Kluft, 1995, p. 254). Unfortunately, he only had their word for this which, if reliable, would cancel out the need for such studies in the first place. This paucity of evidence does seem to make it very unlikely that there is, as some allege, a global intergenerational satanic network that commits thousands of murders each year.

Those who support the Iatrogenic Model focus on studies of memory and claim to have proof that it is possible to implant false memories (Elizabeth F. Loftus & Pickrell, 1995, p. 724). Proving that something is possible, however, is not the same as proving that it is achieved on a regular basis. The polarisation of the debate seems to offer only two alternatives: either the recovered memories are literal and accurate accounts of what happened, or they are completely false. When convictions are adhered to so fervently, even in the absence of any proof, it may be necessary to ask what else might be fuelling the debate. Clearly, accused parents have a lot riding on the success of the iatrogenic position, but why do clinicians and academics seem to so reluctant to yield any ground? The answer could lie in the way DID challenges firmly held beliefs about mind and spirit (Christopher Rosik, 2000, p. 169).

In the absence of any standard guidelines on how to respond to disturbing reports of ritual abuse, therapists find themselves in the role of both helper and judge. Due to a lack of consensus that could provide such guidelines, clinicians are more likely to be guided by their own world views than any generally accepted scientific opinion and, according to Rosik, world views cannot be surrendered without considerable internal upheaval (Christopher Rosik, 2000, p. 169).

Perpetrators of ritual abuse may use hallucinogenic drugs, staged events and illusion to confuse the child and distort their perceptions (Lanning, 1992), for example; Ross tells of a survivor who remembers being decapitated (C. Ross, 1995, p. 96). The memories could be accurate accounts of what was perceived at the time, illusion and trickery can also be used to make a small child believe he killed someone. Whether or not any murder actually took place, the child will retain the belief into adulthood (conscious or not) that he is a killer. Reification of that belief, or equally scepticism, would seem to be

an extension of the original abuse, and a further manipulation of the subject's understanding of reality.

It is possible that the mechanisms of dissociation originate externally in the false interpretation of events imposed over time by the perpetrators. If this were the case we could expect to find no dissociation of memories in children who were helped to discuss and process their abuse experiences. In a follow up study on a group of children allegedly ritually abused by strangers in the Dutch town of Oude Pekala, the authors found that seven years after the abuse had stopped only 2% of the 87 children involved had forgotten the abuse and showed behavioural problems. They conclude;

> " The apparent recovery of some of these children who lived in normal supportive families and who were subjected to a limited period of abuse may stand in contrast to children who are born into an interfamilial abuse experience." (Jonker & Jonker, 1997, p. 551).

Arguably, it is not the memories of people who have DID which are distorted but the perception of events as they occur. The high suggestibility and fantasy proneness, said by some to be found in DID patients, could be the result of a lifetime's experience of "things not being quite as they seem." Rather than supporting the iatrogenic theory, heightened suggestibility and fantasy proneness could be evidence of extreme abuse and concurrent denial of that abuse by the significant people in the child's life.

2.4.2. Research Post 1999.

Since 2000, research has mostly originated from developmental psychology and the neurosciences, including a number of attempts to marry the two (Oppenheimer, 2002) (Forrest, 2001). Neuroimaging studies may sound convincing when read in isolation, but when considered together the diversity of the results renders them inconclusive. Limited understanding of the significance of changes to brain structure mean that results can be exploited to support almost any thesis. For example, in Vermetten's study, reduced hippocampal and amygdalar volume in DID patients is seen as a result of early trauma (Vermetten, et al., 2006, p. 633). In Weniger's study, normal volumes do not negate Vermetten's results but are used to propound the theory that DID is a defence mechanism against early trauma (Weniger, et al., 2008, p. 287). Where results are grossly different from those of similar studies, differing methodology is blamed. Until there is some standardisation of method and consistency of objectives, results will continue to lack coherence.

There have also been a number of epidemiological studies, the main aim of which seems to be to disprove the Sociocognitive Model by proving that DID exists in countries where there is no cultural script for it. The weakness of these studies lies in their reliance on diagnostic tools that were designed by people who wish to find DID in other cultures and which have not been calibrated to any independent standard (Hacking, 1995, p. 101).

The debate remains extremely polarised between those who believe DID is caused by childhood trauma, particularly sexual abuse, and those who consider it a creation of over-zealous therapists and/or Christian fundamentalists. There is little dialogue, and research on both sides seems to ignore or demean any conflicting viewpoints. The highly personal and emotive nature of the subject makes objectivity difficult. A number of FMSF members are accused parents, who would have a great deal to lose should the Trauma Model be proven.

Sinason speaks of colleagues who attempt to treat the symptoms of DID whilst ignoring the cause, and she claims that in cases of child sexual abuse that reach court, ritual elements are often removed in order that the rest of the evidence might seem credible (Sinason, Galton, & Leevers, 2008, p. 370).

The ambiguity and imprecise terms used to describe childhood abuse add to the confusion. Extreme abuse can refer to anything from severe beatings or neglect, to Satanic Ritual Abuse or government sponsored mind control. Clarification of terms will be needed if the discussion is to progress beyond the present stalemate.

2.5. Conclusion.

So far, the evidence is inconclusive and does not support either the trauma or the iatrogenic position. The *DSM-IV* does accept a link between DID and extreme abuse but only in the frequency that DID patients report abuse histories, and the accuracy of those accounts is questioned (A.P.A, 1994, p. 485). However, an acceptance of extreme abuse as a causative factor is heavily implied in the chosen name for the disorder. Whilst it is not universally accepted that dissociation is always a defence mechanism, the *DSM-IV* does define it as such. The point of dissociation in this context is to block conscious awareness of traumatic events, so it should be no surprise to find that when this dissociated material is recovered during therapy, it contains memories of trauma such as severe sexual abuse. To say there are no recovered memories of trauma, is tantamount to saying there is no dissociation, in which case there would be no dissociative

disorders. David Spiegel and Roberto Lewis Fernandez, both members of the *DSM –V* working group for dissociative disorders, accept the hypothesis that DID is a result of trauma and claim that there is a growing body of evidence to support this hypothesis (Spiegel, et al., 2011, p. 845).

Until a link to ritual abuse is conclusively discounted and patients can be assured that their memories of it are false, it does not seem helpful to detach the study of DID from its aetiology as some have suggested (e.g. (Richard P Kluft, 2003, p. 85).

Despite the interdisciplinary nature of the study of DID and the fact that some people assume it to be demonic in origin, there has been relatively little theological contribution to the debate. Later chapters in this work will aim to provide a theological understanding of DID through an application of René Girard's Mimetic Theory, and this analysis will show that the current debate is unnecessarily polarised, as multiple personalities can be caused by both trauma and suggestion. Before this however, it will be necessary to determine exactly what DID is, as this too has generated heated debate and extensive differences in approaches to treatment. The next four chapters will examine different ways of understanding and treating multiple personalities.

Chapter 3: What is Dissociative Identity Disorder?

3.1. Introduction.

DID is a relatively recent way of understanding multiple personalities, and its origins are to be found in demon possession, hypnosis and hysteria (North, Ryall, Ricci, & Wetzel, 1993). It is remarkable that after more than a century as a subject of interest to several disciplines, DID has still not been adequately explained or described, and controversy persists over its validity as a psychiatric condition. As would be expected, description and analysis is of concern to mental health professionals, but DID is also popular with philosophers, often being used as the example or exception that proves their particular philosophy of personhood, e.g. Braude (1991) and Wilkes (1988, pp. 109-131).

The interdisciplinary nature of investigations into multiple personalities has possibly added to the controversy as each discipline has emphasised elements which agree with their own perspective on matters of the self and its formation. This chapter provides an overview of the different understandings of DID.

3.1.1. Terminology.

Dissociative Identity Disorder is essentially a problem of the self and its formation, organisation and representation, both internally and to the outside world. It follows then that any description of DID is going to be based on an understanding of selfhood, and, as its former name implies, the possibility of more than one "self" per body.

Already, the potential for confusion is apparent: do multiple personalities also mean multiple selves? Are the terms "personality" and "identity" interchangeable? The terminology of multiplicity in general, and DID in particular, is often ambiguous and indistinct, providing fertile ground for arguments and opinions that may sound convincing, but often do not hold up under scrutiny. For example, citing *DSM-IV*, Manning and Manning claim that DID is a condition in which more than one person appears to inhabit a single body (Manning & Manning, 2007, p. 841). What *DSM-IV* actually says is "The essential feature of DID is the presence of two or more distinct identities or personality states" (APA, 1994, p. 484). It would seem that identities or personality states have, in this instance, been understood as whole persons. It was partly

for this reason that the name was changed to Dissociative Identity Disorder; the A.P.A wished to counteract any notion that the person with MPD contained literally separate and distinct personalities (C. A. Ross, 1995, p. 74). However, the A.P.A could be accused of adding to the confusion, in the frequency with which it has redefined this condition in *DSM* classification. The vocabulary pertaining to DID indicates either division or multiplication (Van Der Hart & Dorahy, 2009, p. 9). Terms relating to multiplication are personalities, selves, self-representations, I's, ego states, identities, agents, subject parts (O'Neil, 2009, p. 298), sub personalities (Rowan, 1990), schema, mood, role system and alter personality (Beahrs, 1982, p. 61). That which can be divided may be called consciousness, personality, mind, psyche or ego (Van Der Hart & Dorahy, 2009, p. 4).

Here, the term alternate personalities (alters) (Mollon, 1996, p. 127) will be used to refer to that which is multiple in DID, whilst consciousness will be used to describe the unifying entity whose division results in multiple alternate personalities, which then may or may not continue to multiply, independent of any further division of consciousness. Although the term DID is a recent one, it will be used when referring to comments on the condition before 1994. Where multiplicity that is not considered to be due to DID is discussed, the term multiple personalities will be used.

3.2. Existing Concepts of DID.

In order to understand current attitudes, the development of knowledge which has led to the present description of DID as a medical condition, will be traced alongside developments in psychology, philosophy and other related disciplines, which have led to the acceptance of multiplicity as a healthy adaptation to postmodern lifestyles. These two parallel developments will be referred to as the medical/scientific view, and the existential/sociological view. Spirit Possession which is another suggested cause of multiple personalities will be addressed in the following chapter.

3.2.1. The Medical /Scientific View.

Following The French Revolution at the end of the 18th Century, the Church lost power to the state, and science and medicine took over what had previously been religious territory (Helman, 2007, p. 125). In tracing the progression from exorcism through hypnotism to psychotherapy Ellenberger describes how Mesmer's Animal Magnetism replaced exorcisms and the phenomena understood as demon possession was replaced

by manifestations of multiple personality (Ellenberger, 1970, p. 111), which Charcot later described as a feature of hysteria (Ellenberger, 1970, p. 95).

Janet, a student of Charcot, developed a theory that the mind could be divided into the conscious and the subconscious, and that the subconscious was capable of independent thought. Janet's theory of dissociation alleged that a traumatic idea could be cut off from conscious awareness and continue to live a life of its own in the sub conscious (Crabtree, 1988, p. 330) .

Meanwhile, Puysegur, a student of Mesmer, through experiments with magnetic sleep, claimed to have discovered a second consciousness which seemed to be completely separate to the normal waking conscious, having its own chain of memories, sense of identity and use of abilities. Puysegur concluded that everyone had this second self within them (Crabtree, 1988, p. 23). Once Braid renamed magnetic sleep as hypnosis in 1842, it became a legitimate area of study for science and medicine. Experiments proved that this second self continued to exist while the subject was in the normal waking state (Crabtree, 1988, pp. 43-45).

This idea of more than one conscious whether based on the second self of hypnosis, Janet's concept of dissociation, Freud's unconscious, James' "I " and "Me", or Klein's internal objects, has continued to be foundational to psychology (Turner, 2008, p. 73).

3.2.2. The Existential/Sociological View.

The existential debate on the plural self reaches back at least as far as Plato (Martin & Barresi, 2006, p. 2), but for current purposes it will suffice to go back to the 20th Century and the dismantling of the distinct, individual and autonomous self of Modernity. The origins of this process are to be found in the Enlightenment rejection of the immaterial soul and its substitution with a self that could be partitioned and measured scientifically (Martin & Barresi, 2006, p. 296). William James was the first to divide the self, calling the separate components "I" and "Me", followed by Freud's conscious, pre-conscious and unconscious (also referred to as Id, Ego and Super ego,) (Phares & Chaplin, 1997, p. 69), and Jung's Ego, Personal Unconscious and Collective Unconscious, the latter being further divided into archetypes (Phares & Chaplin, 1997, pp. 99-101).

Lifestyle changes, following the Enlightenment and the Industrial Revolution, meant that people were engaged in a much wider variety of social activities, each requiring a

different public representation of the self. Referred to as social roles, these public representations which during modernity were temporary and "put on" or "taken off" at will, became internalised and fixed in the postmodern self. Now referred to as sub personalities, they are no longer viewed as a social role available for use by the self, but as a distinct self (Turner, 2008, pp. 9-36). Some see sub personalities as autonomous; others award them only semi autonomy as can be seen in Rowan's definition:

> "A sub personality is a semi-permanent and semi-autonomous region of the personality capable of acting as a person" (Rowan, 1990, p. 8).

3.2.3. Sub personalities and DID.

It is in the realm of sub personalities that these two routes converge. Sub personalities may be derived from an event in the sub conscious or developed from a frequently used social role (Rowan, 1993, pp. 21-23). In both views the pathological form of sub personalities could become the alternate identities of DID, although there are different views on the relationship between the two. Rowan describes a continuum that ranges from fluctuating moods at one extreme, to the alters of DID at the other with sub personalities falling somewhere between the two (Rowan, 1990, pp. 9,10), whilst Turner sees sub personalities and the alters of DID as qualitatively different. Turner does not believe that sub personalities develop into alters (Turner, 2008, p. 116).

In order to understand the phenomena of alternate personalities it is necessary to determine the general meaning of personality.

According to Kluft, a standard psychiatric definition of personality is:

> "the characteristic way in which a person thinks feels, and behaves; the ingrained pattern of behaviour that each person evolves, both consciously and unconsciously, as the style or way of being in adapting to the environment"(Kluft, 1988, p. 51).

Phares and Chaplain offer the following as representative of the many definitions of personality within the field of psychology:

> " Personality is that pattern of characteristic thoughts feelings and behaviours that distinguishes one person from another and that persists over time and situations" (Phares & Chaplin, 1997, p. 9).

3.2.3.1. The Medical Model.

According to this model, alters are products of dissociation. In *DSM-IV*, DID is listed under the Dissociative Disorders, the essential feature of which is

> "a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment" (APA, 1994, p. 477).

However, there is little agreement among professionals about the concept, definition and measurement of dissociation (Van DerHart & Dorahy, 2009, p. 4). The narrow view of dissociation focuses on its origins and sees it as a division of consciousness induced by trauma or hypnosis, whilst the broad view focuses on the phenomena and understands dissociation to be on a continuum. The latter view would incorporate any breakdown in integrated psychological functioning (e.g. day dreaming) (Van Der Hart & Dorahy, 2009, p. 21).

Dissociation may be differentiated by type (pathological or non-pathological), level (continuum), timing (dissociation at the time of trauma is normal, but if it continues in the absence of trauma it is pathological), frequency, and purpose (in some instances it is healthy to use dissociation). Dissociation may also be described as a defence mechanism and as a process (Van Der Hart & Dorahy, 2009, pp. 18,19), it is this process which is of interest to the DID theoretician.

Psychiatrist Colin Ross, who believes that DID is caused by trauma, explains the process thus: during severe trauma, usually sexual abuse in early childhood, the child creates an imaginary person who will not only experience the abuse instead of the child, but also contain all memories of it. Over time and repeated acts of abuse, this imaginary person appears automatically to handle the trauma, eventually taking on a life of its own and developing into a full autonomous personality (C. Ross, 1995, pp. 75,76). Each personality state created in this way may be experienced as if it has a distinct personal history, self-image, and identity, including a separate name (APA, 1994, p. 484). Different imaginary people can be created to deal with different types of trauma, and once this becomes the main coping strategy, specific personalities are created to deal with all aspects of life (C. Ross, 1995, p. 76). The different personality states are separated from each other by use of amnesia barriers, so only have awareness for the times they are in executive control of the body. This leads to large gaps in personal memory and feelings of discontinuity (C. Ross, 1995, p. 76).

3.2.3.2. The Existential Model.

There is now a general agreement that some multiplicity is normal, and that we all have a number of different selves for different purposes. Pathology is avoided by the use of narrative identity, i.e. a person's ability to tell a coherent life story. Because each alternate personality has its own autobiography, the person with DID cannot recount a single life story. According to Turner, the ability to construct a narrative identity is all that stands between the healthy multiple and the DID sufferer (Turner, 2008, p. 180).

Of the two views outlined above the medical model is the most widely accepted; DID is considered to be a mental disorder, people with DID are called patients and are cared for by professionals within the health services.

3.3. Features of DID.

There are many within the field of medicine and related disciplines who question whether or not DID is a genuine mental disorder. e.g. Aldridge-Morris (Aldridge-Morris, 1989, p. 4) and Spanos (Nicholas P. Spanos, 1994). Their arguments are supported by the failure to provide an adequate description or explanation of DID, and their disquiet is reflected in the ambiguous attitude towards DID in both the *DSM*, published by the American Psychiatric Association, and the *ICD* published by the World Health Organisation (W.H.O).

3.3.1. DID in the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) and the *International Classification of Diseases* (*ICD*).

First published in the 1950s within a profession increasingly concerned with observation and measurement, the *DSM* bases diagnosis on external and observable signs of a condition, lending credence to the implication that only those phenomena that can be objectively observed and measured are real (Helman, 2007, p. 121). The main aspects of DID are subjective and often hidden from the subject as well as the observer, leading to considerable difficulties, and controversy regarding diagnosis (Paul F Dell, 2009, p. 389).

The name of the disorder in the *DSM* has changed twice, in *DSM-III* it is Multiple Personality (A.P.A, 1980, p. 253), in *DSM III-R* it becomes a disorder rather than a feature of dissociative disorders (A.P.A, 1987, p. 269), and in the fourth edition of *DSM*

its name is changed to Dissociative Identity Disorder (APA, 1994, p. 484). There has been controversy about its entry into *DSM-V* (H. G. Pope, Jr., et al., 1999, p. 321).

The *DSM* criteria for DID have also been subject to changes, in criteria A and B the personalities of *DSM-III* are now called identities or personality states. In *DSM-IV*, criterion C relates to memory, but criterion C in *DSM-III* does not mention memory and there is no criterion C in *DSM-III-R*. Criterion D was not introduced until *DSM-IV*.

ICD-10 (W.H.O, 1992-1994) does not adopt the new name but still lists the condition as Multiple Personality Disorder, although criteria A-D are clearly based on *DSM* criteria of DID.

The New Oxford Textbook of Psychiatry mentions Multiple Personality Disorder in a section on the associations between psychiatric disorder and offending (Gelder, 2009, p. 1923), and lists it under "Disorders of Awareness of Singleness", as the apparent existence of two or more distinct personalities within an individual (Gelder, 2009, p. 56). In both entries there is doubt expressed about the validity of the diagnosis.

Although *ICD-10* is the classification used by UK psychiatrists, it is not referred to in the literature. Phil Mollon, whose book *Multiple Selves, Multiple Voices* (Mollon, 1996) was the first British book to explore clinical aspects of DID (Sachs & Galton, 2008, p. xx), refers only to the American *DSM*. Writing in 1996 Mollon found that most of the literature on DID was from North America, he complained that between 1989 and 1996 only five papers on DID were published in the *British Journal of Psychiatry* all of which were sceptical (Mollon, 1996, p. 110). A recent search of the BJP found that the few publications relating to DID since then, are either book reviews or correspondence

Table 1 Changing Classifications of Multiple Personalities in *DSM* and *ICD*

	DSM-IV-TR 2000 and DSM-IV 1994	*DSM-III-R* 1987	*DSM-III* 1980	*ICD-10* 1992-94
Name	Dissociative Identity Disorder	Multiple Personality Disorder	Multiple Personality	Multiple Personality Disorder
Category	Dissociative Disorders	Dissociative Disorders (or Hysterical Neuroses, Dissociative Type)	Dissociative Disorders	Dissociative (Conversion) Disorders ↓ Other Dissociative (conversion) disorders
Criterion A	The presence of two or more distinct identities or personality states (each with its own relatively enduring pattern of perceiving, relating to and thinking about the environment and self)	The existence within the person of two or more distinct personalities or personality states (each with its own relatively enduring pattern of perceiving relating to and thinking about the environment and self).	The existence within the individual of two or more distinct personalities each of which is dominant at a particular time.	Two or more distinct personalities exist within the individual, only one being evident at a time.

	DSM-IV-TR 2000 and *DSM-IV* 1994	*DSM-III-R* 1987	*DSM-III* 1980	*ICD-10* 1992-94
Criterion B	At least two of these identities or personality states recurrently take control of the person's behaviour	At least two of these personalities or personality states recurrently take full control of the person's behaviour	The personality that is dominant at any particular time determines the individual's behaviour	Each personality has its own memories, preferences and behaviour patterns, and at some time (and recurrently) takes full control of the individual's behaviour
Criterion C	Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness	No Criterion C	Each individual personality is complex and integrated with its own unique behaviour patterns and social relationships.	There is inability to recall important personal information which is too extensive to be explained by ordinary forgetfulness.
Criterion D	Not due to direct effects of a substance (e.g. blackouts or chaotic behaviour during alcohol intoxication) or a general medical condition (e.g. partial complex seizures). Note: In children, the symptoms are not attributable to imaginary playmates or other fantasy play.	No criterion D	No Criterion D	The symptoms are not due to organic mental disorders or to psychoactive substance related disorders.

Each of the *DSM* criteria will be considered in turn

3.3.1.1. Criterion A.

The presence of two or more distinct identities or personality states (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self) Kluft (1988) states that for an alter to be awarded status as a personality it must have a sense of self, a consistent and characteristic pattern of behaviour, a range of functions and emotions and a significant life history of its own (Precised by F. W. Putnam, 1989, p. 104). As already stated, it is the significant life history that is key in making a distinction between non pathological sub personalities and whole alternate personalities.

Braude describes the alternate personalities of DID as distinct apperceptive centres. An apperceptive centre is an entity whose autobiographical states (those experienced as the person's own) are also indexical (known by the person to be the person's own). In DID the autobiographical and indexical states for each alter are largely non-autobiographical and non-indexical for other alters (Braude, 1991, p. 78). The different experiences of all the alters cannot be integrated into a coherent whole. In practice this means that one alter may be completely unaware of the experience of another alter, or may be aware of it as if it belonged to someone else. This has been described as having thoughts and feelings that are "not mine" (Turner, 2008, p. 103). Alters may also feel that someone else is in control of their actions (Fink, 1988, p. 44).

Some alters claim to have continuing presence when not in executive control, during these times, alters can interact with each other and there may be conflict between them (A.P.A, 2000, p. 526). Alters may have contrasting temperaments and some allege that most personality systems contain both persecutor and protector alters (C. Ross, 1995, p. 110). Experiments have shown that alters may also have different physiological qualities such as variations in eyesight or sensitivity to allergens (APA, 1994, p. 485). While the *DSM* claims that one of the personalities will be the prime or host personality (APA, 1994, p. 484), others say that no one alter should be considered as the "true" person. Ross says the presenting host is often a group of coconscious personalities who answer to the legal name (C. Ross, 1995, p. 133).

3.3.1.2. Criterion B.

At least two of these identities or personality states recurrently take control of the person's behaviour. The question "What is DID like?" can be posed as two questions: What does it feel like? And what does it look like? Criterion A, above, could be said to describe how it is experienced by the subject, while criterion B is more about what it looks like to others. According to the *DSM*, the change over when one alter takes control from another, known as switching, may manifest in the patient's blinking, facial or vocal changes, change in demeanour or disruption in the individual's train of thoughts (A.P.A, 2000, p. 527). Those who have worked with DID patients say that in fact the switching is very often so subtle it cannot be observed. DID is not obvious to onlookers; neither to family and friends, who may just find the subject moody and unpredictable, nor to clinicians who may work with a patient for years before realising they have DID (Braude, 1991, p. 44). The average time from first presenting to diagnosis is between six and seven years (A.P.A, 2000, p. 528). There are often no overt signs at all (P. Dell, 2009, p. 389).

3.3.1.3. Criterion C.

Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness. Amnesia for the original trauma is said to be the initial motivation for creating alters, each alter then retains only the memories of the time they were in executive control.[8] So if alter A was in control from Tuesday to Thursday, and alter B took over on Thursday, alter B may have no memory of an event that occurred on Wednesday afternoon. Radden prefers to talk about "disordered awareness" rather than problems of memory, because to say it is an issue of memory is to say that what is now unavailable for recall was once an object of awareness, which is not necessarily true (Radden, 1996, p. 41). Braude disagrees, he says dissociation is not the same as sensory filtering where the information never reaches the subject, and adds that dissociated material is not obliterated but potentially retrievable. Whereas communication with the unconscious is always indirect (e.g. in dreams), communication with dissociated parts of consciousness can be direct. This can be seen both in automatic writing and in conversations with alters (Braude, 1991, p. 113).

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[8] This is a simplified account of a complex process. Amnesia is often asymmetrical so while some alters know of the memories of other alters, some only know of their own.

3.3.1.4. Criterion D.

Not due to the direct effects of a substance (e.g. blackouts or chaotic behaviour during alcohol intoxication) or a general medical condition (e.g. partial complex seizures). Note, in children, the symptoms are not attributable to imaginary playmates or other fantasy play. Drunkenness is a form of disunity in that there is a degree of transformation of identity followed by amnesia for that time. Nonetheless, it is very hard to see how someone's behaviour when drunk or having seizures, could be mistaken for the presence of two or more distinct identities or personality states (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self). DID in children is a complex and controversial area which will not be discussed here, but has been addressed in the literature (Macfie, Cicchetti, & Toth, 2001). There is a view that alters evolve from the pathological use of childhood imaginary companions (Pica, 1999, p. 404).

3.3.2. Signs and Symptoms of DID.

It would be hard to recognise a case of DID purely from the *DSM* criteria, there is no description of signs and symptoms and no explanation of what the criteria actually look like in real life (P. Dell, 2009, p. 385). One reason given for this is that as the symptoms of DID vary so widely from case to case, putting in additional criteria would be restrictive and would yield false negative diagnoses (P. Dell, 2009, p. 388).

In the absence of any standard list of signs and symptoms of DID, some clinicians and DID experts have compiled their own lists (P. Dell, 2009, p. 391). An attempt to consolidate such lists was unsuccessful due to the widely different views of each author, not only regarding the different signs and symptoms but how these should be grouped and classified. Table 2 demonstrates the differences between three such lists.

If the main feature of DID is the presence of different personalities then it follows that there may be as many collections of signs and symptoms in an individual as there are personalities. None of the symptoms can be deemed necessary for diagnosis as they will appear, disappear and reappear as different personalities take executive control. This might be mistaken for a cure or malingering, rather than a change in the presenting personality. In the three lists of Table 2, only Kluft mentions fluctuating symptoms. However, all such symptoms will be those associated with other psychiatric and/or somatoform disorders (Ross says the average patient in his dissociative disorders unit

meets the criteria for eleven different psychiatric disorders (C. Ross, 1995, p. 78)). It is for this reason that Putnam has called for DID to be viewed as a superordinate diagnosis (Mollon, 1996, p. 111), meaning that other disorders are subordinate to and dependent upon the presence of DID; once DID is successfully treated, the other symptoms will also remit (Hacking, 1995, p. 16). Others have called for DID to be seen as an umbrella category of trauma related conditions which would also incorporate possession states (Spiegel, et al., 2011, p. 845).

The difficulty of diagnosis, due to the polysymptomatic nature of DID, is addressed in Spiegel et al's 2011 paper, "Dissociative Disorders in DSM-V" which recommends changes to DID criteria. This group of authors includes Paul Dell and two of the *DSM - V* working group for dissociative disorders. They wish to see the diagnostic criteria for DID adapted to reflect the fact that dissociation and amnesia occur for every day as well as traumatic events (Spiegel, et al., 2011, p. 824).

These authors also agree that the clinical picture of DID is not adequately described in *DSM-IV*, as it is based upon phenomena which occur infrequently and which are difficult to discern. They believe this may lead to excessive numbers of false negative diagnoses (Spiegel, et al., 2011, p. 838). Studies are cited which have shown that only 15% of people with DID manifest distinct alternate identities during diagnostic interviews. The group wishes to see *DSM-V* criteria changed to contain a condensed and updated list of Dell's 13 well documented signs of DID (See Table 2). In addition, they say it should not be necessary for all the symptoms to be present in each case (Spiegel, et al., 2011, pp. 839, 840).[9]

According to Dell, the symptoms of DID which cause distress and cause the subject to seek help, are not caused by the dissociative creation of alters and amnesia barriers, but by a failure of this process. When dissociation is used successfully as a defence mechanism alters are unaware of one another, and there is little internal conflict. The symptoms of DID represent a breach in the defences; memories and mental states of one alter "leak" through the amnesia barrier and invade the conscious awareness of another. This causes the subject to experience thoughts and feelings that feel as if they belong to someone else. It is also the reason for flashbacks, auditory and visual hallucinations and the feeling that someone else is in control of their actions (Paul F Dell, 2009, p. 228).

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[9] The publication and distribution of *DSM-V* coincided with the completion of this thesis; therefore it is not discussed in detail. Spiegel et al's recommendations, noted above, have all been implemented with the exception of Trance which is listed as Other Specified Dissociative Disorder.

Dissociative Identity Disorder, could then mean a disorder of dissociation as much as of identity. If this is the case, then the person with DID could be closer to integration and health (assuming integration is necessary for health) than the person whose amnesia barriers are intact.

Table 2 A Comparison of Compiled lists of DID Symptoms adapted from:
- Putnam et al 1986: Symptoms reported at first meeting between clinician and DID patient (1986, pp. 286,287)
- Kluft 2003: Suggestive Signs(2003, p. 78)
- Dell 2009: Thirteen well documented signs of DID(2009, p. 391)

Putnam		Kluft	Dell
Psychiatric Symptoms	Medical Symptoms	Prior treatment failure	
Depression	Headache	Three or more prior diagnoses	Amnesia
Mood swings	Unexplained pain	Concurrent psychiatric and somatic symptoms	Conversion
Suicidality	Unresponsive Periods	Fluctuating symptoms and levels of function	Voices
Insomnia	Gastrointestinal disturbances	Severe headaches and other pain syndromes	Depersonalisation
Psychogenic amnesia	Nausea and vomiting	Time distortion, time lapses or frank amnesia	Trances
Sexual dysfunction	Palpitations	Being told of disremembered behaviours	Self –alteration
Conversion symptoms	Parasthesias and analgesias	Others noting observable changes	De realisation
Fugue episodes	Weight loss	The discovery of objects in ones possession that one cannot account for or recognise	Awareness of the presence of alters
Panic attacks	Visual disturbances	Hearing Voices	Identity confusion
Depersonalisation	Involuntary movements	Making self referential statements in the third person	Flashbacks
Substance abuse	Seizure like episodes paralysis	The eliciting of other entities through hypnosis or drugs	Auditory hallucinations
Phobias		A history of child abuse	Visual hallucinations
Compulsions and rituals		An inability to recall childhood events from the years 6-11	Schneiderian first rank symptoms including; made actions, voices arguing, voices commenting, made feelings , thought withdrawal, thought insertion and made impulses.
Auditory Hallucinations			
Visual Halluciantions			
Anorexia			
Apparent delusions			
Thought disorder			
Bulimia			
Mania			

3.4. Assessment of the Medical Model as a Framework for Understanding DID.

DSM diagnostic criterion A states that each identity or personality state will have its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self (APA, 1994, p. 487). Interestingly, standard personality measurement tools are not effective when used for people with DID, the results vary so widely that they are inconclusive. This has led DID experts to construct personality tests specifically for use with DID, these include; The Dissociative Experiences Scale (Bernstein & Putnam), Questionnaire of Experiences of Dissociation (Riley) and Perception Alteration Scale   (Sanders) (G. Dunn, 1992, p. 20). That these tests appear to measure dissociation rather than personality suggests that at a certain level of dissociation, personality may be so compromised there is no longer enough to measure.

The inadequacy of standard instruments used to classify mental disorders, in describing DID, supports the claim that the medical model is not the most appropriate context within which to study it. Neither is this model of use to those who say DID is a product of iatrogenesis, as it offers no explanation as to why the alters of DID come complete with personal history, unlike the second self or hidden observer of hypnosis which would be expected to appear as a product of therapy. According to Aquarone and Hughes, in the UK, the failure of psychiatry in the study and treatment of DID is, in part, the result of tensions between the NHS and the private non-medical sector. They claim that most of the therapeutic work with DID patients is done by psychotherapists, counsellors, rape crisis organisations and other voluntary organisations, and it is from this nonmedical sector that the majority of DID theory has developed (Aquarone & Hughes, 2006).

Having reviewed the explanations offered so far, it could be said that it is not only the medical model which fails to adequately describe or understand DID. After taking into account the discourse from other disciplines some fundamental questions remain unanswered.

3.4.1. Questions of Fragmentation.

What exactly is DID? If it is a result of fragmentation, what is it that has been fragmented? If it is a failure of integration what exactly are the parts that have not integrated? Philosophers continue to wrestle with these questions e.g. Braude (1991),

Hacking(1995), and Wilkes (1988). Braude does not agree with those who believe the pre dissociative self can be known by the fragments, he cautions against the view that fragmentation means something that was whole is now broken and merely needs the pieces putting back together (Braude, 1991, p. 125). That the fragments do not indicate what was there before can be seen in the cases of alters who claim to be animals or demons (Noblitt, 2000, p. 46) .

3.4.2 .Questions of an Underlying Unity.

Do fragmentation and integration occur naturally or is there some causative agent? Most writers on the subject agree that there must be some underlying unity. For Braude, this is apparent in the way a person's alters will mostly share the same language and mannerisms, demonstrating that they all draw on the same source for their abilities and characteristics. Even alters that have been created for specific functions, know how to walk, or read, or use a knife and fork. Braude also points out that the creation of alters must be an ability of the pre dissociative state, and it is this same state that continues to create additional alters (Braude, 1991, pp. 170-173).

Neuroscientists identify a core self and an autobiographical self. The core self is a simple biological phenomenon which lacks a sense of past or future, the autobiographical self is connected to memories and more vulnerable to environmental influences (A. A. Reinders, et al., 2003, p. 2122). Even those who see human multiplicity as normal still express belief in an underlying unity when they talk about constructing a narrative identity: there must be a continuous subject able to construct and recount that particular life history. In comparing the fragmentation seen in DID with the true disintegration seen in severe brain disease or injury, Radden demonstrates how people with DID are actually relatively unified (Radden, 1996, p. 44).

3.5. The View from the Social Sciences.

Martinez-Taboas has considered DID from a social constructionist viewpoint. He thinks more attention should be paid to social and cultural factors and claims that DID is only seen in the western individual autonomous self; it would not occur in cultures where the self is understood as external and collectivist in orientation (Martinez-Taboas, 1991, p. 130). This view does not doubt the reality of DID but stresses how vulnerable it is to cultural influences.

Sara Scott, a feminist sociologist, places the study of DID firmly within the context of ritual abuse. She sees the psychiatric model as providing a simplistic and asocial understanding, and believes that as a matter of sexual politics, the diagnosis of DID pathologises and disempowers survivors of child abuse by putting the emphasis on what is wrong with them rather than what has been done to them. Recognising the need for coherent narrative she points out how abuse forces a gap in narrative by the way the reality of it is denied in day to day life. Later when wider society refuses to acknowledge the truth, a multiple self appears, to allow the incommensurability of the two realities to be tolerated. For Scott, dissociation is a non-pejorative term for lying convincingly to oneself: "I wasn't there, and it wasn't me" (Scott, 1999, pp. 455-457). Braude, also sees defence mechanisms as a form of denial (Braude, 1991, p. 114), in other words, self-deception. This view supports the theory that the symptoms which constitute the disorder are actually a failure of dissociative processes, what is seen in DID could be the dawning realisation that "I was there and it was me".

3.6. Non Scientific Explanations of Multiple Personalities.

The Modern Western proclivity to medicalise human behaviour (Kleinman, 1988, p. 9) may have led to DID being wrongly classified as a mental illness. Scott's argument, that it is a response to the experience of trauma which is then denied by all around, provides a way to view DID as a condition of distress rather than disease. Traditionally the Church has overseen the care of the distressed but this monopoly was lost when, as Hacking puts it, the spiritual understanding of the soul was replaced by the study of memory, something which, unlike the soul, can be scientifically measured and evaluated (Hacking, 1995, p. 251).

However, there are still those who believe that religion is better placed than science to answer some of the questions raised by DID. Rosik explains that as religion is less committed to naturalism than science, it is more open to explanations which transcend biological and sociocultural levels of analysis (Christopher Rosik, 2000, p. 169). Rosik believes the controversy which surrounds DID is due to the way it raises questions of mind and spirit, and states that, in such matters there are two presuppositional variables at play: the unity or multiplicity of consciousness and the lack or presumed nature of a spiritual realm (Christopher Rosik, 2000, p. 166). He says combinations of these two variables lead to five different clinical paradigms. (Box 1)

Box 1

The five clinical paradigms used in the care of DID patients. Adapted from Rosik
 (2000, p. 173)

1. *Secular /Unitary Consciousness paradigm:* Negates spiritual considerations and multiplicity.
2. *Secular/Multilevel Consciousness paradigm:* Accepts multiplicity of mind but sceptical towards the spiritual.
3. *Contemporary Religious/Multilevel Consciousness paradigm:* Emphasises spiritual /theistic immanence over transcendence. Accepts realities beyond the individual psyche but rejects malevolent spiritual entities, so allows for alter personalities and the possibility of benevolent spirits but rejects reports of malevolent forces.
4. *Traditional Religious /Unitary Consciousness:* Existence of benevolent and malevolent spirits i.e. God and demonic, rules out alter personalities; they are all demons.
5. *Traditional Religious/Multilevel Consciousness:* Accepts both alter personalities and
spiritual entities

dissociative (W.H.O, 1992-1994, p. 156).

DID shares many characteristics with possession; they are both said to be used to deal with pain and trauma, both involve transformation of identity with amnesia, and subjects of both report hearing voices (C. Ross, 1995, p. 82) . Noblitt and Noblitt have listed fourteen features that are seen in both DID and possession. (Box 2)

Box 2   Shared features of DID and Possession: Adapted from Noblitt and Noblitt (2000, p. 46)

1. More frequently identified among females than males.
2. Occur after traumatic experiences, rituals or ordeals.
3. Associated with cults.
4. A sense of secrecy.
5. Amnesia.
6. Co consciousness.
7. Uncharacteristic behaviour.
8. There may be strong factors of social control present.
9. The usually present identity is called the host.
10. Listed as dissociative disorders in *DSM*.
11. Inner entities may be characterised as animals, spirits, demons and deities.
12. Behaviours which defy the recognised physical limits that define normal embodied existence.
13. Individuals believe they have psychic or paranormal abilities.
14. Concurrent problems include psychosomatic and other health complaints, family and marital problems and explicitly psychological problems.

3.7. Conclusion.

This Chapter has examined secular views relating to multiple personalities and DID, and has shown that there is no one explanation that can be universally accepted. Whilst the medical view appears to be the most widely referred to in the literature, psychologists claim that they are at the forefront of treatment of and research into DID. However, neither medicine nor psychology have produced a model of DID which can be translated to other disciplines or which has led to prompt and accurate diagnosis and effective treatment.

The main difficulty in explaining DID appears to be the lack of any suitable language. This comprehensive failure to find words that adequately describe DID could suggest that human multiplicity itself is a fiction: We cannot talk of it because it does not and could not occur. Both those who are convinced that the healthy postmodern subject is multiple and those who claim that DID really does mean more than one self per body, still refer to their subjects as "a multiple" or talk of the sub personalities of "an individual".

The language of DID is essentially metaphorical; metaphors are used to attempt to describe concepts such as the division of the soul, a non-material entity. When this is forgotten and attempts are made to reify and concretise these metaphors, the result is the confusion and ambiguity currently seen in conversations about DID (Scott, 1999, p. 438).

According to Sherrill Mulhern, there are two ways of viewing secondary consciousness: the psychiatric view which understands secondary consciousness as alternate personalities, and the religious perspective which perceives it as demon possession. Mulhern asserts that in the 1970s these two views converged in the context of DID patients who were reporting histories of Satanic Ritual Abuse (Mulhern, 1994, p. 277). None of the views considered above address the overlap between DID and Possession phenomena, nor the significant number of therapists who believe DID and multiple personalities to be caused by demonic activity and treat it accordingly. This will be the subject of the next two chapters, first secular scientific and religious explanations for possession phenomena will be explored, and then in the following chapter differing Christian views towards DID will be considered, particularly looking at why some Christians view multiple personalities as demonic and some do not.

Chapter 4. Trance and Possession Phenomena as they relate to DID.

4.1. Introduction.

As noted in Chapter 3, DID shares a number of characteristics with possession states, in addition, some patients with DID believe they are possessed by evil spirits, or that some of their alters are demonic (Bowman, 1991, p. 222). This belief can be reinforced when alters display possession phenomena such as aversion to God and religion (C. H. Rosik, 2003, p. 114).

Having examined different concepts of DID in the previous chapter, this chapter will explore various ways of understanding spirit possession, firstly turning to anthropology for a broad cross cultural overview, before focusing more specifically on the medical and religious understandings predominant in the West. The clash between secular and religious views of possession as they collide within the context of DID will also be explored.

4.2. Anthropological Classifications of Spirit Possession.

4.2.1. Bourguignon's Classification Based on Belief.

Although published in the 1970s, Erika Bourguignon's classification of possession (Bourguignon, 1976) is still cited, criticised, adapted or added to by most writers on trance and possession phenomena, e.g. (Littlewood, 2009, p. 30). One of the criticisms is that it is too simple (V. D. Cardena, Weiner, Terhune, 2009, p. 173), but for current purposes that simplicity provides a useful starting point.

The context for Bourguignon's differentials is belief. Without a belief, held either by the subjects or the author, in the possibility and reality of spirit possession, there can be no concept or description of possession, and the phenomena will be interpreted as something else; for example, Charcot's redefinition of demon possession as hysteria (Bourguignon, 1976, pp. 6,7). Within this framework of belief, Bourguignon identifies two forms of possession: "Possession" which manifests as changes in bodily functioning, and "Possession Trance" which alters consciousness, awareness, personality or will (Bourguignon, 1976, p. 8). The two forms of Spirit Possession are

differentiated by the presence or absence of altered states of consciousness (Bourguignon, 1976, p. 10). (Box 3)

Box 3: Bourguignon's Classification of Spirit Possession.
Possession: A person is changed through the presence of a spirit entity or power.

Changes are due to the influence of the spirit upon the person and may

lead to sickness or actions that feel as if they are controlled by someone

else.

Possession Trance: Involves loss of consciousness and the replacement of the personality by that of the invading spirit.

This model of classification is demonstrated in the following three different definitions of possession:

- **Boddy 1994:** The hold exerted over a human by external forces or entities more powerful than the human (Possession).
- **Littlewood 2009:** A local belief that an individual has been entered by an alien spirit or other parahuman force which controls the person or significantly alters their actions and identity. Manifests as an altered state of consciousness (Possession Trance).
- **American Psychiatric Association 1994:** Temporary marked alteration in the state of consciousness or loss of customary sense of personal identity without replacement by an alternate identity (Trance).

An alternative framework might be Lewis' distinction between "Central" and "Peripheral" possession. Here the context is function rather than belief. Central possession is possession by major deities, the hosts are typically respected members of the community and possession rituals support the values of society. In peripheral possession the possessing entities are disruptive and opposed to community values and the hosts are usually marginalised and oppressed members of society (I. M. Lewis, 1971, pp. 32-34).

It is the focus on the presence or absence of trance in Bourguignon's classification which attracts the most criticism (Cohen, 2008, p. 104). As Ian Hacking points out,

trance is a western word and it is debatable whether or not there is one universal human behaviour that can be classified as trance (Hacking, 1995, p. 142).

4.2.2. Cohen's Classification Based on Cognition.

Emma Cohen believes that Bourguignon's classification does not accommodate cultural differences and so imposes Western theory onto various cultural phenomena. Cohen claims to introduce a classification system based on panhuman cognitive processes which apply to all cultures, whilst still allowing for differences in local manifestations (Cohen, 2008, p. 106).

Cohen also describes two types of possession, which are similar to Bourguignon's "Possession" and "Possession Trance" but differ in that they do not depend on the presence or absence of trance. These two forms use different cognitive processes, "Pathogenic" possession uses cognitive tools which deal with illness and contamination, whilst "Executive" possession is related to intentional agents (Cohen, 2008, p. 103).

4.2.2.1. Pathogenic Possession.

This utilises the conception of spirits as entities that cause illness, and is similar to Bourguignon's "Possession". Manifestations of this type of possession may include physical or mental illness or misfortune (Cohen, 2008, p. 109). The possessing entity is understood to be incorporated into the body as spirit or essence, rather than as an alien personality, just as other contaminants such as bacteria or poison may enter and affect the body (Cohen, 2008, p. 114). This, according to Cohen, is why possession is often thought to be the result of association with other possessed persons (Cohen, 2008, p. 116). Cohen claims that the cognitive processes related to contaminants, which underpin ideas of Pathogenic Possession, are universal. Even when local variations are taken into account, ideas of avoidance and purification are embedded within all cultures (Cohen, 2008, p. 114).

4.2.2.2. Executive Possession.

Executive possession concerns the relationships between persons and bodies (Cohen, 2008, p. 107). Drawing on the research of Paul Bloom (Bloom, 2004), Cohen explains that the radical person-body dualism that gives rise to executive possession concepts, is

intuitive, unconscious and automatic, and leads to the universal presumption that bodily behaviours are attributed to a single agent (Cohen, 2008, p. 113).

In Executive Possession, agency is affected so that the host's actions are, to varying degrees, attributable to the intentions of the possessing entity (Cohen, 2008, p. 109). Therefore, although "Executive Possession" looks like Bourguignon's "Possession Trance", it differs in that it is not determined by the presence or absence of trance behaviour, but by change in identity and agency. A temporary replacement of agency may or may not involve trance (Cohen, 2008, p. 119).

According to Cohen, the ideas of contamination used in Pathogenic Possession are employed in thoughts about witchcraft, whereas Executive Possession, involving as it does replacement of agency and/or identity, is more closely associated with phenomena such as reincarnation and DID (Cohen, 2008, pp. 120,121).

4.2.2.3. Displacement and Fusion.

Cohen introduces two further terms; "Displacement" and "Fusion" to refer to concepts concerning the integration of spirit and matter, and the degree to which the possessing entity may replace the agency of the host. In fusion, control of the body is shared, but in displacement the agency and identity of the host are completely replaced, and the body is under total control of the possessing entity (Cohen, 2008, p. 117). Cohen uses Western Christianity as an example; the fusion model is behind the idea of an individual being filled with the Holy Spirit whilst displacement is expected in demon possession (Cohen, 2008, p. 118). Universally, human cognitive tools are better suited to the displacement model despite the fact that most cultures teach fusion as being more likely to occur (Cohen, 2008, p. 117).

4.3. Psychiatric Classifications of Trance and Possession Phenomena.

Whilst the anthropologist is interested in which types of behaviour are interpreted as possession by a particular group (Bourguignon, 1976, p. 7), Western psychiatry and religion both claim an ontological understanding of possession phenomena, although their theories largely contradict each other.

Boddy agrees with Bourguignon that belief in possession is necessary for possession phenomena to manifest, and adds that it is not only belief in the reality of spirits which is necessary, but certain beliefs about individuals' boundaries and the integration of

spirit and matter must also be held (Boddy, 1994, p. 407). Unlike many cultures which regard the self as porous, the Western materialist views the skin as an impenetrable boundary (Helman, 2007, p. 270). Psychiatry is predominantly materialist, and those within the discipline who do accept the possibility of the supernatural affecting the natural world, may find themselves trying to accommodate conflicting world views (Lopez-Ibor-Jr. & Alcocer, 2010, p. 65).

4.3.1. Trance and Possession in the Diagnostic Manuals.

The *ICD-10* Mental and Behavioural Disorders Diagnostic Criteria list F44.3 Trance and Possession Disorders under F44 Dissociative (conversion) Disorders. Trance is described as an altered state of consciousness and Possession Disorder is described as a conviction of the individual that they have been taken over by a spirit, power, deity or other person. To be considered a disorder the possession states must occur outside of culturally sanctioned practice (W.H.O. 1977, p. 102).

DSM-IV does not accord trance and possession phenomena a separate category; Spirit Possession is mentioned as a localised interpretation of dissociative disorders (A.P.A, 2000, p. 519). Dissociative Trance Disorder and Possession Trance are included under the heading 300.15 DDNOS (A.P.A, 2000, p. 532). Dissociative Trance Disorder does not include replacement of identity whereas Possession Trance does (A.P.A, 2000, pp. 783,784). Dissociative Trance Disorder was proposed as a new category for *DSM-IV* but the task force did not feel there was sufficient information to warrant inclusion. Instead it is discussed in *Appendix B Criteria Sets and Axes provided for further study* (A.P.A, 2000, p. 783). Spiegel et al called for possession states to be incorporated into a new category of DID and other trauma related conditions, in *DSM-V* (Spiegel, et al., 2011, p. 845).

4.3.2. Trance and Possession States as Dissociative or Delusional.

Psychiatry does not discuss spirit possession but "possession states" and regards all trance and possession phenomena as dissociative. Psychiatrists are not concerned with culturally sanctioned forms of possession, only those which cause the subject distress or impairment of function (A.P.A, 2000, pp. 783,784). Possession as an altered state is differentiated from conditions which include the person's belief that the disorder is caused by a spirit (E. Cardena, van Duijl, Weiner, & Terhune, 2009, p. 174). It would

seem then that only trance is accepted by psychiatry as a valid manifestation of possession states: Bourguignon's "Possession" would be counted as a delusional disorder.

Dissociation and the Dissociative Disorders (Dell & O Neil 2009) contains one article on trance and possession phenomena. In this article Cardena et al criticise Bourguignon's classification because the only distinction she makes between Possession and Possession Trance is that of causal attribution. An alternative model is offered in which the key distinction is replacement of identity. According to this model Trance involves an alteration of consciousness with no replacement of identity and Possession Trance includes alteration of consciousness and replacement of the original identity with that of the possessing entity (E. Cardena, et al., 2009, p. 173).

In a similar way, Cardena et al distinguish between different types of dissociation:

- Experiential detachment is an alteration in consciousness with accompanying disengagement or detachment from the self.
- Psychological Compartmentalisation is a dissociation of psychological processes which leads to lack of integration of different identities and memories (E. Cardena, et al., 2009, p. 176)

4.3.3. Alternative Secular Theories of Possession.

Cardena et al also provide "explanatory theories" of trance and possession phenomena which lay outside the frameworks already considered in that they are not reliant on the beliefs of the subject or any universal cognitive frameworks; neither do they describe any purpose. They are as follows:

- Biological theories: e.g. effects on the brain of poor nutrition or inherited capacity to dissociate.
- Cultural and socio political theories: e.g. Lewis' theory that spirit possession provides underprivileged groups with a vehicle for expressing their complaints.
- Psychological theories: e.g. Growing recognition that multiplicity is normal (E. Cardena, et al., 2009, pp. 176,177).

In *Dissociation and the Dissociative Disorders*, an article by Dell contains an explanation of the difference between pathological and non-pathological possession states; examples of the latter are given as those seen in healers, mediums, channelers

and glossolalists. Pathological possession is said to be that which causes the subject distress or impairment in function (Paul F. Dell, 2009, p. 766).

4.4. Christian Beliefs about Demon Possession.

Within anthropological studies on spirit possession, the Christian idea of demon possession is but one of many cultural variations. Moving from the universal to the local the focus narrows so that possessing entities are always viewed as demons (rather than e.g. jjins or ancestral spirits), and possession is always pathological (the Christian idea of a person being filled by the Holy Spirit is not normally included as a category of possession). Christian beliefs about possession have been chosen here to represent the religious view because it has been documented that people with DID are often from a Christian background or may turn to the Church for help (Bowman, 1991, p. 222), and because Christianity appears to be the only major religion that has contributed to available literature on DID.

4.4.1. Development of Current Christian Beliefs Regarding Demon Possession.

Lovelace (1976), in a paper presented at a Christian Medical Society conference in 1975,[10] stated that interest in the occult began with Mesmer in the late 18th Century and continued in the 19th Century development of parapsychology (Lovelace, 1976, p. 70) and the magic of A E Waites and Aleister Crowley (Lovelace, 1976, p. 80). He claims that interest in Eastern religions also contributed, with Hindu influences apparent in the work of Ralph Waldo Emerson and Mary Baker Eddy in the 19th Century (Lovelace, 1976, p. 77) and elements of Zen Buddhism being embraced by the American counter culture movement of the 1950s and 60s (Lovelace, 1976, p. 78). Other factors, deemed by Lovelace to have allowed the return of the occult in the 1970s, were anti rationalism, a resurgence of paganism brought about by freedom of ideas, decline of Protestant doctrine, and a new attraction to spiritualism provoked by the grief of two world wars (Lovelace, 1976, p. 85).

Lovelace claims that the rise in occultism parallels the growth of the Evangelical movement and that interest in spiritualism peaked in 1904 and 1905, when religious

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[10] A Theological Psychological Medical Symposium on the phenomenon labelled as demonic. Christian Medical Society 1975. *Demon Possession* edited by John Warwick Montgomery and published the following year is a selection of papers presented at that conference.

revivals were taking place in Wales and Keswick (Lovelace, 1976, p. 73). This is supported by Bourguignon's view that epidemics of Possession Trance tend to appear at significant moments of church history (Bourguignon, 1976, p. 55).

Sherill Mulhern's account of the Church's growing interest in the occult begins with protestant theologian Kurt Koch and his spiritual counter attack against the perceived occultism of Nazi Germany. Koch developed a ministry to those he considered to have mental problems caused by demons (Mulhern, 2009, p. 44), an approach that was welcomed by conservative Christians in the USA who also believed that emotional distress and behavioural problems could be signs of demon possession (Mulhern, 2009, p. 45).

The Charismatic Renewal Movement of the 1970s (also referred to as Neo Pentecostalism), introduced to mainstream churches ecstatic forms of Christianity, which had until then been confined to the Pentecostal Churches (Bourguignon, 1976, pp. 55,56). Michael Cuneo believes this movement was responsible for a new interest in the demonic within the Church, firstly because the new communities of "spirit filled" Christians required an explanation for the continuing sin amongst their members (Cuneo, 2001, pp. 41,42), and secondly because they had imported the Pentecostal view that sickness is caused by demonic assault (Cuneo, 2001, p. 88). Further, Cuneo believes that interest in the occult was later legitimised by American psychiatrist M Scott Peck's 1988 book *People of the Lie* (Peck, 1988) in which he affirmed the existence of evil and demonic involvement in the world (Cuneo, 2001, p. 46).

4.4.1.2. The Role of "Enthusiasm" in Christian Demonologies.

James Collins provides a detailed history of the development of popular demonology in *Exorcism and Deliverance Ministry in the Twentieth Century* (J. M. Collins & Stackhouse, 2009) which is a publication of his PhD thesis. Collins is a Baptist Minister who was raised in a Pentecostal congregation, and his central argument is that exorcism and deliverance are advocated and practiced by those Christians who display varying degrees of "Christian Enthusiasm"(J. M. Collins & Stackhouse, 2009, p. 1). Collins' understanding of enthusiasm is based on Knox's 1950 book *Enthusiasm*(Knox, 1950) and from this he selects two aspects deemed to be most relevant to his study on exorcism and deliverance; these are immanent spirituality and imminent eschatology (J. M. Collins & Stackhouse, 2009, p. 198). Collins differentiates between exorcism as

sacramental rite, and deliverance, a term preferred by non-sacramentalist practitioners, which is a charisma ministry (J. M. Collins & Stackhouse, 2009, p. 4).

Collins identifies three main movements which are associated with the rise of exorcism and deliverance but points out that it is only the enthusiastic elements of these movements that have focused on the demonic. These three groups are referred to by Collins as the Charismatic Renewal Movement, Evangelical Fundamentalists and Enthusiastic Sacramentalists.

4.4.1.2.1. Charismatic Renewal Movement.

Collins asserts that the Pentecostal belief that illness is caused by the demonic, led to the "superstitious, dualistic Christianity" seen within the Charismatic Renewal Movement (J. M. Collins & Stackhouse, 2009, p. 19). Key figures of the Charismatic movement are discussed by Collins and assessed for signs of enthusiasm.

Derek Prince resolved the problem of how a Spirit filled Christian could also be possessed by an evil spirit by explaining that demonisation, which implies control rather than ownership, is a more accurate term than possession (J. M. Collins & Stackhouse, 2009, p. 49).

Frank and Ida Hammond, whose 1973 book *Pigs in the Parlour* (Hammond & Hammond, 1992) was presented as a manual to help Christians recognise and deal with the many different types of demons, are described as displaying extremes of enthusiasm along with Bill Subritzsky and Peter Horrobin, founder of Ellel Ministries (J. M. Collins & Stackhouse, 2009, pp. 64-69).

Collins' assessment of Horrobin is disparaging, describing his methods of exegesis as idiosyncratic, and ingenious in finding references to spiritual warfare where there are none (J. M. Collins & Stackhouse, 2009, p. 90). Horrobin's healing methods are likened to occult practices (J. M. Collins & Stackhouse, 2009, p. 92), and Collins draws attention to the fact that *Healing through Deliverance* (Horrobin, 2008) contains more than one hundred pages which describe the many ways in which people may become demonised (J. M. Collins & Stackhouse, 2009, p. 91).

Collins also describes moderates within the Charismatic movement, who are considered to display only mild enthusiasm, and whose reasons for engaging with the occult are merely to provide a moderate response to the above (J. M. Collins & Stackhouse, 2009, p. 69). These are Michael Harper (Harper, 1983), Michael Green (Green, 1995), and

John Richards (Richards, 1974), former secretary to the Anglican study group on exorcism (J. M. Collins & Stackhouse, 2009, pp. 70-80). Richards understands possession to be the apparent takeover of a person by an alien personality and gives mediumship as an example. He describes three stages of demonic activity; demonic influence, demonic oppression and demonic attack (Richards, 1974, p. 76). Francis MacNutt, a Roman Catholic Priest, supported the practice of deliverance ministry by equating it with Minor Exorcism for which special permission from a bishop is not required (J. M. Collins & Stackhouse, 2009, p. 57).

Distinct from, but arising out of the Charismatic movement, is the Third Wave. For this group deliverance is only one aspect of spiritual warfare, which is essentially missiological (J. M. Collins & Stackhouse, 2009, p. 100). Key figures are John Wimber, who established the "power encounter" type of deliverance ministry (J. M. Collins & Stackhouse, 2009, p. 101) , and Peter Wagner who developed the practice of strategic level spiritual warfare (J. M. Collins & Stackhouse, 2009, p. 103). Collins describes this group as placing a dualistic emphasis on power and conflict (J. M. Collins & Stackhouse, 2009, p. 102).

4.4.1.2.2. Evangelical Fundamentalism.

Collins describes evangelical fundamentalism as rooted in a "pessimistic premillennianism" and opposed to everything that lies without. He contrasts the pessimism which arises from the sectarian eschatology of evangelical fundamentalists, with the triumphalism of charismatic enthusiasm (J. M. Collins & Stackhouse, 2009, p. 111). He places the origins of evangelical fundamentalist deliverance ministry in the schism which followed the revivals of 1904 and 1905 (J. M. Collins & Stackhouse, 2009, p. 112). A leading figure in this split was Jessie Penn Lewis, who in her book *War on the Saints* (Penn-Lewis & Roberts, 1912) claimed that although baptism in the Holy Spirit was a good thing, it opened the Christian to the spiritual world, including the activity of malevolent spirits. She concluded that those Christians who had been involved in the revivals or Pentecostalism were probably afflicted by demons. Collins says this view is evidence of the author's imminent dispensational premillennianism (J. M. Collins & Stackhouse, 2009, p. 116), and that Penn's influence was partly responsible for the demonisation of charismatics by non-charismatic evangelicals (J. M. Collins & Stackhouse, 2009, p. 120).

As in the charismatic movement, evangelical fundamentalist deliverance ministry became established in the 1970s. Key figures mentioned by Collins are Kurt Koch and Merrill Unger (J. M. Collins & Stackhouse, 2009, p. 120). Koch sought medical support for his view that demonic influence could be the cause of illness (J. M. Collins & Stackhouse, 2009, p. 127), but he did not confuse demonic activity with mental illness. He believed that anyone who claimed to be possessed was probably mentally ill and should be referred to a psychiatrist (J. M. Collins & Stackhouse, 2009, p. 128). Collins says that Koch's pessimistic premillennial eschatology led him to believe that the occult revival in the West was evidence of the nearness of the parousia (J. M. Collins & Stackhouse, 2009, p. 130).

Unger's approach is described by Collins as "middle of the road"; a response to the extremes he perceived in charismatic ministry (J. M. Collins & Stackhouse, 2009, p. 131). Initially, Unger claimed that Christian believers could not be subject to demonic activity but later modified this view saying that although demons cannot affect the spirit of a Christian they can affect the body and the soul (J. M. Collins & Stackhouse, 2009, p. 130).

4.4.1.2.3. Enthusiastic Sacramental Exorcism.

 The 1970s saw a revival of interest in the Roman Catholic rite of exorcism which had largely fallen into disuse. Michael Cuneo attributes this to Peter Blatty's book and later film *The Exorcist* (Blatty, 1971) (Cuneo xii). Collins has difficulty fitting sacramental exorcists into his framework of enthusiasm, because they do not hold to an imminent eschatology (Collins 2009 p151). However, he claims that spiritual immanency can be seen to the extent that the charismatic movement was able to penetrate the sacramental churches (Collins 2009 151).

The Anglican Michael Perry is described as taking a broad church approach, he describes demons as spiritual bacilli which attack the soul and the personality; in possession, the person's will is submitted to the invading entity (J. M. Collins & Stackhouse, 2009, p. 181). Perry's openness to the paranormal and occult is, according to Collins, typical of Sacramentalists, and unlike both charismatics and evangelical fundamentalists who would demonise any paranormal experience that is not specifically Christian (J. M. Collins & Stackhouse, 2009, p. 177). Collins says that Perry is opposed to the charismatic approach to deliverance ministry and while it is hard to accuse him of

enthusiasm, signs of it are to be found in his uncritical presentations of case studies (J. M. Collins & Stackhouse, 2009, p. 183).

Neil Anderson, Founder of Freedom in Christ Ministries (FIC), is presented as an example of the convergence of the above three streams, his approach is described as Neo-Evangelical (J. M. Collins & Stackhouse, 2009, pp. 186, 196), but because Anderson sees the root problem as sin rather than demons, his deliverance ministry more closely resembles that of repentance (J. M. Collins & Stackhouse, 2009, p. 194).

4.4.2. Anthropological Classifications of Possession Applied to Christian Demonologies.

In looking at examples from the above groups it can be seen that Cohen's classification is more readily applied than Bourguignon's, as while both Bourguignon's "Possession" and Cohen's "Pathogenic Possession" are suitable terms for describing bodily changes as a result of demonic activity, Bourguignon's "Possession Trance" does not adequately allow for the different degrees of demonic effect on agency. Furthermore, few Christian descriptions of demonisation involve trance. Degree of demonic influence is often part of Christian discourse on possession and this usually ranges from temptation, through oppression to complete control e.g. (Anderson, 2000a, p. 121) (Moss, 2006, p. 165).

From the first group, Horrobin appears to talk more of Executive Possession. Chapter 18 of *Healing Through Deliverance* which is entitled "Some Observable Symptoms of Possible Demonisation" lists and discusses 28 different signs, most of which are concerned with attitudes, behaviour and mental health. Only three of the 28 signs involve physical illness (Horrobin, 2008, pp. 314-339). Demons are understood to take control of the host's agency to varying degrees, but altered states of consciousness and replacement of identity are only described as occurring when the demon is addressed and ordered to leave (Horrobin, 2008, p. 479). Horrobin does also demonstrate a pathogenic concept of possession when he likens demons in a person to woodworm in a building (Horrobin, 2008, p. 273).

 Merrill Unger, described by Collins as a (moderate) Evangelical Fundamentalist, also understands possession to be mainly executive. He describes it as "*a physical indwelling by evil spirits who then control the body*" (Unger, 1994, p. 78). There is loss of individuality and loss of free and independent choice (Unger, 1994, p. 98). He describes dual consciousness (fusion) but not replacement of the hosts identity by that of the

possessing entity (displacement) (Unger, 1994, p. 95). Pathogenic possession is acknowledged in Unger's statement that as demons derange both mind and body there will always be symptoms of disease (Unger, 1994, p. 97).

The Anglican Michael Perry employs both pathogenic and executive possession concepts in that he likens demons to bacilli (Perry, 1996, p. 8), but says their effect is to replace the subjects agency with their own. He too describes dual consciousness rather than complete replacement of identity (Perry, 1996, pp. 118-120).

Neil Anderson does not talk of possession. He says that people are subject to temptation, accusation and deception: these are the tools Satan uses to gain influence over a person's mind (Anderson & Goss, 2004, p. 57). The degree of capitulation to such control is placed by Anderson on a continuum, with the exemplary life of the apostle Paul at one end, and the Gadarene demoniac under complete control of Satan at the other (Anderson, 2000a, p. 121). Although Anderson does describe illnesses as a result of demonic activity (Anderson, 2000a, p. 190) it would seem that generally these are psychogenic; a result of Satan's influence on the mind. Anderson's proposed remedies (e.g., Steps to Freedom in Christ[11]) require the subject to be a conscious, cooperative Christian which rules out any possibility of replacement of identity.

Cohen's thesis, that the displacement model is more readily grasped than concepts of fusion, is not proven here. The examples studied above confirm Bourguignon's claim that whilst the model of possession in many cultures is the complete displacement of the host's personality and substitution by that of the possessing entity, in Judeo Christian cultures dual consciousness, where the subject is aware of being made to act against their will, is more common (Bourguignon, 1976, p. 6). However, this does not apply to those whose starting point is DID and so understand possession in terms of multiple personalities e.g., (Clark, 2003, Allison 1980; Friesen, 1991; Morris, 2008). In cases where DID is said to be a result of demonic activity, possession is always understood as displacement, i.e., intermittent replacement of the hosts identity by that of the demon, rather than fusion. Even Neil Anderson who does not accept complete displacement of the host's will (Anderson, 2000b, p. 121), departs from that position when discussing DID (Freedom in Christ Ministries 2007, p. 12).

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[11] Freedom in Christ healing programmes will be discussed at length in the following Chapter

4.4.3. The Use of Scripture in Christian Concepts of Possession.

The Charismatic Renewal Movement incorporated the Pentecostal idea that human sickness, especially mental illness, is often a result of demonic activity. However, the Pentecostal denial of the possibility of spirit-filled Christians being possessed by an evil spirit, presented a difficulty to the Charismatics who perceived demonic influence amongst their own members (Cuneo, 2001, pp. 41,42).

Derek Prince provided a way out of this dilemma by claiming that The King James translation of the Bible made an error in translating δαιμονιζομαι as possessed, and a more accurate translation would be demonised, which implies control but not ownership (J. M. Collins & Stackhouse, 2009, p. 49). Both Horrobin and Anderson agree that as possession implies ownership, the term is misleading and demonisation is to be preferred (Anderson, 2000a, p. 188) (Horrobin, 2008, p. 272). Collins uses both terms but distinguishes between them; in possession, the demon completely takes over the personality of the host, whereas demonisation indicates demonic activity without implying ownership (J. M. Collins & Stackhouse, 2009, p. 4). This is perhaps another way of describing displacement and fusion.

Despite these views, the New King James Bible published in 1979 retains the term possession as does the 1973 New International Version. Other contemporary translations of the Bible describe the mute man of Matt 9:32 as being under the power of a demon (Amplified Bible), containing a demon (Contemporary English Version, New Century Version) or demon oppressed (English Standard Version).

This would seem to reveal different understandings of possession. To describe the mute man as under the power of a demon or demon oppressed, suggests Executive Possession where the will of the demon overrides that of the man, so that he cannot speak even though he desires to. To say the man contains a demon implies contamination and Pathogenic Possession, in which case the man's muteness would be a symptom of illness caused by the demon. In Luke 11:14, it is the demon who is mute, so suggesting a replacement of identity. Young's analytical concordance translates δαιμονιζομαι as "to be as a demon"(R. Young, 1982) which also implies replacement of identity. Bourguignon cites part of the definition of possession found in *Hastings' Dictionary of the Bible:*

> The coercive seizing of the spirit of a man by another spirit viewed as super human with the result that the man's will is no longer free but is controlled, often against his wish by this indwelling person or power (Hastings, Grant, & Rowley, 1963, p. 782).

She uses this to support her argument that the focus of possession, as described in the Christian scriptures, is on the will (Bourguignon, 1976, p. 5).

Most accounts of possession in the synoptic gospels are described using fusion concepts of Executive Possession. In the stories of the Gerasene demoniac (Mark 5:2-20) (Luke 8:26-39) and the Gadarene demoniacs (Matt 8:28-34), the demons speak through the host, but the inner conflict described suggests dual consciousness.

In the case of the boy who appears to have epilepsy (Matt 17:14-20) (Mark 9: 14-29) (Luke 9:37-42), the possession is described in terms of agency in Mark and Luke, as the mute spirit (πνευμα αλαλον) throws the boy onto the ground (Mark) or into convulsions (Luke). Matthew describes the boy as having seizures and falling which would suggest a pathogenic understanding of possession; the epilepsy is healed when Jesus casts the demon out.

Perhaps the only clear case of pathogenic possession in the gospels is the woman with the bent back in Luke 13:11 who is described as "having a spirit of illness" (πνευμα εχουσα ασθεϖεις).

Cohen admits that there is an overlap between executive and pathogenic possession as they both involve the incorporation into the body of agents which can then cause physical and mental changes (Cohen, 2008, p. 120). This, it could be argued, is where Cohen's model proves inadequate. In many cases sickness could be described as taking over bodily control against the will of the subject, not only in seizures but also in coughing, sneezing or vomiting etc. Here it seems necessary to return to Bourguignon's framework of belief where sickness is only described as Possession if there is a belief that spirits can (and do) affect the body in such a way.

4.5. Spirit Possession and DID.

4.5.1. Possession by an Aspect of the Self.

A further view of possession that is relevant to the study of DID, is the idea that an individual can be possessed by an entity that originates from their own personality. This is not the same as an alter, which although dissociated is still part of the personality; it is

something that is split off and as a result becomes demonic. Borrowing from Freudian concepts of repression, this idea can be seen in Crabtree's work on multiple personality (Crabtree, 1988, p. 13), and in Wink's trilogy on the powers (Wink, 1984, 1986, 1992) . According to Crabtree, a fragment of the psyche can emerge from the unconscious and take possession of the waking self (Crabtree, 1988, p. 99). He calls this the psychological synthesis, as opposed to the occult synthesis (Crabtree, 1988, p. 317). However what this model proposes is not merely that demons are repressed impulses or another way of describing internalised objects (Clements, 1996) (although that may be how they originate), there is something more involved, and it is that extra element that can be labelled demonic.

Wink describes three types of demonic manifestations: Outer personal possession, which is the possession of an individual by something alien and extrinsic to the self, collective possession which is possession of groups or nations, and the inner personal demonic, the "demonic" here being a repressed aspect of the self which has been made evil by its rejection (Wink, 1986, p. 43). Wink describes cases of possession which developed from an imaginary friend (Wink, 1986, p. 58), and this has also been suggested as the origin of the alters of DID (Pica, 1999, p. 404).

These ideas are seen in J.S.Wright's suggestion that demons can seize a repressed facet of the personality and from there can influence a person's actions, and produce hysterical symptoms (*New Bible dictionary*, 1996, p. 270), and that distortions in the personality structure may allow aspects of the personality to be appropriated by the devil, and then emerge as a new personality. According to this view, the voice of the demon should be understood as a part of the self, but the content of what is said may be directed by the demonic (Newport, 1976, p. 337).

4.5.2. DID: Spirit Possession or Dissociative States?

The journal *Dissociation* devoted its December 1993 issue to a debate concerning the relationship of DID to possession states. Edited by Richard Kluft, the issue contained articles by Begelman, Bowman, Coons and Fraser. Commentaries on those articles were provided by Crabtree, Noll and Rosik. A representative of the Healing Ministry, described as someone who believed in the reality of spirit intrusions, was to have contributed but withdrew just before publication, leaving the editorial team no time to find a replacement (D.A. Begelman, 1993, p. 200). Without this contribution, the

debate is limited to those who believe that all trance and possession phenomena are due to dissociative ego states, and those who are prepared to keep an open mind.

The articles by Bowman and Fraser both relate to studies of DID patients who have been told they are possessed and have undergone exorcisms. Both studies report that the exorcisms (and being diagnosed as possessed) had negative effects on the subjects. Bowman and Fraser believe that possessing entities are always dissociative ego states (Bowman, 1993, pp. 222-238) (Fraser, 1993, pp. 239-244).

Rosik says the claim that demons or spirits are just another name for dissociative ego states, made most emphatically by Fraser, is an example of "The Double Aspect Perspective" (DAP) (C. H. Rosik, 1993, p. 245), described in Begelman's article, as producing separate theories about the same data. In this case, spirit possession arises from a supernaturalistic worldview and embraces concepts such as spirit or demon, whereas DID is understood in terms of scientific ideas such as dissociation and altered states (D. A. Begelman, 1993, p. 201). Another example of this would be Noblitt's claim that Possession and DID are the same condition known by different names; DID being the contemporary western version (Noblitt, 2000, p. xiv)

Begelman asserts that the DAP cannot be applied in this case because not all possession states can be reduced to a form of dissociation. There are possession states that are neither dissociative nor pathological such as those which manifest in alterations of capacity or physical condition and do not involve trance (D. A. Begelman, 1993, p. 202). Furthermore, while the alters of DID arise internally and require integration, possessing entities are external and alien to the self, and the objective of treatment is expulsion (D. A. Begelman, 1993, p. 201). Another difference identified by Begelman is that of ritual control; switching between alters in DID is unpredictable and often not under the control of the subject, whereas possession phenomena, in many cultures, are planned and only occur in culturally prescribed forms during accepted ceremonial rites (D. A. Begelman, 1993, p. 202).

 Rosik adds that even if the DAP does apply and the correct theory is the one espoused by Fraser, the mystery remains because no one knows exactly the nature of dissociative ego states (C. H. Rosik, 1993, p. 246) .

Making a clear distinction between Possession Disorder, which is a psychiatric term, and culturally sanctioned ritual possession states, Coons claims that it is possible to

differentiate between possession states and DID, despite the fact that they share many similarities. He says that, unlike the dissociative disorders, ritual possession states are not viewed as pathological, and they do not always involve trance. Furthermore, Possession Disorder, where the subject believes themselves to be possessed, is not necessarily dissociative (P. M. Coons, 1993, p. 213). In this article Coons argues for a diagnosis of Trance and Possession Disorder to be listed in *DSM-IV*, saying this would provide conformity with the *ICD* and stimulate further research (P. M. Coons, 1993, p. 217).

 Noll disagrees, believing that a *DSM* diagnosis of Trance and Possession Disorder may encourage an epidemic of possession states, and he questions the possible scientific status of such a diagnosis (Noll, 1993, p. 250). Noll also criticises Fraser's assertion that all possessing entities are dissociated ego states, not because it is a case of DAP, but because Fraser's language is not adequately scientific. Noll asks whether from a phenomenological point of view, there is any difference for the patient between an ego state and a spirit or demon (Noll, 1993, p. 252). This question is answered in the *DSM-IV* discussion of Dissociative Trance Disorder, the A.P.A claim that this disorder would be differentiated from DID because the alternate identity of DID is an entity from within, whereas those with trance and possession symptoms describe invasion of their bodies by external spirits (A.P.A, 2000, p. 784). However, the exploration of DID as experienced by the subject in Chapter 3 revealed no such distinction.

Crabtree too, complains about the language used in this debate, pointing out that none of the authors define what they mean by possession. Crabtree offers the following definition:

> "Possession is the experience of being taken over by some outside intelligent entity"

He admits that this definition, being focused on the experience of the subject, does not attempt to explain what is really happening (Crabtree, 1993, p. 254). Like Coons, Crabtree favours a *DSM* diagnosis of Possession Disorder, his suggested diagnostic criteria would be based upon the subjective experience and belief system of the patient (Crabtree, 1993, p. 256).

Nothing is resolved in this debate which is conducted very much within the parameters of Western psychiatry. In his editorial Kluft expresses the hope that the discussion will provoke further studies on possession and exorcism (Richard P Kluft, 1993, p. 199).

In a 2011 study, Colin Ross found that possession states were much more common in DID patients than in other psychiatric patients, or the general population, and he calls for further research to be done on the relationship between DID and trance and possession states (C. Ross, 2011, p. 397). Like Spiegel et al, Ross too, would like to see DID as part of a broader category of trauma related conditions which would also include possession states (C. Ross, 2011, p. 398).

4.6. Discussion.

It appears that neither psychiatrists nor Christians would agree that DID and possession are the same condition, even though they share a number of characteristics. However, making the distinction between the two is hindered by the ambiguity of both groups; just as psychiatrists are not united about the concept of DID, so Christians are not in agreement about the causes or features of spirit possession.

Returning to Box 2 which outlines the supposed shared features between DID and possession, it can be seen that items 1, 2, 3, and 8 say nothing about the actual condition. Items 1,2,4,5,7,13, and 14 could all be features of other illnesses or conditions which are not thought to be dissociative or due to possession. Items 9 and 10 say more about those who research and treat the conditions than those who suffer from them. This leaves only items 6 and 11 which are particular to both DID and spirit possession and these are the two items which indicate multiple personalities. It was shown in Chapter 3 that secondary consciousness is accepted in hypnosis, and sub personalities are viewed as integral to the plural self, therefore it would seem reasonable to conclude that DID and spirit possession are confused because they are the only conditions, at least in Western Judeo-Christian cultures, in which the subject manifests multiple ego dystonic personalities.

Box 2   Shared features of DID and Possession. Adapted from Noblitt and Noblitt (2000, p. 46)

1.   More frequently identified among females than males.
2.   Occur after traumatic experiences rituals or ordeals.
3.   Associated with cults.
4.   A sense of secrecy.
5.   Amnesia.
6.   Co consciousness.
7.   Uncharacteristic behaviour.
8.   There may be strong factors of social control present.
9.   The usually present identity is called the host.
10.   Listed as dissociative disorders in *DSM*.
11.   Inner entities may be characterised as animals spirits demons and deities.
12.   Behaviours which defy the recognised physical limits that define normal embodied existence.
13.   Individuals believe they have psychic or paranormal abilities.
14.   Concurrent problems include psychosomatic and other health complaints, family and marital problems and explicitly psychological problems.

The question of the relation of DID to spirit possession is not merely academic; the literature search outlined in Chapter 2 found four books written by those who believe that the alternate personalities of DID could be malevolent spirits or demons, and these works, discussed below, demonstrate the vulnerability of people with multiple personalities, in this climate of multiple models, to well-meaning but under qualified and mis-informed therapists.

- Ralph Allison *Minds in Many Pieces* 1980. Allison, a psychiatrist, was the first to write about the Inner Self Helper (considered by some to have divine or transcendental properties) (Christopher Rosik, 1992, pp. 217,218). He believes that in DID there will be both alternate personalities and evil spirits (Friesen, 1991, p. 236). Allison seems to combine new age spirituality with the transpersonal perspective of the Association for Humanistic Psychology (Allison, 2006), which was founded by Abraham Maslow, Carl Rogers and others committed to the personal growth movement (ahp, 2001).

- James Friesen *Uncovering the Mystery of MPD* 1991. Friesen, a Christian psychologist, takes a dual approach, he borrows from Kluft and Braun to offer psychological explanations of DID (Friesen, 1991, p. 42), whilst his spiritual view is based on Allison's work (Friesen, 1991, p. 236). He too believes both alters and demons could be present in people with DID and stresses the

importance of the therapist's ability to differentiate between the two (Friesen, 1991, p. 222).

- John Clark. *The Healing of Satanic Ritually Abused Multiple Personality Disorder* 2003. Clark is an Assembly of God Minister and in his book *he* offers an explanation of DID which came to him during prayer and which he considers to be a revelation from God. In this model the personality is made by God to be like a rope, i.e., many different strands tightly woven together. In DID, through trauma and abuse, Satan pulls the strands away from the core so that the rope becomes frayed. Satan then hooks demons onto the loose strands resulting in the presence of both alternate personalities and demons. The treatment aim is integration following the expulsion of demons (Clark, 2003, p. 10).

- Philip Spencer Morris *Multiple Personality Disorder, Psychological or Demonic* 2008. Morris, who has degrees in psychology and pastoral counselling, agrees with those who consider dissociation to be a defence mechanism but asserts that it is started demonically. According to his view, during trauma a deceiving spirit promises to take away the pain in exchange for having authority in the person's life. As dissociation is started demonically everything produced from this point is demonic, therefore treatment must always be deliverance (Morris, 2008, pp. 66-68).

All four of these books recommend exorcism for people suffering from DID. Allison's practice is often directed by his spirit guide (Schwarz & Allison, 1999, p. 201), Clark and Morris allege that their insights come either direct from God or from their interpretation of selected biblical texts. Friesen seems to have placed Kluft's psychological understanding alongside a spiritual view based largely on Allison's work and on his own experiences without an adequate explanation of how the two approaches may work together.

4.7. Conclusion.

In this chapter the approaches to possession of three different disciplines have been identified. Anthropologists are concerned with the behaviours and beliefs associated with spirit possession but they do not offer theories about the reality of the possessing entities. Psychiatry operates within a materialistic world view which makes no allowance for the possibility of a spiritual realm containing intelligent beings that can and do exert malign influence in the lives of humans. Psychiatrists are most likely to

view all trance and conflict of agency as dissociative and all non-ritual possession beliefs as delusional. Religious views have been examined using the framework of Christian enthusiasm proposed by Collins. Collins seems to be suggesting that all Christians who believe in the reality of demons can be described as enthusiasts, which is to say they hold to an immanent spirituality characterised by simplistic spiritualised explanations of events and experiences. As seen in the four books discussed above, interpreting alternate personalities as spiritual entities can lead to potentially harmful treatment methods.

Specific Christian approaches to DID and its treatment will be the subject of the next chapter.

Chapter 5. Christian Approaches to Dissociative Identity Disorder

5.1. Introduction.

Apart from a growing demand from both mental health professionals and service users to recognise the importance of spirituality in mental health care, (Cook, Powell, & Sims, 2009, p. xii) there are aspects of DID which require, at least, an awareness of the religious and spiritual background of the condition, and those who suffer from it or treat it.

In the literature review of Chapter 2 it was observed that the majority of research into DID has originated from psychology, psychiatry and the neurosciences, and Chapter 3 explored the concept of DID from the perspective of those disciplines. DID shares a number of features with spirit possession, and Chapter 4 examined secular and religious views of possession paying particular attention to the way these views may be brought into conflict within the realm of DID. Because a significant number of those diagnosed with DID are from a Christian background (Bowman, 1993, p. 222) and may seek help from Christian organisations and churches (Sinason, et al., 2008, p. 374), this Chapter will focus on the way different Christian traditions view multiple personalities and how those views affect their approach to those who present as such. A general study of different pastoral theological traditions, and their relation to psychiatry and psychology, will precede a more in depth analysis of three Christian approaches to DID. There will also be an attempt to establish whether recognition of a spiritual dimension enhances understanding of DID, and whether a faith-based approach could formulate a hypothesis to challenge the current medical model.

5.2. Pastoral Theology and its Relation to the Health Sciences.

5.2.1. Pastoral Theology Before Science.

According to Tidball, the earliest pastoral theology is to be found in the wisdom writings, which provide advice regarding such issues as correct social behaviour, the problems of suffering and the purpose of life (Tidball, 1997, p. 44). Advice about insanity is not included although it is recognised in the Old Testament, usually

understood as a judgement of God, so not deserving of care and concern (Deut 28:28, 1 Sam 21:13-15, Dan 4 :32-34).

The early church fathers wrote extensively on pastoral care (Tidball, 1997, p. 157), and throughout the medieval period care for the distressed and the insane was provided by the Church (Sims, 2006, p. 2). In medieval Christendom human failings were healed by divine grace imparted by ministers through the sacraments (Clebsch & Jaekle, 1994, p. 24). The Reformation quest for certainty of personal salvation led to an emphasis being placed on individual reconciliation, which was achieved through discipline and confession rather than being mystically sought through the sacraments (Clebsch & Jaekle, 1994, p. 27) During the Counter Reformation, mental illness became associated with sin and demon possession, and post reformation Protestants, whilst continuing to promote humane care of the mentally ill, were also involved in the persecution of those accused of being witches (Sims, 2006, p. 2).

The Puritans understood all personal problems to be due to personal sin or demonic activity, and scripture was considered adequate to deal with all problems of the heart (Keller, 1988, p. 11). Puritans would only counsel Christians as they felt that knowledge of the gospels and understanding of righteousness by faith was necessary in order to benefit from the application of scripture to personal problems (Keller, 1988, p. 24). Puritan methods are still used as a model today by some Christian counsellors (Keller, 1988, p. 11).

5.2.2. The Response to Science.

The Enlightenment preference for science and reason led to the development of the disciplines of psychiatry and psychology which eventually replaced the Church in the care of the mentally ill. For the first part of the 20th Century pastoral theology remained largely unaffected by the new disciplines, then, following the Second World War, there was a move to incorporate scientific insights into pastoral care. Two key people in this movement were Anton Boisen and Seward Hiltner. Boisen, following a number of psychotic episodes concluded that as theology and psychiatry are both concerned with inner conflict (Boisen, 1971, pp. 238,239) they should both be employed in the study of mental illness (Boisen, 1971, p. 11). Hiltner was dissatisfied with the theory of pastoral theology and the way it was taught, and he too argued for an integrative approach between theology and psychiatry (Hiltner, 1958, p. 7).

Initially, the theories of Freud were employed, as seen in the pastoral theology of Leslie Weatherhead and Frank Lake (Watts, 2001, p. 2). Later, Carl Rogers' client centred approach also became popular (Thorne, 2001, p. 438).

However, not all pastoral theologians were comfortable with the marriage between pastoral theology and new advances in science. Darwin's theory of evolution and new methods of Bible criticism were rejected by conservative Christians because they were seen to undermine the inerrancy of scripture (Barbour, 1997, p. 57). This caused a division in the area of pastoral theology between liberals, who accepted the Enlightenment view of the basic goodness of humanity (Barbour, 1997, p. 38) and gave priority to religious experience over scriptural authority, and conservatives who defended the authority of scripture and the radical nature of human sin (Thurneysen, 1963, p. 224).

The first group of Conservative Evangelicals to accept integration between theology and psychology were the members of the Dutch Reformed Church who founded the Christian Association for Psychological Studies (CAPS) in the 1950s. Initially their tradition of engagement with the world meant integration was successful, but the following generation, being more influenced by American Evangelicals, adopted an attitude of disengagement. This group viewed psychology as anti-religious and as encroaching on the Church's role as provider of spiritual and emotional healing. Whilst they did not completely distance themselves from integration, they would only accept those psychological theories which they felt were not in conflict with the Christian nature of their counselling (Serrano, 2006, pp. 293-296).

Despite a general acceptance of integration today, tensions remain between pastoral theology and the disciplines of psychology and medicine. The main differences are related to the nature of human sin and the authority of the Bible. There are a number of approaches to integration, and some interesting terminology. Table 3 demonstrates how these different models fit into a framework drawn from Barbour's description of the various relationships between science and religion (Barbour, 1997, p. 77).

Table 3 Different models of Integration					
Barbour (1997, pp. 77-105)	**Conflict**		**Independence**	**Dialogue**	**Integration**
	Scientific Materialism	Biblical Literalism			
Collins(1975) *Cited in(Anderson, 2000b, pp. 68-69)*	Mainstream	Evangelical Pastor		Theoretician Researcher	Christian Professional Evangelical Populariser
Crabb (1975) *Cited in (Anderson, 2000b, pp. 65-68)*		Nothing Buttery	Separate but Equal		Tossed Salad. Spoiling the Egyptians
Kirwan(1984, pp. 19-30)	The Un-Christian View	The Spiritualised View			The Integrated View
Larson& Larson(1994) *Cited in (Anderson, 2000b, pp. 64,65)*	Across the Gap		Behind the Door	Collaborative	Conjoint
Anderson (Anderson, 2000b, pp. 70,71)		Bible Only	Closed Counsellors Closet Counsellors		Conjoint Counsellors

The remainder of this Chapter provides an examination of the model referred to by Barbour as biblical literalism, followed by a discussion of the integrated view which will be in two parts, looking first at those Christians who favour a psychoanalytical approach, and then those who prefer to use Cognitive Behavioural Theory (CBT).

5.2.2.1. Biblical Literalism.

In the 1970s there were efforts to move Christian counselling away from the non-directive approach (Fouque & Glachan, 2000, p. 202). The secular assertion, that the human heart is basically good, was rejected (Powlison, 1993, p. 29), and there was a renewed interest in the methods of the Puritans, who had practised Bible based counselling without being influenced by secular models (Keller, 1988, pp. 11,12).

Proponents of this view assert that scripture recognises only three sources of personal problems: personal sin, organic illness and demonic activity (Tilley, 2008, p. 37).

Psychiatry and psychology are seen to be fundamentally flawed (Tidball, 1997, p. 236), and containing nothing that could add to biblical truth. Those who do incorporate secular theories are said to have a defective view of the sufficiency of scripture (Powlison, 2000, p. 29). This view is typified in the nouthetic confrontation model of Jay Adams (Foque and Glachan, 2000, p202). Deriving from the verb *noutheto* (Col 1:28) it involves confronting the counselee with the principles and practice of scripture (J. E. Adams, 1972, p. 49). Like the Puritans, strict biblical counsellors believe it is wrong to counsel unbelievers as offering comfort without addressing salvation could promote a false sense of security (Tidball, 1997, p. 241).

5.2.2.1.1. Ellel Ministries: An Example of Biblical Literalism.

Ellel Ministries was founded at Ellel Grange, Lancaster in 1986 by Peter Horrobin, and is now an international organisation with centres in more than twenty countries. From a Conservative Evangelical background, Horrobin graduated in chemistry, and enjoyed successful careers in academia and business before moving into Christian ministry. His vision for a healing ministry began in the 1970s after he had tried to help a survivor of sexual abuse (Horrobin, 2008, p. 577). A search of the internet yields very little about Ellel Ministries that is not their own promotional material; they describe themselves as a non-denominational Christian mission organisation, committed to evangelism, healing, deliverance, discipleship and training (Ellel Ministries International ; 2012). Fouque and Glachan describe Ellel Ministries as one of the most influential Biblical Counselling movements, who remain closed to any insights from the sciences and eschew accountability or professional accreditation for their training courses (Fouque & Glachan, 2000, p. 203).

Horrobin does not believe that conflict between medicine and Christian healing is inevitable, as long as medical ethics don't contradict Christian doctrine or practice (Horrobin, 2008, p. 32). However, he adds that physical medicine alone is inadequate because not all causes of illness are physical. Horrobin believes that in some cases

prayer for inner healing will also be necessary,[12] and when the cause is demonic, deliverance ministry is needed (Horrobin, 2008, p. 46). Another defect of medicine, according to Horrobin, is that it cannot recognise sickness of spirit which may cause physical, emotional and psychological symptoms (Horrobin, 2008, p. 56) .

5.2.2.1.2. The Ellel Approach to DID.

The only literature available on the Ellel Ministries approach to DID is in the book *Sarah*, which tells the story of Sarah Shaw, a woman who found healing through the ministry at Ellel Grange, over a period of twelve years (Shaw, 2009, pp. 35,41). Although Shaw describes herself as suffering from DID (Shaw, 2009, p. 17), it is not made clear in the book, when or by whom the diagnosis was first made. Her initial psychiatric diagnoses were severe clinical depression, bulimia, Obsessive Compulsive Disorder and self-harming and suicidal tendencies (Shaw, 2009, p. 30). In his foreword to her book, Shaw's psychiatrist repeats that diagnosis. DID is not mentioned (Searle, 2009, p. 9) .

Shaw's first alternate personality appeared during a prayer session at Ellel Grange (Shaw, 2009, p. 62), up to this point she was not aware that there were unknown parts of her personality. Her alters were all versions of herself at different ages and the counselling team worked with each separately, providing acceptance and affirmation in a manner relevant to the age of the presenting alter (Shaw, 2009, p. 64).The ministry team viewed the alters not as separate, but as part of Sarah's personality and held her responsible for their actions (Shaw, 2009, p. 70), the goal of healing was integration (Shaw, 2009, p. 82). There is no account of any deliverance ministry, but Shaw tells how she was taught to understand that the powers of darkness would not give up their attempts to ruin her life without a fight (Shaw, 2009, p. 113).

The book is written from Shaw's perspective so does not explain Ellel Ministries' view of DID nor analyse treatment methods. Because Ellel Ministries have not published any other literature on DID, their concept of the condition can only be assumed, based on accounts in Shaw's memoirs, and on the teaching contained in Horrobin's book *Healing Through Deliverance* (Horrobin, 2008) . Although this book does not mention DID, it has a lot to say about working with survivors of sexual abuse; Horrobin believes

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[12] Healing of the spirit and soul rather than the body, sometimes associated with the healing of memories through intercessory prayer (Ball, 2008, p. 421).

that deliverance is always necessary where there has been any sexual sin (Horrobin, 2008, p. 159). He could be referring to dissociation when he says that any behaviour that makes the victim want to run away from himself is potentially dangerous, but then he labels out of body experiences as astral projection; an occult practice and an invitation to the demonic. Self-rejection is also judged to be a spiritual act that makes people vulnerable to demonic influence (Horrobin, 2008, p. 398).

Not wanting to give the impression that he thinks demonisation is the only consequence of abuse, Horrobin lists other likely consequences such as repression of memories (which elsewhere he says leads to demonisation (Horrobin, 2008, p. 296)), inability to trust, physical illness and fantasy proneness, including relationships with fantasy friends and fear of fantasy enemies (Horrobin, 2008, p. 405).

It would seem reasonable to assume that the Ellel Ministries view of DID is one that accepts the presence of both alters and demons, therefore treatment aims would include integration and deliverance.

5.2.2.2. Integrationists.

The integration movement came about partly as a reaction to Jay Adams, whose methods were seen to be harsh and oppressive (Crabb, 1975, p. 18). Integrationists agree that insights from the sciences can be useful for Christian counselling but they differ in which scientific theories they consider suitable (Tilley, 2008, p. 13).

5.2.2.2.1. Integration with Psychoanalysis.

Those who support a psychoanalytic approach, focus on the role of the unconscious (Weatherhead, 1959, p. 470). They believe that repressed feelings such as anger, guilt, and fear could cause mental and physical illness (Weatherhead, 1959, p. 470), and that pastors should be trained to recognise the effects of trauma. This model is favoured, in general, by Liberal Protestants who are opposed to exhortation in counselling and encourage the free expression of any doubts or negative feelings towards God (Lake, 1966, pp. 762,763).

5.2.2.2.1.1. Frank Lake: An Example of Integration with Psychoanalysis.

Frank Lake, was working as a missionary doctor in India specialising in parasitology when he transferred his interests to psychiatry at the request of his missionary society.

In 1962, he founded the Clinical Theology Association, which provided pastoral training for clergy (Yeomans, 1985, p. ix).[13] Lake saw the need for a pastoral model which combined Christian principles with psychodynamic insights (Lake, 1966, pp. 32,33). He produced a model called The Dynamic Cycle, which describes how the type of nurture received by an infant shapes future identity. He also explained how peri-natal factors are involved in establishing defence mechanisms (Lake, 1966, pp. xx-xxii).

Within Lake's model the role of the counsellor is primarily one of listening, it is acknowledged that   non-directive listening may make Christian counselling indistinguishable from secular models, but this is felt to be necessary in order to get to the heart of the problem. Lake saw listening as more important than communicating the gospel through speech (Lake, 1966, p. 11).

There does not appear to be any literature on DID published by Christian counsellors who integrate their theology with psychoanalytical insights. Lake did not publish anything on DID but his *Clinical Theology* (Lake, 1966) includes a Chapter on dissociative disorders.

Like others of the time, it would seem that Lake's view of dissociation was influenced by Freud's theory of repression, he thought double personality was very rare and connected with guilt rather than early trauma (Lake, 1966, p. 497). Repression and dissociation seem to be viewed as almost synonymous: whatever is repressed is dissociated from consciousness (Lake, 1966, p. 460). Lake claimed that dissociation and repression were universal, and that all the neuroses, including depression and hysteria, were due to dissociation, explained in this context as the splitting off of intolerable experiences of the self. He saw the aim of psychoanalytic therapy as overcoming the dissociation by making association with the painful aspects of the self gradually tolerable (Lake, 1966, p. 460). This, he said, can be achieved through the transforming effects of the Holy Spirit, who works more on the unconscious than the conscious mind. The return to consciousness of the dissociated material is possible because of Christ's unconditional acceptance, and His identification with human pain, as seen in His Passion (Lake, 1966, p. 469).

It is hard to say how Lake's views on dissociation would have developed had he continued his work into the 1980s, following the return to Janet's view of dissociation

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[13] This now operates as the Bridge Pastoral Foundation, training Christian counsellors to integrate psychology, psychotherapy and the Christian faith. http://www.bridgepastoral.org.uk

and new recognition of the widespread nature of child abuse. As Lake saw DID as an extreme, albeit rare, form of dissociation (Lake, 1966, p. 460), it could well be that developments of the 1980s and 90s would only change his views on the aetiology. The idea that severe abuse compromises development to the extent seen in some survivors would surely be compatible with his model of the Dynamic Circle, although nothing in his work seems to suggest any mechanism by which alternate personalities may be created.

5.2.2.2.2. Integration with Cognitive Behavioural Theory.

The behavioural approach seems to be preferred by conservative Christians. If sin is at the heart of all human problems and healing comes through repentance, forgiveness and renewed relationship with God, the only way the counselee can obtain that healing is through a change in behaviour (Crabb, 1975, p. 17). However, behaviour is not considered to be the point at which the problem originates, rather, underlying all wrong behaviour and emotional problems, is wrong thinking and wrong beliefs (Crabb, 1975, p. 45). In this model, confrontation is seen as necessary if the counselee is not prepared to give up sinful patterns of behaviour. In some cases the counsellor may refuse to help until there is a willingness to change (Crabb, 1975, p. 108).

Cognitive therapy is applied to address faulty thinking; integrationists adapt cognitive theory so that scriptural truths are applied for the renewing of the mind. Examples of such scriptures are:

- Romans 12:2 "Do not conform any longer to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is—his good, pleasing and perfect will" According to Crabb, this verse asserts that the world is a false reality which can be perceived as true. Only God is true reality and in order to live right before God it is necessary to think correct thoughts (Crabb, 1975, p. 80).

- Philippians 4:8. "Finally, brothers, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things." Anderson interprets this passage to mean that any thoughts that are not true according to God's word

should not be given any attention. Negative thoughts are banished by replacing them with the truth (Anderson, 2000b, p. 107).

5.2.2.2.2.1. Freedom in Christ Ministries: An Example of Integration with Cognitive Behavioural Theories.

Neil Anderson founded, and remains president of, Freedom in Christ Ministries, which is now an international ministry with headquarters in nine countries (Anderson & Goss, 2004, p. 86). His first degree was in electrical engineering following which he worked as an aerospace engineer. His post graduate qualifications are in Christian Education. He taught at Biola University and the Talbot School of Theology where he was Chairman of the Practical Theology Department. He now works as author, counsellor, and public speaker (Anderson, 2000a, p. 383).

Available FIC resources include books, audio visual material, training days, and conferences. The basic FIC teaching can be adapted to be used as a discipleship programme, a small group study guide, or as a framework for counselling (Anderson, 2003, p. 84-87). At the heart of any FIC programme is a process referred to as the Steps to Freedom in Christ (STFC). These seven steps involve confession and renunciation of wrong thinking and behaviour in the following areas:

1. Counterfeit versus Real
2. Deception versus Truth
3. Bitterness versus Forgiveness
4. Rebellion versus Submission
5. Pride versus Humility
6. Bondage versus Freedom
7. Curses versus Blessings

It is claimed that working through the steps will enable people to submit to God and resist the devil (Jas 4:7) in order that they may enjoy freedom in Christ (Anderson, 2000a, p. 14). Once obtained (i.e. once STFC have been completed) the counselee has a responsibility to maintain their freedom by using various spiritual disciplines, daily prayer, declarations and confessions (Combs, 2006, p. 28). As FIC is a distinctively Christian approach both counsellor and counselee must be Christian (Seitz, 2006, p. 20)

Coming from a Conservative Evangelical background, Anderson affirms the authority of the Bible and the application of biblical principles in counselling He believes that any psychological problems that are not organic arise from human sin (Anderson, 2000b, pp. 36-61).

According to Anderson, the greatest determinant of mental and spiritual health is a true understanding of God and a right relationship with Him (Anderson, 1998, p. 16). He favours Jay Adams' nouthetic confrontation methods (Anderson, 2000b, p. 76) although he would modify them by incorporating counselling techniques from psychology in order to reach the "root" issues, so avoiding an unhelpful preoccupation with behaviour (Anderson, 2000b, p. 83).

Whilst acknowledging the important contribution of science, Anderson criticises the claim of psychology to be value neutral, arguing that there is no such thing as value neutrality, and he advocates taking an explicit and non-relativistic stance about values (Anderson, 2000b, p. 20) He says that Christian therapists who fail to share the gospel with their clients are behaving in a way that is unethical and in conflict with their own world view (Anderson, 2000b, p. 41).

Basing counselling principles on Rom 12:2 (Being transformed by the renewing of our minds) is consistent, according to Anderson, with a cognitive approach to therapy. Satan's lies are cognitive distortions of reality (Anderson, 2000b, p. 223) and individuals must learn to choose and believe the truth (Anderson, 2000b, p. 107) Cognitive Behavioural Therapy is also incorporated into the FIC approach in the removal of strongholds (2 Cor 10:4,5); strongholds being those unhealthy patterns of behaviour, developed pre-conversion, which are described by psychologists as defence mechanisms (Anderson, 2000b, pp. 98-100).

The FIC understanding that thoughts precede emotions is consistent with cognitive theory, but it differs in attributing dysfunctional thoughts and beliefs to Satan (Combs, 2006, p. 26). It is this element of spiritual warfare that distinguishes FIC from other Christian cognitive behavioural approaches (Seitz, 2006, p. 2), most of whom, according to Anderson, have succumbed to the Western worldview which ignores the biblical view that spiritual forces are operative in the world (Anderson, 2000b, p. 109), and wrongly separates inner conflicts into spiritual and psychological (Anderson, 2000b, p. 22).

Anderson does not believe in exorcism (Anderson, 2000a, p. 256). He feels Christians do not need to defeat the devil as Christ has already done that: all they need to do is believe it (Anderson, 2000a, p. 29). FIC wish to distance themselves from counsellors who view spiritual warfare as a power encounter, and who attempt to do battle with demons on behalf of the counselee. The FIC method of spiritual warfare is described as a "truth encounter", and involves helping the counselee to assume their responsibility to submit to God and resist the devil (Jas 4:7) (Anderson, 2000b, pp. 123,124) . This model is promoted as one that avoids both a psychotherapeutic model which disregards the spiritual world, and a deliverance ministry that overlooks psychological issues and personal responsibility (Anderson, 2000a, p. 262).

Anderson claims that research has proved that attending FIC conferences and following the "Steps to Freedom in Christ" makes people feel better. Research by Christian counsellor, and FIC board member, Judith King is cited, and it is argued that these studies show that fifty to 50% to 80% of people leave "Freedom Conferences" with their spiritual and personal conflicts significantly resolved(Anderson & Bergen, 2010). The majority of research into FIC appears to be associated with Regent University Virginia, which was founded in 1978 by controversial broadcaster Pat Robertson. As well as working with Anderson and Hurst, King has undertaken research into FIC with Fernando Garzon, who supervised three doctoral studies carried out at Regent University between 2004 and 2006 by Fisher(2004), Combs(2006) and Seitz (2006). These three studies focus on the efficacy of STFC in people with mild anxiety and depression symptoms, and although Anderson has promoted FIC as being beneficial for dissociative individuals, in these studies the exclusion criteria included dissociative symptomatology (Combs, 2006, p. 45).

There is agreement across the studies that STFC may help some individuals with mild anxiety and depressive symptoms (Combs, 2006, p. 79) but for others, additional counselling may be warranted (Fisher, 2004, p. 32; Seitz, 2006, p. 121).

5.2.2.2.2.1.1. The FIC Concept of DID.

FIC class DID as a "deeper issue" along with eating disorders, depression, addiction, abuse or Satanic Ritual Abuse, mental illness/psychosis and anxiety/phobias. The FIC approach is claimed to be adequate for these and no specialist knowledge or training is required to lead someone with deeper issues through STFC (Anderson, 2003, p. 11).

In *Christ Centred Therapy* (Anderson, 2000b) , written for Christian therapists, the *DSM-IV* description of DID is used. It is advised that DID should be suspected if the clients present with;

- Lack of connection in their thoughts, feelings, actions or sense of identity.
- Internal voices.
- Unexplained episodes of extreme rage.
- Ongoing states of anxiety.
- Inability to trust people or God.
- An overwhelming sense of helplessness or a desire to self injure (Anderson, 2000b, p. 86).

The authors maintain that healing from DID involves the process of repairing and reorganising the memory, which is accomplished by healing the lies that are believed. These lies may be those instilled by the abusers or lies the child used to make sense of the abuse as it happened. It is these lies that hold the traumatic material in place and maintain the dissociation (Anderson, 2000b, p. 287). Anderson believes that dissociation makes the individual vulnerable to demonic attack, as the ability to take every thought captive to Christ is absent due to the lies being inaccessible to the conscious mind (Anderson, 2000b, p. 288). Anderson's theory of DID teaches that once a person realises what God has done for them, they can deal with the pain of the past by believing the truth of who they are in Christ then, once the truth is accepted, painful memories can be reprocessed from the point of view of their new identity.

It is explained that a history of SRA will almost certainly mean there is demonic involvement, which can only be removed by the individual's repenting of sin and resisting the devil. This is done through STFC, and is something that each alter must do (FIC Ministries 2007, pp. 11-21).

Carolyn Bramhall's book *Am I a Good Girl Yet?* is the story of a woman who suffered from DID as a result of extreme abuse in childhood, and found healing through FIC ministry. Steve Goss, Executive Director of Freedom in Christ Ministries UK, admits that before working with Bramhall he had never used STFC for people with deeper issues, and prior to his involvement with FIC he had never been involved with counselling or spiritual warfare (Goss, 2005, p. 227). He believes that a purely psychological approach would not have succeeded in this case because it was necessary

to also deal with the demonic (Bramhall, 2005, p. 231). Prior to her introduction to FIC ministry, Bramhall had lived in the USA, where for three years she received therapy from Christopher Rosik, who first diagnosed her DID (C. Bramhall, 2005, p. 92).

Bramhall had been a Christian since she was fourteen and had been influenced by the Charismatic Renewal Movement. She attended an evangelical Bible college before entering into full time Christian work with a local church. This background led her first to seek help in biblical counselling methods and, on a number of occasions, she received deliverance ministry. Some of these attempts at deliverance she found more traumatic than healing (Bramhall, 2005, p. 144).

5.3. Discussion.

The objectives of this Chapter have been to establish the value of spiritual insights into DID and to search for a faith-based approach to DID which might supplement or supplant the current medical model.

Following a review of pastoral theologies, three models of Christian counselling were examined in the search for an adequate Christian theory of DID. Such a theory would need to demonstrate that the secular understanding of DID is either erroneous or incomplete, and it would be required to enhance understanding of DID to such an extent that diagnosis, treatment and prognosis might all be significantly improved. It would also need to be applicable to those of all faiths and none.

Peter Horrobin believes that the phenomena of mental illness can only be understood in the light of spiritual truth. He says medicine rarely affects a cure in mental illness; all it can hope to do is suppress or reduce symptoms. Horrobin sees the medical model as incomplete because it is restricted to the observable and measurable so excluding any demonic or spiritual dimensions which may be the cause of the illness (Horrobin, 2008, p. 61).

Although there is no literature available on Ellel Ministries' understanding of DID, it could be assumed from Horrobin's *Healing Through Deliverance* (Horrobin, 2008) and Shaw's memoirs (Shaw, 2009) that the demonic would feature heavily in any theory of DID. Wherever there is a conviction that DID includes demonic elements and that deliverance ministry is the only way to remove them, the Ellel model will be viewed as

superior to the medical model which neither understands demons, nor has the means to combat them.

As Frank Lake viewed amnesia to be a psychiatric matter (Lake, 1966, p. 498), it can be supposed that he would be content to leave the treatment of those with DID in the hands of the psychiatrists, and would not wish to replace the medical model , merely to add to it.

The non-directive listening promoted by Lake not only does not challenge secular models, it may be seen as indistinguishable from them. The only difference being that any pain expressed would be interpreted by the listener within the context of the redemptive passion of Christ (Lake, 1966, pp. 11-15).

A Christian concept of DID based on Lake's work is likely to be rooted in the material world with an emphasis on Christ's humanity and His capacity to identify with those who are broken. In order to add anything of use to the medical model it would be necessary to show how the listener's understanding of Christ's passion could be of benefit to the counselee.

FIC ministries hold the position that DID should be dealt with by the Church rather than the mental health system (FIC Ministries2007, p. 11) , and claim that non-professionals can take a person with DID through STFC (Anderson, 2003, p. 11). At times they confront the medical model, for example, by saying that internal voices, which may be an aspect of Satan's deception, are mistakenly understood by mental health professionals to be pathological (N. T. Anderson, 2000, p. 71). Elsewhere Anderson has stated that STFC might be best used as a component of a clinical treatment model with lay counsellors leading someone through the steps whilst mental health professionals address clinical issues (Seitz, 2006, p. 122).

The FIC concept of DID has been published for therapists (Anderson, 2000b, pp. 286-291), non-professionals wishing to lead someone with DID through STFC, and those who suffer from DID (FIC Ministries2007). FIC ministries seem to encourage research into their methods, although no research has yet been published on the effects of STFC on someone with DID.

5.4. Conclusion.

As there are no publications on DID written by those Christian therapists who use a psychoanalytic framework, it may be safe to assume that this is because they have

nothing more to offer than present secular models. It could also be that people who are said to suffer from DID are more likely to come from, or be drawn to, conservative churches   (Possible reasons for this will be discussed further below).

In insisting upon a certain level and form of Christian faith in their counselees, both Ellel Ministries and Freedom in Christ Ministries, exclude the majority of the population from their services, so cannot compare with the medical model, which, in principle, is available to all. Although they both claim to provide healing, there is no evidence of this and, as will be discussed in later chapters, some of their therapeutic methods are potentially harmful.

There is as yet no concept of DID from any discipline that provides a theory which the majority can agree to and which, when applied, consistently improves quality of life for those with DID. Examining both secular and Christian approaches to DID presents a picture which is fragmented and unconnected, in much the same way as the DID personality is said to be unconnected and divided.

Chapter 6. The Treatment of Dissociative Identity Disorder

6.1. Introduction.

In previous chapters the similarities between theories of DID and Spirit Possession were explored, and it was seen that secular explanations of multiple personalities are most likely to be based on an understanding of dissociation, whilst in the Church, there are some who believe alternate personalities to be a result of demonic activity. Therefore this chapter will explore secular treatments for DID which aim for integration of the personalities, Christian approaches which incorporate psychological insights into their treatment methodologies, and Christian practices, often referred to as spiritual warfare, in which the aim is expulsion.

There appears to be agreement across most disciplines that the aim of treatment should be integration of the alters into one unified whole (C. H. Rosik, 1995, p. 233), and that this can be achieved by talking about the traumatic events which led to fragmentation. Even those who perceive demonic involvement in DID agree that it is only the demons which are to be expelled; alters are always to be integrated. The only exceptions are those who do not accept the traumatic aetiology of DID, but as they are not publishing alternate treatment plans, their views will not be considered here.

The role of the talking therapies in DID will be explored, paying particular attention to how and why the verbalisation of traumatic memories can reverse or overcome deleterious effects on identity formation. The question of who the person with DID should be talking to will also be considered; is it necessary to find a qualified psychotherapist, or can adequate help be found within supportive communities such as churches?

Examples of different therapeutic models, both Christian and secular, will be examined through the published memoirs of four women, and the unpublished account of one man, each of whom had received a diagnosis of DID.

6.2. Secular Approaches to the Treatment of DID.

6.2.1. ISSTD Guidelines for Treating Dissociative Identity Disorder.

In 2011 the International Society for the Study of Trauma and Dissociation (ISSTD) updated their published. *Guidelines for Treating Dissociative Identity Disorder in Adults*(ISSTD, 2011). These guidelines state that the goal of treatment is always integrated functioning or, at least, harmony between the different alters (ISSTD, 2011, p. 133). Integration (also referred to as unification) is said to be achieved when there is a loss of any separateness across all identity states and the patient's self-understanding is that of a unified subjective self. Some who fail to accomplish complete integration may achieve resolution, a state in which the alters retain a degree of separateness but cooperate and communicate with each other (ISSTD, 2011, p. 133). Follow up studies suggest that those who achieve complete integration fare better in the long term (ISSTD, 2011, p. 134) (Ellason & Ross, 1997, p. 832). The success of treatment has been said to depend upon the severity of the condition, the length of time in treatment before diagnosis, the number of alters and co morbidities, the motivation of the individual and the amount of social support available (ISSTD, 2011). There is an acknowledgement of the lack of research into treatment for DID (ISSTD, 2011, p. 134).

In her much acclaimed work on trauma, Judith Herman describes three stages of recovery which, she maintains, can be found in Janet's work on hysteria, in treatment plans for combat trauma and Post Traumatic Stress Disorder, and in Putnam's recommendations for the treatment of Multiple Personality Disorder. These three stages are:

1. Establish Safety
2. Remembrance and Mourning
3. Reconnection with ordinary life (Herman, 1997, p. 156)

Variations on the three stages are to be found in most treatment plans for DID including that of the ISSTD. (Table 4)

Table 4: Three stages of Recovery from Trauma.

	Putnam (1989, pp. 138-141)	Courtois (2008, pp. 93-96)	ISSTD (2011, p. 135)
Stage 1	Diagnosis, stabilisation, communication, cooperation.	Alliance-building, safety, affect regulation, stabilisation, skill-building, education, self-care, and support.	Safety, stabilisation, symptom reduction.
Stage 2	Metabolism of Trauma.	Deconditioning, mourning, resolution, and integration of the trauma.	Working with memories.
Stage 3	Resolution, integration, development of post resolution coping skills.	Self and relational development, enhanced daily living.	Identity, integration and rehabilitation.

ISSTD recommend that psychotherapy with psychiatric management should form the basis of all treatment for DID (ISSTD, 2011, p. 117), but may be combined with other treatments such as hypnosis, Cognitive Behavioural Therapy, Eye Movement Desensitisation and Reprocessing (EMDR), Dialectical Behaviour Therapy, as well as arts based and group therapies (ISSTD, 2011, pp. 160,161). Additional treatment may be required for co morbid conditions such as eating disorders or substance abuse (ISSTD, 2011, p. 146). Most of these treatment methods require modification when used with DID patients. For example hypnosis carries a risk of suggestion leading to false memories (ISSTD, 2011, p. 158) and EMDR could cause the patient to be overwhelmed with traumatic memories (ISSTD, 2011, p. 160). The ISSTD caution against treatments which could be experienced as re traumatising such as aversive conditioning or the use of physical restraint (ISSTD, 2011, p. 148). They advise that alters should not be treated as literally separate people nor should they be suppressed or ignored (ISSTD, 2011, p. 132) and therapists should be prepared to engage with spiritual and ethical issues whilst being careful not to impose their own values (ISSTD, 2011, p. 170). A neutral stance should be taken regarding the accuracy and truth of the patient's memories (ISSTD, 2011, p. 167). Although the ISSTD affirm a team approach they warn that there is a danger that integration will be undermined by different alters working with different clinicians (ISSTD, 2011, p. 147).

Outpatient treatment is preferred; hospitalisation is only necessary when the patient is at risk, or when it is anticipated that extra support will be required, for example, whilst working intensely with memories (ISSTD, 2011, p. 147). Colin Ross points out that

none of the reasons for admission to hospital such as self harm or suicidal ideation are specific to DID (C. Ross, 1995, p. 128).

6.2.2. Difficulties Relating to Treatment for DID.

Because health care in North America is dependent upon insurance companies who require a diagnosis based on pathology, the medical model of DID remains dominant (Haddock, 2001, p. 79). This is despite the fact that DID is not generally viewed as a psychiatric illness, and medication does not affect dissociation, only the problems caused by it (C. Ross, 1995, p. 127). Patients in North America may be admitted to specialist dissociative disorders units, although insurance companies are reluctant to cover the costs of such admissions (ISSTD, 2011, p. 148).

Empowerment of the patient is viewed by most as a crucial element of treatment, Herman believes the medical model fails those with DID in this respect (Herman, 1997, p. 133), claiming that patients are often misdiagnosed and subject to negative attitudes from mental health professionals (Herman, 1997, p. 123).

In the UK, according to Remy Aquarone, psychotherapy and counselling are offered to "clients" within the private non-medical sector, whilst psychiatry, which is committed to the medical model, cares for "patients" on behalf of the NHS. Although this is changing and psychotherapy and counselling are increasingly being offered within the NHS, Aquarone complains that provision remains patchy with no set national pattern. He states that most work on dissociation has been carried out by psychotherapists and largely ignored by psychiatrists (Aquarone & Hughes, 2006).

This view is supported in the *Mind* booklet *Understanding the Dissociative Disorders* which advises patients that General Practitioners (GP) and most mental health professionals do not receive appropriate training on the dissociative disorders and so are unlikely to consider them when making a diagnosis. Patients are also advised that obtaining necessary psychotherapeutic help may depend on where they live, and even in those areas that do provide talking therapies on the NHS, such provision is likely to be for the short or medium term, rather than the long term care required by those suffering with dissociative disorders. According to *Mind*, patients often have to turn to the voluntary, or for those who can afford it private, sectors for treatment (Livingston, 2009) .

The Clinic for Dissociative Studies in London is a specialist centre for the treatment of dissociative disorders and all treatment provided is funded by the NHS. Their website describes the "worries and hurdles" of the referral process.

These hurdles include the necessity of an NHS referral for anyone wishing to access the clinic, provided usually by a GP and a psychiatrist (who, as noted above may not acknowledge or be aware of the dissociative disorders). Once the patient has been referred, the clinic must apply to the local health trust for funding before any assessment or treatment can be provided. Commissioners usually insist on lengthy assessments before agreeing to provide funding, which will only be forthcoming if it can be demonstrated that the patient has first tried local NHS providers (Clinic for Dissociative Studies).

Despite the recent efforts made to validate the talking therapies within mainstream publicly funded psychiatry, for the person with DID, unless they are able to pay for psychotherapy or counselling in the private sector, they are still more likely to be treated according to the medical model (Aquarone & Hughes, 2006).

6.2.3. Ruth Dee "Fractured"

Ruth Dee's autobiographical account of early abuse and subsequent DID, illustrates the difficulties experienced by DID patients in the UK, in getting their condition recognised and treated (Dee, 2009).

As an adult, Dee had no memories of abuse but was aware of the presence of nine alters, ranging in age from 1 year to adult (Dee, 2009, p. 2). Until she became unwell in middle age, Dee had always managed to function and to keep the presence of her alters hidden from other people. She had married, divorced and remarried, had two children and a good job as a head teacher of a large school (Dee, 2009, p. 15). As her coping strategies began to fail and she was losing increasing amounts of time, Dee went to see her GP and asked to be referred to a psychiatrist (Dee, 2009, p. 282). Initially the GP diagnosed her with Myalgic Encephalopathy and only after repeated appointments and requests was a psychiatric referral made (Dee, 2009, p. 283). A series of assessments from various psychiatrists and psychologists resulted in Dee being placed on an 18 month waiting list for psychotherapy (Dee, 2009, p. 286). Whilst waiting for this to begin she continued to work but her behaviour was becoming increasingly erratic and she was requiring medication for depression and anxiety (Dee, 2009, p. 288). She was eventually forced to give up work after 18 months of treatment, due to a crisis brought

on by her psychotherapist's departure to take up work in a different area (Dee, 2009, p. 292).

Dee arranged an assessment with a private clinical psychologist who diagnosed DID (Dee, 2009, p. 295). Following this her psychiatrist arranged for her to attend the psychiatric day unit (Dee, 2009, p. 297). After a breakdown which required inpatient care for one month (Dee, 2009, p. 309) she was refused psychotherapy as she was considered to be too much of a suicide risk (Dee, 2009, p. 314). Knowing that further psychotherapy would help her, she continued to press for it, even arranging for a second opinion, until the psychotherapy department relented and allowed her to resume treatment which she continues with at the time of writing the book (Dee, 2009, p. 324).

Dee's treatment was managed by both psychiatrist and psychologist, the psychiatrist as lead clinician directed treatment, while the psychologist helped her manage her illness and develop coping strategies (Dee, 2009, pp. 312-314). The treatment aim was always full integration (Dee, 2009, p. 328), alters were encouraged to recount their experiences and express their needs, before being taught to imagine a safe place which lay in the present, and which they could go to in times of extreme stress (Dee, 2009, p. 328). At the same time Dee was taught how to stop their unwanted intrusion into her life (Dee, 2009, p. 10) by telling them that time had passed and they were no longer needed (Dee, 2009, p. 11). Group therapy was used to improve concentration as frequent switching between alters made it difficult to focus on one thing for any length of time, this included motivation, healthy living, and arts based groups (Dee, 2009, p. 313).

The aspects of treatment which Dee reports as being most helpful are the non-judgmental attitude from staff (Dee, 2009, p. 314), and an acceptance of the alters which included responding to them in age appropriate ways (Dee, 2009, p. 310). She also found the practical advice useful such as wearing a medic alert bracelet, and always writing down her destination in case she switched identities during her journey (Dee, 2009, p. 314). Physiotherapy and occupational therapy taught her how to feel her body and to use physical movements to resist switching (Dee, 2009, p. 326).

The youngest alters integrated first (Dee, 2009, p. 328), following which increased medication was required to manage the feelings of panic that were no longer contained within separate parts of the personality. After each integration a period of mourning was required for the loss of that alter (Dee, 2009, p. 329). Dee also reports that following

integration she suffers from fatigue and her reactions are slower (Dee, 2009, p. 334). Full integration has not been achieved but all the alters are aware of each other and co conscious for the majority of the time (Dee, 2009, p. 333).

Each stage of Dee's recovery seems to have been initiated by her refusal to accept the diagnoses and treatment first offered, and her persistence in demanding the treatment she felt she needed. One of her psychological assessments described her as depressed, but she says any depression was exacerbated by a refusal to provide psychotherapy and the lack of a clear treatment plan (Dee, 2009, p. 317.). In addition, once fought for, not all treatment was helpful; her first psychotherapist refused to acknowledge her alters and suggested she should leave them outside the room. This made the therapy very difficult for her as it was mostly her alters who participated and explained things (Dee, 2009, pp. 290-292).

She feels that she did not gain optimum benefit from the medication as the dosages were never calculated correctly, and although the drugs helped her to manage feelings of fear and panic they also left her feeling tired and ill (Dee, 2009, p. 314). Dee now works with mental health professionals, educating them on what it is like to live with DID (Hodder, 2010).

6.2.4. "Lost Boy"

Lost Boy is the unpublished semi-autobiographical account of a male survivor of child abuse written in the format of a graphic novel (FlameBoy, 1997). Unlike the female subjects considered in this chapter, who report symptoms of depression and anxiety, *Lost Boy* tells a story of rage and the desire for vengeance.

A family crisis which appeared to be the trigger for flashbacks of early abuse, and a fear of the consequences of his increasing desire for violence, led Lost Boy to seek help. After failed attempts to obtain help from the NHS, a counsellor was found from within the voluntary sector. It was this counsellor who facilitated the recovery of early memories of organised abuse and made the diagnosis of Multiple Personality Disorder. Four alters are identified: the vigilante and the wolf, both of whom are violent, an angel who argues against violence, and a child who is hurt and afraid. The different personalities are referred to as ego states.

There is no resolution or healing in this story which ends with the subject attempting to violently confront his abusers but being convinced by them that he is the victim of false

memories implanted by his therapist. The final pages show him walking away in shame as the perpetrators continue in their abuse of other children.

6.3. Spiritual Models of DID.

6.3.1. Exorcism and Deliverance.

Spiritual models of DID such as those proposed by Ralph Allison have not generally been accepted by the medical community. Writing 15 years after the initial publication of *Minds in Many Pieces* (Allison, 1980), Allison claims to have been made unwelcome at national debates on DID, whilst his ideas on spirit possession have been disregarded (Schwarz & Allison, 1999, p. 189).

James Friesen does not view DID as an illness but as a protective way of life (Friesen, 1991, p. 133), his treatment plan can be seen to follow the usual three stage pattern: establish safety (Friesen, 1991, p. 145), work with the alters (Friesen, 1991, pp. 164-166), and promote integration (Friesen, 1991, p. 178). Integration is said to be achieved by overcoming the divisions of the heart through giving each part to God (Friesen, 1991, pp. 259-261).

Friesen describes Allison as a pure scientist (Friesen, 1991, p. 226) and emulates his methods of exorcism (Friesen, 1991, p. 227), but while both call for science to be more open to the spiritual dimension of mental health (Friesen, 1991, p. 228), neither appear to base their methods on any scientific research. For example, Allison uses a "booming" voice when performing his first exorcism as he thinks this will scare the demon away (Schwarz & Allison, 1999, p. 78). Friesen quotes Allison at length in recounting the exorcism of a patient whom Allison had diagnosed with DID, this exorcism is presented as a success which resulted in the patient being relieved of many symptoms (Friesen, 1991, p. 227), but no mention is made by Friesen of the same patient's subsequent suicide (Schwarz & Allison, 1999, p. 62).

Friesen's uncritical acceptance of Allison's practice and views could be said to undermine his credibility as a Christian and as a therapist. He claims that Satanic Ritual Abuse is a major cause of DID and, for this reason, spiritual warfare is needed in addition to psychological interventions (Friesen, 1991, p. 210). Friesen claims that spiritual warfare can only be undertaken by those described as having a solid spiritual foundation and a "here and now" relationship with God (Friesen, 1991, p. 243). Yet Allison claims that his methods of exorcism are rooted in shamanism (Schwarz &

Allison, 1999, p. 191) and his spirituality incorporates belief in reincarnation and spirit guides (Schwarz & Allison, 1999, p. 196).

Philip Spencer Morris, will only work with Christians (Morris, 2008, p. 153). He classifies as demonic any personality which uses a different voice (Morris, 2008, p. 92), and asserts that the "real" personality, and the only one he will engage with, is the personality that answers to the individual's given name. All alternate personalities must be led to the Lord and demons expelled before integration can take place (Morris, 2008, p. 113).

John Clark believes deliverance ministry is necessary for every case of DID and provides a 39 step guide on how to proceed (Clark, 2003, pp. 149-168). He too sees integration as the ultimate aim; this happens after the alters have been delivered of their demons and "go to be with Jesus" (Clark, 2003, p. 148).

6.3.1.1. Psychiatric Views of Exorcism.

Citing the reports published by Fraser (Fraser, 1993) and Bowman (Bowman, 1993), the ISSTD discourage the use of exorcism in the treatment of DID, and restate the need for more research in this area (ISSTD, 2011, p. 170).

Fraser claimed that one third of his patients with DID had undergone exorcism prior to diagnosis (Fraser, 1993, p. 240), his study involved seven of these (Fraser, 1993, p. 239). Results of the study showed that effects of exorcism ranged from mildly negative to severely disruptive. Patients reported struggling physically with the exorcist, attempting suicide, creating demon alters, numbing of religious fervour and believing that an alter had been banished and was suffering in hell (Fraser, 1993, p. 239). Fraser concedes that symbolic exorcism may be beneficial in rare cases, but adds that it must always be done in conjunction with someone who has knowledge of the dissociative disorders (Fraser, 1993, p. 243).

Bowman followed Frasers report with her own study of 15 patients with DID who had previously undergone exorcism. She discovered that 80% reacted negatively and found the exorcisms traumatic, spiritual harm was found to be more severe and long lasting than any psychological effects (Bowman, 1993, p. 222). 10 of the 15 patients said they had been coerced into exorcism, two were minors when the exorcisms took place and reported being physically restrained during the procedure (Bowman, 1993, p. 225). Clinical sequalae included feelings of rage, fear, anxiety, agitation, humiliation, despair

and suicidal ideation, some viewed themselves as evil (Bowman, 1993, p. 226). Whilst none of the patients were able to leave therapy as a result of the exorcisms, a number found it necessary to begin therapy (Bowman, 1993, p. 228). The most traumatic exorcisms were those that took place without consent or explanation, were loud and violent and reminded patients of the original abuse (Bowman, 1993, p. 230).

Fraser and Bowman both selected their sample group from patients known to have had a negative experience of exorcism. In order to balance these findings Bull, Ellason and Ross conducted a retrospective investigation of 47 patients with DID who reported a positive experience of exorcism (Bull, Ellason, & Ross, 1998, pp. 188,189), although none were made well enough to leave therapy as a result (Bull, et al., 1998, p. 194).

This research found that the degree to which the exorcism was regarded as a positive experience was directly related to the number of the following factors being present:

- Patient consent
- Non Coercion
- Active participation of patient
- Exorcist's understanding of DID
- Exorcism carried out within the context of psychotherapy
- Compatibility with the patient's spiritual belief system
- Encouragement of patient's independence (Bull, et al., 1998, p. 189)

Bull et al assert that the exorcisms featured in the Fraser and Bowman studies were lacking the above factors (Bull, et al., 1998, p. 193). In a later paper Bull argues that most of the problems caused by exorcism are due to the fact that they are carried out in controlling and demeaning ways by religious people who have inadequate understanding of dissociative disorders (Bull, 2001, p. 132). Although they agree that exorcism goes against the therapeutic goal of integration, these authors believe there may be a place for exorcism in the treatment of DID if it is conducted properly, is non-coercive, and patient initiated (Bull, et al., 1998, p. 194).

To this end, Bull proposes a therapeutic model for exorcism which is appropriate to the spiritual beliefs of the patient and in which the patient is encouraged to expel their own demons (Bull, 2001, p. 131). Allison and Friesen are cited as examples of therapists who have had positive results from exorcisms (Bull, 2001, pp. 132,133), although it is thought that in this model, it would not be necessary for the therapist to be religious as long as they were prepared to work within the world view of the patient (Bull, 2001, p.

131). Bull calls for more collaboration between psychotherapists and exorcists (Bull, 2001, p. 136).

This report is unusual in that while DID is understood in terms of the medical model (i.e. due to dissociative mechanisms rather than any spiritual causes), exorcism as part of an effective treatment plan for DID is supported (Bull, 2001, p. 135). It is suggested that exorcism could be viewed from a cognitive behavioural approach, as a cognitive restructuring of the patient's mental imagery (Bull, 2001, p. 137). The ISSTD caution against exorcism in DID is dismissed as being based only on the reports of Fraser and Bowman, without taking into account those studies which demonstrated more positive results of exorcism (Bull, 2001, pp. 136,137). It must be supposed that in Bull's reference to exorcism, it is the symbolic ritual rather than the expulsion of spiritual entities that is being advocated. Written consent is deemed as essential (Bull, 2001, p. 137) but if the patient is initiating and conducting their own deliverance it is unclear quite what they are consenting to.

6.3.2. Christian Approaches to the Treatment of DID.

Experts in the field of DID, and mental health professionals who work with trauma survivors, all agree that remembering and talking about the trauma is central to recovery (ISSTD, 2011, p. 168)   (Herman, 1997, p. 158) (Livingston, 2009, p. 11). The three Christian approaches to DID that were examined in Chapter 5 will be reviewed here, with particular focus on the extent to which the counselee is encouraged to tell their story, and, where spiritual warfare is employed, whether or not those factors deemed by Bull et al as necessary for a positive outcome are incorporated.

6.3.2.1.Ellel Ministries: Pastoral Theology Without Science.

Spiritual warfare is an important aspect of what Fouque and Glachan describe as the biblical counselling approach, an approach which, they say, can be more concerned with teaching spiritual truths than listening to the counselee or fostering empowerment (Fouque & Glachan, 2000, p. 202). The subject is not expected to direct or initiate treatment but to comply with the minister. This can be seen in the methods used by Philip Spencer Morris who tells those with DID that they must come out of agreement with the demons and into agreement with him (Morris, 2008, p. 101).The success of his deliverance ministry appears to be measured by the patient's conformity to the rules of the group; one female DID sufferer was said to have benefited from exorcism because

afterwards she kept her house clean and attended church regularly (Morris, 2008, p. 100). As observed in Chapter 5, Ellel ministries have not published any literature on their treatment and understanding of DID but general principles can be gleaned from Horrobin's book *Healing Through Deliverance* (Horrobin, 2008) and Sarah Shaw's Memoirs (Shaw, 2009).

6.3.2.1.1. Sarah Shaw "Sarah"

Shaw developed DID as a result of sexual abuse by her Father and emotional abuse from her Mother which lasted throughout her childhood. She attributes her healing to ministry received from a team at Ellel Grange over a period of 12 years. Like Ruth Dee, Shaw presented a façade of normality to the world; she was married with children and worked in an administrative post at her local church. In reality she suffered feelings of guilt and shame, was bulimic, regularly took laxatives and had been prescribed anti-depressants and tranquilisers by her GP (Shaw, 2009, pp. 21-23). At the age of 36 her coping strategies failed and a suicide attempt resulted in admission to a psychiatric hospital where she was diagnosed with bulimia, Obsessive Compulsive Disorder, depression, and self-harming and suicidal tendencies (Shaw, 2009, p. 18). Her psychiatrist suggested that the complete lack of childhood memories might signify abuse in early life, but she denied this (Shaw, 2009, p. 31). She first visited Ellel Grange whilst a psychiatric inpatient, an initial 10 day healing retreat was followed by frequent shorter visits during which she received pastoral ministry from a small team which included Peter Horrobin's wife (Shaw, 2009, pp. 35,36). Her progress was such that after just over one year she no longer needed any medication and was discharged by her psychiatrist (Shaw, 2009, p. 98). During the counselling, Shaw discovered that she had seven alternate personalities ranging from ages three to eighteen (Shaw, 2009, p. 66). After integration of all the personalities she felt no need to return to Ellel Grange, and at the time of writing the book she had not required any medication for over ten years (Shaw, 2009, p. 169). Shaw now works for Ellel Ministries as a counsellor and trainer (Shaw, 2009, p. 168).

The aim of treatment was integration, described by Shaw as growing together to be one whole person as God originally intended (Shaw, 2009, p. 82). The Ellel team taught her that the alters were a part of her and that she was responsible for their actions (Shaw, 2009, p. 70). Alters would manifest during counselling sessions and describe episodes

of Shaw's abusive childhood, which the ministry team would then relate to her after the session. In this way she was able to construct a personal history (Shaw, 2009, p. 87).The ministry team responded to each alter in a way that was sensitive to the presenting age, and gradually, Shaw learnt to control the switching and to allow the alters expression whilst she was in executive control (Shaw, 2009, p. 79).

The alters were encouraged to accept and embrace each other before integration could take place (Shaw, 2009, p. 85). The final stage of integration occurred whilst the ministry team prayed, and Shaw recounts how it was accomplished by Jesus telling the 18 year old alter to take the hands of the younger ones (Shaw, 2009, p. 166).

Deliverance ministry and exorcism do not feature explicitly in Shaw's story but they are implied in such phrases as "They banished the works of darkness and ushered in His healing" (Shaw, 2009, p. 42). Scripture was used to teach forgiveness of sins (Shaw, 2009, p. 38), and Shaw says that reading about the Passion helped her to recognise Christ as "someone who understood the anguish and inhumanity of her early life" (Shaw, 2009, p. 77).

Shaw believes that healing can only come through a relationship with God through Jesus, and claims that she learnt how to have such a relationship from observing her counsellors at Ellel Grange. She feels that the love and acceptance shown to her by the Ellel community were central to her recovery (Shaw, 2009, p. 137), an important aspect of that acceptance, for Shaw, was the way her counsellors did not focus on her eating as the psychiatric team had done (Shaw, 2009, p. 37).

All progress is attributed to the direct action of God: God leads her to helpful Bible passages, guides and speaks through the ministry team, and His love overcomes defences (Shaw, 2009, p. 48). It was God's Holy Spirit that thwarted suicide attempts (Shaw, 2009, p. 52), and the psychiatric crises are explained as God dismantling what was false in her life (Shaw, 2009, p. 133).

Shaw felt liberated when told by the ministry team that she should not feel guilt for expressing negative emotions as this is quite normal and God does not require perfection (Shaw, 2009, pp. 114,115). However, her subsequent freedom in communicating her darker thoughts and feelings was deemed excessive by her counsellors and labelled as sin for which she should repent. She says this caused a relapse into feelings of rejection and fear of punishment (Shaw, 2009, p. 116). On one occasion the 18 year old alter took an overdose of medication, and the ministry team held Shaw to account for this and told her she had chosen in her heart to go against God.

This, she says, made her feel blamed and she wanted to run away from Ellel Grange but didn't feel she could because she still needed their help (Shaw, 2009, p. 70).

Nowhere in the book *Sarah* is there any criticism of the Ellel team or their methods. The above incidents are explained as necessary discipline, doled out by God to those He loves (Shaw, 2009, p. 117). Any aspects of the therapeutic relationship that Shaw found difficult, she attributes to some failing in herself. She describes an "unhealthy relationship addiction" as entirely her fault and not caused in any way by her counsellors (Shaw, 2009, p. 141). There is no suggestion of any efforts to help her understand or process these feelings.

Although this method is said to place more emphasis on teaching and spiritual warfare than on listening, it does seem that Shaw was enabled to build a life story through a process which involved her alters talking about the traumatic memories they held.

There does not appear to be any movement towards empowerment in this treatment plan. The dependency created seems to have convinced Shaw that God's help is only to be found at Ellel Grange (Shaw, 2009, p. 70). Whilst Shaw believes that God's unconditional love is the only remedy for DID, she claims that it must be demonstrated through human channels in order for the person to receive it and know it (Shaw, 2009, p. 144). Shaw feels that if she had not desired the same relationship with Jesus that she saw in her counsellors, God would have been unable to work with her (Shaw, 2009, p. 43). It would seem then that although empowerment is not a major aim of treatment, responsibility for the outcome is placed on the counselee and the quality of her faith.

6.3.2. 2.The Integration of Pastoral Theology and Psychodynamic Therapies.

Elizabeth Baxter, Director of Holy Rood House Centre for Health and Pastoral Care, claims to have cared for people at Holy Rood House who have been harmed by other Christian ministries, particularly exorcism and deliverance. Baxter, who describes herself as a feminist theologian, says that whilst the counsellors at Holy Rood house take the diagnosis of DID seriously, they do not wish to give it power; hence, they do not encourage switching and do not ask to speak to particular alters, although they will work with alters should they manifest. Addressing God as Father is discouraged. Baxter feels it is disempowering to teach God as the "other" to be consulted before action is taken or decisions made. Empowerment is promoted in the focus on wisdom, particularly the wisdom that is to be found within each individual. There is an

acceptance that, in the person with DID, Wisdom may manifest as an alter (Baxter, 2010).

Barbara Glasson, author of *A Spirituality of Survival* (Glasson, 2009), worked at Holy Rood House as director of the Face2Face project for survivors of sexual abuse. In this book, DID is viewed as one outcome of child abuse and described as a loss or disintegration of self (Glasson, 2009, p. 34). According to Glasson, the telling of stories is central to the recovery process, and the people who do not achieve healing from the effects of abuse are those who are not able to tell what has happened to them (Glasson, 2009, p. 3). For Glasson, the mission of the Church is to actively listen for and to the stories of those who have been silenced by abuse (Glasson, 2009, p. 130). She believes it makes a difference to the lost to have someone searching for them (Glasson, 2009, p. 64). Glasson uses scripture to console rather than to exhort, and she refers to passages where Jesus is silenced or lost (Luke 2: 41-50) (Glasson, 2009, p. 54) whilst cautioning against the use of scripture to promote Jesus as sacrificial victim, as this is potentially harmful to those who are abused (Glasson, 2009, p. 88).

6.3.2.2.1. Betty Hughes. Talking To My Selves: A Journey into Awareness.

In her foreword, Valerie Sinason says that Hughes has written this book with the cooperation of her alters (Sinason, 2010b, p. xv), although nowhere does Hughes use the words alters or DID, instead she talks of her "parts".

Brought up with an emotionally distant father and religiously repressed Mother (Hughes, 2010, p. 9), a history of sexual abuse is probable but not certain. Raised as a Christian, Hughes worked for a number of years at Lee Abbey Christian Retreat Centre, but says she always found Christianity oppressive, a consequence of exposure to her Mother's distorted religious views (frequent reference is made to "My Mother and her Lord" or "My Mother's Lord"). For a long time believing that emotional help could only be found from religious sources, Hughes' journey to recovery did not begin until she gave up her efforts to conform as a Christian, took up secular employment and discovered psychology (Hughes, 2010, p. 46).

Hughes was in her forties when she first entered psychotherapy. Her first therapist was a Christian (Hughes, 2010, p. 46) and initially she found the therapy helpful. She began to regress to child states during therapy sessions (Hughes, 2010, p. 60) and had some memories of sexual abuse but was never sure if these were accurate (Hughes, 2010, p.

54). A sexual relationship began with the therapist during the sessions which she says she responded to by dissociating. Therapy sessions stopped, but the relationship continued for five years, Hughes only realised retrospectively that this relationship had been abusive (Hughes, 2010, p. 62) .

After the relationship ended, Hughes resumed her search for psychological help and over a number of years experienced both individual and group therapy (Hughes, 2010, p. 78). This included encounter groups, psychodrama, bioenergetics, art therapy, seed groups, primal integration and the Hoffman Process (Hughes, 2010, p. 80). She describes herself as a guinea pig for Frank Lake's experiments with LSD in which she relived the "truly terrifying struggle" of emerging from her Mother's womb (Hughes, 2010, p. 95). She reports that some of her "parts" came out whilst she was working with Frank Lake (Hughes, 2010, p. 98) but it was during sand play, which she was introduced to in Bill Swartley's primal integration sessions, that she found she was able to allow her parts some expression (Hughes, 2010, p. 100) . After Frank Lake died in 1982, Hughes completed the two year training in Pastoral care which was delivered by The Clinical Theology Association (now Bridge Pastoral Foundation) (Hughes, 2010, p. 116), she continued to pursue her own recovery whilst organising and leading primal integration workshops for others (Hughes, 2010, pp. 104-106). At the time of writing the book, Hughes is still using sand play herself as well as running workshops (Hughes, 2010, p. 170).

Swartley also taught Hughes to accept that there was no good or bad, or right or wrong, and she found it liberating to realise, after so many years of assuming that she was bad, that she did not have to change, rather, she needed to give herself permission to be herself (Hughes, 2010, p. 101). Any therapy that allowed her to express herself freely and allowed the child parts to speak is viewed as helpful (Hughes, 2010, p. 136). Group work taught her not to live to the expectations of others (Hughes, 2010, p. 83), and the Hoffman Process taught her about the effects of shame (Hughes, 2010, p. 168). Reading psychology provided an awareness of how childhood affects the adult personality (Hughes, 2010, p. 46), and Hughes especially identified with Winnicott's idea of the true self which can remain hidden and protected by the false self (Hughes, 2010, p. 59). Hughes did not find all her therapists or treatments helpful (Hughes, 2010, pp. 69, 70), the most harmful seems to have been body painting which engendered strong feelings of shame (Hughes, 2010, p. 88). She always found transference difficult, and like Shaw, she struggled with dependency; when one of her therapists had an accident whilst on

holiday and so was forced to take time off work she had what she describes as a near breakdown (Hughes, 2010, p. 74).

After many years of trying different therapies Hughes achieved a degree of integration whilst working with a clinical psychologist who diagnosed PTSD (Hughes, 2010, p. 189), although integration was never the stated aim of treatment. This therapist was willing to work with the parts, who were differentiated during therapy sessions by Hughes moving between different chairs (Hughes, 2010, p. 203). Integration seems to have occurred outside of therapy, and was brought about by a deliberate attempt to bring two of the parts together by writing and speaking the same thing at the same time. This entailed a fierce internal struggle over a number of days and is described as bringing together two elements which previously had to be kept apart at all costs (Hughes, 2010, p. 225).

Hughes believes recovery can only come when people are enabled to tell their story in the way that seems most natural to them, and when they are accepted as they are at each stage of the process (Hughes, 2010, p. 236). On the whole, the success or otherwise of therapy seems to be more to do with the individual involved than the type of therapeutic model used. Those who enabled her to tell her story in her own way and who she felt understood by, were the therapists Hughes found most helpful (Hughes, 2010, p. 189). Surprisingly, after stating the importance of self-expression and being able to tell one's story, Hughes admits that she only really found peace once she accepted that she might never know what had happened to her (Hughes, 2010, p. 221).

6.3.2.3. Freedom in Christ: Pastoral Theology with Cognitive Behavioural Theory.

The Freedom in Christ approach to DID is presented in detail in *Christ Centred Therapy* (Anderson, 2000b) and in *An Introduction to Dissociative Identity Disorder* (FIC Ministries 2007). Direction and teaching are given priority, and the counselee must be a Christian as healing is dependent upon finding identity as a child of God. A history of trauma is not seen to be the main issue; rather it is the lies that are believed as a result of that trauma. The person with DID is told that once they know who they are in Christ, they can process their memories from that viewpoint, and, although acknowledging the trauma will be painful, they will come to realise that it has no bearing on who they are now (FIC Ministries 2007, pp. 15,16).

The four stages of treatment as set out in *An Introduction to Dissociative Identity Disorder* resemble the three stage approach used by other disciplines, but with the incorporation of the Freedom in Christ programme:

1. Safety: This includes meeting basic needs such as food and shelter and organising a support team. It also involves addressing cognitive distortions through daily repetition of "Who I am in Christ" which is found in the Freedom in Christ discipleship programme (FIC Ministries 2007, p. 19).

2. Dealing with footholds of the enemy: This refers to any past or present behaviour which has allowed demons to enter, and is dealt with by using The Steps to Freedom in Christ to announce truth and renounce lies (FIC Ministries 2007, p. 20) .

3. Healing the alters: Alters are treated as separate entities while still being viewed as part of the whole, the gospel message must be presented to each alter, and child alters are to be treated in age appropriate ways. As the lies are uncovered and replaced with the truth, amnesic barriers will break down so enabling the alters to tell their story (FIC Ministries 2007, pp. 23-25) .

4. Integration and post integration: New non-dissociative ways of coping with stress must be learnt (FIC Ministries 2007, p. 30)

In *Christ Centred Therapy*, written by Neil Anderson with Terry and Julianne Zuehlke, seven years before *Introduction to Dissociative Identity Disorder* was published, the four stages of recovery for DID look somewhat different:

1. Grow close to Jesus

2. Experience authentic praise and worship. Learn to deal with demonic attack through spiritual warfare.

3. Uncover lies and see Jesus replace them with the truth; painful reliving of memories is not necessary

4. Connect with the body of Christ (establishing a sense of connectedness with the human race (Anderson, 2000b, pp. 288, 289).

This difference could be due to Carolyn Bramhalls' contribution to the writing of *Introduction to Dissociative Identity Disorder*.

According to Freedom in Christ Ministries, as DID is a coping mechanism rather than an illness, it is not always necessary to involve trained professionals; caring believers can take someone with DID successfully through the Steps to Freedom in Christ, although sometimes medical or psychiatric intervention may be required (FIC

Ministries, p. 31). Clark provides a testimony from a woman with DID who reported that when she followed the Steps to Freedom in Christ she experienced strong feelings of shame, hopelessness and despair as a result; she interpreted the lack of positive outcome as indication that she must be doing something wrong (Clark, 2003, p. 95).

6.3.2.3.1. Carolyn Bramhall "Am I a Good Girl Yet?"

Carolyn Bramhall was married with children and, like the other women with DID considered in this chapter, managed to hide her inner turmoil from the outside world until a psychiatric crisis necessitated admission to hospital (C. Bramhall, 2005, p. 73). At the time she was living in America with her family. Having failed to secure work permits, her husband and children returned to England, but Bramhall stayed behind to continue the course of psychotherapy she had begun with Christopher Rosik (C. Bramhall, 2005, p. 90). It was through this therapy that Bramhall became aware of her alters, of which there were many, all at different ages and with different names (C. Bramhall, 2005, p. 91). Rosik diagnosed her with DID and this was confirmed by James Friesen, described by Bramhall as a leading expert on DID (C. Bramhall, 2005, p. 140) . The separation from her family had been expected to last about three months but it was actually three years before she re-joined them in England. During this time Bramhall lived in California receiving no income and dependent on friends and church members for all material needs.

During therapy sessions alters would re-enact traumatic events, the nature of which led Rosik to believe that Bramhall had been a victim of Satanic Ritual Abuse in her childhood (C. Bramhall, 2005, p. 88). The therapy sessions were videotaped so that the memories presented by one alter, could be viewed by all the others at any time (C. Bramhall, 2005, p. 101).

In order to achieve integration, Rosik encouraged the alters to communicate with each other (C. Bramhall, 2005, pp. 120,121) and to find shared goals (C. Bramhall, 2005, p. 150), and some alters did integrate during this time (C. Bramhall, 2005, p. 152). Rosik was involved in a weekend of prayer and deliverance organised for Bramhall by her church, followed by a planned period of recovery in hospital. Although physical restraints were used, Bramhall describes the deliverance a success in that one alter was delivered of demons and the satanic alters received the gospel (C. Bramhall, 2005, pp. 144-146). This church also organised a baptism service in which 23 of her alters were

baptised (C. Bramhall, 2005, p. 150). Later, while still in therapy with Rosik, she provided a counselling service at the church for other women with DID (C. Bramhall, 2005, p. 158).

On returning to England, Bramhall found it impossible to find a therapist who knew about DID, her GP prescribed anti-depressants and sleeping pills and referred her to a psychiatrist who said the only additional treatment they could offer was inpatient care (C. Bramhall, 2005, p. 186) .

She had a similar experience to Ruth Dee when another psychiatrist told her never to dissociate in his presence, like Dee she found this very difficult saying "the implied rejection of who I was increased a sense of grief that was hard to bear" (C. Bramhall, 2005, p. 181) .

Bramhall first heard of Freedom in Christ Ministries from a visiting speaker at her church (C. Bramhall, 2005, p. 192). After eight months of regular appointments with Steve and Zoe Goss, during which she completed the Steps to Freedom in Christ, she considered herself fully healed from DID (C. Bramhall, 2005, p. 209).

The FIC team met with her every few weeks which is not normal FIC practice; usually only one "Freedom appointment" is deemed necessary, but Bramhall initially found it impossible to voice all the renunciations required to complete the Steps to Freedom in Christ (C. Bramhall, 2005, p. 196). These sessions gave a feeling of release as it was the first time since returning from America that she felt it safe to allow her alters to manifest. However, there was a difference in that the FIC team did not ask the alters to tell their story, instead they said they had something to tell them. They then proceeded to share the gospel with each alter in age appropriate ways (C. Bramhall, 2005, pp. 199,200). The Freedom in Christ programme prefers not to focus on what has happened to someone in the past but to stress who they are in the present in relation to God. Bramhall was encouraged to learn and recite selected Bible passages which spoke of the goodness of God (C. Bramhall, 2005, p. 235).

It was decided that a demon had gained entry through a satanic ritual that Bramhall had been part of as a child, and in order to make the demon leave, she was told she had to renounce the ritual. She found this very difficult but as she spoke the words of renunciation, she reports seeing the demon leave in the form of a wolf (C. Bramhall, 2005, p. 205).

Bramhall is able to pinpoint the exact moment that she gained her freedom; as she declared aloud that she chose Christ over Satan, all pain left her to be replaced by a

feeling of calm and she knew she was free. Eight months after this, all remaining alters had integrated and she considered herself fully healed (C. Bramhall, 2005, pp. 205-209). Following her healing, Bramhall worked for Freedom in Christ Ministries as part of their "Walking with the wounded" team. She now runs an organisation called "Heart for Truth" which aims to help the Church support those who have experienced trauma and abuse (Bramhall, 2009).

Bramhall identifies the acceptance and non-judgmental attitudes of those caring for her as the most helpful aspects of her treatment, along with feeling that she was being heard (C. Bramhall, 2005, pp. 180, 181). In addition she feels that the FIC encouragement to focus on the person of Christ rather than on herself and her healing freed her from the "never ending search for the right person or the right technique" (C. Bramhall, 2005, p. 200).

Treatment from the mental health services was perceived as harmful at times, mainly due to the judgmental and disapproving attitude of some members of staff (C. Bramhall, 2005, p. 111). Hospitalisation in America is described as a dehumanising experience (C. Bramhall, 2005, p. 135). Church support proved a mixed blessing, the material and practical support provided by her church in California, enabled her to continue treatment with Rosik, (C. Bramhall, 2005, p. 118), but deliverance ministry had no positive effect and was often violent and re traumatising (C Bramhall, 2005, pp. 60,61). In an appendix to *Am I A Good Girl Yet?,* Rosik suggests the role of the local church in DID is to provide social support and a place in community(C Rosik, 2005, p. 244).

6.3.2.4. Forgiveness.

Forgiveness is central to the Christian faith, and as such could be expected to play a key part in ministry to those who have experienced abuse in childhood. However, the Christian models studied in this chapter demonstrate how theological differences can vastly alter the nature of the treatment being offered and the place given to forgiveness. Philip Spencer Morris believes that forgiveness of one's abuser is an essential pre- requisite for deliverance and healing (Morris, 2008, p. 129). Steve Goss also affirms forgiveness as a major part of the healing process (Goss, 2005, p. 235). Shaw was taught by the Ellel ministry team that it was important to forgive herself and others (Shaw, 2009, p. 100), although she says neither God nor her counsellors forced her to forgive before she was ready to (Shaw, 2009, p. 109). Shaw was also told that it was

necessary to say sorry to God and ask for forgiveness for herself for choosing to allow her alters to carry her traumatic memories (Shaw, 2009, p. 74). Barbara Glasson is against even the suggestion that the abused person should forgive the perpetrator, saying that any talk of forgiveness can only be for the benefit of the abused; it is not the job of the abused person to reinstate the perpetrator (Glasson, 2009, p. 94).

6.4. Discussion.

As stated above, integration is the universally accepted treatment aim in DID, and most agree that this can be brought about by enabling the subject to recount a coherent life narrative. Treatments which are viewed as potentially harmful are, by contrast, those which exacerbate dissociation by either denying or demonising the alters. The most successful treatment plans would then appear to be those which enable people to tell their story in their own way. Any treatment methods which remove control from the patient or attempt to impose different interpretations of their symptoms will be counter-productive. Paradoxically it is acceptance of the alters, and the degree of autonomy they demand, which eventually leads to their integration and loss of that autonomy.

Those who go to their GP for help, are most likely to be treated, at least initially, according to the medical model. This may mean misdiagnosis and resultant mistreatment which may be received by the subject as a denial, both of who they are and of the distress they are attempting to communicate. This can be seen in the problems Ruth Dee had in obtaining appropriate treatment. As a professional woman with strong family support, Dee was tenacious and articulate enough to state her needs and insist upon an appropriate response, presumably this will not be the case for every DID sufferer.

In a 2012 paper on treatment outcomes for DID, Brand et al conclude that although research in this area is still in its infancy, preliminary studies show that while treatment does reduce many of the symptoms associated with DID, full integration is rare. They add that there is, as yet, no empirically supported criterion standard set of interventions (Brand, et al., 2012, pp. 490,491).

Despite eventually receiving the treatment she thought she required, at the time of writing *Fractured* Dee had not reached her goal of full integration, she was still switching between alters in public, remained in need of psychotherapy and had no plans to return to her previous employment (Dee, 2009, pp. 333-335).

Likewise, neither Lost Boy nor Betty Hughes achieved full integration.

Of the case studies explored above, the only people to claim full healing are Sarah Shaw and Carolyn Bramhall, both of whom experienced treatments which research has shown to be harmful, i.e. spiritual warfare and directive counselling. In addition, Freedom in Christ ministries discourages a preoccupation with the past and do not place value on the recovery of a life history.

Glasson discusses cultural variations in storytelling (Glasson, 2009, pp. 5-8), and it could be that individual preferences for different modes of communication explain why the above very different approaches to the treatment of DID have been found useful to some and harmful to others. The subject's faith background appears to be influential in their choice of therapist. Carolyn Bramhall, who became a Christian at the age of 14 and had since been part of the Evangelical Church, needed someone who would share her understanding of her condition as a fight between good and evil, whereas Betty Hughes, who had been raised in an oppressive Christian atmosphere, did not find relief until she discovered therapeutic models that provided freedom to doubt and to express her negative thoughts towards God.

6.5. Conclusion.

Despite the interdisciplinary nature of the interest in DID, there is little research on treatment outcomes and so minimal recommendations for treatment. The ISSTD say that treatment should adhere to basic principles of psychotherapy and psychiatric medical management with specialised techniques used only to address specific dissociative symptomatology (ISSTD, 2011, p. 117).

This seems to encourage each discipline to continue with their own treatment methods with perhaps an "add on" for the dissociative disorders, and does not promote dialogue between those who view alters as demonic and requiring exorcism and those who understand them to be dissociative. Without further research into multiple personalities and the different understandings of them, dialogue is unlikely to develop. Furthermore, lack of research and agreement on best practice means an absence of transparency and accountability.

There is a need to find a shared language with which to explain multiple personalities and for a non confrontational environment which encourages dialogue. There is also a need for research which informs all treatment and makes a strong case against the use of

those treatments deemed to be harmful for people with DID. Within the mental health services, a more open minded approach to the reality and nature of multiple personalities might prevent people feeling that their very nature is being denied, and within pastoral theology, ideas regarding demon possession and the harsh methods sometimes utilised to combat it should be challenged.

The remainder of this paper is an attempt to address those needs and provide a description and analysis of multiple personalities which will lead to safe and effective models of care for those affected. The Mimetic Theory of René Girard will be proposed as a theory from which such models could be drawn.

PART TWO

Chapter 7 Theological Engagement with Current Theories of DID.

7.1. Introduction.

As demonstrated in Part 1, the interdisciplinary nature of the study of DID has led to a number of different understandings regarding multiple personalities, these in turn, have led to as many different ideas about the correct way to respond to someone who manifests as multiple.

Of the approaches to DID considered in Chapter 6, it was shown that the treatment recommended by the ISSTD, psychotherapy with psychiatric management, has not been proven to consistently bring about the desired aim of integration.[14] Further, those treatments which are deemed to be harmful by mental health professionals, such as directive counselling and deliverance ministry, were shown, in the cases of Sarah Shaw and Carolyn Bramhall, to have facilitated complete healing. Whilst two cases cannot be representative of all those who receive such counselling, it may be reasonable to suppose that the low rate of success in psychiatric treatment is at least matched by current Christian therapeutic methods.

Despite recent attempts within psychiatry to accept and engage with the spiritual and religious concerns of patients (Sims & Cook, 2009) (Verhagen, 2010), continuing tensions between religion and science limits the scope for dialogue between the competing views.

This chapter will demonstrate the need for a theological engagement with theories of multiple personalities which goes beyond the Christian views considered in Chapter 6, all of which originate in and are bound by, particular traditional dogmas regarding human sin and the authority of scripture. A consideration of a number of models of theological engagement will illustrate why current therapeutic methods show such a low rate of success and why there is a need for a new model of theological engagement with DID.

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[14] Research has shown that between 16.7% and 33% of patients who are treated for DID achieve full integration(ISSTD, 2011, p. 134).

7.2. The Place of Theology in the Debate on DID.

As seen in Chapter 5, some Christians believe that the care of people with DID should come under the jurisdiction of the Church, possible reasons for this view are outlined below:

1. As established in Chapter 4, DID and demon possession may be confused because they are the only conditions in Western Judeo-Christian culture in which the subjects manifest multiple ego dystonic personalities.

2. It has been observed that a significant number of people who are diagnosed with DID come from a Christian background (Bowman, 1993, p. 222), and may seek help from the Church (Sinason, et al., 2008, p. 374). Some Christian communities understand demonic activity to be the source of all mental illness (Mungadze, 2000, p. 142) and some who suffer from DID believe themselves to be possessed and in need of exorcism. These people are most likely to seek help from someone who shares their beliefs about demons (Moss, 2006, p. 189).

3. Crisp reports that Christians who have been raped are always concerned with theodicy (Crisp, 2001, p. 25), and this also appears to be true of those who have DID and have recovered memories of early abuse.

At the heart of all these reasons is the concept of evil, understood either as demons replacing the original personality, or as the causative agent of child abuse. Although advances in neuroscience mean that it is now possible to view changes to the structure and function of the brain following trauma, scientific explanations of evil are rarely enough to satisfy those who suffer its effects.

Theology is perceived by some as being better placed to discuss the idea of evil as it retains concepts of an external force of evil (Perry 1996, p. 131), and Christian theology asserts that it is overcome through the death and resurrection of Christ (Moss, 2006, p. 162).

Because the subject of evil is critical to those who suffer from DID (even those who do not believe in demons might still describe their abuse as evil or their abusers as evil people), it will be necessary to demonstrate that theology is in fact better equipped than science to address matters of evil, if the need for theological engagement in this area is to be justified.

7.2.1. A Psychiatric Understanding of Evil.

Psychiatrist Michael Stone alleges that psychiatry has replaced religion and philosophy when it comes to explaining evil. He says society no longer looks to the Bible for explanations but to the human brain, because evil is, claims Stone, a purely human phenomenon (Stone, 2010, p. 15). He follows Wittgenstein in deriving the meaning of a word from its usage, and it would seem that for Stone, it is the use of the word in popular culture that determines the meaning of evil. Evil is used to refer to those actions that evoke the emotion of horror such as acts which cause intense suffering to another person, and the people who commit these acts, who "engage habitually in acts of unusual cruelty" are those who are referred to as evil people (Stone, 2010, p. 28). Serial killers and psychopaths are offered as examples. Stone observes that people who are identified as evil have a larger incidence of amygdalar changes which could indicate harm done to them by early caretakers (Stone, 2010, pp. 28,31), and says these "evil" people are to be found either in prisons or in forensic hospitals presumably depending on whether they are judged to be "Bad" or "Mad". By attributing evil in humans to organic factors, psychiatry makes redundant the language of human sin, something which is still key in theological understandings of evil.

Sims claims that psychiatry was born from the realisation that madness and badness are not necessarily the same thing and he believes that this realisation signified progress, as those with mental illness are no longer viewed as demon possessed and subject to punishment or exorcism as treatment (Sims, 2006, p. 2). According to this view, the medical model of evil as sickness is a progression from the theological understanding and leads to more humane treatment.

However, not everyone would agree that psychiatric treatment methods are an improvement on pre modern techniques of punishment or exorcism. Carolyn Bramhall experienced both deliverance ministry and psychiatric care as equally terrifying and humiliating (C. Bramhall, 2005, pp. 60,136).

In order to justify a theological contribution to DID it will be proposed that this model put forward by psychiatry is inadequate in the field of DID.

7.2.2. DID as Mental Illness.

To accept the psychiatric view of evil in the field of DID, both the multiple personalities of DID, and the acts of abusers must be shown to be a result of sickness. If DID is a

sickness, can it also be viewed as a logical, and ultimately self-protective, response to trauma?

The *DSM-IV* definition of mental disorder is as follows:

> A clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and that is associated with present distress   (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, for example, the death of a loved one. Whatever its original cause, it must currently be considered a manifestation of a behavioural, psychological, or biological dysfunction in the individual. Neither deviant behaviour (e.g.,political, religious, or sexual) nor conflicts that are primarily between the individual and society are mental disorders unless the deviance or conflict is a symptom of a dysfunction in the individual (A.P.A, 2000 p xxxi).

A key phrase, concerning the application of this definition to DID, is "must not be merely an expectable and culturally sanctioned response to a particular event." Bourguignon's comparison of a North American woman with multiple personalities and a Brazilian adolescent who acts as a medium for disincarnate spirits, demonstrates how the additional personalities have different ontological status depending on the culture within which they manifest (Bourguignon, 1989, p. 376). It could be argued that society's refusal to acknowledge the incidence of child abuse prevents the development of any culturally sanctioned response to early severe and ongoing trauma.

In Chapter 3 it was observed that people with DID may manifest a range of symptoms each capable of producing distress or disability, and a comparison of the lists of symptoms drawn up by different DID experts showed that there is little agreement regarding the typical clinical picture. It is proposed that although the dissociative disorders often do cause such symptoms, DID itself, understood as the presence of alternate personalities, is not a direct causative factor. None of the symptoms mentioned in Chapter 3 are directly caused by the mere existence of alternate personalities. As

remarked in that chapter, it is usually the failure of dissociation which produces the symptoms that would cause someone with DID to seek help. The case studies examined in Chapter 6 describe subjects who, although maybe not enjoying inner peace and wellbeing, were high achievers and did not have cause to seek help until the dissociation that had enabled them to survive and perform began to fail. If then, DID can be defined as a mental disorder according to *DSM* criteria, and if the symptoms which signify mental disorder are only experienced in DID as dissociation fails and integration begins, this suggests that the *DSM* view of mental disorder, at least as far as DID is concerned, is more about behaviour and conformity than health and flourishing.

In claiming to attribute all behaviour to organic deficits, the medical model appears, initially, to be less judgemental than theological models based on human sin. However, if behaviour which results from a move towards health is judged as pathological because it does not meet cultural norms, the tenets are no different than those of the religious practices which science claims to have left behind.

7.2.3. DID and Human Sin.

The argument here is that all theories of DID, whether medical, psychological or theological, pathologise or blame the victim of abuse rather than the perpetrator, at least in practice if not in theory. Treatment, whether that be exorcism, medicine or psychotherapy is discussed in the majority of theories of DID, in relation to the abuse survivor rather than the abuser. The claim, made by some, that theology is better placed to deal with matters of evil is not supported in Christian approaches to DID which focus on the sin or supposed demonisation of the victim. The extent of such attitudes throughout Christian theology will be explored through a range of commentaries on two biblical narratives. The first, the story of the Levite's Concubine, will demonstrate Christian attitudes to victims of sexual violence. Following this, different understandings of the story of the Gerasene demoniac will show how all Christian traditions pathologise or demonise those who manifest multiple personalities.

7.2.3.1. The Levite's Concubine (Judges 19-21).

This story, which spans the last three chapters of the book of Judges, tells of a man, a Levite, whose concubine/wife leaves him. He goes after her and persuades her to return, and on their journey home they accept hospitality from a man in the town of Gibeah. Just as in the story of Sodom (Genesis 19), the men of the town threaten sexual violence

towards the Levite and the host offers his virgin daughter as a substitute. Unlike the events of Sodom, in this story the Levite's concubine is also offered to the mob and there is no angelic intervention. The Levite throws his concubine outside while he remains within the safety of the house, her attack lasts all night and in the morning she is merely able to drag herself back to the house before dying on the doorstep. On leaving the house to return home, and finding the woman lying across the threshold, the Levite tells her to get up so they can continue their journey; at this point he discovers that she is dead. In rage, the Levite divides the woman into twelve pieces and sends one piece to each of the tribes of Israel, demanding that action is taken against the people of Gibeah. The result is inter-tribal war on such a scale that one of the twelve tribes is almost obliterated.

This story has been chosen because the concubine seems representative of people with DID in that she is fragmented following sexual violence. Also the ensuing battle between the tribes is reminiscent of the controversy that surrounds DID, in that the subject of the abuse is silenced as professional reputations and careers are defended and fought over. The comparison is strengthened in that it is the woman's husband; her caretaker, who offered her to the abusers.

This should not be mistaken for an attempt at an allegorical reading of the passage, in which characters and events would be representative of aspects of God or the spiritual life (Louth, 1983, p. 121), such as those offered by Athanasius and Ambrose in the 4th Century. Athanasius likens the woman's butchered body to the scattered congregation of the Alexandrian Church during the Arian controversy (Schroeder, 2007, p. 114), and Ambrose, in his defence of the Holy virgins, used this story as an illustration of the way God's wrath would be visited on those who violate chastity (Schroeder, 2007, p. 107).

A literal reading of the story does not detract from the similarities between the Levite's concubine and survivors of sexual trauma today. Unless adhering to a rigid mind/body dualism, it is not necessary to make the physical dismemberment symbolic of psychological disintegration; they are merely different aspects of the same thing: fragmentation of the self.

An analysis of how this story has been interpreted over time will expose negative attitudes towards trauma survivors within the Church, paying particular attention to where the blame is placed, which behaviour is judged, and who carries the shame. Joy Schroeder's book *Dinah's Lament* (2007), reviews the way narratives of sexual violence

in the Bible were interpreted from the time of the early church to the Reformation. Her work has been used to provide the following overview.

Differences between the Hebrew text and the Septuagint have, in some cases, influenced the way this narrative is interpreted, and in other cases the attitude of the commentator has determined which source is used. Early commentaries were based on the account in the Septuagint which merely said the woman left her husband in contrast to the Hebrew text which describes her as adulterous. When Jerome translated the Bible into Latin, he used the Septuagint version of this story, despite a general preference for the Hebrew text. It wasn't until 16th Century Protestants returned to the Hebrew text that the woman's adultery was taken into account (Schroeder, 2007, p. 114). Another difference is that where the Septuagint says the woman was dead on the doorstep, the Hebrew text is silent, indicating that she could have still been alive when the Levite took her away from Gibeah (Thompson, 2001, p. 183).

Josephus claims that the woman died of shame, the implication being, according to Schroeder, that death is preferable to living with the shame of rape (Schroeder, 2007, p. 106). Ambrose also says the woman died on the doorstep because she was too ashamed to enter the house (Schroeder, 2007, p. 108). Following Josephus, Ambrose says the Levite was about to comfort his concubine as she lay on the doorstep before realising she was dead and he further excuses him by saying that the woman was seized forcibly by the mob rather than thrown to them. The dismemberment is not mentioned (Schroeder, 2007, pp. 109,110). For Ambrose, as for Athanasius, the Levite was the one sinned against because his wife was polluted (Schroeder, 2007, p. 112).

In medieval times this passage was used by Geoffrey de la tour Landry as a warning of what might happen to a woman who leaves her husband. He blames the woman both for the attack and the ensuing war, and says she died from shame rather than violence (Schroeder, 2007, pp. 121,122).

The Post Reformation return to the Hebrew text, was accompanied by an understanding that the attack on the woman was divine punishment for her adultery (Schroeder, 2007, p. 103). Commentators regarded the rape as a lesser evil than the intended homosexual attack. An attitude of sympathy towards the Levite is maintained in that there is no mention of his throwing his wife to the mob, and most commentators express surprise that the woman should die as a result of what happened to her (Schroeder, 2007, p. 116). Voltaire stated that he could not imagine anyone dying from "an excess of intercourse"

and so concluded that the mob must have followed the sexual attack by beating the woman to death (Gunn, 2005, p. 254).

Calvin's attitude to the Concubine is not recorded but as he regarded the rape of Tamar as God's punishment of David, Schroeder concludes that he would understand this rape as divine punishment for the woman's sin (Schroeder, 2007, p. 142). Vermigli believed the ensuing wars were punishment of the whole community because they failed to deal with the woman's adultery, a crime for which she should have been stoned to death (Schroeder, 2007, p. 144). On the whole, the dismemberment is either not mentioned or allegorised, and Schroeder believes that this is evidence that the commentators are unable to face the horror of such an act (Schroeder, 2007, p. 150).

In more recent commentaries there seems to be a need to determine whether or not adultery was committed. Gunn says that the term in the Hebrew text understood as "prostituted herself" could also refer to headstrong behaviour (Gunn, 2005, pp. 250,251). One view claims that if the woman had been guilty of adultery there would have been no reconciliation with her husband and she would have received the death penalty (Cundall & Morris, 1968, p. 193) (Gunn, 2005, p. 251). To focus thus on the woman's behaviour, even in attempts to exonerate her, suggests that commentators are still undecided about whether or not she deserved what happened to her.

Cundall, in his 1968 commentary excuses the host's offering of his daughter to the mob by explaining that at the time hospitality was a higher virtue than the protection of women (Cundall & Morris, 1968, p. 197), but increasingly over the 20th Century, possibly as a result of feminist hermeneutics, the actions of the Levite are seen as cruel and cowardly and horror is expressed at the savagery involved in the woman's dismemberment (Gunn, 2005, p. 256).

Feminist readings of this story focus on the fate of the concubine and place the blame on the Levite who participated in her rape. The dismemberment is described as an attempt to regain his mastery over her, against the mastery of the rapists, and a further erasure of her humanity (Thompson, 2001, p. 183). Phyllis Trible describes the concubine as the least of all the characters in scripture, never having her humanity acknowledged and even when dead, still in the power of her master (Schroeder, 2007, p. 150).

Whilst these commentaries demonstrate that attitudes change over time, there are three basic positions taken:

   a) The concubine is to blame

b) The concubine is not to blame

c) The Levite is to blame

This illustrates the associations for Christians between sin and blame; whether accusing or defending, all the above readings operate within a framework of guilty or not guilty. Apart from feminist readings it is the guilt, or otherwise, of the victim which is being decided.

7.2.3.2. The Gerasene Demoniac (Mark 5:2-20).

Readings of the account of the Levite's concubine can contribute to a theological study of evil as it relates to DID in terms of human sin, but do not address the subject of demon possession, another aspect of evil which is pertinent to the study of DID. For an assessment of attitudes towards mental illness and the demonic within the Church, interpretations of the New Testament story of the Gerasene demoniac will be explored.

This story, found also in Luke 8:26-39 and Matt 8:28-34, tells of a man who had an impure spirit and who lived among the tombs in perpetual torment. He had incredible strength which he used to break free from the restraints put on him by his fellow townspeople. It is not stated why he needed to be restrained but failure of the restraints resulted in self harm so it is possible that the chains were applied as a form of care (Cole, 1990, p. 97). On meeting Jesus he described himself as being many, rather than as having many, but in the ensuing exorcism it is made clear that this was a severe case of demon possession which caused the man to be insane. Once the demons were sent out of the man into a herd of pigs he was returned to his right mind.

This is the only instance in scripture where demons are associated with mental illness (Newport, 1976, p. 327) and it has been used as a biblical example of DID (Wilson, 1984, p. 108).

To those who accept scientific explanations for deviant behaviour, this man is mentally ill. Writing *The Daily Study Bible* in 1975, William Barclay states that the man is mad and the demons exist only in his imagination (He also alludes to PTSD by saying that the man's condition may have been caused by witnessing some atrocity carried out by the Roman Legions). Barclay does not disagree with the means used to cure the man, who he believes was in need of deliverance from his delusion (Barclay, 1975, pp. 117, 118).

Conservative Evangelicals have described the Gerasene Demoniac as the extreme example of surrender to and control by Satan (Anderson, 2000a, p. 121) (Cole, 1990, p. 99).

Peter Horrobin describes this text as a primary source of an actual exorcism (Horrobin, 2008, p. 164). He reports that during his ministry he has come across demonised people who have a strong compulsion to visit graveyards and to remove their clothes (Horrobin, 2008, p. 165). That the man cuts himself with stones suggests to Horrobin that he is a descendant of the prophets of Baal and his demonisation is the result of the sins of his ancestors (Horrobin, 2008, p. 167). Whilst Horrobin's views may be considered too fantastic to be taken seriously by some theologians, they are important in a study on DID as long as those affected are seeking help from Ellel Ministries.

The story of the Gerasene demoniac, containing as it does, elements of disordered psychology, spirituality and community, seems to be a popular source for psychological and socio-historical forms of biblical criticism. Walter Wink who has been accused of demythologising (Barton, 2008, p. 90) and who claims to be influenced by Jung, says the Gerasene demoniac is a case of outer personal possession(Wink, 1986, p. 43)[15]. Wink sees the demons as representative of the Romans in that they speak Latin, present themselves as legion and wish to be allowed to stay in the country (Wink, 1986, p. 47).

The different Christian theories regarding the multiplicity of this man fall into two camps, the man is either sick or demon-possessed. Turner claims that standard interpretations of this passage support his theory that as far as Christian anthropology is concerned, multiplicity equals madness whereas singularity is normal (Turner, 2008, p. 1).

7.3. The Need for Theological Engagement in DID Reviewed.

At the beginning of this chapter it was stated that some claim that a theological contribution is necessary to the study of DID because theology has experience of and the tools to address matters of evil, something that has been shown to be important to those who suffer with DID and those who care for them. It has also been shown that both the medical model and current Christian approaches to DID unhelpfully focus the problem of evil on the victim of abuse rather than the perpetrator.

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[15] See page 83 for Wink's categories of possession.

Colin Ross believes that the attitude of psychiatry towards those with DID is similar to that seen during the witch trials of the 15th-18th centuries. He believes that many of the women who were executed as witches would have been victims of child sexual abuse and is of the opinion that in terms of morbidity and mortality, today's psychiatric methods may not be much of an improvement in dealing with the consequences of childhood sexual abuse (C. Ross, 1995, p. 36).

The same could be said about the Church; Anglican, Michael Perry describes DID as "a borderline psychotic disorder which… lends itself as a vehicle to the ritual abuse brigade and should be viewed with suspicion after hypnotic interventions by therapists" (Perry, 1996, pp. 79,80). Both the humanity of those who suffer DID and its traumatic origins have been overlooked here, as the victim's perspective is ignored and professionals are accused of causing psychosis.

In light of the above, there is a need for a theological engagement with theories of DID which is able to move beyond themes of blame and pathology; sin and sickness. Below, four methods of theological engagement will be assessed regarding the way in which concepts of sin and sickness are used. The aim is to determine whether their primary objective is the health and liberation of the individual or conformity to the group.

7.3.1. Models of Engagement.

Chapter 5 explained how different Christian understandings of human sin and demonology determined the nature of pastoral care offered to people with DID, similarly those views determine the methods of engagement with the sciences which that tradition would be willing to undertake. Liberals, who affirm the Enlightenment view of the basic goodness of humans (Barbour, 1997, p. 38) and understand secondary consciousness as psychological rather than demonic, are open to engaging with science, and in pastoral theology they are most likely to adopt a psychoanalytical approach. In a departure from the traditional Christian view, Enlightenment thought denied original sin and stated that humans are born good but then corrupted by society. Furthermore it is not sin, but ignorance which limits human achievement so the answer to human problems is education and the spread of reason (Barbour p 38). If, as Freud said, humans are not free because they are controlled by neuroses and psychoses, then freedom must come through psychoanalysis (Heitink, 1999, p. 32). The model of counselling to come out of this view is non-directive and non-judgemental.

Conservative evangelicals focus on human sin as surrender to temptation and control of the human mind by Satan and/or demons, their pastoral theology includes exhortation and a form of spiritual warfare that involves renouncing Satan's lies. This is compatible with Cognitive Behavioural Theory and most evangelicals are willing to incorporate insights from that discipline as long as it does not challenge their interpretation of scripture.

Those who reject the insights of science believe that all human problems are caused either by organic disease, human sin or demons, and that wherever there has been sexual sin, demons will be present and deliverance ministry required.

An example of each of these models of engagement and a discussion of their usefulness for DID will be considered below.

7.3.1.1. Paul Tillich and the Correlational Method.

For those who understand multiple personalities as a psychological phenomenon rather than evidence of the presence of demons, the correlational method of Paul Tillich, in which science and theology are deemed equally necessary, may be a preferred method of theological engagement with the subject of DID.

Tillich claimed that each different age and culture gives rise to particular existential questions which determine the form of that culture's ultimate concern (Tillich, 1968, p. 8). The Christian message must be expressed in a way that is relevant and comprehensible to a given cultural situation and its existential questions, which means that Christian truth must be interpreted anew for each generation (Tillich, 1968, p. 3). Tillich states that existential questions arise from human experience and reason (Miller, 1998, p. 56), and the answers to those questions are to be found in God's revelation as it is mediated through scripture and Christian tradition (Swinton & Mowat, 2006, p. 78). This dialogue is both objective (God's revealing) and subjective (human receiving) (Miller, 1998, p. 57).

This method of correlation ensures that theology is apologetic and not answering questions that are not being asked in that particular cultural situation (Miller, 1998, p. 57), supporters say it makes theology culturally relevant (Graham, Walton, & Ward, 2005, p.154).

Tillich's view of sin has been interpreted as estrangement from God manifesting as unbelief, hubris and concupiscence (Migliore, 1998, p. 142), but even when humans are

estranged from God they still participate in the divine Being, otherwise they would cease to exist, because God is the Ground of all Being (Tillich, 1968, p. 263). Tillich sees a correspondence between the psychotherapeutic terms of guilt, freedom and repression and the Christian language of sin, grace and forgiveness; he also claims that justification by faith through grace parallels the humanistic understanding of unconditional acceptance. Although the intention was not to substitute psychological terms for theological truths, Tillich has been accused of sacrificing distinctly psychological or Christian meanings (Graham, et al., 2005, pp.155-157). For example, Hunsinger claims that when equated with healing, the distinctly Christian understanding of salvation is lost (Hunsinger, 1995, p. 90).

Tillich's method has been criticised for imposing theological answers without taking into account answers that may have been produced from within the situation itself (Tracy, 1996, p. 46). Swinton and Mowat have developed a model which they call "Mutual Critical Correlation" in which, they say, the dialogue partners (i.e. science and theology) are given more equality, and the social sciences are invited to critique the theological answers which are offered (Swinton & Mowat, 2006, p. 82).

Tillich asserts that theological answers are applied to existential questions to which God, as the Ground of all Being, is always the answer. Broadly speaking, human existence raises the question of human finitude, and the answer to this question is God who is the infinite power of Being which resists the threat of non being (Tillich, 1968, p. 72). This may be helpful in understanding DID, as during severe child abuse the threat of non-being is imminent and a real possibility that is faced repeatedly (Sachs, 2008, p. 132). The child could be said to be recreating themselves in order to achieve a less vulnerable state of being, in which case the answer would be to relocate the subject into God as the Ground of all Being in order to discover authentic rather than counterfeit existence. However, another criticism of this method is that the questions that theology chooses to answer may be those which reflect the interests of dominant groups whilst ignoring the experiences of the marginalised, and as such could silence the voices of the abused (Graham, et al., 2005, p.67).

7.3.1.2. Barth, Chalcedon and Object Relations.

Karl Barth accused liberal theology of being unable to account for human sin (Tracy, 1996, p. 28). Unlike Tillich, Barth describes humans as essentially separated from the divine (Hunsinger, 1995, p. 92), human sin is a contradiction of what God created

humans to be. The forms of sin that Barth focuses on are pride, sloth and falsehood(Migliore, 1998, p. 147), bondage to the sin of falsehood means living within lies that are designed to protect from the truth about God, ourselves and others (Migliore, 1998, p. 149). This view of sin has been observed in Neil Anderson's thoughts on the origins of DID (Anderson, 2000b, p. 287). The concept of sin and the efficacy of repentance and forgiveness are foundational (Macarthur, 1993, p. 14).

Whereas Tillich's method might be an obvious choice in the study of DID, because of the commitment to engaging with the health sciences, particularly psychotherapy, the opposite could be said about Barth and those who follow him. Barth did not engage with psychology and doubted Tillich's method of correlation, saying it did not take God's otherness seriously (Hunsinger, 1995, p. xi). He also said that correlation wrongly assumes that psychological and theological concepts exist on the same level (Hunsinger, 1995, p. 75), and that Tillich's idea of mutual dependence wrongly suggests that God needs the world as the world needs God, whereas God is in fact self-sufficient (Hunsinger, 1995, p. 92). Barth's theology begins not with human experience but with God's self-revelation (Hunsinger, 1995, p. 27), the context of the human experience is not ignored but secondary (Hunsinger, 1995, p. 47).

Despite Barth's reluctance to engage with science, both Deborah van Deusen Hunsinger (1995) and Daniel Price (2002) have developed methods of engagement with psychology using Barthian theology.

Hunsinger's model is based on Barth's understanding of the 5th Century Chalcedonian creed which asserts priority of Christ's divinity over his humanity (Hunsinger, 1995, p. 61). Likewise, although theology and psychology are both necessary, theology takes precedence (Hunsinger, 1995, p. 10). Hunsinger describes this as an asymmetrical relationship rather than a hierarchical one where the differences would be merely a question of degree. The subject matters of theology and psychology are different, therefore the terms cannot be interchangeable (Hunsinger, 1995, p. 64).

Where Tillich might see a correlation between the psychological term healing and the Christian term salvation, a Barthian method of engagement would always understand healing to be subsequent to salvation because salvation does not necessarily point towards healing, but healing is always to be understood as pointing towards salvation (Hunsinger, 1995, p. 67).

Swinton criticises Hunsinger's method saying that she overlooks the relativity of the interpretation of revelation, and even where theology is given priority it should still be open to challenge from other disciplines (Swinton & Mowat, 2006, pp. 89,90). Swinton adds that subordinating the sciences leaves them untouched by theology as it removes opportunity for meaningful mutually critical dialogue (Swinton & Mowat, 2006, p. 93). Daniel Price believes that Barth's theology is compatible with Object Relations Theory as both study humans within the context of interpersonal relationships, both hold to a unitary anthropology, and both understand brokenness as a turning away from The Other (Hunsinger, 1995, p. 53; Price, 2002, p. 12).

Attachment theory has been used in the psychology of religion to demonstrate how different attachment patterns to the primary caregiver can affect a person's adult relationships and attachment to God. It was observed in a previous chapter that attachment theory has been combined with Object Relations Theory to explain DID (Blizard, 1997) which is said to be created through the child's need to form attachment to caregivers who are either dangerous or negligent. Both theologians and psychiatrists have described the effect of early trauma on identity formation in terms of attachment, (McFadyen, 2000, pp 57-79, Dell, 2009, p. 178) so there is scope for a Barthian theological engagement with psychology in the realm of DID. However the focus on sin, guilt, repentance and forgiveness as the path to health would necessarily mean the abused, as the counselee, would be the one confessing and asking for forgiveness, which as pointed out above, locates the problem with the victim rather than with the perpetrator.

7.3.1.3. Puritans, Depravity and the Demonic.

Those who base their pastoral care on the pre-scientific model of the Puritans maintain the concept of the radical depravity of the human heart, and are concerned that the health sciences will remove the concept of sin and therefore the need for repentance and forgiveness (Keller, 1988, pp. 21, 26).

Only three sources of personal problems are recognised, personal sin, organic illness or demonic activity, and the authority of scripture always takes priority over human experience. Tracy claims that the orthodox theologian produces systematic explanation of the beliefs of his own Christian community, but is unable to appreciate contemporary understandings of human experience (Tracy, 1996, p. 25).

Although Thurneysen is described as a Barthian theologian (Heitink, 1999, p. 77), and understands psychology and psychiatry as auxiliary tools to be used in the service of theology (Thurneysen, 1963, p. 202), his ideas on counselling seem to accord more with this model. Thurneysen says all problems can be traced to sin so the answer to all problems is forgiveness, sin cannot be cured by analysis, neither can it be studied scientifically (Thurneysen, 1963, pp. 213, 214).

More recently Powlison has picked up this argument, writing in 2000 he says scripture is designed to be a model for counselling, the only sanity is to know God, anything less perpetuates insanity (Col 2:8) (Powlison, 2000, p. 19). He adds that the goals of self actualisation and healing of memories and the meeting of psychological needs are not valid aims of counselling, and the mental health system has no prerogative over solutions to the problems of living. Personality theories are said to be false theologies, and psychotherapies are false forms of the cure of souls (Powlison, 2000, p. 21).

It has been observed that it is when DID is treated without scientific knowledge that the more extreme and harmful modes of treatment are employed such as exorcism and deliverance, therefore despite the success claimed by Shaw and Bramhall, this model of non-engagement would seem to contain the most potential for causing further harm to those who suffer with DID.

7.3.1.4. The Role of Narrative in Pastoral Theology.

The EAS survey found that the talking therapies were considered by people who had experienced severe abuse to be the most helpful (Becker, et al., 2008, p. 83), and the case studies considered in the previous chapter confirmed the significance of a coherent life narrative for those in recovery from DID. Referring to Paul Ricouer's example of psychoanalysis, in which the patient attends with fragments of experiences or dreams which the analyst then draws together into a narrative whole, Gerard Loughlin suggests that a coherent life narrative may be developed from stories that have been repressed, and untold, and that the task of storytelling, at least for Ricouer, is the "making manifest of latent stories within" (Loughlin, 1996, p. 144).

Although healing through narrative is not confined to theology, Elaine Graham suggests that the most important pastoral task is to facilitate the construction and telling of life stories (Graham, et al., 2005, p.67), as this is what gives meaning to experience

(Graham, Walton, & Ward, 2005, p.47). In her books on theological reflection, Graham describes two forms of Narrative Theology: Constructive and Canonical (Graham, et al., 2005; Graham, Walton, & Ward, 2007).

In Constructive Narrative Theology, which Graham refers to as "Speaking in Parables" human experience is seen as revelatory, and stories are used to express the sense of God's presence and purpose within individual lives (Graham, et al., 2005, pp. 47, 48). Telling stories about one's life is understood as a means of constructing identity (Graham, Walton, & Ward, 2007, p. 89). Although scriptural narratives are important they do not determine the way each believer recounts or understands their own story (Graham et al., 2005, p.47). As there is no requirement for wholeness or closure before a story can be told (Graham, et al., 2007, p. 90) prescriptive or directive methods of pastoral care are redundant.

Canonical Narrative Theology, often attributed to Barth (Graham, et al., 2007, p. 152), on the other hand, demands that human narratives are brought into alignment with the master narrative of God (Graham, et al., 2007, p. 89) as told through the life, death and resurrection of Jesus Christ. The gospel narratives are said to be essential for interpreting the rest of scripture as well as the whole of human history. Christian believers are encouraged to continue to tell this story in the way they live their lives both individually and through the community of the Church (Graham, et al., 2005, p. 78).

Graham refers to the works of Paul Ricouer and Stephen Crites as examples of Constructive Narrative Theology (Graham, et al., 2005b, p. 66). Loughlin suggests that Ricouer's model presents story telling as the means by which human life is rendered significant (Loughlin, 1996, p. 147). Therefore, in arguing that memory is necessary for coherence, as Crites does (Loughlin, 1996, p. 65), this model would appear to deny to those with the interrupted memories of DID, as well as to those who lack memories through brain disease or injury, the possibility of claiming any significance for their life, and so perhaps rendering them less than human.

Hans Frei is critical of theology which attempts to fit the story of God into the story of the world, and, following Barth, insists that God's story must always be prior (Loughlin, 1996, pp. 33-35). However, Frei also rejects the authoritative claims for scripture which make no allowance for human experience. To find a way between the dangers of

authoritarianism and relativism, Frei proposes that the authority of scripture is to be found in the Church's reading of it (Loughlin, 1996, pp. 77,78).

This is of concern to Graham who suggests that the "correct" reading of scripture will decided by the dominant groups within the Church community (Graham, et al., 2005b, p. 106), and alternative readings will be marginalized (Graham, et al., 2005b, p. 99).

Narrative Theology is a popular method within feminist pastoral theology, especially in the care of those who have experienced sexual violence as it provides the opportunity to place one's own story within God's big story which may include suffering, but ends in resurrection (Crisp, 2001, p. 89). Crisp says that the issues relevant to rape such as betrayal, power inequality and damaged bodies are reflected in the passion narrative (Crisp, 2001, p. 90), although care must be taken that it is not presented as a model for enduring pain without complaint (Crisp, 2001, pp. 40,41). Turner believes it is in the area of narrative identity that theology will be able to meet with other disciplines on issues of personhood without having to surrender the idea of the singularity and continuity of persons over time (Turner, 2008, p. 183).

Narrative could be used by any of the models mentioned above, therefore, will only be as helpful as the theology which shapes it. Constructive Narrative Theology may be used to encourage survivors of abuse to bear their suffering in silence as Jesus did, whilst Canonical Narrative Theology may silence abuse survivors by insisting that their story accords with the story of church and society; one in which child abuse is often denied.

7.4. Discussion.

An examination of a number of approaches to DID, both secular and Christian, has confirmed that no one explanation has proved adequate, and no method of treatment has consistently improved the quality of life for those who have DID. There is as yet no common agreement about the aetiology of DID, its presentation, prognosis and treatment, or even if it is a valid diagnosis. In the UK, someone suffering with DID is most likely to be treated by a psychiatrist working within a medical model framework. This model has been described as inappropriate for DID sufferers due to the incidence of misdiagnosis (Herman, 1997, p. 123), and the lack of relevant training given to psychiatrists (C. Ross, 1995, p. 181). Those who can afford to pay for their treatment may be fortunate enough to find a therapist who understands DID and can promote healing but this is not guaranteed (Dee, 2009, p. 317.318).

Whilst psychotherapists are more likely to diagnose DID and so offer more appropriate treatment, there is still disagreement within the discipline of psychology about the aetiology of DID. Some are reluctant to diagnose DID because of its associations with ritual abuse (Richard P Kluft, 2003, p. 85) while others believe that the very presence of DID indicates a history of sexual cruelty from the primary caregiver for which ritual abuse is, to date at least, the only plausible explanation (Sachs, 2008, p. 132).

Christian therapists who have published literature on DID, believe that both psychiatry and psychology are lacking in that they fail to take into account the presence of the demonic (Goss, 2005, p. 231), something that has been seen to be important to many of those who suffer with DID (Bowman, 1993, p. 222), while mental health professionals believe that Christian pastors and counsellors can cause harm to the person with DID because they do not understand dissociation (Bull, 2001, p. 132).

It would therefore seem prudent to combine theological insights with those of the health sciences, and a correlational model would appear, initially, to be suitable for this purpose. However, those practical theologians who prefer to engage with the sciences as equal dialogue partners are as unlikely to accommodate the demonic as those in the secular world. Theological models which incorporate scientific insights but insist on the primacy of scripture will be forced to select only those scientific theories which do not challenge traditionally held views on the radical nature of human sin and the influence of the demonic.

Whilst Narrative Theology could be used to supplement any treatment being provided for DID, in enabling the subject to provide her own meaning and interpretation of experiences, Constructive Narrative Theology may prove hard for people with DID as they are unable to recount a coherent life story, and many of their experiences are perceived by themselves and their counsellors as "unspeakable". There is also a danger that Canonical Narrative Theology may be used to suggest that suffering is to be valued or to urge someone towards a resolution they are not yet ready for. In addition, encouraging a person with DID to recount their life story may have safeguarding and law enforcement implications which neither the counsellor nor the subject are equipped to deal with.

Leon Turner believes that there can be no meaningful dialogue between theology and science as long as theological anthropologists resist psychology's increasing acceptance of the multiple self, and continue to insist on personal unity and singularity (Turner, 2008, p. 10).

The person with DID is said to be fragmented, and this fragmentation is reflected in the different understandings of and approaches to DID. Just as mental health professionals cannot reach agreement about dissociation, Christians cannot agree on spiritual pathology and this has led to a debate which has been highly emotive and has seen professionals exchanging personal insults and facing court action. Although the debate reached its peak in the early 1990s it is by no means over, as the response to the publication of the 2nd edition of *Attachment Trauma and Multiplicity* (Sinason, 2010a) demonstrates.[16]

In light of the above, a workable and effective theory of DID would be one that was able to offer an explanation for the creation and maintenance of alters in accordance with current thoughts on dissociation, whilst at the same time taking sin and the demonic seriously. Such a theory should be able to address the areas of uncertainty identified in the introduction to this work, such as those of aetiology and the validity of the diagnosis. It would also need to provide insights which could improve future diagnosis and management of DID, and discourage aggressive forms of treatment, such as exorcism and deliverance or the use of strong medication. In addition, any new theory put forward should be one that, rather than adding another voice to the debate, is able to obtain a perspective which might unify all the disparate voices.

7.5 Conclusion.

This chapter has reviewed those models of theological engagement which underlie the Christian approaches to DID considered in Chapter 5, especially with regard to their usefulness in the area of DID. All those models have been found inadequate for the following reasons:

1. The radically different understandings regarding the ontological status of multiple personalities prevent dialogue, not just between science and religion, but between different branches of science and between different Christian traditions. This means there is no possibility of a programme of care which all could agree to, therefore the nature and quality of care received by someone with DID would depend upon where they sought help. Those who go to their GP will probably be treated by a combination of psychotherapy and medicine, and there is a high possibility that they will be treated by someone who does not recognise

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[16] Merskey's criticism and Aquarone's reply were discussed in Chapter 2.

DID as a valid diagnosis. The care received by someone who seeks help from the Church may not be regulated in any way, and will depend very much upon the personal preferences of church leaders and the practices of particular congregations.

2. Although the different models of theological engagement appear to view evil and human sin differently, from the Liberal understanding of the basic goodness of humanity to the Puritan concept of human depravity, all agree that it is the abused that must either change their behaviour or have it changed for them. Whether that is because the behaviour is understood to be due to sickness or to sin it must surely add to the survivor's feelings that there is something wrong with them, rather than, as Sarah Scott remarks, what has been done to them.

The models of care for DID considered so far, both secular and religious, fail to bring consistent improvements to those who suffer, and can actually cause more harm. It is proposed that the Mimetic Theory of René Girard provides an alternative model of theological engagement which is open to dialogue with all the current approaches, offers realistic opportunities for healing, and has little potential to cause further harm. The following two chapters will provide an introduction to Mimetic Theory and a general consideration of its use in DID. Part Three will then test this proposal by using Mimetic Theory to describe alternate personalities, to consider child abuse in a way that does not pathologise or demonise the abused, and to offer a model of care which is safe, effective and compatible with existing models.

Chapter 8. René Girard and Mimetic Theory

8.1. A Brief Introduction to Girard's Life and Works.

Before presenting Mimetic Theory as the basis for an alternative model of DID, a brief outline of the life and work of its founder, Rene Girard, illustrates the origins and development of the theory.

René Girard was born in 1923, in Avignon, France. He graduated as a historian in Paris before moving to the USA in 1947 to study for a doctorate at Indiana University. It was during this time that his interest in literary criticism began as he was asked to teach French language and literature to undergraduates. In his preparatory reading, prior to teaching this course, Girard began to notice certain similarities among the major authors, especially Cervantes, Flaubert, Stendhal, Proust, and Dostoevsky (R. Adams & Girard, 1993, p. 12).

He observed that each of these authors had experienced a kind of conversion experience after which they produced their best works. The conversion in each case led to a developing understanding of desire as mimetic; a transformation of consciousness which Girard also found in the New Testament (Rene Girard & J. G. Williams, 1996, p. 263). These observations brought Girard, an agnostic since the age of ten, to a renewed interest in the Christianity of his childhood. At first this interest was merely on an intellectual level, but after a health scare at the age of 36, Girard experienced full conversion and returned to the Roman Catholic Church (M Kirwan, 2009a, pp. 2,3).

Between 1961 and 1968 Girard was Professor of Literature at Johns Hopkins University, Baltimore, and from 1968 he taught at the State University of New York, returning to Johns Hopkins in 1976. From 1980, until his retirement in 1995, he was Andrew B Hammond Professor of French Language, Literature and Civilisation at Stanford University. He was elected to the Académie Française in 2005 and received a Lifetime Scholarly Achievement Award from the Modern Language Association in 2008.

Girard has published widely across various disciplines including history, philosophy, literary criticism and theology. His most significant works are considered to be three books published between 1961 and 1978: *Deceit Desire and the Novel* was published in 1961 and describes the mimetic nature of desire, *Violence and the Sacred* published in

1972 describes the Scapegoat Mechanism as the way societies regulate the violence that is generated by mimetic rivalry, this was followed in 1978 by *Things Hidden Since the Foundation of the World*, which concerns the importance of the gospel revelations in the way the Scapegoat Mechanism is exposed and so rendered ineffective.

Throughout these three books Girard's developing understanding of Mimetic Theory can be traced and it has been said that each book corresponds to the discipline he was most involved with at the time of writing; literature, cultural anthropology and theology respectively (M Kirwan, 2004, p. 5).

In *Deceit Desire and The Novel* (Girard, 1965) Girard proposes that the "Great Novels" describe desire as mimetic and always resulting in violence, while "Romances" propound the romantic lie, i.e. the autonomy of the self (Girard, 1965, pp. 16,17). In *Violence and the Sacred* (1972), Girard draws on anthropology and Greek tragedy to show how violence is at the heart of the sacred, understood here as the means by which societies' mimetic rivalry and consequent aggression is contained (M Kirwan, 2004, pp. 41,42). A description of the role of religion in primitive societies is developed into a general theory of culture (M Kirwan, 2004, p. 5). *Things Hidden Since the Foundation of the World* (Girard, Oughourlian and Lefort, 1978) takes the form of a dialogue between Girard and two psychiatrists, Guy LeFort and Jean Michel Oughourlian. This book explores the relationship of the biblical revelation to human culture and shows that, while myth covers up the truth of violent human origins, the gospels expose them.

Other significant works include *To Double Business Bound: Essays on Literature Mimesis and Anthropology* (1978b), *Job, The Victim of His people* (1987), and *A Theatre of Envy* (1991) in which Mimetic Theory is applied to the works of Shakespeare.

It is important not to restrict one's reading to these earlier works, as Girard's thought continued to develop and he was later to revise some of his views. A 2007 publication, *Evolution and Conversion* (Girard, Rocha, & Antonello, 2007), is described in the foreword, written by Michael Kirwan, as a reassessment of *Things Hidden since the Foundation of the World*. For example, Girard's earlier rejection of sacrifice in the gospels (and therefore of the book of Hebrews) is viewed, with hindsight, as a scapegoating of sacrifice, and of the Letter to the Hebrews (Michael Kirwan, pp. x,xi 2007).

Girard says that he did not invent Mimetic Theory but discovered it, first in literature and then in the biblical texts. He admits that his thoughts can be difficult to engage with,

and suggests that because Mimetic Theory is impossible to prove empirically, it is offered as a tentative theory which is better suited to analysis than attempts to draw firm conclusions (R. Adams & Girard, 1993, p. 22).

8.2. An Overview of Mimetic Theory.

8.2.1. The Mimetic Nature of Desire.

When Girard talks of desire, he is not referring to universal needs which are biologically preconditioned such as the needs for food and shelter. Unlike those needs, mimetic desire is a function of culture. The term mimesis is used because "imitation" suggests something exterior and conscious, whereas mimesis is interior and prior to human consciousness. Girard claims that all desire is mimetic i.e. learnt from others and, as such, is neither particular nor spontaneous. Desires are mediated through a model; it is the possession of the object by another that signals its value, and that value grows in proportion to the resistance met in acquiring it. Therefore the desiring self is completely other dependant and unstable. Mimetic Theory rejects the notion of the fixed independent autonomous self.

8.2.1.1. Mimetic Rivalry.

Because the subject desires the object that is possessed or desired by the model, subject and model are thrown into rivalry with each other, they both desire the same object and so each signals the value of the object to the other (R Girard & James G. Williams, 1996, p. 9). Where the object of desire is limited, the model will place obstacles in the way of the imitator to prevent her from acquiring the object, this adds to its perceived value (Girard, 1965, p. 10).

The potential for rivalry between subject and model depends upon the distance between them. Where the distance is greater, for example if the model is a fictional character or separated by class barriers, danger of rivalry is minimal, Girard calls this external mediation. Where subject and model occupy the same social space, competition is more likely and this leads to the more dangerous form of mimetic rivalry that Girard terms internal mediation (Girard, 1965, p. 9).

Mimetic rivalry is not acknowledged but remains hidden. An example is given of a master and his disciples; initially the master will be pleased that the disciples imitate him and the more thorough the imitation the more pleased he will be. But there comes a

point where the imitation is too accomplished and the disciple becomes a threat. The master then will feel jealousy and display hostility, he will try to discourage and discredit his disciple. The disciple doesn't recognise the reason for the hostility and the model does everything he can to hide it. Girard states that both model and imitator are always surprised to find themselves in competition because they both think there is too much distance between them. The model thinks the disciple is too far below him to have identical desires (Girard & Gregory, 2005, pp. 155,156).

8.2.1.2. The Double Bind.

This "imitate me/don't imitate me" is what Girard calls the double bind (Girard & Gregory, 2005, p. 157).[17] The double bind fills the imitator with despair. Neither model nor disciple understands that his desire has become the reflection of the other's and so don't understand why they continually thwart each other. Girard says this is so common it could be said to form the basis of all human relationships (Girard & Gregory, 2005, p. 156). It is particularly hard for the child whose obedience to parents eventually and inevitably leads to the conflict of the double bind. The model's (parent's) opposition is received as condemnation and will shape the future choice of models (Girard & Gregory, 2005, p. 157).

8.2.1.3. Acquisitive Mimesis.

The mimetic desire for an object in imitation of a model is referred to as acquisitive mimesis, and leads to rivalry between subject and model. Acquisitive mimesis is displayed more overtly in children who will openly fight over their toys, whereas adults are ashamed to admit their desire to others for fear of revealing their lack of being. Adults prefer to assert their independence and offer themselves as models for others (Girard & Gregory, 2005, p. 155). The process is reciprocal because when the model perceives their imitator as a rival, their own desire for the object increases. The model then becomes the imitator of her imitator and the imitator becomes the model of his model. Each becomes an obstacle to the other in attaining the object of desire, and as they attempt to remove the obstacles (always through violence) they become so focused

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[17] The idea of The Double Bind is borrowed from the theory of schizophrenia developed by Gregory Bateson (Girard, Oughourlian, & Lefort, 1987, p. 291). Girard believes the double bind is seen within all relationships. It is a result of the initial invitation to imitation from the model which develops into rivalry and so leads to the contradictory double imperative : "imitate me/don't imitate me" (Girard & Gregory, 2005, p. 157).

upon each other that the initial object becomes irrelevant (R Girard & James G. Williams, 1996, pp. 9-12). The process then carries the participants into the next phase; metaphysical desire, Girard's term to describe a desire for ontological fullness, which is born out of the sense of existential lack shared by all humans.

8.2.1.4. Metaphysical Desire.

The rivals place obstacles in each other's ways to prevent the other from gaining possession of the object. These obstacles always take the form of violence, and, as violence is reciprocal, victory is won by an act of violence so extreme it permits no response. Desire is attracted to this triumphant violence because it signifies ultimate being, which Girard sometimes refers to as kudos. Kudos is achieved in victory but is always temporary, so the roles of dominating and dominated are always changing. Only gods possess kudos forever, therefore to be god is to remain master; forever unchallenged and unchallengeable, and this, says Girard, is at the heart of all desire. Desire is always attached to violence because only violence gives the ultimate being that is attributed to divinity. Being in its extreme is divine, ultimately all mimetic desire is for the very being of the model (Girard & Gregory, 2005, pp. 161-163).

8.2.1.5. The Relationship of Doubles.

The reciprocal nature of mimetic rivalry means that the antagonists become like each other, this can be seen in tragedies where although there is always a tyrant and always an oppressed, the roles alternate (Girard & Gregory, 2005, p. 158). Initially each occupies all positions one after another and then simultaneously until there are no longer any distinct positions. This is what Girard calls the relationship of doubles, it describes the state where all differences have been eliminated (Girard, et al., 1987, p. 299).

The imitator becomes obsessed with the rival who becomes both god and devil to him. A god because he has and is everything the imitator wants, and a devil because he is the obstacle to achieving what the imitator desires. So the model is simultaneously good and evil (Girard, 1965, pp. 53-82).

At this stage the model becomes anti-model, each of the rivals tries to break away but reciprocity is maintained because they each try to break away in the same way. The more the rivals try to establish difference (by increasingly hostile gestures, for

example) the more they in fact imitate one another, so becoming identical and even indistinguishable (Girard, et al., 1987, p. 299).

8.2.1.6. Mimetic Crisis.

Rivalry is also mimetic and the process is contagious, antagonism towards a rival will be imitated by others. This can effect whole communities, leading to mass undifferentiation which Girard describes as mimetic crisis and which threatens the survival of the community (R Girard & James G. Williams, 1996, pp. 12, 13). In order to prevent destruction of the community the mechanism of scapegoating is used, whereby all against all becomes all against one or a few. The model that turns against one person is imitated by others. Just as they wanted to share the same object, now they want to destroy the same enemy, in this way the mimesis which caused the problem also solves it.

8.2.2. The Scapegoat Mechanism and Violence as the Foundation of Culture.

The Scapegoat Mechanism is the way societies regulate the violence generated by mimetic crisis. As all against all becomes all against one, the group comes together in a single purpose which is to expel the one they are against (the scapegoat) (R Girard & James G. Williams, 1996, p. 12). The choice of scapegoat is unconscious, it may be someone who is perceived to be different from the group in some way, or someone considered to be an outsider or especially vulnerable. The purpose is to put an end to reciprocal violence, so scapegoat victims are the ones who are too weak to retaliate and are unlikely to have friends or family who will seek vengeance on their behalf.

8.2.2.1. Generative Violence.

The unanimous violence seen in the Scapegoat Mechanism is generative in that it leads to a new cultural order. Before the victim was killed, the group experienced the disorder of mimetic crisis; the rivalries that caused the mimetic crisis are then put aside as the group focuses on the task of expelling the scapegoat. Once the expulsion is achieved the community experiences peace which is perceived as coming from outside of the group, as a direct consequence of what happened to the victim. The feelings of peace and harmony which the group experiences following the murder or expulsion are thus attributed to the victim who then takes on divine status. This victim/god was responsible

both for the crisis and its resolution, therefore is perceived to be both good and evil. Girard refers to this as double transference.

 This process only succeeds in bringing peace if the group really believe that the scapegoat is responsible for their troubles; the mechanism must remain unconscious (R Girard & James G. Williams, 1996, p. 14). The act of scapegoating also restores order to the group. The chaos of the mimetic crisis was characterised by loss of difference and symmetry, the destroying of the scapegoat brings into being distinctions, the first of which are sacred and profane. The sacred then, is God in the form of a victim and the profane is society, other distinctions brought about are that of before (the time of crisis) and after (the time of reconciliation) and of inside (the community) and outside (the victim), thus the new culture which emerges from the Scapegoat Mechanism is one based on asymmetry and difference. It is usual to think of conflict being caused by difference but Girard says it is the erosion of difference which is the trigger for violence (M Kirwan, 2004, p. 48). The community conceal from themselves the human origins of their violence by attributing it to the gods and in this way transform the real into the unreal (Girard & Gregory, 2005, p. 170). According to Girard, religious awe has nothing to do with a genuinely transcendent God distinct from the human world but is a phenomenon created by humans.

8.2.2.2. The Role of Religion in Limiting Violence.

Girard asserts that all human culture and religion originate in this process and are designed to limit mimetic rivalries and so avoid mimetic crisis, they also serve to provide an outlet for violence generated by mimetic rivalries. Amongst animals, patterns of domination and submission act as instinctual braking mechanisms and so prevent mimetic crisis, this is why war is not seen amongst animals. Girard believes humans lost these instincts as a result of evolution and have replaced them with religion as the mechanism which limits the chances of the mimetic crisis re-occurring (Girard & Gregory, 2005, p. 154).

Religion is understood to be the pattern of prohibition, ritual, sacrifice, and myth. Prohibitions and taboos limit access to objects which would be potential sources of conflict. If the prohibitions fail, ritual provides an outlet as taboos are lifted for a time and the community allows itself a controlled amount of violence and chaos (M Kirwan, 2004, p. 39).

Ritual sacrifice re-enacts the initial mimetic crisis, its resolution and consequent reordering (R Girard & James G. Williams, 1996, pp. 10,11). The ritual substitution of the victim is the first symbolic sign, and the beginning of representation and language. When Girard talks about hominization he does not refer to creation, but the beginning of culture. In evolutionary terms, human consciousness was born from the gradual development of the attention fixed on an object beyond instinct, and the emergence of a sign as the beginning of language (Girard, et al., 1987, pp. 99,100). Both human consciousness and unconsciousness arise from the post sacrificial time, the time of differentiation and culture, and as such, both are structured through difference (Girard, et al., 1987, p. 313).

Myths are the way the community remembers the original act of violence in a way that is tolerable to them. Myth usually begins with a description of chaos; this may be demonstrated by a complete lack of differentiation or merely by two people who are alike, such as brothers. In myth the story of the original scapegoat murder is told from the perspective of the crowd, therefore the victim is always portrayed as guilty, and the action of the group (the murder) is affirmed and justified. Myth serves to cover up the truth of society's origins, although the violence may be hinted at, such as when the gods are depicted as fighting in battle or even being sacrificed. Girard understands mythical accounts of plague, flood and fire to refer to mimetic crisis. Kirwan points out that myth has an etymological link to the word mute (M Kirwan, 2004, p. 68).

8.2.3. The Exposure of the Scapegoat Mechanism in the Bible.

Unlike myth which seeks to disguise the scapegoat process and the human violence at the heart of it, the gospels expose this mechanism. Girard believes that in order to be effective, the mechanism must be unconscious; the group must really believe the victim to be guilty and to have caused the crisis (R Girard & James G. Williams, 1996, p. 14). The gospels declare that the victim did not cause the crisis and is, in fact, innocent. Until the resurrection, Jesus could be considered to be a scapegoat like any other victim, crucifixion itself, was proof that the one executed was cursed by God (Deut, 21:23, Gal 3:12-14). The resurrection of Jesus demonstrated God's vindication of him, it was shown that not only was the victim innocent, therefore the mechanism that put him to death was in error, but also the view of God held by those who were involved in his death, was based on error. The God of the crucifixion is a God who is both good and evil, a god who blesses and punishes. The God of the resurrection is a God who has

nothing to do with human violence; the resurrection revealed the non-violent nature of God and exposed violent death as a purely human phenomenon. The innocence of the victim renders the whole system of violence and sacrifice unworkable and exposes the false transcendence based on the scapegoating process (R Girard & James G. Williams, 1996, p. 18).

This revelation is presented gradually throughout the Bible. In the fall narrative of Genesis, acquisitive desire for the fruit is mediated to the human subjects by the serpent, metaphysical desire is also at work as the fruit promises knowledge of good and evil which would make the humans like God. It is the very being of God which is desired. This narrative ends with the humans being expelled from the garden by God (Genesis 3) (Girard, et al., 1987, p. 275).

As in the mythical account of the founding of Rome, the story of Cain and Abel is one of fratricide in which the surviving brother goes on to build the first city. The difference is that whereas the myth justifies Romulus for slaying his brother Remus, in the Bible narrative, Cain is condemned for the murder. In addition God places a mark on Cain which will prevent further mimetic violence (Genesis 4).

The prologue of the gospel of John reverses the account of the fall in Genesis. Here it is God who is expelled by humans, but there is no reciprocal violence or desire for retribution from God. The sense of being that the humans grasped at in the Genesis narrative is here freely offered.

In Mark's gospel Jesus is recognised as God at the moment of his death; it is in the moment of expulsion that God is revealed, therefore God can never be identified with the persecutors, even (especially) when they believe they are carrying out God's will. The transcendence of Jesus is not the false transcendence that comes from the sacrificial victim. Jesus is transcendent in that he could recognise and expose the Scapegoat Mechanism only by being completely outside the culture of human violence. Jesus was at all times aware of the mechanism that was at work to expel him and, unlike other victims, he never believed himself to be guilty. Jesus is divine because his origins are in the non-violent love of God rather than the violence of human culture (Girard, et al., 1987, p. 219).

8.3. Mimesis and Modernity.

The final chapter of *The Scapegoat* (Girard, 1986) traces the effect of the gospel message on history. Girard says that once the Scapegoat Mechanism had been exposed it could no longer function as before. Hence Christian martyrs, although the sort of people appropriate for victimisation, in that they were marginal and different and were accused, among other things, of incest, eating their infants and causing social unrest, have been viewed by history as innocent. This is due, claims Girard, to the effect of the gospel's exposure of the victim as innocent.

Girard argues that in exposing the violent origins of religion and the false premises upon which it is built, the gospels are responsible for the desacrilisation of the world, and it is this desacrilisation, he claims, that has enabled Enlightenment rationality and scientific enquiry. He says that the role of Christianity in this development is not recognised because the world still mistakes Christianity for any other religion of violence. Girard believes that the gospel revelation is part of the progression of history which will, in the future, reach a point where any violence will be exposed as belonging to the Scapegoat Mechanism and so rendered redundant (Girard, 1986, pp. 198,212). In the last paragraph of *The Scapegoat* Girard writes:

> "In future all violence will reveal what Christ's Passion
> revealed, the foolish genesis of blood stained idols and the false
> gods of religion, politics and ideologies" (Girard, 1986, p. 212).

Girard claims that it is the effect of the gospels on Western society that has led to the individualism and concern for the rights of all humans which produced modern democracy and the breaking down of hierarchies and social barriers. For example, the parable of the lost sheep shows the shepherd leaving the group to find the individual; this is a reversal of the Scapegoat Mechanism which sacrifices the individual for the sake of the group. Paradoxically this has brought about an increase in mimetic rivalries as the loss of class barriers has meant an increase in internal mediation. This concept is introduced in *Deceit Desire and The Novel* which traces the development of metaphysical desire across three centuries, from Cervantes to Dostoevsky.

It has been said that Girard's theory owes much to his engagement with the great thinkers of modernity, his influences include Hegel, Nietzsche, Freud (M Kirwan, 2009a, p. 24), and Derrida (M Kirwan, 2004, p. 11).

8.3.1. Girard and Hegel.

Hegel believed that desire was integral to being human and it was desire for the other, rather than just for an object, that separated human nature from that of animals. Human consciousness therefore is thought to come from a desire for recognition by the other. This is the basis of Hegel's master slave dialectic. The desire for recognition is so strong that humans are prepared to fight for it, if necessary to the death, demonstrating that it is stronger than the desire for biological life. This is what leads to war, but if this desire was equally strong in everyone it would be self-defeating, for if everyone fought to the death eventually there would be only one person remaining with no one to recognise or desire him. As it is, the desire is not as strong in everyone, some prefer to preserve their life and so they yield to the one who desires recognition more than life. Therefore the master is the one who fights to the death for the recognition of the other, and the slave is the one who yields to this person in order to preserve his own life. According to Hegel, it is the one who is passionate and fights to the death for what he wants who is the master (M Kirwan, 2004, pp. 31-33).

For Girard, desire is not *for* the desire of the other but according to it. He also links consciousness with desire but says mimetic desire is prior to human consciousness, he uses the examples of mimesis in animals to support this view (Girard, 1978a, pp. 31,32). Girard explains his ideas of the master slave dialectic in a chapter entitled *The Hero's Askesis* in *Deceit Desire and The Novel* (Girard, 1965, pp. 153-175). Because of the mimetic nature of desire, when it is revealed it may arouse or increase the desire of a rival, therefore in order to gain possession of the object it is necessary to conceal desire. This concealment of desire for the sake of desire is, for Girard, the basis of the master slave dialectic. The master, the one who gains the object, is the one who hides desire and affects indifference. The slave is the one who reveals and passionately pursues the object of desire (Girard, 1965, pp. 164-168).

8.3.2. Girard and Nietzsche.

Like Hegel, Nietzsche saw the will to power as being stronger than the drive for survival. Nietzsche's idea of the master morality included such things as wealth, health, strength and power, whereas the slave morality was characterised by poverty, weakness and sickness. The suppression of desire is also seen in Nietzsche's thought but understood as a dishonest attempt to deny inferiority by pretending that the subordinate

position is chosen. He calls this ressentiment and believes it to be at the heart of the Jewish and Christian religions and personified in the crucified Christ. Nietzsche understands the crucified as the centre of past history which ends with the death of God, brought about by science and secularism. Girard perceives the crucified to be the innocent victim who reveals the Scapegoat Mechanism of human culture and the love that overcomes it (Rene Girard & J. G. Williams, 1996, p. 243). Girard and Nietzsche appear to agree about the way the world works, but Nietzsche failed to see how Dionysius was overcome by the crucified, according to Girard this was why he was driven mad by his insights (Girard, et al., 1987, p. 310).

8.3.3. Girard and Freud.

Girard's engagement with the work of Freud covers two chapters of *Violence and the Sacred* (Girard & Gregory, 2005) and a large section of *Things Hidden since the Foundation of the World* (Girard, et al., 1987). Girard believes that in psychoanalysis the unconscious is a metaphor, necessary to cover the gaps in Freud's theory, and that it acts as a mythic device which obscures the presence of the Scapegoat Mechanism (Girard, et al., 1987, p. 359). Most fundamentally, Girard says that whilst for Freud everything is about sex, in Mimetic Theory it is violence which is at the heart of all human culture (Girard, et al., 1987, p. 86).

The two Freudian ideas of most interest to Girard are The Oedipus Complex, and Narcissism (Girard, et al., 1987, p. 354).

8.3.3.1 .The Oedipus Complex.

In conversation with Girard, Oughourlian claims that Freud found it necessary to invent the Oedipus complex in order to explain triangular desire, but because Freud does not understand desire as mimetic, he still fails to explain satisfactorily how the triangular rivalries of the original family are reproduced in adulthood (Girard, et al., 1987, p. 352).

Freud first observed triangular rivalries, not in children, but in psychiatric patients. Girard says that as a Western researcher of his time, Freud would inevitably seek the archetypal triangle. Being a materialist, Freud would not look for archetypes outside the material world, and so the family was the only entity available to him, as the family alone possessed the necessary stability, universality and chronological precedence that

an archetype requires. This, claims Girard, is how Freud came to the conclusion that triangular rivalries originated in childhood (Girard, et al., 1987, pp. 354,355).

Girard argues that the family is inadequate as an archetype because it cannot account for the reproduction of triangular rivalries in adult life. Girard says the only way that triangular rivalry is reproduced is by imitation of pre-existing desire, and this is what psychoanalysts unknowingly refer to when they speak of the unconscious (Girard, et al., 1987, p. 356).

According to Mimetic Theory, the adult subject imitates the relationships of her original family. If as The Oedipus Complex theory states, the subject inherits desire from her own past, then she could not readily adopt the desire of another model and therefore could never be the third tip of the triangle but would always be the first (Girard, et al., 1987, p. 358). Although he appreciates Freud's observations on triangular rivalries and believes he was right to pursue that theme as a cause of distress (Girard, et al., 1987, p. 367), Girard concludes that Mimetic Theory and The Oedipus complex are incompatible and only Mimetic Theory can account for triangular rivalries in the present; the Oedipus complex is unable to describe how they are reproduced from the past to the present (Girard, et al., 1987, p. 358).

8.3.3.2. Narcissism.

What Freud refers to as narcissism, and describes as a situation where the subject takes himself as an object (Girard, et al., 1987, p. 367), Girard describes as coquetry; a strategy, used to attract the desire of others, whereby the subject's desire for oneself acts as a model. So in order to be desired, one must convince others that one desires oneself. Neither is this desire for the self-original, it in turn relies on the imitative desires of others to act as models for its perpetuation. Girard believes that Freud exposed his own mimetic desire and his blindness to it, by describing the most typically narcissistic person as the beautiful young women who shows indifference to others (Girard, et al., 1987, p. 370).

8.3.4. Girard and Derrida.

Whilst at Johns Hopkins University, Girard was one of the organisers of a symposium entitled "The Languages of Criticism and the Sciences of Men", Jacques Derrida was one of the contributors and it was from this meeting that Girard's engagement with the work of Derrida emerged. Most influential for Girard's development of the scapegoat

thesis was Derrida's exploration of Plato's idea of the Pharmakon, which signalled both remedy and sickness (M Kirwan, 2004, p. 95).

8.3.5. Girard and Hobbes.

Another idea important to the work of Girard is Hobbes' analysis of human nature presented in Leviathan (1651). Hobbes identified the problem of competition among people of equal status leading to a war of all against all. For Hobbes this was resolved by a simultaneous surrender of all factions to the one supreme authority who had monopoly of the means of violence. Girard, however, feels this theory lacks explanation of how people in the midst of a crisis could all suddenly agree on this one course of action (M Kirwan, 2004, pp. 43,45).

8.4. Girard and Structuralism.

Kirwan says there is little scope for engagement between Mimetic Theory and Structuralism because Structuralists believe that any search for origins will fail. While Girard acknowledges that many of the insights of Structuralism have been beneficial to the advance of Mimetic Theory, the failure to understand that the linguistic dimension of myth is rooted in real events, has merely led to the invention of a new terminology in which the use of metaphors misrepresent the founding expulsion as fiction (M Kirwan, 2004, pp. 97,98).

8.5. The Use of Girard's Work in Theology.

Mimetic Theory has been described as a discovery about humans which originates in divine revelation (Kirwan, 2009, p. 46), a response to the question of the origin of the species (Fletcher, 1999, p. 96), a critique of modernity, and as a metanarrative (Finamore, 2009, p. 96). It has been taken up within various disciplines including literary criticism, anthropology, psychology, ethnology, philosophy, political science, sociology, feminism and theology (Wallace & Smith, 1994, pp. xviii, xix). As the body of secondary literature has developed, the theory itself, has become distinct from Girard (M Kirwan, 2004, p. 6). The Colloquium on Violence and Religion, which was started

in the early 1990s, is an international, interdisciplinary organisation which provides a forum for the discussion and development of Mimetic Theory. [18]

Girard's impact on theology has led to new insights into sacrifice (Schwager 1985), atonement (Schwager 1995), original sin (Alison, 1997a; Hamerton-Kelly, 1992, p. 197) and apocalyptic thought (Finamore, 2009).

For an introduction to the work of Girard and its relevance to theology, two books from Michael Kirwan, *Discovering Girard* (M Kirwan, 2004) and *Girard and Theology* (M Kirwan, 2009a), provide a good general overview.

Discovering Girard (M Kirwan, 2004) is an introduction to Mimetic Theory, and provides a useful biography and overview of Girard's thought, along with information on the thinkers who influenced him. Kirwan agrees with the description of Girard as a hedgehog thinker, meaning that he has one big idea, as a result of which there is much that is either excluded or taken for granted (M Kirwan, 2004, p. 90). Kirwan believes the fact that Mimetic Theory cannot be proven scientifically is not a weakness, but a result predicated within the theory itself. He also believes that any drive to establish theoretical credentials may minimise the role of revelation (M Kirwan, 2004, p. 94).

Girard and Theology (M Kirwan, 2009a) explores the relevance of mimetic desire for theology. Kirwan suggests that Girard's thought is more suited to being worked out practically in pastoral theology and conflict ministries, than for being used to produce new theories and systems (M Kirwan, 2004, pp. 114,115). Regarding the multi-disciplinary nature of Girard's work, Kirwan thinks that this should not pose a problem, as theology has always relied on insights from other disciplines (M Kirwan, 2009a, p. 5). Girard's theological anthropology differs from the traditional in that it does not make direct appeal to scripture and tradition (M Kirwan, 2009a, p. 45). Kirwan believes that Mimetic Theory might replace theories of secularisation by explaining the continuing presence of religion (M Kirwan, 2004, p. 117). In 2009 Kirwan wrote a paper discussing the application of Girard's theory to the problem of evil (M Kirwan, 2009b), in which he claimed that Girard's thought on evil is compatible with much of contemporary philosophy (M Kirwan, 2009b).

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[18] http://www.uibk.aCat/theol/cover/

8.6. Criticism of Girard and Mimetic Theory.

Scientists complain that Mimetic Theory is not empirically falsifiable, but as it is not being used here to prove a scientific argument, only those criticisms from relevant disciplines will be considered. Generally, psychiatrists and psychologists do not seem to have given much attention to mimetic theory.

Girard has been accused of Gnosticism, reductionism, (Finamore, 2009, pp. 112,101) androcentrism and of supporting patriarchy (Nowak, 1994, p. 20). He has been criticised by anthropologists for taking his theory from texts rather than fieldwork, and some say he makes ancient sacrifice the scapegoat for the modern experience of violence (Finamore, 2009, p. 100). Mimetic theory has been described as a meta narrative which could re-introduce Christian exclusivism, and so be the cause of violence rather than promoting non-violence (Finamore, 2009, p. 105).

The charge of Gnosticism is based on the fact that Mimetic Theory describes history as a process of coming to a greater knowledge (R. Adams & Girard, 1993, p. 26), and on the way the atonement is understood in terms of revelation (Finamore, 2009, p. 112). Rose describes Girard's work as Gnostic sociology in that Girard sees humanity as unenlightened rather than sinful, and she says Girard does not offer positive alternatives to violence. Finamore points out that the knowledge offered by Mimetic Theory has no salvific effect in itself, the exposure of the Scapegoat Mechanism may lead to the Kingdom of God or it may lead to an increase in violence (Finamore, 2009, p. 112). It could be added that the knowledge Girard talks of is relational rather than cognitive and based on relationship with God as non rivalistic model.

Although Mimetic Theory has been used by feminists to critique the Modern Western, androcentric, patriarchal world view, some feminists object that Girard concentrates almost exclusively on male forms of desire and violence (M Kirwan, 2004, p. 110). The texts he writes about are mostly written by men and the rituals he describes are dominated by men. Some feminists, therefore, see Mimetic Theory as describing male control of male violence and ignoring the experience of women. Others go further and say that in claiming that hierarchical distinctions are necessary for social order, Girard is legitimising patriarchy (Finamore, 2009, p. 109). James G Williams responds by suggesting that this view is not based on a thorough engagement with Girard's thought which understands mimesis to be prior to gender differences (Rene Girard & J. G.

Williams, 1996, pp. 226,227). It seems also that Girard's account of society is being read as prescription rather than description.

Theologians have accused Girard of Pelagianism (Finamore, 2009, p. 113), of showing a cavalier approach to the gospels (Finamore, 2009, p. 118) and of pessimism regarding human community (M Kirwan, 2004, p. 106). He has also been accused of ambiguity regarding the nature of his theory in terms of whether it is designed to be secular or theological. Bellinger accuses Girard of wanting to have it both ways in wanting secular thinkers to adopt his theory whilst maintaining that it comes from divine revelation. Bellinger compares Girard unfavourably with John Milbank who, according to Bellinger, writes unashamedly as a Christian apologist, as he feels Girard should (Bellinger, 2001, p. 88). Bellinger also puts forward a common critique of Mimetic Theory; "If the gospels expose the Scapegoat Mechanism so that it can no longer function, why has there been so much violence in the history of the church?" (M Kirwan, 2004, p. 102)

Milbank himself criticises Girard for not explaining how his theory might be worked out practically, and how the non rivalistic imitation of Jesus, rather than of other humans, is transformative. He suggests that Mimetic Theory is based on an ontology of violence which theology must reject. Finamore points out, in Girard's defence, that although violence has chronological priority, it does not have ontological priority and therefore is not inevitable (Finamore, 2009, pp. 115-116).

Biblical critic, Burton Mack, disagrees with Girard's claim that the gospels were written from the perspective of the victim. He claims that they were written from the perspective of the early Christian communities, and rather than revealing the Scapegoat Mechanism, the gospel writers use that mechanism to scapegoat the Jews (Hamerton-Kelly, 1992, p. 197). As such, the gospels are myth in the Girardian sense because they are false accounts designed to cover up violence against the Jews (Hamerton-Kelly, 1992, pp. 197,198).

Walter Wink, who bases much of his work on the powers on Girard's thought, disagrees with Girard about the nature of myth. Wink believes that rather than being lies, myths are often true depictions of actual power relations, he also accuses Girard of favouring Christianity and ignoring other non violent religions (Wink, 1992, pp. 144-155).

Michael Kirwan believes that most criticisms of Girard's work are the result of misreading or misunderstanding what he is actually saying (M Kirwan, 2009b, p. 133). It could be argued that many of the criticisms actually prove Mimetic Theory rather than

undermine it. For example, feminist critics, in focusing on Girard's neglect of specifically female experience, affirm the place of differentiation in maintaining cultural order. Likewise, those who insist that Girard should choose between the sacred and the secular seem to have missed the point Girard makes about the gospels bringing about a desacralisation of culture: there is no sacred/secular divide. The interdisciplinary nature of Girard's work makes it almost inevitable that some will be offended by him, but again, this illustrates the claim that the need for differentiation is rooted in human violence.

Girard claims that now the gospels have exposed the Scapegoat Mechanism, it can be seen by all except those who are caught up in mimetic rivalry, this could be seen as a rather convenient way of dealing with critics, comparable with Horrobin's assertion that those who deny the reality of demons and the need for deliverance ministry have been seduced into deception by Satan (Horrobin, 2008, p. 41).

Reading work of the 1970s and 80s from a post 9/11 perspective, it appears that Girard and others who developed Mimetic Theory were bound up in a cold war mentality in which the impending nuclear annihilation of the human race was viewed as almost inevitable. There is a sense in some of the works of only two options being left to humanity; conversion to a non rivalistic imitation of God through Jesus, or imminent self-destruction. This does not seem to agree with some of the apocalyptic passages of the New Testament where Jesus seems to be stating that such a conversion would almost certainly result in persecution and probably execution e.g. (Matthew 24). Relating in a non rivalistic way to people who are still caught up in mimetic rivalries is to offer oneself as victim, as Jesus did. The only scenario in which such an attitude would not get one expelled or killed as victim, is one of universal conversion. It could be argued then that the logical conclusion of Mimetic Theory is a choice between the violence that maintains order or a loss of any order, suggesting that a non-violent human society could only be realised eschatologically.

8.7. Summary.

The aim of this Chapter has been to present an outline of Mimetic Theory and its history, and to consider briefly the views of some of those who have either adopted or rejected it in their own works. The next chapter will look more specifically at those aspects of Mimetic Theory which may be useful for an engagement with DID.

Chapter 9. Mimetic Theory and the Concept of DID.

9.1. Introduction.

The previous chapter presented a general introduction to Girard and Mimetic Theory, this chapter will explore, in more detail, two aspects of Mimetic Theory which have particular relevance to the area of DID:

1. Girard's theological anthropology, which provides insights into why formation of the self may be distorted.
2. Interdividual Psychology, the term used by Girard and Oughourlian to describe their method of observing the relational self.

Concepts discussed here will provide the building blocks for a more detailed application of Mimetic Theory to DID in Part Three.

9.2. René Girard's Anthropology.

The basis of Girard's anthropology is laid out in *Deceit Desire and the Novel* (Girard, 1965) and is elaborated upon in *Things Hidden Since the Foundation of the World* (Girard, et al., 1987).

The self of Mimetic Theory is an unstable, changeable, malleable, and other dependent structure (Alison, 1997a, p. 30). Girard's theory is presented by Kirwan, not as theological anthropology, but as an anthropophany, being dependent upon both human discovery and divine revelation (M Kirwan, 2009a, p. 46).

9.2.1. The Evolution of Culture.

Girard has claimed that Mimetic Theory is on a par with Darwin's Theory of Evolution. Whereas Darwin explained biological evolution, Mimetic Theory describes the evolution of culture. Girard reasons that if, as he believes, the Scapegoat Mechanism is the foundation of all that is human, it must therefore explain the transition from animal to human (Girard, et al., 1987, p. 84).

The cultural and the biological are not portrayed as two independent evolutionary systems but as being interconnected. The fact that the human infant is physically

vulnerable and unable to fend for itself means it requires some form of cultural protection which is not required by other mammals. For this interaction between nature and culture to progress as far as language and representation, Girard believes there must be a space of non-violence around the Mother and child, which is created by post sacrificial prohibition and which makes it possible to reach higher stages of human development (Muller, 1996). Girard accepts that, like Darwin's, this theory cannot be proven as it describes something that occurred several million years ago. The only world which can be observed now is one that is fully humanised (Girard, et al., 1987, p. 97).

Apart from his explorations of primitive religions, Girard's analysis of personhood focuses mainly on the Modern Western self, which he describes, in terms of Mimetic Theory, as possessing particular characteristics not found prior to the 18th Century. This would appear to be because Girard views the post Enlightenment human as having evolved to the most advanced stage yet of mimetic desire, therefore to talk about the modern self is also to include all previous stages of the evolutionary process (Girard, 1965, pp. 113-138). [19]

9.2.2. Consciousness.

The beginning of human consciousness is explained thus: During the course of evolution, mimesis replaced instinct as prime determinant of human behaviour (M Kirwan, 2004, pp. 19,20). During the first murder of the scapegoat victim, the sudden contrast between mass violence and the ensuing mass harmony and peace, created a space in which the first non-instinctual attention was born; the corpse of the first victim was the first object of attention (Girard, et al., 1987, p. 99). The gradual introduction of prohibition and ritual which emerged from the Scapegoat Mechanism, developed the human capacity to reflect, which in turn led to self-awareness. As human consciousness is born from mimetic rivalry, desire must be anterior to the self, and as such the conscious is not aware of it: it is pre conscious (Alison, 1997a, pp. 35,36).

9.2.3. Metaphysical Desire.

In the previous chapter, acquisitive and metaphysical desire were described, and it was shown that acquisitive desire was desire for an object, in imitation of the model's desire,

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[19] This is dealt with more fully in the Chapter entitled *The Red and the Black* in *Deceit Desire and the Novel* in which Stendhal's views on the demise of the nobility are explored.

while metaphysical desire was desire for something beyond the object, such as the status or even the being of the model. As the progression of mimetic desire runs from acquisitive to metaphysical, it is the latter which concerns Girard most and which forms the foundation of his anthropology.

A universal sense of existential lack is said to be felt more keenly in modernity as a result of the general acceptance of the "death of God" and corresponding faith in human autonomy. Although each individual is aware that they do not possess such self-sufficiency, they keep the knowledge to themselves; it is not discussed. Therefore everyone assumes that they alone lack this divine autonomy which all other people except themselves, enjoy. This promise of autonomy, which is an illusion, causes people to set impossibly high standards for themselves which they cannot meet, and their inevitable failures lead to self-hatred. Girard describes this as an ontological sickness (Girard, 1965, p. 56).

Metaphysical desire is a desire for the being of the other; for their perceived autonomy. This is described as a horizontal transcendence as opposed to the vertical transcendence which is focused on God (Girard, 1965, p. 61). Secularism causes people to seek transcendence in the mediated desire of the other (Girard, 1965, p. 62), Girard refers to this as a deviated transcendency. Girard does not believe that humans can be constituted by any other means than mimetic desire, hence a model is essential. Humans can choose God as model (vertical transcendence) or they can choose other humans (deviated transcendence).

9.2.3.1. Reciprocal Violence.

Although it is always possible to choose God as one's model, historically the only person who has done this is Jesus. Everyone else is formed in mimetic desire of other people, which means being formed within a context of reciprocal violence.

As soon as the model is aware of the disciple's imitation she perceives him as a rival and places an obstacle in the way which the disciple perceives as ill will towards him, and as a result denies the imitation. However, the hostility is also perceived as a further sign of the model's superiority and so the desire is strengthened even as it is denied. This, according to Girard, is an impossible situation in which submissive reverence, coupled with intense malice leads to hatred, of self and of model (Girard, 1965, p. 10). The only way to overcome this self-hatred is to claim the desire as one's own and prior

to that of the model; everyone would prefer to be the model rather than the imitator as this denotes originality and the autonomy which, each imagines, they alone lack (Girard, 1965, p. 57).

As the hatred becomes more intense and the antagonists come closer to each other, the desire of one to distinguish herself is mediated to the other, so they both try and break out in the same way, and in so doing reinforce the similarities. This, says Girard, is the origin of individualism (Girard, 1965, p. 100). The only way out of this double mediation is for one of the models to adopt a position of humility and declare his desire. This would interrupt the reciprocation, as once someone has openly declared his desire to imitate, he can no longer serve as model or be considered a rival for the object of desire, and the responding attitude of his former rival would then be one of indifference. This indifference would, however, draw the imitator back into rivalry with his model as indifference denotes a self-sufficiency which is irresistible. The indifferent person possesses that autonomy which everyone wants: she is divine (Girard, 1965, p. 106).

9.2.3.2. The Sacred Other.

This is how people make gods of other people, but the reciprocal nature of mimetic rivalry means that each of the rivals also see their own faults mirrored in the other, along with their perceived divinity. The illusion of difference prevents recognition of the other's faults as one's own and so people do not realise that it is their own desire they are condemning and in this way the other becomes devil as well as god. The other is both sacred and evil (Girard, 1965, pp. 53-82).

The natural end of this ontological sickness, says Girard, is death, because the contradiction on which it is based causes fragmentation and ultimately complete disintegration of the subject. Because the subject knows he is weak and because he believes in the illusory divinity of the other, he searches for the sacred in everything that threatens him (Girard, 1965, p. 282).

9.3. James Alison's Theological Anthropology.

The theological anthropology set forth by James Alison in *The Joy of Being Wrong* (Alison, 1997a) could form a suitable basis for dialogue with medicine, psychology and a range of theological traditions. It has been described as an acceptable third way between the anthropocentric focus of liberal theology and the theocentric theology of

Barth (M Kirwan, 2009a, p. 50). Alison describes his theology as one of conversion from a dialectical to a given perspective of human life, stating that as both discovery and revelation are involved, neither theology nor anthropology are compromised (Alison, 1997a, pp. 24,25).

9.3.1. Original Sin.

The Joy of Being Wrong aims to demonstrate how Mimetic Theory provides new insights into the doctrine of original sin (Alison, 1997a, p. 3). Mimetic Theory states that it is the movement of the attention from model to object which draws the subject beyond instinct and gives rise to consciousness and language. In evolutionary terms this occurred as a result of the founding murder, when the collective attention became fixed on the victim. The murder is based on the lie that the scapegoat was responsible for the crisis and the community was justified in killing him. Therefore all human identity is formed within a culture which is based on a denial, and both consciousness and memory are distorted from the beginning. The nature of this distortion is to view the founding murder from the perspective of the lynchers i.e. to judge the victim as guilty (Alison, 1997a, pp. 35,36).

9.3.2. The Relational Self.

Like other Trinitarian theologians, Alison expounds a theological anthropology based on relationality, but he goes further in saying that humans are completely other dependent, and the process through which the self is formed and maintained by the other is always conflictual.

9.3.2.1. Dependence on the Other.

The autonomous human self is said to be a deception. There is no pre-existent "me", there is only that which is brought into being through the mediated desire of the other, which is a pre requisite for human consciousness. Human consciousness is as other dependant as the biological dependency on reproduction (Alison, 1997a, p. 28).

Alison states that the Mother (or primary caregiver) is the first model, and both language and socialisation are learnt through imitation of her. Initially the infant is unaware of any separate "me" independent of the model, the understanding of being a separate person comes as the model directs the infant's attention to an object that is

external to both of them   (e.g. by pointing to or playing with a toy). This pulling away from the model to the object is what is referred to as desire, it is the beginning of autonomy and the process by which consciousness is formed (Alison, 1997a, p. 29).

9.3.2.2. Formation of the Self Through Conflict.

Desire for the object means the model has become a rival, the infant, not having the power to fight his parent for the object, resolves this difficulty by expelling the rival. Psychologically the infant asserts himself over against the model in order to acquire the being of the model (Alison, 1997a, pp. 29,30).

It is the sense of existential lack which causes humans to imitate others in order to acquire a sense of being. To do this they must assert themselves over against the other, in this way personal identity is constructed and defined by the other as rival whose being we wish to acquire. As mimetic rivalry always involves violence, consciousness and identity are constituted from violence (Alison, 1997a, pp. 36,37).

The self that has been brought into being through desire and consequent rivalry, does not acknowledge the model's role in the process and thinks of the desire as her own. So humans are constituted by the other in two ways; first in mimesis and second in denial of that mimesis. The denial will be particular to the mimesis of each individual model, therefore the other that is denied is central to the construction of the self (Alison, 1997a, p. 32).

9.3.3. The Malleable Self.

 Because every self is brought into being by the other and because this process is ongoing, the self cannot be fixed but is changeable and unstable. The healthy self, according to Alison, is the one that acknowledges the anteriority of the other, the unhealthy self is the one who denies the anteriority of the other, sees the other as rival, and in the course of expelling "the other who forms me", becomes splintered and dissociated (Alison, 1997a, p. 32).

9.3.4. The Possibility of Pacific Formation of the Self.

The process of self-formation described above is pre conscious and cannot be understood by human reason. The rivalistic nature of all human relations can only be realised through God's self-revelation as non rivalistic model who never engages in the

conflict or violence of mimetic rivalry. This revelation is worked out through the Hebrew Scriptures and culminates in the person of Jesus who demonstrated the possibility of pacifically receiving being from God instead of acquiring it through violent appropriation from others.

All humans are presented with a choice between a non-distorted non-violent relationship with God as model, and violent distorted relationships in which the other as model is denied. Whether we choose to relate to God (vertical transcendence) or neighbour (horizontal, deviated transcendence) will shape our identity (Alison, 1997a, pp. 44,45).

9.4. Interdividual Psychology.

In *Things Hidden Since the Foundation of the World* (1987) Girard et al. state that because of the self's radical dependency on the other, there can be no observation of the internal self and psychology may only study the self as it is in relation. On the basis of this, Girard and Oughourlian developed a psychological theory which they termed Interdividual Psychology.

9.4.1. The Holon.

The basic unit of Interdividual Psychology is the holon, a term used for the "I" that is formed, maintained and understood only in relation to others. The holon is developing continually through exchanges with other holons, and although it is generated mimetically, it denies the desire which produces and animates it, and in so doing denies its dependence on the other and mistakenly views itself as autonomous (Alison, 1997a, p. 31).

The fact that the holon does not accept that it is dependent on the model for its desire, and consequently its existence, means that it is constituted in denial of the other that formed it and this, says Oughourlian, is at the heart of all neuroses and psychoses (Alison, 1997a, p. 32).

9.4.2. Interdividual Psychology and Multiple Selves.

Most schools of psychology offer some explanation for humans having more than one consciousness, and contemporary social theory tends to view multiplicity as a positive social adaptation (Turner, 2008, pp. 37-63).

As was noted in chapter 3, for an alter to be awarded status as a personality, it must have a sense of self, a consistent and characteristic pattern of behaviour, a range of functions and emotions and a significant life history of its own (F. W. Putnam, 1989, p. 103). Therefore if Mimetic Theory is to enhance understanding of DID, it should be possible to describe and explain such an entity based on mimetic desire, or alternatively, Mimetic Theory should be able to demonstrate that such a condition does not, and could not exist.

There are a number of aspects of Mimetic Theory which might offer explanations for the multiple self, and these will be explored below before a more direct application to the alters of DID in Chapter 10.

9.4.2.1. Metaphysical Desire and Multiplicity.

Chapter three of *Deceit Desire and the Novel* (Girard, 1965) describes a form of multiplicity which arises as a consequence of metaphysical desire. As already noted, the subject desires an object in imitation of the model, not because she wants the object, but because she believes that in possessing the object that her model possesses, she will be able to acquire the being of her model. She believes that by acquiring the divine autonomy, perceived in the model, she will become a better person. In anticipation of possession of the object and the improvements it will bring, the subject imagines that she already has it. She deceives herself by living in the future as this possible future self (Girard, 1965, p. 58). Once the object is acquired, in reality it disappoints, and the subject realises that she is not changed by it and still does not have that divine autonomy, perceived in the other, which she hoped would be bestowed on her if she possessed what the other possessed (Girard, 1965, p. 88).

To overcome the disappointment, the subject finds another model and the process begins over again. Every time this happens, each new mediator produces a different possible future self, which the subject convinces herself is her actual self. There is then a succession of selves, and the deception is so strong that each self is unaware of the other selves, both past and future. In extreme cases the process accelerates to the point where the new selves arise in such rapid succession that they become simultaneous selves (Girard, 1965, pp. 90,91).

Presumably, this could then lead to a subject presenting with multiple imaginary selves, none of whom are aware of each other, but Girard says that when that point is reached, there is no longer distinction between each self. Instead, he describes it as a perpetual crisis which ends in the decomposition of the personality (Girard, 1965, p. 92). This then does not describe the alters of DID, who are said to be distinct and continuous.

9.4.2.2. The Relationship of Doubles.

The process by which the self is constituted by the other has been described above, as one in which the subject, by desiring an object in imitation of a model in order to acquire the being of the model, enters into a reciprocal rivalry with that model. As the mimetic process escalates, differences between the rivals are reduced because both model and imitator attempt to acquire the being of the other, so becoming like each other (Fletcher, 1999, p. 171). In order to maintain the differences, both parties attempt to break away, but because they both do this in the same way, the reciprocity is reinforced and the differences further reduced (Girard, et al., 1987, p. 300). Girard argues that in rivalries there are no fixed positions, there may always be an oppressor and oppressed for example, but both rivals will occupy both positions in turn. This also happens on a larger scale and the mimetic process escalates to a point where all involved occupy all positions simultaneously until there are no longer any distinct positions (Girard, et al., 1987, p. 299).

It was also stated that Girard's understanding of the master slave dialectic is that the slave is the one who is passionate and openly expresses his desire whilst the master is the one who hides his desire in order to avoid provoking rivalry with the other. Girard takes this further and describes a situation where two rivals both hope to deny their desire in order that their rival will not place any obstacles between them and the object, he says this results in a double fascination where both rivals become paralysed. The two partners thwart each other so successfully that neither of them is able to approach the object, they remain immobilised opposite each other and totally absorbed in each other until each is for the other his own image (Girard, 1965, p. 172).

In addition, the disappointment felt on acquiring the object (discussed above) leads to a search for objects which will not disappoint. If disappointment occurs once the object has been acquired then the only objects that will not disappoint are those that can never

be acquired. Unattainable objects are those in the possession of the model/rival who places insurmountable obstacles between the subject and the object of desire. As desire is always mimetic and reciprocal, both parties will choose the same object and the same means of preventing the rival from attaining it. Again, the rivals become mirror images of each other as neither can move towards the object but equally cannot move away because that would be to make way for the other (Girard, 1965, p. 103).

Once the rivals become doubles, all differences are eliminated and they are interchangeable. However this can only be perceived from the outside, for those involved they are each so absorbed in their own non-reciprocal moment that they don't see the whole picture or understand its reciprocal nature (Girard & Gregory, 2005, p. 168).

9.4.2.2.1. The Monstrous Double.

Taking the relationship of doubles further, Girard describes the "Monstrous Double" as a hallucinatory phenomenon which occurs at the height of reciprocity where the "I" and the "other" are engaged in a constant interchange of differences (Girard & Gregory, 2005, p. 174). As the antagonists exchange places more and more rapidly everything becomes mixed together in a blur. The resulting hallucinatory state is one where difference is lost and there is a grotesque mixture of things that should normally remain separate. Girard says these are the monsters, the mixture of things that should normally be kept apart such as animal and human. Girard believes that the double and the monster are the same thing (Girard & Gregory, 2005, p. 170).

9.4.2.2.2. The Double in Mental Illness.

According to Girard and Oughourlian, both psychiatrists and psychologists miss the significance of the other in mental illness, seeing doubles as an important but hallucinatory symptom rather than a real mimetic rival. Girard says it is not the double that is the hallucination but the appearance of difference. Because the individual cannot accept the double as reality (there is no place for doubles in a culture which depends on differentiation), she accepts the diagnosis of madness (Girard, et al., 1987, pp. 300-302).

Symptoms of alternation are a result of the changing fortunes of someone in a rapid mimetic exchange of differences where, when one is up the other must be down and vice versa. In some people these fluctuations are experienced with exceptional intensity.

Girard describes the manic depressive as someone who embodies the two opposing faces of the sacred (Girard, et al., 1987, pp. 307-310).

9.4.2.3. Hypnosis and Secondary Consciousness.

Psychological explanations for the possibility of humans containing more than one consciousness often depend upon the concept of hypnosis. Oughourlian believes the secondary consciousness of hypnosis is brought into being by the hypnotist's suggestion, which acts as a model for the subject's desire. As observed above, Mimetic Theory states that desire forms consciousness, therefore the new desire of the hypnotist forms a new consciousness (self). The new self is able to remember the life of the old self but the original self, on returning to awareness has no memory of the hypnotically induced self. Oughourlian says that this is due to the differences between physical time and psychological time. The self of hypnosis is always in the future for the original self so can never be remembered (Alison, 1997a, p. 223).

9.4.3. Interdividual Psychology and the Understanding of Trance

The concept of the Monstrous Double is also used to explain trance and possession phenomena. Possession cults attempt to reproduce the mimetic trance, where the speed of reciprocity takes the participants beyond the point at which the I and the other can be distinguished, and the monstrous double is created (Girard, et al., 1987, p. 35). The ritual use of masks enhances the experience by mixing things which should be kept apart, such as an animal head on a human body.

Within the hallucination produced by the rapid exchange of differences, the same set of images may be seen twice. Both sets of images may be perceived by the subject as external to the self, in which case they are seen as a double. Alternatively they can be perceived as both "me" and "not me" and the double becomes a monster that is both internal and external to the self. This image, according to Girard, is so bizarre that it cannot be accepted as being derived from anything human, therefore it must be an invasion of the self by something alien or supernatural.

Possession then, is another way of interpreting the monstrous double, Girard describes it as the extreme form of alienation in which the subject totally absorbs the desires of another (Girard & Gregory, 2005, pp. 172-175).

9.5. Discussion: The Place of Mimetic Theory in the study of DID

The focus of Leon Turner's book, *Psychology Theology and the Plural Self* (2008) is a critique of theological anthropology's dialogue (or lack of) with the science on the issue of human multiplicity. He says the reason there is no dialogue is because theologians insist upon the unity of persons (Turner, 2008, p. 10). This charge cannot be made against Girard, or any theological anthropology based on Mimetic Theory, as Fletcher says, Mimetic Theory challenges traditional theological anthropology because it does not adhere to the modern notion of the unified autonomous self, but instead, accepts the fragmentation of the self (Fletcher, 1999, p. 15).

In order for Mimetic Theory to enhance understanding of DID, it should be capable of dialogue with contemporary psychology on the plural self, and should also be able to explain the origin and nature of the alters of DID. A review of the aspects of the theory which deal with multiplicity; namely metaphysical desire, hypnosis, the relationship of doubles and trance, suggests that Girard has provided, in Mimetic Theory, the tools and the language necessary to accomplish that task. However, it will be shown in a later chapter that whilst Mimetic Theory provides a comprehensive explanation for the creation of new selves, it does not allow for the type of multiplicity said to occur in DID.

Other areas where Mimetic Theory will not accommodate current views of DID, are mainly related to the way that interdividual psychology only studies the communicative form, or the holon, therefore focusing only on the external, whilst other disciplines all focus on an interior life. All theories concerning DID that have been examined so far, secular and spiritual, have attempted to describe what is happening within the individual.

If DID could be studied within the context of relationship with the other; the mimetic rival, then there would no longer be a need to devise improbable theories that no one can agree on, to explain how one individual can contain more than one personality. According to Mimetic Theory, it might be reasonable to suppose that the alternate personalities are not contained within an individual but exist between people. Indeed, Martinez Tobias points out that DID does not occur in cultures where the self is understood as external and collectivist, but only in the western individual autonomous self (Martinez-Taboas, 1991, p. 130). It has also been observed above that in both the

secular medical model and in pastoral theology the "problem" is located within the individual who has DID, a Mimetic Theory engagement with DID will relocate the problem to the relational space so that the victim of trauma no longer has to bear the weight of what was done to her.

Part Three

Chapter 10. Mimetic Theory and Alternate Personalities.

10.1. Introduction.

Girard claims that Mimetic Theory has universal application as an explanatory device, therefore it should be capable of describing and analysing the creation and maintenance of the alters of DID, or if not, it must provide an alternative explanation for the apparent multiplicity. The previous chapter showed that, whilst the concepts of metaphysical desire and the relationship of doubles provide an explanation of some forms of human multiplicity, they do not adequately describe the alters of DID. In this chapter, a detailed exploration of *The Puppet of Desire* (1991), Jean Michel Oughourlian's study on possession, hypnosis and hysteria, will lead to a prospective theory regarding the nature of alters (and demons) from the perspective of Mimetic Theory and Interdividual Psychology.

Although DID is not mentioned in this book, it has been associated with all three topics, therefore it should be possible to extrapolate from Ouhgourlian's work a theory of DID based on mimetic rivalry and the relationship with The Other. The concept of The Other as double or monster underlies Oughourlian's work, although he does not routinely use those terms. He is more likely to refer to "the other" when talking about interdividual relationships with one's neighbour or "The Other" referring to that which is multiple and which constitutes culture (Oughourlian, 1991).

Taking the concepts of possession, hysteria and hypnosis in turn, Oughourlian's insights will be compared with current theories of DID, and tested for efficacy in explaining the creation and maintenance of alternate personalities.

10.2. Possession.

In Chapter 4, the alters of DID were examined within the context of the altered states of consciousness and displacement of identity normally considered in theories of trance and possession phenomena. It was noted that possession states might be diagnosed as

DID, (Littlewood, 2009, p. 33) and that some writers view all dissociative states as a form of trance (Hacking, 1995, p. 142).

Oughourlian understands the state of possession to be a product of the interdividual relation and, like Lewis and others (I. M. Lewis, 1971, pp. 30,31), he differentiates between healthy possession (which he terms adorcism) and pathological possession. This distinction is recognised by both The American Psychiatric Association and The World Health Organisation who state that in order to be considered a disorder by psychiatry, possession states must occur outside of culturally sanctioned practice (W.H.O 1977, p. 102) (A.P.A, 2000, pp. 783,784)

10.2.1.Healthy Possession/Adorcism.

From the perspective of Mimetic Theory, the purpose of possession rites is to maintain the cultural order by instigating a crisis from which a new order emerges. At an individual level, there is a loss of consciousness and crisis of identity as the self gives way to undifferentiation, followed by a new state of consciousness, or re-ordering as a new identity. The new identity is born from the desire of The Other, and consequently the new self is identified with that Other, i.e. the god she is possessed by (Oughourlian, 1991, p. 105).

In adorcism there is no rivalry but a submission to The Other, which then allows itself to be appropriated; possession is not only *by* The Other but also *of* The Other (Oughourlian, 1991, p. 76). In this type of possession the mimetic relation is recognised and used, and the significant role of The Other is acknowledged. Rather than an attempt to appropriate the being of The Other, there is instead an imitation which enables onlookers to recognise The Other in the subject (Oughourlian, 1991, p. 100).

Oughourlian refers to the work of Michel Leiris who tells how in some communities, those who are practiced in possession rites are respected and considered wise. Using the term *Zar* to refer to the possessing entity, Leiris describes people who may have a different *Zar* in charge of each activity of their life. These *Zars* are like different personalities that can be put on or taken off according to circumstance. Leiris describes them as "personalities that offer ready-made attitudes and patterns of behaviour" (Oughourlian, 1991, p. 128).

10.2.1.1. Adorcism and Alters.

To liken the creation of alters to the formation of the new identity of adorcism, it would first be necessary to demonstrate that alters are created within a context of ritual practices designed to produce a state of mimetic trance and undifferentiation. There would also need to be evidence of submission to, and then imitation of, a non rivalistic Other.

Most accounts of ritual abuse report practices that seem designed to create the state of undifferentiation that is required for mimetic trance, these practices include the wearing of masks (lost boy) and spinning (R. Noblitt & P. P. Noblitt, 2008, p. 450). [20] Severe abuse that does not use ritual may still bring about a state of undifferentiation by dissolving boundaries such as those between adult and child, parent and stranger, love and cruelty etc. Oughourlian claims that childhood itself is viewed as a state of undifferentiation which is why in some cultures, preparation for possession rites involves controlled relapse into infancy (Oughourlian, 1991, p. 106). This idea is reflected in the claims that DID always begins in childhood.

So it can be seen that, like possession rites, ritual abuse creates a state of undifferentiation from which a new identity may emerge. There are, however, significant differences between culturally sanctioned possession rites and ritualised abuse of children. Ritual abuse is described by Noblitt as "maltreatment that occurs in a ceremonial or circumscribed manner for the purpose of creating or manipulating alter mental states" (P. P. Noblitt & R. Noblitt, 2008, p. 25). He says the rituals usually involve torture, deprivation and deception (R. Noblitt & P. P. Noblitt, 2008, p. 18). This is not the case in adorcism, even where some distress is experienced by the subject. The new self of adorcism is brought into being through the desire of a non rivalistic Other, mediated through culture. Noblitt reports that practices of ritual abuse often combine a wide variety of different cultures and belief systems (R. Noblitt & P. P. Noblitt, 2008, p. 19), therefore there will be no recognised entity offered as model for the new identity. It is proposed that during ritualised abuse, in the absence of a culturally mediated Other, any new self will be born from desire mediated through the perpetrator. The perpetrator

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[20] Physical spinning of the child accompanied by special effects is used to produce a state of confusion and disorientation

as other is clearly malevolent and dangerous so there can be none of the submission or pacific imitation that is seen in adorcism.

The conclusion must be then that Oughourlian's description of adorcism does not offer a satisfactory explanation for the creation of the alternate personalities of DID. This form of possession is considered to be healthy and even therapeutic, whereas DID is understood by all to be pathological.

10.2.2. Pathological Possession.

Previous chapters demonstrated that the pathology of DID may be interpreted as being dissociative by the medical profession or as demonic by some parts of the Church. Oughourlain claims that both of these views are founded on a denial of the interdividual relation. To acknowledge that each self is brought into being by the desire of the other would be to expose the mimetic process and accept that our desires are not our own, therefore the other is hidden behind The Great Other, the identity of which is determined by culture (Oughourlian, 1991, p. 83). Existing explanations for DID depend on one of two available interpretations of The Other; diabolic possession or hysteria.

10.2.2.1. Diabolic Possession.

 Oughourlian claims that it was during the middle ages that The Other came to be identified with the devil. The concept arose from belief in a three tier universe which sees God and His angels in heaven, Satan and his demons in hell, and agents of both working in the human realm between them (Oughourlian, 1991, pp. 72,73). This view is still held today by a number of conservative Christians, some of whom claim to provide healing for DID (Anderson, 2000b, pp. 48-50).

The devil, being evil, will always be a rival. In addition, because he is not understood as a single person but can take many forms, some of which are more accurately described as attitudes than whole entities, there can be no identification *with* and no possession *of*. Therefore in possession involving the devil, instead of submission of the "I" to The Other, there is a miming of the interdividual relation in crisis. This is expressed as either violent rivalry or orgasmic union, these being the two extremes of the interdividual relationship. At either extreme there is a loss of language and consequent dissolution of

the self into a state of somnambulism, following which self and language may return, but they return as The Other (Oughourlian, 1991, pp. 78-81).

Like adorcism, pathological possession is also culture specific and the possessing entity is easily recognised and identified. According to Oughourlian, it is the role of exorcists to both identify and dictate the nature of The Other (Oughourlian, 1991, p. 82).This can be seen in contemporary exorcisms and deliverance ministries which stress the need to determine the name (identity) of the demon early on in the process (Horrobin, 2008, p. 222).

10.2.2.1.1. The Nuns of Loudun.

Like a number of writers, Oughourlian uses the well known account of the nuns of Loudun to support his theory of diabolic possession. During the 17th Century, this group of Ursuline nuns manifested behaviour that included convulsions, abusive language, blasphemy and aversion to Christian symbolism, and were diagnosed as demon possessed by the authorities. A local Priest, Father Urban Grandier was charged with, and eventually executed for, causing the possessions by means of sorcery. Grandier was good looking, wealthy, popular with the women of the area and well connected politically. He had already used his political connections to evade ecclesiastical discipline, so making enemies within the Church. One account of events states that the Bishop of Poitiers instructed the nuns to behave as if possessed and blame Grandier, while another version says the possessions started when the Prioress, Mother Jeanne, began to have erotic dreams about Grandier. As she recounted these dreams to the other nuns they too began to share both the dreams and the possession.

Whereas Colin Ross, refers to this story as an illustration of the sexual exploitation of nuns by the priesthood (C. Ross, 1995, p. 44), Oughourlian uses it to illustrate the mimetic relations behind accusations of demonic possession. He emphasises the fact that none of the nuns ever met Grandier, their desire for him was "caught" from the overheard conversations of local women. Referring to Legue and Tourrette's biography of Mother Jeanne des Anges, Oughourlian points out that during the ensuing investigation Jeanne herself stated that her desire for Grandier was not her own but had been implanted in her by someone else (Oughourlian, 1991, p. 88).

The extreme behaviour and impossible physical positions [21] taken by the nuns during the possessions is interpreted by Ouhgourlian as a miming of the interdividual relation in crisis, the crisis arising from a strong desire for a man who was unavailable (Grandier had refused an invitation to become Director of the convent). Oughourlian says what is being mimed here is the state of sexual ecstasy. To support this argument he offers a quote from Legue and Tourrette:

> These apparitions produced in Sister Jeanne such a perturbation of nervous function that her whole being, absorbed by the image of Grandier *expressed nothing other than a cry of pleasure.* (Oughourlian's italics) (Oughourlian, 1991, p. 87)

Urban Grandier was the virtual partner and the double in the mime. As already observed, according to Girard, doubles cannot be contemplated by a culture that relies on difference to maintain order, therefore the virtual partner was interpreted as an Evil Other, which in that place at that time was identified as the devil (Oughourlian, 1991, p. 87).

10.2.2.1.2. Alters as Demons.

Although Oughourlian claims that in the West, The Other is no longer identified as the devil, it has been noted in previous chapters that there are those who still say that multiple personalities are demonic (Bowman, 1993, p. 222). If then, as Oughourlian claims, pathological possession is preceded by a miming of the interdividual relation in crisis, followed by a state of somnambulism and the appearance of a new identity; it should be possible to observe this process in cases where those who manifest multiple personalities are told that they are demon possessed.

The subjects of Bowman's study on exorcism (Bowman, 1991) had all been diagnosed with DID, and also told that they were possessed. Although some described being violent towards the exorcist, there were no accounts of overtly sexual behaviour or bizarre physical poses. It is possible that these things did occur but they were not reported, either because Bowman was not looking for them or because the subject felt embarrassment. The subjects also reported entering trance states following which 57%

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[21] For example one of the nuns is described as being positioned in the shape of an arc in such a way that she touched the floor only with her toes and with the end of her nose, another was doubled over and the only part of her that touched the ground was her left flank

reported a change (re-ordering) of their inner world, and 43% formed new alters as a result of the exorcism (Bowman, 1993, pp. 226,227).

Carolyn Bramhall describes a deliverance session where she removed her clothes, fought violently, and shouted abuse. Her therapist, who was also present, put her into a hypnotic state (somnambulism) after which she underwent several changes of identity (C. Bramhall, 2005, p. 144).

In order to test Oughourlian's theory of possession as an explanation for the phenomena currently referred to as DID, it would be necessary to obtain detailed descriptions of the behaviour of the "possessed". As most of the accounts are first hand, rather than from detached observers, accurate objective information is not available. However, Peter Horrobin, who does believe that some of the alters of DID are demonic, has provided a detailed catalogue of signs that may be seen in those who are demon possessed.

In Table 5 the left hand column lists those symptoms that occur spontaneously and may cause someone to seek help, whilst the right hand column provides a list of phenomena which are said to occur during deliverance.

Table 5: Signs of Demon Possession Taken from "Healing Through Deliverance"

(Horrobin, 2008)

Some observable symptoms of possible demonisation (pp314-337)	Some possible demonic manifestations (pp 480-483)
Addictions Appetites out of balance Behaviour extremes Bitterness and unforgiveness Compulsive behaviour patterns Deceitful personality and behaviour Depression Emotional disturbance Escapism Fears and phobias Guilt and self-condemnation Hearing voices Hereditary illnesses Heretical beliefs Involvement in false religions Irrational behaviour Lack of mature relationships Legalism and spiritual bondage Nightmares Occultic involvement Out of control tongue Recurring or long term sickness Self centredness Sexual aberrations Suicidal tendencies Undiagnosable symptoms Violent tendencies Withdrawn antisocial behaviour	Cold Trembling Shaking Falling to the Ground Palpitations Pressure Physical pain Lumps in throat Deep breathing Stirring in the stomach Feeling ill or faint Sudden headaches Unnatural movements Contortions of the body Screaming Pupils dilating Squints and convergence of the eyeballs Eyes rolling upward Sexual movements Demonic language Sudden violent actions Running away Hissing Burping Swearing Snarling and barking Roaring Bellowing Clawlike actions

The signs listed in the left hand column could be interpreted as the early stages of the interdividual relation in trouble,[22] whilst those on the right are said by Horrobin to occur as the demon is addressed and ordered to leave. So the phenomena that Oughourlian understands to be a miming of the interdividulal relation in crisis as a prelude to possession, only appears, according to Horrobin, during deliverance ministry.

10.2.2.1.3. The New Identity of Diabolical Possession.

The above suggests that it is the practice of deliverance ministry or exorcism which produces the state that precedes the appearance of a new identity. Those psychiatrists who suggest that exorcism may have some therapeutic value (Bull, et al., 1998, p. 194), could argue that exorcism and deliverance ministry in the West differ only in form to possession rites in other parts of the world. Such an argument might describe a distressed subject who, through the ritual of exorcism, is enabled to both possess and be possessed by Christ and so adopt a new Christ like identity as a result. However this argument could not work for a number of reasons:

1. Oughourlian states that the object of exorcism is not to allow the subject a new self but to return him to his original self (Oughourlian, 1991, p. 96).
2. Adorcism involves submission to a benevolent possessing entity. During deliverance and exorcism Christ is not presented as non-rivalistic, but as triumphant victor who sides with the exorcist to annihilate the presenting self.
3. There are no verifiable reports of people with DID being healed through exorcism. In Bowman's study, none of the subjects found their condition had been improved by exorcism, furthermore 36% attempted suicide and 21% entered therapy as a result (Bowman, 1993, p. 227).

It could be argued then that if the multiple personalities seen in DID are to be understood as demonic, both ritualised abuse and deliverance ministry/exorcism are equally likely to create such entities through the desire of a rivalistic other.

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[22] Some of the items appear to be a reflection of Horrobin's personal views rather than an indication of distress, for example heretical beliefs include universalism, and false religions include all those which are not Christian.

10.2.2.2. Hysteria.

Adorcism involves a healthy recognition of the role of The Other and the mimetic nature of the interdividual relation which results in submission to, modelling on, and identification with The Other as model. When The Other is malevolent there can be no submission or modelling because The Other will always be rival-obstacle rather than model. This leads to pathological possession, usually associated in Western culture with the devil. When The Other is denied, otherness is located within the self (Oughourlian, 1991, p. 168).

As observed above, the concept of The Other as devil was predominant during the Middle Ages, but the ensuing scientific worldview redefined possession as hysteria. Oughourlian traces this development through the personal history of Mother Jeanne: Initially Jeanne's possession and any resulting behaviour was attributed to the devil so she was not deemed responsible, but in absolving her of any guilt, the devil also deprived her of ownership of her desire. She resolved this by concluding that although she had been manipulated, she had been manipulated by herself. Oughourlian proposes that this progression, from being manipulated by an alien entity to being manipulated by oneself, is reflected in Western culture's rejection of the devil as The Other and its adoption of the idea that a part of the self can be made "other" (Oughourlian, 1991, p. 94).

In hysteria, as in pathological possession there is a miming of the interdividual relation in crisis leading to somnambulism which may or may not be followed by the manifestation of a new identity (Oughourlian, 1991, p. 166). The hysteric attempts to annihilate The Other by making a part of the self "other", in order that otherness may be mastered. Hysteria claims anteriority and ownership of desires but retains enough sense of otherness to escape responsibility and guilt for bad desires (Oughourlian, 1991, p. 162). Oughourlian describes hysterical crisis as demon possession in which the demon does not manifest itself (Oughourlian, 1991, p. 145).

10.2.2.2.1. Alters as Alienated Parts of the Self.

As noted in previous chapters, Western culture provides only two possible interpretations of synchronic experiential multiplicity; possession or DID. In both *ICD* and *DSM*, multiple personality has its roots in hysteria, therefore if Oughourlian's

theory is correct, hysteria as an attempt to deny The Other, should provide adequate explanation for the alters of DID.

The new identity of hysteria arises from the hysteric's refusal to identify with the model or recognise the anteriority of the other's desire, leading to alienation of a part of his personality in order that the object of desire might still be obtained. This has been described as a splitting of consciousness.

In previous chapters it was demonstrated that all non-spiritual views of DID understand the alters to arise from or be created by the self. The universal agreement that integration must be the primary treatment objective for DID supports the view that the alter is a part of the self which has been made other.

Although the role of the other is acknowledged by some as creating the traumatic circumstances that necessitate the splitting of consciousness, the new identity is viewed as the creation of the subject and so she retains ownership and anteriority in denial of The Other. This means that the other who is denied does not feature in the subject's memory.

Oughourlian believes Freud was wrong to associate memory with the unconscious. He says it is the alienation of part of the personality which causes amnesia; the self cannot remember what "the other" did, because it never knew (Oughourlian, 1991, pp. 152,153). The topic of memory is dealt with more fully in Oughourlian's treatment of hypnosis.

10.2.3. The New Identity of Possession.

Oughourlian is arguing that therapeutic possession, pathological possession and hysteria are all critical developments of the interdividual relation. In the first, The Other is acknowledged as model, in the second, opposed as rival and in the third, denied. From each of these crises a new personality may be generated according to the desire of The Other, hence, the perceived nature of The Other determines the nature of the new identity.

This is illustrated by Erika Bourguignon in her article *Multiple Personality, Possession Trance and the Psychic Unity of Mankind* (Bourguignon, 1989). In comparing the alternate personalities of a North American woman and a Brazilian man, Bourguignon shows that the main differences between the personalities are derived from the ontological status awarded to them by their respective cultures.

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"Mrs G" had an alter called Candy, who unlike Mrs G was slovenly, aggressive and rude. Her psychotherapist did not believe that Candy was a separate entity but said she was a split off part of Mrs G's personality, as a result Mrs G was considered to be responsible for Candy's actions and felt embarrassed by them. The treatment aim was reintegration of Candy back into the core personality.

Joao belonged to the Brazilian Umbandista cult, and he sometimes behaved as Margarida, an aggressive provocative female personality. Margarida was understood to be a disincarnate spirit, accepted by Joao and his culture as a "real" entity. Rather than requiring healing, Joao had been taught to facilitate the expression of disincarnate spirits by learning how to enter trance and become possessed by them, a process which was understood by the culture to be therapeutic (Bourguignon, 1989, pp. 374-376).

Western psychiatry does recognise some forms of non-pathological possession such as mediumship, channelling and glossolalia (V. D. Cardena, Weiner, Terhune, 2009, p. 174), but like demon possession these are only accepted by a minority. The majority of Western culture has rejected the spiritual realm and adopted scientific explanations for phenomena previously understood as possession. Oughourlian claims that even though the identity of The Other has changed, its purpose, which is to conceal the mimetic nature of the interdividual relation, remains the same. When Freudian psychoanalysis located The Other within the self, the unconscious was awarded the same ontological status previously given to the devil (Oughourlian, 1991, pp. 151,152).

10.3. Hypnosis.

Hypnosis has always been associated with multiple personality (Nicholas P Spanos, 1996, p. 10). Charcot claimed that dissociative states could be induced by hypnosis (Harris, 2004, pp. 346-348) and there are those who claim that the alters of DID are hypnotic states produced by trauma (Bliss, 1986, p. 125) (Braun, 1989, p. 66).

Oughourlian describes hypnosis as a narrowing of the field of conscious awareness, so that all attention is fixed on the interdividual relation (Oughourlian, 1991, p. 198), until self and model are so close that the self swoons and loses consciousness. This is followed by the appearance of , what Oughourlian terms as, the-other-self-of-the-other-

desire (Oughourlian, 1991, p. 208). The new personality of hypnotism is produced peacefully, the self does not attempt to overcome, alienate, or deny the other who remains physically present throughout (Oughourlian, 1991, p. 235). Oughourlian describes hypnotism as an overt illustration of mimeticism without rivalry (Girard, et al., 1987, p. 214).

The new self of hypnosis has no need to represent the other within the self because the other is physically present, so no part of the new self is alienated or rendered other. In addition, because this is not a completely new identity but a development of the self, it incorporates all previous selves including the parts of those selves rendered other and the memories associated with them. In that way, the new self does not share the amnesia of the habitual self.

Because the new self is posterior to the habitual self it will retain all the memories of the habitual self as well as its own, but also for this reason, the habitual self will never have any memory of the new self (Oughourlian, 1991, pp. 235, 236).

10.3.1. Hypnosis as an Explanation for the Amnesia of DID.

The major difficulty in applying Oughourlian's thoughts on hypnosis to the amnesia seen in DID, is his denial of any co consciousness, new selves are said to be formed successively and there is no account of selves existing simultaneously. It is well documented that in DID alternate personalities come and go and some claim to have conscious awareness even when not in executive control. This difficulty is overcome through Oughourlian's comparison with the secondary consciousness of hypnosis, and how a delay between imitation and performance can be built in to the new self (Oughourlian, 1991, p. 240) .

Whilst it is not feasible to liken alters to hypnotic states as they are not brought into being through pacific imitation of a physically present other, this could explain the creation of additional personalities and recovery of memories during therapy.

10.4. Can Possession, Hysteria and Hypnosis produce the alters of DID?

Table 6 is an assessment of the possible value of Mimetic Theories of possession, hysteria, and hypnosis for explaining the alters of DID. It can be seen that both demon possession and hysteria offer adequate explanations and this accords with existing views of DID.

Table 6 Possible Explanations for the Alters of DID, Based on Oughourlian's Theories of Possession Hysteria and Hypnosis

	Relation to other	Identity of other	Form of possession	Could this explain DID?
Adorcism	Acceptance and submission	Benevolent non rivalistic god	Representation/ imitation of Other	No : requires benevolent Other
Diabolic possession	Denial/ antagonism	Malevolent entity	Miming of relation in crisis followed by possession by Other	Yes: but only where culture identifies Other with devil/ demons
Hysteria	Denial	Malevolent Virtual other	Miming of relation in crisis may lead to representation of part of self as other	Yes: but only where culture identifies Other with unconscious
Hypnotism	Pacific	Physically present non rivalistic	Direct imitation , no representation needed as other remains physically present	No: requires physical presence of non rivalistic other

10.5. A Mimetic Theory of DID.

Any theory of DID based on mimetic rivalry would be a departure from current thought because it would rely on the premise that dissociative, possession and hypnotic states share a common origin. Although there are claims that DID and Possession are the same condition by different names (Noblitt and Perskin, 2000, pxiv), the majority of psychiatry and psychology reject the Double Aspect Perspective[23] for DID (D. A. Begelman, 1993, p. 202).

Neither Girard nor Oughourlian refer specifically to DID, so without further research, any theory of DID drawn from their work can only be speculative. Such a theory is suggested here:

Based on Ouhgourlian's work, two basic rules could be said to govern the creation of alters:

1. A state of undifferentiation: The self becomes focused on the other to the extent that there is dissolution of self and loss of consciousness followed by re ordering as a new self brought into being by the desire of the other.

2. The nature of the new identity depends upon two things:

    a) The actual other of the interdividual relation whom the subject will either imitate (as in adorcism and hypnotism) or mime relation to before somnambulism and representation (as in demon possession and hysteria).

    b) The cultural interpretation awarded to The Other and applied to the new identity by society

These two rules can be applied to accounts of DID presented by therapists, patients and critics.

10.5.1. Undifferentiation.

It has been suggested above that ritual abuse, exorcism and hypnotism all produce the state of undifferentiation required for the emergence of an alternate personality.

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[23] Producing separate theories for the same data

10.5.1.1. Undifferentiation Brought about by Ritual Abuse.

The Extreme Abuse Survey (Becker, et al., 2008) found that during their abuse children had been subjected to, among other things, blinding lights, drugging, spinning and sensory deprivation. 63% of the 1012 people who answered the question on ritual abuse stated that the perpetrator used such techniques to deliberately create a new personality in the child (Rutz, et al., 2008, pp. 73-77).

10.5.1.2. Undifferentiation Brought about by Exorcism.

Fraser, in his study on exorcism of DID patients, describes one exorcism as "*a hypnotic suggestion for the formation of new ego states who took on the suggested demon characteristics*" (Fraser, 1993, p. 240).

10.5.1.3.Undifferenatiation Brought about by Hypnotism.

Ganaway speaks of the ability of therapists to use hypnotic techniques to produce disaggregate self states and refers to Bliss using this as a therapeutic tool in DID (George K Ganaway, 1992, p. 203).

10.5.2. The Nature of Alters.

If the alters of DID are produced during ritual abuse, exorcism or hypnosis (during therapy) they could be expected to represent the other as either the perpetrator, the exorcist or the therapist, respectively. Examples of each are readily available in the literature on DID.

10.5.2.1. The Perpetrator as The Other.

One of the alters of "lost boy" is a wolf, drawn identically to the wolf who abused him. Sybil was reported to have two male alters both of whom were carpenters, Sybil's father was a carpenter (Schreiber, 1974, pp. 9,45). [24]

10.5.2.2. The Exorcist as The Other.

Fraser tells of an angry male alter (of a female subject) who, following exorcism, became identified with Satan and attempted to manipulate the subject to commit suicide so that they would all go to hell where Satan lived (Fraser, 1993, p. 241).The wishes of

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[24] Sybil's father was not actively involved in her abuse but allegedly colluded through negligence.

the exorcist are represented here in believing that parts of the self belong in hell with Satan.

10.5.2.3. The Therapist as The Other.

In James Friesen's recollection of how he first broached the subject of MPD with a patient, it is probable that "Socrates" is based on Friesen.

I went on to tell her as much as I knew about MPD and suggested that we hypothesise for now, that she may have that disorder. She realised right away that she did have MPD…. That first session was a very intellectual one; I later discovered that I had been talking with Socrates who was one of Beth's intellectual alternate personalities. He was wise and honest and talked to me as though we were equals. (Friesen, 1991, p. 44).

10.5.3. Discussion: DID as a Representation of the Abusive Relationship.

Although there are many similar examples, (Richard P Kluft, 2012, p. 150) the parallel between alters and the other who is present at their creation does not appear to have been identified as a line of enquiry worth pursuing.

Oughourlian might say that this is due to a refusal on the part of the individual and society to recognise the mimetic nature of the interdividual relation and the significance of the other. Although, in the West, hysteria is the preferred interpretation of The Other (The Other is a part of the self) a minority view remains in which The Other is identified as the devil. In DID, these two world views have become confused to the point that in some cases it is claimed that alters, as separate parts of the self, can become demonised independently of the host personality (C. Bramhall, 2005, p. 144) .
A further theory is proposed, which again, without further research can only be conjecture : People who have DID are not attempting to conceal the other behind The Great Other but are communicating the interdividual relation as it happened through re-enactment. It is Western Society's refusal to accept the prevalence and severity of child abuse that deliberately misunderstands this communication and interprets the representations as alters or demons, in other words, hysterical or diabolic.
Adah Sachs describes the behaviour of people with DID as being a literal communication about what happened to them (Sachs, 2008, p. 137). It is generally accepted that the alters of DID fall into one of three categories; child personality,

persecutor or protector (C. Ross, 1995, p. 110). It does not require too great a stretch of the imagination to interpret these as the child, the caring parent and the abusive parent. In each of the case studies examined in Chapter 6 there are examples of overt re-enactment of the abuse, occurring spontaneously as crisis (Dee, 2009, p. 247), or controlled within therapy (C. Bramhall, 2005, p. 88). The therapeutic focus is on returning memory rather than communication and whilst child alters are readily accepted as "being" the subject at a younger age, there is no recognition of the other who was present.

10.6 Conclusion.

To test the hypothesis that DID is a re-enactment of the abusive interdividual relation, the following research would be necessary:

1. A comparison of a subject's alters with significant others from their past to determine whether alters are representations of real people.
2. A study of the interactions of a subject's alters compared with important relationships in their past to determine whether the alters are re-enacting actual events and relationships from the past.
3. A study on the chronology of alters and their memories could test Oughourlian's theory that each alter will have memories for any alter created before it, but will have no memory for those brought into existence after its creation, even where such an alter appears in the physical past.

This chapter has argued that manifestations of both alternate personalities and demons may be the result of crises in the subject's relationship with the other. It has been shown that although a state of undifferentiation precedes the appearance of a new personality, the nature of that personality is not shaped by the experience of undifferentiation but by the other who is present and acts as model to the emerging self. This is a departure from current theories of DID, in that there is no attempt to prove one particular cause whilst invalidating others. A Mimetic Theory model of DID allows that new personalities may be brought about through trauma, suggestion or ritual, and might open a way to interdisciplinary dialogue where previously there has been discord and animosity.

Chapter 11. The Sexual Abuse of Children: Theological Approaches and the Girardian Theory of Scapegoating

11.1. Introduction.

Mimetic Theory can be studied in three parts; the psychological, the sociological and the theological. In the previous chapter, a consideration of the psychological aspect of Mimetic Theory led to the proposal that the alternate personalities of DID are created by the desire of the other, and may be produced during severe abuse in childhood, through exorcism, or through therapeutic hypnosis.

It was suggested in Chapter 9 that by applying Mimetic Theory to DID, pathology may be relocated from the individual to the relational space between the subject and the other. This chapter will focus on that relational space through an application of the sociological aspect of Mimetic Theory to DID. Following an exploration of the ways in which child sexual abuse, the most widely accepted cause of DID, can distort the interdividual relation, an attempt to locate the Scapegoat Mechanism in the sphere of DID and to identify possible scapegoats will demonstrate that abused children, adult survivors, advocates of survivors and perpetrators of abuse, all fulfil the criteria of scapegoat victim.

11.2. The Sexual Abuse of Children.

The term "child abuse" began to be used in the 1960s, and referred initially to the physical abuse or neglect of children (Adler, 2001, p. 221). Throughout the 1970s, political changes, the influence of the feminist movement and its attack on patriarchy, and changes in the mental health sciences,[25] enabled women, for the first time, to talk about domestic and sexual violence (Shooter, 2012, p. 10). This revealed the amount of incest occurring within the home and by the end of the 1970s the term "child abuse" was generally understood to mean sexual abuse (Adler, 2001, p. 221). As discussed in Chapter 1, it was not until the 1980s and the publication of *Michelle Remembers* (Smith & Pazder, 1980) that accounts of ritual abuse were drawn to public attention, following which therapists increasingly reported that people who presented with multiple personalities were recovering memories of being sexually abused within a ritual setting.

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[25] There was a movement away from Freud's Oedipal theory and a growing suspicion about the suppression of his seduction theory.

In her recent study on the spirituality of survivors of abuse, Susan Shooter cites statistics that show that 25% of girls and 10% of boys will, by the age of 18, have been a victim of some form of sexual abuse (Shooter, 2012, p. 1).

11.2.1. Girard on the Sexual Abuse of Children.

A literature search for Girardian studies on child abuse yielded only one paper.[26] *Challenging Mimetic Contagion: Reflecting with Girard on Blighted Young Lives* by Julia Monaghan (2010), explores social work involvement and resulting changes to child protection legislation in the cases of Maria Colwell, Jasmine Beckford and Victoria Climbie, it does not focus specifically on sexual abuse.

It is hard to determine the reason for the lack of Mimetic Theory engagement with child abuse. The presence of violence, scandals, and the rivalries seen in the "memory wars" would appear to fit very neatly into the framework of Mimetic Theory. Suggestions as to why Girard and Girardian scholars have ignored or avoided the issue of child abuse can, at this point, only be speculative but might include the continuing reluctance to accept child abuse as violence worthy of serious study.

11.2.2. Alistair McFadyen on the Sexual Abuse of Children.

In the absence of a Girardian treatment of the subject, Alistair McFadyen's exploration of child sexual abuse in *Bound to Sin* (McFadyen, 2000) will be used as a basis for engaging Mimetic Theory. McFadyen's work has been chosen for the following reasons:

- He presents a thorough psychological and theological analysis of the abusive relationship.
- He has also studied ritual abuse.
- His theological anthropology has been shown to be relevant to theological/ psychological dialogue on personhood and multiplicity (Turner, 2008, p. 3).
- His theological anthropology is compatible with Girard's in that he understands being to be pacifically received from God and sin as a distorted way of acquiring

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[26] The terms Girard AND "Sexual Abuse", Girard AND "Child Abuse", "Mimetic Theory" AND "sexual abuse", and "Mimetic Theory" AND "child abuse" were entered into the following databases: Anthropology and human sciences, Anthropology plus, Anthrosource, Article First, Francis, Medline, ATLA Religion, CINAHL, Psycharticles, Psychinfo, JSTOR, Web of Knowledge, Google Scholar. Entering "René Girard" AND Violence in ATLA Religion and FRANCIS yielded 130 results.

being, resulting in the presentation of a pseudo self and a refusal of the alterity of the other.

11.2.2.1. Sin.

The most detailed account of Alistair McFadyen's theological anthropology is to be found in his book *The Call to Personhood* (McFadyen, 1990), 10 years after this was written he published *Bound to Sin* (McFadyen, 2000), which includes description and analysis of how personhood can be distorted by sexual abuse during childhood.

In *Bound to Sin* (McFadyen, 2000), child sexual abuse is presented as one of two examples[27] used to demonstrate that the theological language of sin provides a fuller explanation of pathologies than those theories which include no reference to God. The purpose of this book is to prove that the traditional Christian doctrine of sin is superior to those versions based on the Enlightenment commitment to the basic goodness of humanity, which he describes as harsh and isolating, leaving the individual completely responsible for their sin and its consequences. In insisting on human freedom, he says, the liberal view of sin is inadequate in that it does not take into account the relationship between will, responsibility, guilt and external determining factors. Because modernity's major objection to the doctrine of original sin is its denial of freedom of the will, it is that aspect of the doctrine that McFadyen chooses to focus on in his exploration of child sexual abuse. He claims that the traditional doctrine of the binding of the will acknowledges human freedom whilst accepting that freedom of will is not exercised from a neutral position. Unlike liberal theories, it is not accusatory because personal accountability does not result in blame. McFadyen believes moral theories fail because they cannot acknowledge operative willing without placing blame, whereas traditional Christian theology affirms that the doctrine of sin cannot be understood apart from the doctrines of grace and salvation. He relates his criticism of moral theories, to the original dispute between Augustine and Pelagius (McFadyen, 2000, p. 173).

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[27] McFadyen rejects the idea that child sexual abuse and the holocaust are used as examples in his work on sin; he describes them as "fields of testing encounter". (McFadyen, 2000, p. 48)

11.2.2.2. The Abusive Relationship.[28]

McFadyen's approach to the doctrine of sin is to look at it in terms of relationality rather than acts, and he applies this attitude to sexual abuse as well. He believes that in any study of the sexual abuse of children, the distorted and distorting relationships set up by the abusers are more pertinent than the acts that are committed (McFadyen, 1996, p. 93). The abuser must be significantly older than the abused in order to create the imbalance of power, understanding, strength and knowledge characteristic of the abusive relationship (McFadyen, 2000, p. 59). In order for this relationship to develop, the child must be isolated from relationships with those who would prevent the abuse happening. Physical isolation alone is not enough; if the isolation were only physical the child would tell other adults as soon as the act was over. The child must also be isolated psychologically, so that when and if, disclosure is made to other adults the child is not believed. The abuser achieves this by falsely naming the world and the child's experience of it, so that any attempts to tell other adults about the abuse are frustrated by a lack of shared language and understanding: The child cannot speak of the abuse because his experience and understanding of the world is not shared by those he would speak to. The abuse might be presented to the child as normal or incorporated into other areas of life such as hygiene routines or physical games, sometimes carried out in the presence of other adults, so making them appear to the child as complicit. Because the child is unable to talk about the experience in other contexts he may not understand that it is abuse; the information can never be shared with those who would provide appropriate interpretation, therefore the child must process the experience alone (McFadyen, 1996, p. 94).

McFadyen explains how the abuser and abused are party to a secret which places them within a closed circle of meaning which others cannot enter. The abuser also keeps the child bound into the abusive relationship by convincing him that he has consented in some way and therefore shares some of the guilt and the blame.

There are a number of ways this is achieved; the abuse may proceed by degree so that there is little difference between one act and the next, and consent to the first act implies consent to the second. Rewards may be used, implying a sense of contract, and in some

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[28] There is a tendency to refer to perpetrators as male and the abused as female, however, if as statistics show, many abusers have a history of abuse this division of roles does not work. For the sake of simplicity and to avoid displaying any prejudice "he" and "him" will be used throughout this section.

cases the child may desire the reward enough to initiate the abuse in order to get it. The physiological response of arousal will add to the feelings of guilt and shame and make the child think they have consented. In keeping the secret, the child may think he has the power to stop the abuse by disclosing, the fact that he has not told anyone must mean he allows the abuse. The abuser appears to the child to be much more powerful than any other adult, and fear of the abuser remains even when he is not physically present. If the abuser is a parent the relationship is already stronger than all other relationships, and the child's confusion will be increased because they are being hurt by someone they love and trust. In addition, they may be made to feel responsible for any consequences of disclosure such as the breakup of the family (McFadyen, 2000, pp. 64-67).

11.2.2.3. The Effects of Sexual Abuse.

McFadyen believes that the effects of abuse depend upon a number of variables, including the age of the child when the abuse started, the relationship of the child to the abuser, and the nature of abuse, they are however, always long lasting and unique to each person.

Sexual abuse leads to feelings of confusion and betrayal as those the child trusts either take part in their abuse or refuse to believe them when they attempt disclosure. Premature exposure to sex can cause confusion around sexual identity and the rules, codes and norms which apply to sexual behaviour (McFadyen, 2000, p. 73). Feelings of powerlessness lead to abnormal levels of fear and anxiety and a lowered sense of self. Shame is increased by secrecy and a fear of being found out (McFadyen, 2000, p. 75). Physiological changes caused by trauma, such as involuntary reflexes, may determine the scope of activities and experiences available to the abuse survivor (McFadyen, 2000, p. 77).

11.2.2.3.1. Effects of Abuse on the View of Self.

Because the child has to process and understand the abuse apart from other relationships, it is internalised, and becomes part of who the child is rather than something external that was done to him. This leads to distorted beliefs about the self ; the child may feel dirty or ugly or to blame for both the abuse and its consequences (McFadyen, 1996, p. 95). Abuse, states McFadyen, becomes the prime informant of identity, all the child's energies are directed towards surviving it and it affects every

area of the child's life and every interaction he may have with others. The child cannot be free from the effects of abuse because he cannot be free from what he must do to survive it. All his energies for living go into surviving the abuse, and this serves to further intensify and embed the damage that has been done (McFadyen, 1996, p. 95). The identity that is formed around abuse is distorted because of the hidden nature of the abuse and the inability of the child to process it. Survival depends upon maintaining the new identity which, while enabling psychological survival, also more deeply embeds the damaging effects of abuse. So the child's energies of will and intentionality are sequestered to enhance the power of abuse to do more damage, both to himself and to others (McFadyen, 1996, p. 96).

11.2.2.3.2. The Effects of Abuse on Relationships with Others.

As explained above, McFadyen believes that identity is formed in relation; therefore distorted identity is always evidence of distorted relationships. Normally, identity is not fixed but continually responsive to relationship, however, in the abused person the identity is fixed and rigid and closed to any new understandings of the self or the other. This fixed identity is constructed by the abused child as a means of survival (McFadyen, 2000, p. 235), and includes ideas of worth and blame and what can be expected from other people (McFadyen, 2000, p. 219). In all relationships the abused person will seek to reinforce this distorted and fragile identity (McFadyen, 1996, p. 95), which is likely to lead them into further abusive relationships. Relationships which have the potential to transform the distorted identity, threaten this view of the self and as such are avoided (McFadyen, 1996, p. 98).

As centres of communication, in non-distorted relations humans are directed beyond themselves, but for the person whose identity is formed around abuse, any giving of self to the other threatens disintegration of the self. Anything beyond the borders of self is opposition, therefore the only way to be oneself is to keep within one's own borders (McFadyen, 1990, p. 152).

Abuse objectifies the child who then sees himself as object in all further relationships (McFadyen, 2000, p. 75), as well as objectifying the other and denying their otherness (McFadyen1990, pp.122 123). Distorted identity produces distorted forms of communication in which there are hidden agendas and attempts to manipulate the other as well as vulnerability to being manipulated (McFadyen, 1990, p. 120). In

manipulation, the aim is control, the other as object has no independent meaning outside of this transaction. The otherness of the other is refused and the self can only be formed and maintained at the expense of the other. Self-identity, then, is understood apart from relation (McFadyen, 1990, p. 123) .

11.2.2.4. Ritual Abuse.

McFadyen was part of "The Leeds Ritualistic Abuse Study Group", set up in 1991 by a group of professionals who, although drawn from various disciplines, all had an interest in the subject of child protection. The study group was formed in response to accounts of abuse which appeared to describe a ritualistic element. In 1993 the group published a short paper, the purpose of which was to produce a definition of ritual abuse.

The definition they arrived at is as follows:

> Ritual abuse is the involvement of children in physical psychological or sexual abuse associated with repeated activities (ritual) which purport to relate the abuse to contexts of a religious magical or supernatural kind (McFadyen, Hanks, & James, 1993).

Motivation of the perpetrator does not feature in this definition as the group felt that this was irrelevant for the victims concerned, the term psychological in this context also refers to the spiritual aspect (Alistair McFadyen, et al., 1993, p. 38). All members of the study group were in agreement that the ritualistic element made such cases of abuse significantly different to cases of non-ritualised abuse (McFadyen, et al., 1993, p. 35). Although all abuse will involve some ritual, as in repetitive patterns used to set apart the time and the space where the abuse takes place, it is only where ritual is used in the religious sense that the group would label it ritual abuse (McFadyen, et al., 1993, p. 39). The repetitive nature of the ritual action itself contributes to the trauma (Alistair McFadyen, et al., 1993, p. 39) and provides a supernatural framework which serves to justify the abuse and draw the child into the belief system of the abusers. The abusers see themselves as acting from obligation to the values of the belief system and so not individually responsible for their acts of abuse (McFadyen, et al., 1993, p. 38). Children themselves, may be required within the rituals to abuse other children and this blurs the distinction between abused and abuser, and further serves to embed the child's sense of guilt and compliance (McFadyen, et al., 1993, p. 39).

The implied transcendent context of the abuse makes the child think that the abusers have supernatural power which is effective even when they are not present, and so they will not feel safe to disclose to other adults. This combined with the bizarre nature of the rituals, which means they would not be believed even if they did disclose, further entraps the child into the abusive context (McFadyen, et al., 1993, p. 40).

11.2.2.5. McFadyen's Theological Engagement with Child Sexual Abuse.

In *Bound to Sin*, McFadyen provides a description of sexual abuse and its effects which is drawn from secular theory and makes no reference to God, before undertaking any theological engagement with the subject. His purpose is to demonstrate that the secular analysis, while not wrong, is inadequate and that sexual abuse can only be fully explained and understood in reference to God. Whilst he feels that the most appropriate Christian doctrine within which to understand abuse is the Doctrine of Sin, he confines his discussion to the area of willing, firstly because the doctrine in its entirety is too broad to discuss specific examples of sin, and secondly because it is the idea of the bondage of the will that modern theorists most object to (McFadyen, 2000).

McFadyen claims that using theological language to talk about child abuse gives a broader account of what the abuse is abuse of. Secular ideas of the good appear to relate to the maintenance of normal physiological, emotional and social functioning, and therapeutic aims are always towards a return to the norm. Theological language names human pathology as sin and views all sin as a disruption of the proper human relation to God (McFadyen, 2000, pp. 200,201). McFadyen believes it is the Trinitarian dynamics of God which show humans what the normative good is, and that is something we are oriented towards, it is not something which is static or backward looking, and it does not involve attempts to recapture what was or what should have been (McFadyen, 2000, p. 208).

11.2.2.5.1. Bondage of the Will.

McFadyen believes it is possible to discuss freedom of the will without also talking about fault, he states that willing carries personal responsibility but not necessarily blame. The high incidence of abuse in the histories of abusers suggests that willing is affected by abuse, therefore the willing of those who abuse children might be operative but not free (McFadyen, 2000, p. 114). Distortions in identity formation produce

distortions in willing and as willing is determined by the self, which is received, the person cannot be culpable. McFadyen believes this applies to both victims and perpetrators, although culpability is usually only discussed in reference to perpetrators (McFadyen, 2000, p. 121). Bondage of the will may be progressive, for example fantasies about sex with children can develop into reality. If the abuse, as is often the case, is used to resolve issues of power, security and trust, it may become habit forming or addictive, so displacing active willing until it appears, to the perpetrator, that he is acting against his will (McFadyen, 2000, p. 115).

It is important to McFadyen to recognise that the child's willing is also operative in the abuse, although this does not imply that the child caused the abuse or should carry any guilt. Those who insist that the abuser is the only one who's willing is active, confirm the objectification of the child that is part of the abuse itself, and so exacerbate the effects of the abuse. Active willing is necessary for survival, if the child's willing was not operative at all; those who have been abused would be referred to always as victims and not survivors. It was described above how the child's willing can be incorporated into that of the abuser, for example through the use of rewards which are desired by the child, or through threats of the consequences of disclosure; to keep a secret is an act of will. So McFadyen concludes that in child abuse, will is exercised by both perpetrator and victim and he would like to see accountability understood in other ways than in terms of culpability (McFadyen, 2000, p. 121).

11.2.2.5.2 Idolatry.

McFadyen claims that as sin, abuse could better be understood as idolatry, in that it demands devotion and takes over all of life. It was explained above how abuse takes over the life of the child, as he is isolated and removed from any other transcendent framework of evaluation. All meaning and truth is provided by the abuse, access to God is blocked and the capacity for joy and praise is lost. The abused identity is not oriented towards God and consequently is closed to transcendent energies, the rigid identity constructed around abuse requires that God be static and reduced merely to what is necessary for maintenance of this identity (McFadyen, 2000, pp. 233-237). To conceive of the damage caused by abuse as a loss of initial conditions is, claims McFadyen, to demonstrate a deficient notion of the good to which humans are called. McFadyen concludes that sexual abuse separates the child from God and from relations with people

who might mediate God's energies to him. The abused is enclosed within a distorted reality which resists healing because healing requires transformation and any change is a threat to the rigid identity. The sin of abuse is not only what the abuser does, but also how the child is orientated subsequently (McFadyen, 2000, p. 238).

11.2.2.6 McFadyen's Thoughts in Relation to DID.

Although he does not mention DID, McFadyen's views on the unity or multiplicity of persons are explored in Lẻon Turners book *Theology, Psychology and the Plural Self* (2008). Turner recognises the potential within McFadyen's theological anthropology for constructive dialogue with psychology on the subject of personhood (Turner, 2008, p. 4). Whilst McFadyen's description and analysis of child sexual abuse and its sequalae, are informative and comprehensive, the rigid identity he describes as a result of abuse does not seem to correlate with the fragmented unstable personality, characteristic of DID. Although McFadyen regards the abused personality as one who is unable to relate in a healthy way to the other, Oughourlian's descriptions of the way those difficulties with the other manifest are, arguably, more useful and appropriate to a study on DID.

11.3. The Scapegoat Mechanism.

As the psychological aspect of Mimetic Theory has been shown to enhance understanding of the relational aspect of the person with DID, so also the theory of the Scapegoat Mechanism can augment existing knowledge about the sexual abuse of children by explaining how distortions in the interdividual relation can both lead to and determine the effects of abuse.

11.3.1. Mimetic Crisis and the New Order.

The Scapegoat Mechanism (also referred to as the Surrogate Victim Mechanism or the Original Murder) is a central theme in Mimetic Theory. As explained in previous chapters, the mimetic nature of desire means that it always leads to rivalry with the model, this mimetic rivalry is contagious and can very quickly involve whole communities, so threatening their continued existence (R Girard & James G. Williams, 1996, p. 12). Mimetic crisis is resolved by the mimesis which caused it; as one model's antagonism is imitated, this imitation, which is also contagious, transfers the group from a situation of all against all to one of all against one. This "one" is the scapegoat, who is

perceived to be responsible for the crisis and so brings the group together in a single purpose, that of his expulsion. For the Scapegoat Mechanism to be effective, the group must be ignorant of the mechanism and universally convinced of the victim's guilt (M Kirwan, 2004, p. 68).

Once the expulsion or murder has taken place, the group experiences peace, this peace, as well as the crisis which preceded the expulsion, is attributed to the scapegoat. Because the victim, now dead, is understood to have brought both crisis and peace, he is viewed as a god, a divine being with the power to bestow blessings or curses upon the group.

This is the beginning of the sacred and also of a new order. Mimetic rivalry reduces differences and produces doubles so the time of mimetic crisis is one of mass undifferentiation. The killing of the scapegoat introduces differences, such as sacred and profane, before and after, inside the group or outside, and those distinctions are what constitute culture. Because the crisis was caused by mimetic rivalry and the undifferentiation of mimetic crisis, it is imperative that further rivalry is prevented and differences maintained; this is the role of religion.

11.3.2. The Scapegoat.

The term scapegoat is drawn from the ritual of Leviticus Chapter 16 and the idea that violence can be deflected onto a substitute (Girard, 2001, p. 160). Whilst the biblical ritual makes this process visible, when used in the context of Mimetic Theory, the term refers to the modern understanding of scapegoating, which is an unconscious process, and one the scapegoater is not aware of (Girard, 1987, p. 4). Therefore the only true scapegoats, from a Mimetic Theory perspective, are those who are not recognised as such. As stated above the Scapegoat Mechanism is only effective if the guilt of the scapegoat is universally accepted (Girard, et al., 1987, p. 169).

The Scapegoat Mechanism is carried out to restore peace to the community, but this peace is a false peace based on a lie (the guilt of the victim), and so is short lived and the process must be repeated. The sacrilisation which occurs as a result of the original murder provides the means of identifying further scapegoat victims. Sacrilisation creates pure and impure people (Alison, 1997b, p. 136), produces the dichotomy of good and evil, and feeds the lie that the victim differs somehow from the rest of the community (Alison, 1997a, p. 40). The murder or expulsion of the scapegoat is always

disguised as penal justice, for the good of the community and pleasing to God (Schneiders, 2011, p. 21).

A much used term in Mimetic Theory is "the innocence of the victim"(Alison, 1997b, p. 25). This is not used to imply complete innocence, as everyone is guilty of something, but asserts that the scapegoat is not guilty of that of which he is accused or, if guilty, the accusation is distorted to suit the persecution. Girard provides the example of a black male who is found guilty of raping a white female (Girard, 1986, p. 20).

Scapegoat victims will usually be isolated and marginalised; if they have no family or friends there will be no one to seek vengeance for their death so there is less risk of reciprocation and the spread of violence. Kirwan suggests that many of the victims of the witch trials fit this description as they were single women living alone (M Kirwan, 2004, p. 49).

Scapegoats are also perceived to be different from the majority in some way, which provides reassurance to the group that the source of the problem has not come from within. Those with disabilities and sickness, or ethnic and religious minorities, may all be targeted. Girard states that the further from the norm someone is, the greater the risk of persecution (Girard, 1986, pp. 17,18).

Scapegoats are accused of acts which threaten the community including attacks against the foundation of the cultural order such as the family, or hierarchical differences. They are also commonly accused of those acts which transgress society's strictest taboos; sexual or religious crimes, crimes which eliminate difference such as incest and parricide and crimes against those deemed most criminal to attack, which in traditional societies were those in authority such as a king or one's Father, and in modern societies the most defenceless, such as young children (Girard, 1986, p. 15). Another common accusation against scapegoats is ritual participation in the sabbat and associated crimes such as ritual infanticide, religious profanation, incest and bestiality (Girard, 1986, p. 17).

11.3.3. Ritual Sacrifice.

Murder or expulsion of a scapegoat victim brings only temporary relief and eventually mimetic rivalry and contagious violence will lead to another mimetic crisis which demands another scapegoat victim.

Ritual sacrifice is a ritual or sacred drama that allows the original sacrifice to be re-enacted in the hope of restoring order and experiencing again the peace and harmony which was experienced following the founding murder (Girard & Gregory, 2005, p. 8). Good (sacred) violence is used to contain and divert from the community the bad (contagious) violence which leads to the situation of all against all and has the potential to destroy the community (Girard & Gregory, 2005, p. 119). Ritual sacrifice is not the same as spontaneous persecution, rather it is a substitution for the original scapegoat murder (Girard & Gregory, 2005, p. 107). As re-enactments of the original murder, rituals must end in sacrifice. Sacrificial blood is seen as good and purifying, in contrast to contaminating blood, which calls for violent revenge (Girard & Gregory, 2005, p. 38).

Ritual may be resorted to when prohibitions have failed, and within the ritual behaviour taboos may be relaxed for a pre-determined time in order to hasten the onset of mimetic crisis within a controlled environment so that it can be resolved. Rituals are likely to feature those behaviours which are normally forbidden. Incest is a common ritual behaviour as it signifies the undifferentiation which leads to mimetic crisis (Girard & Gregory, 2005, p. 115). Other aspects of ritual which serve to eliminate differences are the wearing of masks and sensory confusion (Girard & Gregory, 2005, pp. 176 177). The ritual victim must be a member of the community in order to be a true representative and substitute for the original scapegoat, but must also be sufficiently outside the group to avoid the risk of reciprocal violence from within the community. This is why marginal members are chosen (Girard & Gregory, 2005, p. 286).

When Mimetic Theory refers to a sacrificial victim, it may mean the surrogate victim who is sacrificed on behalf of the group, or the ritual victim who is sacrificed in imitation of the surrogate victim. Girard describes ritual as a double substitution, the first substitution is the scapegoat; the substitution of one member of the community for all through a surrogate victim. The second substitution is the sacrificial victim as substitute for the initial surrogate victim (Girard & Gregory, 2005, p. 107).

11.3.4. The Exposure of the Scapegoat Mechanism in the Bible.

Girard asserts that although the Scapegoat Mechanism occurs outside of conscious awareness and as such remains hidden, it has actually been revealed throughout the Judeo Christian scriptures, and this exposure has rendered the mechanism unworkable. In order to effectively scapegoat, people must be unaware that that is what they are

doing. Girard contrasts biblical literature with myth; he says the purpose of myth is to cover up the violence of the original murder by affirming the guilt of the victim and portraying the murder as just; carried out for and on behalf of God. The Bible, on the other hand, shows God to be on the side of the victim and to have nothing to do with human violence. Whilst myth presents the perspective of the persecutors, the biblical texts allow the victim to have a voice.

Girardian scholars claim that although there is mythic material in the Bible, the general movement is away from myth towards a criticism of the scapegoating process (Stirling, 2010, p. 123). Texts commonly used to support this argument are the fall narrative, the account of Abraham's near sacrifice of Isaac, the four servant songs of Isaiah and the life, teachings, passion and resurrection of Jesus (M Kirwan, 2004, p. 64). The monotheism of the Hebrews weakened the mechanism by preventing further divinisation, and once it was impossible to divinise the scapegoat, it became easier to recognise him as victim (Stirling, 2010, p. 124).

11.3.4.1. The Scapegoat in the Old Testament.

Whereas primitive societies disguised their rituals of expulsion, the scapegoat ritual of Leviticus 16 is a central part of the ceremony of atonement, made explicit so that everyone knows what is happening (Girard, 2001, p. 155). As observed in Chapter 8, like Romulus, Cain also becomes the founder of a culture after killing his brother, but the difference is that in the Bible account, the murder is condemned. In addition, to discourage further reciprocal violence God puts a mark on Cain to protect him from it (M Kirwan, 2004, p. 73).

Preference for the victim is shown in many Old Testament texts including the Psalms and the Prophets, whilst the commandments and other legislative codes are aimed at restricting mimesis and violence (M Kirwan, 2004, p. 72).

> You shall not covet your neighbour's wife. You shall not set your
> desire on your neighbour's house or land, his male or female servant,
> his ox or donkey, or anything that belongs to your neighbour.
> (Deuteronomy 5:21).

11.3.4.1.1. Joseph.

Stirling claims that the story of Joseph is the first significant example of the exposure of the Scapegoat Mechanism in the Bible (Stirling, 2010, p. 122). Joseph is expelled by his brothers but unlike mythic victims, Joseph is not sacralised; he is neither demonised nor divinised but remains human, and in pardoning his brothers establishes a new non-violent relationship with them (M Kirwan, 2004, p. 75). Girard compares the biblical story of Joseph with the myth of Oedipus: The accusation of incest and parricide (Potiphar could be seen as father to Joseph) is accepted as part of the Oedipus myth but exposed as a lie in the biblical account of Joseph (Stirling, 2010, p. 120).

11.3.4.1.2. Job.

Although there is mythic material in the book of Job, for instance in attributing Job's misfortunes to God rather than the people, Job differs from the victims of myth in that he maintains his innocence throughout (Girard, 1987, p. 107). Girard has devoted a whole book to the subject of Job as scapegoat (*Job, The Victim of his People)* (Girard, 1987), he believes that the prologue, the epilogue and God's speech from the whirlwind are all later editions to the original text, and if these are omitted, Job is seen to speak as an innocent victim of persecution rather than a righteous man who suffers undeserved punishment from God (Girard, 1987, p. 143). God is to be found, rather, in Job's conviction that he has a defender in heaven (Job 16:19-21; 19:25-27). Job's friends do not perceive him as scapegoat because they are involved in the mechanism.

Shooter, believes that Job's status is ambiguous, she perceives him to be both victim and perpetrator of abuse in that prior to his misfortunes he showed contempt for his social inferiors (Shooter, 2012, p. 88). Shooter claims that in seeing Job only as victim, Girard is saying that on his reinstatement, his original status is returned and with it the violent retributive God (Shooter, 2012, p. 92). However as Girard does not accept the Epilogue as part of the original text, that criticism is redundant.

11.3.4.1.3. The Suffering Servant.

The Suffering Servant of Isaiah (42:1-9, 49:1-6, 50:4-11, 52:13-53:12) appears to be a scapegoat for the people in that he is attacked and insulted by other humans, but he is then shown to be innocent (Girard, et al., 1987, p. 157). In myth, the victim's punishment comes from God, in the book of Isaiah, the suffering servant is presented as

the Lord's anointed (M Kirwan, 2004, p. 72). Furthermore, the servant never calls for revenge and so those who committed the violence are enabled to see that he was innocent of the crimes attributed to him, and that they have committed murder rather than an act of justice (M Kirwan, 2004, p. 77).

11.3.4.2. The Scapegoat in the New Testament.

The gradual revelation of the Scapegoat Mechanism throughout the Old Testament is accelerated in the gospels and culminates in the accounts of the execution of Jesus. Unlike myth, the gospels present the passion as an act of injustice, and accountability for the violence is placed, not with God. but with the humans responsible for it (Girard, et al., 1987, p. 170) .

11.3.4.2.1. Jesus as Scapegoat.

Girard says that to call Jesus "The Lamb of God" or "The Cornerstone" (the stone the builders rejected) is equivalent to describing him as scapegoat (Girard, 2001, p. 156), and to state that this rejected stone becomes the cornerstone, is a central gospel message (Girard, et al., 1987, p. 178).

Jesus fits the criteria for scapegoat in that he was an outsider (from Galilee), and his behaviour was so far a departure from the norm that it was sometimes perceived as madness or demon possession (Schneiders, 2011, p. 14). He was killed at a time of political and social unrest to save others from the collective violence of mimetic crisis, and his death brought about a renewed unity between those who had previously been enemies, i.e. the Romans and the Jews as represented by Pilate and Herod (Luke 23:12). Those who killed him believed they were acting for God (Girard, et al., 1987, p. 208).

As noted above in order to be effective, the Scapegoat Mechanism must be unrecognised by those participating and all must believe in the guilt of the victim. The New Testament states explicitly that the murder of Jesus was carried out by those who did not know what they were doing (Acts 3:13-15, 17-18). Even Jesus' closest friends were caught up in the mimetic contagion and contributed to his victimisation by betraying or deserting him, or merely remaining passive (Girard, et al., 1987, p. 167).

Girard believes that Jesus' teachings were an exposé of the Scapegoat Mechanism and the religious authorities who perpetuated it. He taught behaviours which would break

the cycle of retributive violence such as turning the other cheek or walking the extra mile. The parable of the lost sheep reverses the scapegoat mentality by putting the individual before the majority (M Kirwan, 2004, p. 77). Jesus explained that those who killed him and his disciples would think that they were doing it for God (John 16:2). The later stoning of Stephen is also presented as a scapegoat murder (Girard, et al., 1987, p. 172).

11.3.4.2.1.1. The Vindication of Jesus.

Through the resurrection, God vindicates Jesus by showing that he was innocent and that God had nothing to do with either the crucifixion of Jesus or any other murder done in His name. God reveals himself in the resurrection as a victim of scapegoating; he identifies with the victim rather than the persecutor. Girard disagrees with those theories of atonement in which the killing of Jesus was either demanded by God or willed by Jesus. He emphasises that the crucifixion was a purely human deed arising from human motives; it could have nothing to with God, as God has nothing to do with human violence.

11.3.4.2.1.2. The Divinity of Jesus.

Like the victim of myth, Jesus is divinised following his death, but because he returns as alive, the nature of his divinity is different to that of mythic scapegoats. The divinity of Jesus originates in the non-violence of God rather than the violence of human culture, his transcendence comes from his being completely outside the culture of human violence (Girard, et al., 1987, pp. 216,217). Because God seeks reconciliation rather than vengeance for the murder of His son, the way is opened to the possibility of a new relationship founded in forgiveness rather than violence (M Kirwan, 2004, p. 80).

11.3.4.2.2. The Intelligence of the Victim.

The gospel exposure of human violence and its arbitrary nature, and the presentation of God as completely non-violent, mark a turning point in history from which the Scapegoat Mechanism begins to collapse (Barge, 2001, p. 249). The disciple's realisation that scapegoat victims are innocent and that they had up until that point been involved in murder is referred to as the intelligence of the victim. This is made possible only because Jesus returned seeking reconciliation rather than vengeance (M Kirwan, 2004, p. 80). God's vindication of Jesus extends to all scapegoat victims (Barge, 2001,

p. 250) and is the reason for the increasing concern for victims seen in Christianised societies over the last 2000 years.

11.3.5. The Scapegoat in DID.

11.3.5.1. Scapegoating in Modern Western Society.

When attempting to understand the mechanism of scapegoating within the sphere of DID, it is important to note that the Scapegoat Mechanism as described in *Violence and the Sacred* (Girard & Gregory, 2005) relates to the mechanism as it operated in primitive societies, before the slow process of its undoing which, according to Girard, began with the Hebrew Scriptures and culminated in the gospel accounts of Jesus' life death and resurrection. Any scapegoating that occurs in the Modern Western world occurs in a moderated form. No longer hidden or sanctioned by religion, today's scapegoating is more likely to result in psychological violence which is easier to hide. Expulsion and exclusion are now more likely than murder (Girard, 2001, p. 157). Girard discusses this change in a chapter in *I See Satan fall like lightening* entitled *The modern concern for victims* (Girard, 2001, pp. 161-169). Girard believes that society today is more concerned for victims than any other society in history (Girard, 2001, p. 161), and attributes this completely to the influence of Christianity on Western societies, even where that influence is rejected or denied. He claims that the secular concern for victims is founded on the gospel principle of the needs of the one taking priority over the needs of the many (Matt 18:12-14,) (Girard, 2001, p. 168). In our society now, says Girard, concern for victims is compulsory, and the defence of victims has become holy and absolute (Girard, 2001, pp. 168, 258). This has given rise to new persecutions, so that now, people compete to be more caring than their neighbour; the victims who receive the most care are those who allow us to condemn our neighbour (Girard, 2001, p. 164). Today it is acceptable to persecute those identified as persecutors, and in the name of concern for their victims we justify our own desire to persecute (Girard, et al., 2007, p. 258). For Girard, the modern Christian form of scapegoating is characterised by a recognition of persecution and injustice by people who cannot recognise their own part in it and so blame others (Girard, et al., 1987, p. 170). In other words, we scapegoat the scapegoaters (Girard, 2001, p. 158).

11.3.5.2. Stages of Demythologisation.

In looking for scapegoats in contemporary situations such as DID, it is not enough to look for the one victim who was judged guilty and then murdered and divinised as a basis for a new cultural order. The influence of the gospels in undoing (demythologising) the Scapegoat Mechanism, although extensive, is not yet complete, which means there will be situations where the mechanism remains hidden and the victim is not recognised as such, and other situations where the innocence of the victim is presented clearly. Laura Barge, in her paper *René Girard's Categories of Scapegoats and Literature of the South* (Barge, 2001) provides a way of describing the different levels of (de)mythologising that can be seen in contemporary victims: Mythical scapegoats are those who are judged guilty by all and the mechanism that murders or expels them remains invisible, and non-mythical scapegoats are those whose innocence is recognised and the mechanism is exposed and dismantled (Barge, 2001, p. 250). Since the Judeo Christian scriptures first exposed the mechanism there have been no purely mythical scapegoats because once exposed it could never be fully operative again,   and since Jesus, there has never been a completely innocent   (purely non-mythical) victim. Therefore Barge, in conversation with Girard, added the categories of "mythical but not pure" scapegoat and "non-mythical but not pure" scapegoat (Barge, 2001, pp. 253-263).

In the "mythical but not pure" category the victim is presented as a scapegoat in that they are persecuted unjustly. The persecutors are not aware of what they are doing and will believe they are carrying out justice rather than victimisation, the victim may or may not accept the perspective of the persecutors (Barge, 2001, p. 257).
In a movement towards non-mythical scapegoating the guilt of the victim begins to be questioned. "Non-mythical but not pure" victims insist upon their innocence, but they may remain caught up in the mimetic rivalries that enable the mechanism to exist and function (Barge, 2001, p. 259). Unlike the purely non-mythical scapegoat, they are unable to completely resist the viewpoint of the persecutors the way Jesus did, by neither accepting the guilt they laid on him nor seeking vengeance for the injustice he had suffered, and so ending the cycle of mimetic rivalry (Barge, 2001, p. 263).
It could then be envisaged as a continuum running from the purely mythical scapegoat, who is never recognised as such, to the purely non-mythical scapegoat whose innocence is absolute. Barge asserts that in modern literature most scapegoats fall somewhere

between those two extremes (Barge, 2001, p. 251), and it will be shown below that the same principle applies when identifying and classifying scapegoats associated with DID.

11.3.5.2.1. The Abused Child as Scapegoat.

Salter asserts that until relatively recently, literature on child abuse was likely to hold the victim and their Mother responsible (Michael Salter, 2012). Now it is widely accepted that the child who is being abused is in no way guilty and is an innocent victim. However, within the enclosed world of the abusive relationship, the belief may be held that the child is responsible and therefore guilty (McFadyen, 2000, p. 65). Within the context of ritual abuse the child could be seen to take the role of sacrificial victim, this, as noted above, is a double substitution. The sacrificial victim is a substitute for the initial victim in ritual reenactments of the original murder which are designed to repeat the mimetic crisis and its solution, in order to achieve the resulting peace and harmony. In previous chapters ritualised abuse has been shown to involve behavior which is designed to eliminate differences such as repetition, sensory confusion and incest.

One function of the expulsion of the scapegoat is to return the community to peace and harmony, Oughourlian describes ritualised abuse as a situation in which the child scapegoat is expelled from its parent's love and the suffering of the child maintains group unity (Oughourlian, 2012).

If at the mythical extreme of the spectrum lies the victim whose innocence is never recognised, then the closest to this in the instance of DID would be those babies who are, allegedly, conceived and born for the sole purpose of ritual sacrifice (C. Ross, 1995, p. 71). These children are silent, and never having their births registered, they never come into contact with a world which might protest their innocence.

The child who attempts disclosure will only move from mythical to non-mythical to the extent that he is listened to and believed. Any attempt at disclosure that is met with denial or accusations of lying, or later being held responsible for the subsequent breakup of the family, will only serve to remythologise. Failure to disclose allows the family to maintain their unity at the expense of the victim.

Abused children are rendered other by the abuser who creates for them a reality that is different from the reality of those who they may disclose to. Refusals to hear the disclosure affirm the reality of the abusive relationship and reinforce the sense of the child's "otherness", this then leaves the child vulnerable to further victimisation; from potential abusers, from their families, from their peers and from professionals.

This is demonstrated in the text below, which is written by a psychotherapist:

> Children who dissociate may be caught red handed doing something and then say with total innocence "it wasn't me". They are so clearly convinced of their own innocence that stable, sensible adults may be left with the uncomfortable feeling that perhaps their own senses are letting them down. Children who dissociate tell the truth as they see it, their utter belief in their own innocence can fracture the sense of reality of any adult trying to make sense of the situation (Cairns, 2002, p. 114).

Cairns appears to be saying that abused (dissociative) children are not to be trusted to tell the truth, they disturb the sense of reality of those around, and the victim is identified as the professional who has to work with such children. However, the scapegoating cannot be complete as long as the children remain convinced of their own innocence and refuse to accept the view of the professional, namely, that they are liars.

It could be concluded then that the abused child is a scapegoat victim in that they are the innocent victim of violence and expulsion at the hands of the abuser. The extent to which they are mythical or non-mythical, is dependent on whether the abuse remains secret or is openly acknowledged.

Julia Monaghan's paper *Challenging Mimetic Contagion: Reflecting with Girard on Blighted Young Lives* (Monaghan, 2010), attempts to show how abused children were scapegoated (all the children in her study were killed by their abusers), but then redeemed in the subsequent enquiries into their deaths in which their innocence was made public. Monaghan, a former social worker, uses Mimetic Theory to explain the resultant changes in child protection legislation following the deaths of Maria Colwell, Jasmine Beckford and Victoria Climbie (Monaghan, 2010, pp. 29,35,37). For Monaghan the child is always the victim, and she claims to show how the family, the professionals and the childcare system all colluded to "mythologise the scapegoat"

(Monaghan, 2010, p. 24), by which she means silencing the voice of the victim and exonerating the abusers (Monaghan, 2010, p. 33). Monaghan states that following their deaths, all three children became like Jesus, i.e. crucified and risen victims (Monaghan, 2010, pp. 24,37) and claims that there is evidence that the intelligence of the victim was brought into central government in the subsequent improvements to child protection legislation (Monaghan, 2010, p. 38).

However, in failing to identify as scapegoat the social workers and non-abusing parents who were also held to be responsible for the abuse, it could be said that Monaghan has fallen into the trap of persecuting the persecutors. [29]

11.3.5.2.2. The Survivor of Child Abuse as Scapegoat.

It was established above, in the consideration of the abused child as scapegoat, that all victims of abuse fit the criteria for mythical victim within the enclosed world of the abuse, and they become non-mythical to the extent that the abuse is made known to those beyond the reach of the abusive relationship and their innocence is confirmed. Those principles still apply as the child grows to adulthood, survivors may range from the most mythical who have never spoken about the abuse or whose attempts at disclosure have failed, to those at the other end of the spectrum who are most like Jesus in that they refuse the perspective of the abusers by both insisting upon their own innocence and showing no desire for revenge against their persecutors.

Below is an attempt to apply Barge's categorisation of scapegoats to survivors of abuse who develop DID, the four categories will be applied as follows:

1. Survivors of abuse who have never had their experiences acknowledged and remain bound within the dynamics of the abusive relationship, sharing the perspective of the abusers that they are guilty (Mythical Scapegoat).
2. Survivors of abuse who are presented as innocent by the wider society, but are still bound in the abusive relationship and so still see themselves as guilty (Mythical but not Pure).
3. Survivors of abuse who protest their own innocence but remain bound into the dynamics of the abusive relationship in that they seek vengeance, and this makes them vulnerable to re-mythologising (Non-mythical but not Pure).

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[29] Writing about scapegoating does not make one immune; no doubt readers of this work will be able to identify instances of scapegoating which remain hidden from the author.

4. Those who refuse to accept the accusation of guilt from the abuser and any further mythologising from society and in refusing to seek vengeance, end the cycle of mimetic violence (Non-mythical Scapegoat).

11.3.5.2.2.1. The Survivor as Mythical Scapegoat.

As Monaghan remarks, scapegoats are mythologised when the victim is silenced and the perspective of the persecutors is validated. It was seen in Chapter 1 that the writings of Nicholas Spanos and his followers, deny both the abuse and the survivor's attempts to live with it (Nicholas P Spanos, 1996). The False Memory Syndrome Foundation could be said to be a mythologising organisation in that it works to deny any communication about ritualised abuse.

The isolation of the abusive relationship, and the inability of the survivor to communicate with those outside it, results in an "otherness" that invites further victimisation, so exacerbating the effects of the abuse. Girard states that because abusive parents relate as model obstacles, their children will have a greater need to acquire being aggressively over against the other. As children are more vulnerable to obstacles than adults, the effects are more long lasting and children can easily become impriosned within the interdivdual relationship, so closing them off to other relationships and determining what sort of models they will choose as adults (Girard & Gregory, 2005, pp. 156,157) (Girard, et al., 1987, p. 417).

In *I saw Satan fall like lightening* (Girard, 2001) Girard retells the myth of *The miracle of Apollonius* in which a beggar is identified as the cause of a plague . The choice of the beggar is arbitrary but once the people have been convinced of his guilt and stoned him to death, it becomes clear that this was not, in fact, a harmless beggar, but a terrible monster (Girard, 2001, pp. 50,51). To scapegoat effectively the community must be convinced of the victim's guilt; therefore one of the effects of scapegoating is to reinforce the appearance of guilt.[30]

Denying the accounts of abuse survivors and refusing to consider DID as a logical response to severe abuse results in misdiagnosis and unsuccessful therapies, and the survivor may be further blamed for failure to respond to treatment (Noblitt, 2000, p. 39).

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[30] Jesus was killed on a tree, anyone killed on a tree is cursed by God (Deut: 21:22, 23), therefore the authorities were right to kill him and acting in accordance with God's will.

In the Church, the survivor's sense of guilt is compounded by suggestions that they may be demon possessed.

In his book *Satanic Ritual Abuse: Principles of treatment,* Ross asserts that within psychiatry the treatment of people with DID is comparable to the treatment of witches who were condemned during the Catholic inquisition, he believes it was effects of abuse that were mistaken for demon possession or collaboration with Satan, and he argues that contemporary psychiatry reflects the attitudes of the inquisitors when it labels abuse survivors as DID or BPD (C. A. Ross, 1995, p. 35) .[31]

There are a number of possible reasons why society refuses to hear those accounts of ritualised abuse presented by people with DID. Judith Herman suggests it is because perpetrators of abuse require nothing from onlookers, whilst victims demand action and engagement (Herman, 1997, p. 7). Salter claims it is because such accounts disrupt beliefs about the fundamental nature of the world (M Salter, 2008, p. 164). Girard might say they bring people face to face with their own propensity for violence. This is supported by the claim that accusations of ritual abuse are taken much more seriously in this country if they occur within African immigrant groups, rather than white urban communities. Salter believes this is commensurate with the continued effort to maintain this level of violence as "other" (M Salter, 2008, p. 163). The person, who wants to draw our attention to such practices within our own community, challenges the distinction of us and them and renders themselves other.

The survivor of abuse who presents with multiple personalities may be judged to be disintegrated or demonised; denial and deliverance are both forms of mythologising the scapegoat as they silence the victim and perpetuate the perspective of the persecutor.

11.3.5.2.2.2. The Survivor as Mythical but not Pure Scapegoat.

Here, the abuse is acknowledged by those outside the abusive relationship, but the survivor remains trapped within the dynamics of abuse and still views himself as guilty. Inappropriate treatment programmes reinforce the fears of the survivor that they are untreatable (Lacter & Lehman, 2008, p. 85) and many end up in long term psychiatric care (Noblitt, 2000, p. 173).

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[31] Oughourlian and Victor make the same comparison, but between witches and perpetrators of abuse. (Oughourlian, 1991, p. 51; J. Victor, 1990, p. 67).

The "Freedom in Christ" group study booklet recognises that people may have been innocent victims of ritual abuse but then encourages those victims to renounce such experiences (Anderson, 2003, p. 24) . This implies not only that people are polluted or contaminated in some way by the abuse, but also that they are responsible, at least in part, for the continuing effects. There are no instructions in this book for perpetrators of abuse.

Shooter believes that some parts of the Church blame survivors of abuse for their inability to forgive their abusers; she claims that insisting on forgiveness is a form of social control because once forgiveness is arrived at; silence about the abuse can be restored. This is then compounded by theories of atonement which allow comparison of the survivor's suffering with that of Jesus, and encourage them to "suffer in silence" (Shooter, 2012, p. 17) . Shooter contrasts women survivors who had been excluded from ministry because of the effects of their abuse, with abusive clergy who had had no problem getting through the selection process (Shooter, 2012, p. 74). She says although there have been improvements, pastoral theology is still more concerned with ministering to survivors than benefiting from the ministry that can be offered by them. Her conclusion is that survivors in the Church still do not have a voice (Shooter, 2012, p. 76), and pastoral theology still lacks direct testimony of Christian survivors (Shooter, 2012, p. 6). Shooter remarks upon a comment made by McFadyen in *Bound to Sin*(McFadyen, 2000) in which he expresses the hope that what he has written will be acceptable to the survivors who shared their stories with him, this, she says supports her argument, because the survivors in question were clearly not asked for their opinion before publication (Shooter, 2012, p. 11).

11.3.5.2.2.3. The Survivor as Non-mythical but not Pure Scapegoat.

This category includes those survivors whose innocence is recognised but they are as yet unable to move beyond the dynamics of the abusive relationship and its mimetic rivalries. In seeking vengeance they become both victim and rival. Oughourlian believes the desire for vengeance is foundational to the pathology seen in abuse survivors. The adult survivor can reasonably be expected to hold immense anger towards the person who abused them, but because of power differentials and the ways in which they remain bound within the relationship by the abuse, they may be powerless to express this anger even in adulthood. Frustrated anger develops into vengeance which is then displaced

onto a substitute, this could partially explain why some victims of abuse become abusers themselves (Oughourlian J. 2012 June 17 Personal Interview).

11.3.5.2.2.4. The Survivor as Non-mythical Scapegoat.

As Barge makes clear, the only truly non-mythical scapegoat was Jesus. Survivors fulfil this criteria to the extent that they are able to communicate their innocence, while at the same time avoiding the mimetic rivalry that demands vengeance. Such people are no longer bound by the dynamics of the abusive relationship and are able to relate to the other freely.

The increasing numbers of survivor's memoirs becoming available to the public might suggest a gradual demythologising of abuse victims in our society.[32] The female survivors considered in the case studies in Chapter 6 are non-mythical scapegoats in that they have made their stories known. Lost Boy could be seen to be "non-mythical but not pure" in that his story was not accepted for publication, and it presents the abusers as thriving, whilst he remains powerless before them and acts out his need for vengeance on substitute victims.

Carolyn Bramhall and Sarah Shaw are nearest to the non-mythical scapegoat in that they both say forgiveness of their perpetrators was part of their journey to healing (C. Bramhall, 2005; Shaw, 2009). Shaw described how she moved from accepting her abusers view of her as guilty, to imitating her counsellors, which meant seeing herself as they saw her, and then finally arriving at the desire to imitate Jesus.

11.3.5.2. Advocates of Survivors as Scapegoat.

Those who advocate for DID patients, particularly where recovered memories of ritual abuse are concerned, may also fit the description of scapegoat when they are accused of malpractice and rejected by their peers. As stated in Chapter 2, Dr Bennet Braun and Dr Judith Peterson were charged with criminal and civil actions for implanting false memories of ritual abuse in their patients (Rutz, et al., 2008, p. 32) .

Contributors to *Ritual Abuse in the Twenty First Century* report various possible outcomes for professionals who support survivors of ritual abuse and try to make their stories more widely known. Social workers have been accused by police of being naive

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[32] A search of Amazon.co.uk in Spring 2009 yielded fourteen memoirs of people with DID, this figure rose to forty by autumn 2012.

and gullible, other professionals have been attacked personally in the press, they have been ostracised by their colleagues, silenced by their managers and have had funding and insurance refused (R. Noblitt & P. P. Noblitt, 2008, pp. 323,327,106,235).

Spanos suggests that people who report a history of ritualised abuse are likely to have been influenced by misguided therapists or Christian fundamentalists (Nicholas P Spanos, 1996, p. 270). Frankfurter claims that Evangelical Christian demonology and "crusading" therapists were responsible for the panic about the prevalence and activities of satanic cults in the 1980s and 90s. He accuses them of concocting stories of intergenerational Satanists who sacrificed infants and engaged in incestuous orgies (Frankfurter, 2001, p. 352). It could be said that Frankfurter is taking the modern version of scapegoating one step further in that he is scapegoating the scapegoaters of scapegoaters!

11.3.5.3. Perpetrators of Abuse as Scapegoat.

In their article *The Sex Offender as Scapegoat: Vigilante Violence and a Faith Community Response* Kirkegaard and Northey offer the suggestion that sex offenders have become today's scapegoats. They say the taboos transgressed by sex offenders, particularly those who offend against children, create a kind of "Holy Fear". They believe that society's response demonises them and renders them less than human (Kirkegaard & Northey, 1999).

Adler, in an article reviewing changes to child pornography law (Adler, 2001) comments on how the rise in interest in child abuse in the 1990s resulted in calls for the castration of peadophiles . She also describes how fears about sexual predators preying on children led to changes in the law and the introduction of local authority registration of sex offenders (Adler, 2001, p. 226).

Victor describes the interest in Satanic Ritual Abuse as a moral panic, which, like any moral panic, demanded scapegoats. He says peadophiles fulfilled the criteria because they were already marginalised (J. S. Victor, 1998, p. 549) . Kirkegaard and Northey list "different, vulnerable, illegitimate and powerful" as the scapegoat criteria met by sex offenders (Kirkegaard & Northey). As noted above, scapegoats are accused of crimes which eliminate differences and so threaten the cultural order and result in mimetic crisis. Incest is such a crime as it reduces distinctions between parent and child, and as such attacks the foundation of the nuclear family (Girard & Gregory, 2005, p. 79).

Incest within the context of Satanism also inverts religious symbolism and traditional belief systems (Frankfurter, 2001, p. 356).

There can be no question that adults who commit sexual offences against children cause a great deal of harm, and this must always remain uppermost in any consideration of perpetrators as victims. If people who abuse children are scapegoats in the Girardian sense, it is because the accusations against them exceed their transgressions. It may be that perpetrators of ritualised abuse, whose actions cause severe and far reaching harm to their victims, are innocent of the further offences ascribed to them such as belonging to intergenerational satanic networks, or effecting the demonisation of children.

It has been established that the extent to which scapegoats can move from mythic to non-mythic is largely dependent on whether or not they are allowed a voice to protest their innocence, and on how far they are able to transcend the mimetic rivalries which are foundational to all human violence and the need for vengeance.

In *Bound to Sin* McFadyen comments on the scarcity of evidence regarding the motivation of perpetrators of abuse, he says they rarely agree to talk to researchers about their abusive acts, and even within the safety of a therapeutic relationship, they are still likely to deny their behaviour or the effects it has on their victims (McFadyen, 2000).

Oughourlian's description of how accusations of sorcery functioned in the Middle Ages might be applicable to the more recent fascination with Satanic Ritual Abuse. He says that because sorcerers do not discuss their activities, all information society has about them comes from those who claim to be their victims (Oughourlian, 1991, p. 61). Oughourlian states that identifying a sorcerer is equivalent to choosing a scapegoat in that it is a mythic accusation against which there can be no defence (Oughourlian, 1991, pp. 51,52). The cause of those accused of Satanic Ritual Abuse has been taken up by the False Memory Syndrome Foundation, but in denying that any abuse took place, the FMS are actually silencing the abusers.

It can be concluded that perpetrators of abuse are mythic but not pure scapegoats. There are authors declaring their innocence, as seen in the papers reviewed above, and there are therapists willing to hear them and work with them, but the silence and denial that the perpetrators maintain suggests that they themselves still accept the guilt society lays on them; they are still bound to the perspective of the persecutors.

11.3.5.3.1. Scandals.

The exploration above has shown that within the field of DID, identifying scapegoats is not a simple matter. The modern version of scapegoating is more complex than that which Girard described in *Violence and the Sacred* (Girard & Gregory, 2005) and the scapegoat victim is likely to also be the scapegoater of their own victims. It was also demonstrated that there are many scapegoat roles within the context of DID, and these were explored from the perspective of abuse victim, abuse survivor with DID, advocates of survivors, and abusers. To arrive at a conclusion where both abuse victim and abuse perpetrator are described as scapegoat may be controversial, but it is proposed that it is necessary to understand the way perpetrators of abuse are demonised by society, because in doing so, we may better understand, why their victims are compelled to undergo exorcisms (or secular equivalents of exorcism)[33]. Girard's theory on scandals and doubles may aid such understanding.

In the New Testament, scandal (σκανδαλον) is equivalent to the stumbling block. It describes an obstacle which people are repelled by and attracted to simultaneously. Instead of avoiding the obstacle, people continually throw themselves against it, they become fascinated with it (Girard, 2001, p. 16).

Alison says scandal often presents as moral outrage. Scandal appears to erode the differences between good and bad, and the people who are scandalised are those who wish to maintain that distinction (Alison, 1997b, p. 155). In insisting on labelling the acts of abusers as evil, Shooter is scandalised by a failure of the Church to preserve the differences between the (evil) abuser and the (innocent) child victim. She says because abusers distort the child's sense of reality, abuse victims remain confused about matters of good and evil, and this confusion is compounded when the church will not name abuse as evil and make that differentiation (Shooter, 2012, p. 25).

11.3.5.3.2. Doubles.

Girard explains how scandals, rather than upholding differences actually remove them, until the antagonists become mirror images of each other as they both remain fascinated by the same obstacle. This is not seen by those involved, who still maintain the illusion of difference and fail to see that they are caught up in a violent reciprocity (Girard &

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[33] Bramhall reports that enemas were part of the treatment she received as a psychiatric inpatient(C. Bramhall, 2005, p. 136).

Gregory, 2005, p. 168). Schneiders explains that the act of scapegoating masks the guilt of the persecutor who believes that because he is not guilty of the sin the victim is accused of, he must be innocent. She describes a perception of absolute moral difference between the guilty victim and the innocent executioners (Schneiders, 2011, p. 23). In discussing the "Memory Wars" (Ch. 2) Ashmore et al remark upon the deep similarities seen in the two sides (2005, p. 78), and Colin Ross says that the two camps are mirror opposites, each being the other's Satan (1995, p. 190). Rasche describes the "satanic panic" associated with reports of ritualised abuse in the 1980s and 90s as "the sinister Christian fundamentalist opposed to the evil Satanist" (Raschke, 2008, p. 189). Adler states that Western society is gripped by a panic about the increasing reports of sexual abuse, and about the sexualisation of our culture (Adler, 2001, p. 255). Those who identify sex offenders as scapegoats, portray them as the mirror image of a society whose preoccupation with sex, extends to the sexualisation of its children. They are society's double because they share the fascination with sex, but they are also rival because they appear to be free to embrace the sexual freedom society proclaims. Charles Bowen , quoted in Kirkegaard and Northey suggests that "*sex offenders act out the fantasies which the myth of sexual freedom gives rise to*" (Kirkegaard & Northey).

11.3.5.3.3. The Innocent Child and the Evil Perpetrator.

Those who are scandalised by child abuse and wish to maintain strict demarcation between the evil perpetrator and the innocent child seem to be overlooking an obvious inconsistency. Although acknowledging that many perpetrators of abuse have a history of being abused (Shooter, 2012, p. 25), abusers and victims are still discussed as though they are of a completely different nature. This begs the question "*at what point does the victim stop requiring our sympathy and support and become the perpetrator who warrants the label of evil?*" Adler complains that a history of child abuse can be used to avoid accountability for a wide range of crimes (Adler, 2001, p. 228) but this would not appear to extend to the crime of child abuse.

In a courageous piece of research, Jacqui Saradjian talks to four women who have abused children within a ritualised setting. Two of these women grew up in families which practiced ritual abuse and two were recruited during adolescence. She says that children who are abused within such groups lose the ability to develop a sense of their own identity, and develop instead a group identity. They become bound to the group

and believe they cannot exist separately from it. Their whole being; physical, spiritual, cognitive, and emotional, is formed and distorted within this alternative framework. All four of the women interviewed, perceived their victims to have had more control over their lives than the women had over their own lives, and the belief that the children had some control lessened their feelings of guilt. Saradjian found that the women appeared to polarise their entire world into victims and perpetrators, which she believes reflects their experience of having been both. She says that their attachments have been made to those who have abused them and to those they have abused, and they have no other model for further attachments. Finally, Saradjian questions how far it is possible to talk of choice and responsibility in the lives of women who only have this one frame of reference on which to draw (Saradjian, 1996, pp. 167-176).

11.4. Conclusion.

Mimetic Theory exposes the similarities between those who sexually abuse children and a society which is preoccupied with sex, these similarities can be explained in terms of scandals and doubles. The scandal of child abuse in our culture is so great that society cannot bear to hear about it, this further imprisons both the abuser and the abused into the silence and isolation of the abusive relationship, and serves as a barrier to healing and transformation for both. The next chapter will explore ways of transcending the scandals of mimetic violence so that all the scapegoats in DID could be supported to move from mythic to non-mythic victim.

Chapter 12.Without scapegoats: Medical, Psychological and Theological Approaches to DID Reconsidered.

12.1. Introduction.

If, as is claimed by Girard, metaphysical desire and the Scapegoat Mechanism form the basis of all human activity, they should be identifiable in the area of DID. Chapter 10 focused on metaphysical desire as a way of explaining alternate personalities, and Chapter 11 explored the role of the Scapegoat Mechanism in DID, identifying abused children, adult abuse survivors, therapists and abusers as scapegoats. It was shown that healing comes as the scapegoat is enabled to move from mythic victim, i.e. still bound by the perspective of the persecutors, to non-mythic victim who makes their innocence known and gives up any desire for vengeance. It was also shown that people create scapegoats when they are scandalised, and so any theory of healing must also deal with the human proclivity for scandal.

This chapter will attempt to set out a theory of healing for DID which addresses these two aspects: prevention of scapegoating by reducing scandal, and enabling scapegoats to move from mythic to non-mythic victim.

12.2 Reducing Scandal.

According to Mimetic Theory, scapegoats are created as a result of scandal, and scandal, which James Alison likens to moral outrage, is only possible where the world is divided into good and evil. As observed above, Girard believes distinctions between good and evil arise from the founding murder and as such are false. Therefore in order to stop making scapegoats those distinctions must be removed. Justifying this may be the hardest task for Mimetic Theory in the field of DID.

12.2.1. Good and Evil.

Whilst it is conservative Christians who are most likely to hold to the dualist view of evil as an independent force working against God, and therefore most likely to engage in spiritual warfare as a remedy for DID, liberal theologians, who incorporate psychodynamic insights, also make evil "other" by projecting unacceptable aspects of the self onto the unconscious. As noted in Chapter 10, in psychoanalysis, the unconscious adopts the role previously held by the devil.

12.2.1.1. Notions of Transcendence.

Girard believes that human ideas of transcendence arise from the divinisation of the mythical scapegoat and as such are false. Therefore he says there is no transcendent evil, only the violence of humans. The transcendence of Jesus comes from the fact that he is constituted only in divine love and remains completely outside the world of human violence.

Girard believes that the meaning of Christ's statement in Luke 10:18 *I saw Satan fall like lightening from heaven* is that there is only one transcendence ; that of divine love (Girard, 1986, p. 194). This means, argues Girard, that evil has no ontological status and Satan only exists as imitation (Girard, 2001, p. 42). Girard maintains that the only evil is that which accuses people of evil and leads to their expulsion. When the Pharisees accuse Jesus of driving out demons by the power of Satan (Luke 11:14-22), it is actually they who drive out by the power of Satan because Satan is the source of all accusation and expulsion. The only expulsion carried out by Jesus is that of the principle which allows expulsion and this is the casting out that Jesus refers to when he says he drives out demons by the spirit of God (Girard, 1986, p. 185). Anything else is to bring God into mimetic competition with Satan, so making God just another, albeit more powerful, version of Satan (Girard, 1986, p. 186). Girard understands the gospel language of Satan and demons to be referring to the human projection of sin and evil onto the transcendent (Girard, 2001, p. 42), and says that where the disciples speak of Satan and demons, Jesus speaks the language of mimetic rivalry. Thus, in Matt 16:23 Peter is called both Satan and Scandal, because he is putting himself forward as a model obstacle (Girard, 2001, p. 33).

12.2.1.2. Scandal in the Church.

By denying any transcendent form of evil, and affirming that God has nothing to do with human violence, Mimetic Theory enables people to live without scandal. Wherever the distinction between good and bad is insisted upon, and people or their behaviours are labelled as evil, it is the principle of Satan that is operating, claims Girard, and not the Kingdom of God. However, many Christians still believe that God supports their efforts to expel "evildoers"; throughout the literature on child abuse there is concern expressed at any failure to label the abuse as evil e.g. (Shooter, 2012, p. 25).

12.2.1.3. The Treatment of Evil in DID.

Although there is no universally accepted treatment for DID, the majority agree that the talking therapies are the most helpful, and that exorcism and deliverance ministry do the most harm. As noted above, Christian approaches to DID depend upon each tradition's view of evil and human sin, and range from spiritual warfare to intentional listening. Below it will be shown how all current models create and remythologise scapegoats by perpetuating a sacrificial religion based upon false distinctions.

12.2.1.3.1. Exorcism.

In Chapter 4 it was noted that a significant proportion of people with DID seek help from churches which may diagnose their problems as demonic and attempt deliverance or exorcism. The effects of exorcism on people with DID were discussed in Chapter 6 and include rage, fear, anxiety, causing the subject to view themselves as evil, and causing new personalities to be formed. According to psychiatry, which perceives all trance and possession phenomena as dissociative, exorcism is harmful because it goes against the therapeutic goal of integration. Bull et al described the most harmful exorcisms as those that were carried out in controlling or demeaning ways (Bull, 2001, p. 132).

In his book on shame, Stephen Pattison cites research which demonstrates a positive correlation between membership of conservative churches and the presence of chronic shame (Pattison, 2000, p. 271). He says that abuse survivors often hold a dualistic view of the world which is why they are attracted to churches which promote a dualist theology. Such churches, he claims, may so identify themselves with God that they are unable to see that the pastoral service they offer could be harmful (Pattison, 2000, pp. 279-284).

Christopher MacKenna argues for a non-demonic theology of evil in relation to deliverance ministry (MacKenna, 2013, p. 77). Although Mackenna argues for a demythologisation of Satan, he remains within the mythical framework by identifying the Id as the evil other.

> If we are unexpectedly overwhelmed by anger, or lust, or sadness, which
> seems to come from nowhere and dictates our feelings and actions, we
> might reasonably fear that we are being possessed by an alien force or
> personality. And indeed our ego has momentarily been oppressed or

possessed - by a content arising from the unconscious   (MacKenna, 2013, p. 79).

According to Mimetic Theory, exorcism presents Christ as rivalistic, triumphant other, acting against the presenting self. Any ministry which claims to cast out Satan through the superior power of God is understood to be merely making God into another Satan. Exorcism as expulsion is part of the violent mechanism which produces scapegoats.

12.2.1.3.1.1. Exorcism in the Gospels.

Gospel accounts show Jesus' exorcisms to be significantly different to those practiced by other exorcists. Until Jesus, exorcisms were a relocation, rather than removal of evil, and this still shapes concepts of exorcism and deliverance today. This practice of exorcism as a local displacement of demons rather than their eradication, maintains the order of the world without making any significant change to the balance between good and evil. Within this closed order, the reciprocal nature of human violence dictates that improvement to one individual can only be achieved at the expense of another.

Loren Stuckenbruck writes that in the account of Legion (Mark 5:1-20), transference of the demons from the man to the pigs is evidence that the demons are not destroyed, merely relocated (Stuckenbruck, 2013, p. 116). Girard uses this narrative to show that the subsequent destruction of the pigs is evidence that the demons have been completely destroyed (Girard, 1986, p. 180).

Unlike other exorcists, Jesus did not fight with the demons. Satan and demons require the presence of mimetic rivalry in order to exist, as someone formed outside the world of violent rivalry, Jesus' presence alone precludes the existence of demons.

12.2.1.3.2. Evil and the Talking Therapies.

Exorcism and deliverance ministry are overt attempts to combat evil. Psychotherapy, rooted as it is in humanist ideals of acceptance and tolerance, might be expected to already be working towards Mimetic Theory aims of removing the labels of good and evil. Noting the ambivalence towards the term "evil" within psychotherapeutic practice and literature, psychotherapist Alexander Párvan, appears to be retaining the term, but re-presenting it in a way designed to lessen its power.

Basing her understanding on Augustine's concept of evil as deprivation, Párvan agrees that evil has no ontological status and can only exist as lack or corruption of the good. She hopes that if her clients understand evil as a nothingness that can only exist on something good, they can be helped, not only to see themselves as good, but also to refuse to act as host to a parasitic evil (Párvan, 2013, pp. 61-65).

Párvan reduces the differences between victim and perpetrator by relating both to evil, whether that be evil done or evil suffered, and finds that this is helpful for perpetrators as most have themselves been victims of evil (Párvan, 2013, p. 59). This idea might overcome the unrealistic divide, observed in Chapter 11, between innocent child and evil perpetrator. However, even when re-presented as nothingness, to use the term evil is implicit acknowledgment of its contrast with good, and so perpetuates differentiation and false distinctions.

In reframing evil as merely an activity, Párvan hopes to demonstrate to clients that evil has no lasting reality beyond the act (Párvan, 2013, p. 69). This may be problematic if the therapist and the client hold different views about which acts are evil, and it does not address the way intention, which exists beyond the act, can determine the nature of it. For example, the pain and trauma inflicted by a dentist or surgeon is not judged to be evil, giving treats to an abused child in order to buy their silence might be.

Although relating both victim and perpetrator to evil could be useful in removing distinctions, it may also support the view that the victim has something of the perpetrator attached to them (Shooter, 2012, p. 25) and so requires cleansing, this then leads back to expulsive treatment methods.

12.2.1.3.3. The Closed World of Human Violence and The Open Kingdom of God.

It is proposed that any treatment for DID which relies on an identification of good and evil will only serve to remythologise both abused and abuser. In the closed order of reciprocal violence, the balance of good and evil is fixed and the best that can be hoped for is redistribution. In DID this perpetuates the desire for vengeance (transferring the evil to someone else), and underpins all thinking about multiple personalities. New personalities must always be a part of the self and healing is a return of the parts to the original whole. There is no suggestion that healing involves eradication of the personalities, and accounts of the "reordering" of the internal world following treatments suggest that the self also, is a closed world within which both quality and quantity are static, and healing is merely a re-positioning. By contrast, the gospels

present the Kingdom of God as a world which is not closed but open and in which there are no concepts which would allow people to be labelled as evil (Acts 10:15).

12.2.2. Narrative Theology and Myth.

Both pastoral theology and contemporary psychology stress the importance of being able to recount a coherent life story. It is thought that people who suffer from DID are unable to do this because the different alters do not share a personal history.

12.2.2.1."Mythic" Narrative Theology.

Myth is a form of narrative and according to Girard is one of the ways society lies to itself about its own violence. Whilst stressing the importance of Narrative Theology, Elaine Graham cautions against the imposition of narrative forms which reflect the interests of the majority and lead to marginalisation of those whose stories challenge group identity (Graham, et al., 2005 pp. 106,107). In suggesting that Narrative Theology may not be helpful to abused people because abuse cannot always be synthesised in narrative form (Graham, et al., 2005, p. 67) Graham is displaying a mythic view which implies that abused people do not speak the language of the majority, and as such may serve to reinforce their silence. Loughlin observes that narratavists believe stories have constructive powers, and so improvement can be bought to communities and individuals by changing the stories that society tells about itself (Loughlin, 1996, p. 18).

12.2.2.2."Gospel" Narrative Theology.

The Scapegoat Mechanism preserves the group at the expense of the individual and dictates the manner in which life stories may be told. Unlike myth, which reflects the interests of the group and the perspective of the persecutors, the gospels show a new way to tell and hear stories in which the voice of the victim is heard. In DID this could mean hearing the voice of the alters and discovering that the coherent narrative has been there all along; the gaps and missing pieces having occurred not in the telling, but in the listening.

Only those who are not scandalised can enable the telling of such stories, and as scandal arises from notions of good and evil, these distinctions must be removed from our concept of storytelling.

James Alison explains how Jesus enabled a new way of storytelling which was not directed by myth: Until Jesus, human stories all had beginnings and ends and were bound in by death, they were related according to the closed world of mimetic violence, and there was no precedent for telling a story about someone who was killed and then continued to live. After the resurrection of Jesus, the whole concept of telling stories had to change to include stories without ends (Alison, 1997b, p. 28).

In addition, because Jesus' resurrection exposed the lie of the Scapegoat Mechanism the other revolutionary aspect of the Jesus story is that it is told from the perspective of the victim whose innocence is affirmed (Alison, 1997a, p. 77). Because the story of Jesus lay outside the closed world of reciprocal violence, Jesus was able to return after his death without any desire for vengeance. This new story of life without end, and so without any need for vengeance, is made available to all (Alison, 1997b, p. 66) . Alison explains that it is only as people leave the old way of telling stories that they are able to see the violence contained in them and their own part in that violence (Alison, 1997a, pp. 8,9). If, as Girard says, the move from a mythic understanding to a gospel understanding is a transformation of consciousness, then this transformation must be reflected in any Narrative Theology.

In the gospels, the Scapegoat Mechanism is reversed and the needs of the individual are put before the needs of the group. So the 99 sheep are left while the shepherd searches for the one that is lost (Matt18:12, 13), reconciliation between two individuals takes priority over group organisation (Matt 5:23-24), and the crowd goes over the cliff while the individual is seated and in his right mind (Luke 8:35).

Applying this principle in the field of DID would mean listening to the voice of the abused child even if that means breaking up the family unit, listening to voices of abuse survivors even if that means accepting that we have colluded in keeping them silent, listening to those who advocate for survivors even if that means accepting our therapeutic techniques are inadequate and harmful, and listening to perpetrators even if that means acknowledging that they are the mimetic doubles of a society preoccupied with sex.

12.3. Movement from Mythic to non-Mythic Victim.

Scandal, which feeds on the concept of good and evil, creates scapegoats. In order for the Scapegoat Mechanism to work it must remain concealed from all those who are involved. Since the gospels exposed the Scapegoat Mechanism, there can be no truly

mythic victims, and since Jesus there has never been another truly non-mythic victim, i.e. a victim who is completely innocent and seeks no revenge. In Chapter 11 it was explained that today's scapegoats can be placed along a continuum between the extremes of mythic and non-mythic, according to how effectively their innocence is maintained and whether or not they retain any desire for vengeance. It has been argued above that removing the themes of good and evil from our storytelling, prevents a remythologisation of victims of abuse, and, enabling them to tell a life story in which they are vindicated, facilitates the movement from mythic to non-mythic victim.

12.3.1. The Place of Faith in Mimetic Theory.

Other than Girard's assertion that the Judeo Christian scriptures were the first to identify and expose the Scapegoat Mechanism, Mimetic Theory principles may appear to work at a purely human level. While a secular model of DID could be drawn from Girard's thought, the contribution of Mimetic Theory to theological considerations are significant. Therefore the remainder of this Chapter will be a discussion of the way Girard and Girardian theologians describe divine activity in the transformation of consciousness from myth to gospel, and how the movement from mythic to non-mythic victim depends upon the choice of God as model and mediator of desire.

12.3.1.1. Sin as Lack of Faith.

Bellinger summarises the mimetic view of original sin as the universal feeling of existential lack which causes us to imitate others in order to acquire their being (Bellinger, 2001, pp. 73,74). The envy of Adam and Eve caused them to view God as rival and so humans lost the capacity to receive being pacifically (Alison, 1997a, p. 150), something that can only occur when the model is someone who will never be a rival (Alison, 1997b, p. 113).

Unlike most Trinitarian theologies which describe distorted relations with God and others, Mimetic Theory denies the possibility of distorted relation with God; relation with God can only ever be pacific receiving of being because God will never be rival or obstacle. Where God is viewed as rival this is the false god referred to in the Bible as Satan (John8:42-44).

According to Girard, the two ways of acquiring being; grasping it over against the model obstacle, or receiving it pacifically from the non rivalrous model, are compared

by Jesus, when he identifies God and Satan as two alternative possible Fathers. Satan is the model which becomes obstacle, God as model never becomes obstacle. Jesus is telling the religious leaders that the way they misunderstand and misrepresent God to the people portrays him as model obstacle and so turns Him into a Satan (Girard, 2001, p. 39). Regarding this passage, Alison says Jesus is illustrating that Satan is not a being in his own right but the misrepresentation of God (Alison, 1997b, p. 64). It could be argued that this still happens in Christian counselling methods which demand compliance or engender guilt and shame.

12.3.1.2. Faith: Recovery of Relation with the Other as Non Rival.

Alison says that faith is the recovery of the vision of God as non rivalisitc other, and conversion is the movement from grasping a sense of being from others to receiving it pacifically from God. This conversion is not something that humans can effect unaided. Because all humans are formed by the desires of the world, they are incapable of any understanding which falls outside the mimetic violence through which they are constituted. It is only through Jesus' incarnation, death and resurrection that humans can again come to know God as non-rival (Alison, 1997a, pp. 55-62).

Because Jesus was formed by God, and not by the world of violent reciprocation, he was able to conceive of a world that does not end in death and so he could go willingly to his death as if it were not. Those who make Jesus their model can also live a life that is not bound by death. By removing death, Jesus taught that God is not in any way against humans and will never be obstacle to us.

The conversion is not easy because the self which needs to achieve it is formed by the world and, as such, finds it hard to give up the things of the world. Alison suggests that those who find it most hard are those whom the world loves and approves of, hence it is easier for a camel to go through the eye of a needle than for someone who is rich to enter the kingdom of God (Matt 19:24). One way to overcome this, suggests Alison, is to stand with those whom the world does not approve of; those who have been condemned and excluded. Once people are considered with the excluded they find they are not so bound up in the world, and sharing the reputation of victims means they are less likely to create victims (Alison, 1997b, p. 182). However, Alison cautions against deliberately making oneself victim, as that would be to remain within the violent order that creates victims, rather, Alison describes conversion as movement from a place

where our scandalisation led us to create victims, to a place where our failure to become scandalised leads to our becoming victims (Alison, 1997a, p. 143).

Because Jesus' modelling on the Father is complete, he too is non rivalistic, so humans can imitate Jesus without fear of him becoming rival or obstacle (2 Cor 1:19). The relationship Jesus has with the Father is available to all through imitation of him (John 15:15). This imitation leads to a new self which is called into being by the desire of God mediated through Jesus, and, it will be argued below, absorbs and heals all previous selves, including those of DID.

The faith that regains the perspective of God as completely without rivalry, and the conversion to receiving being pacifically from God, is not something that only people with DID must achieve, but applies to all. Any Christian counselling methods which attempt to confront the counselee on behalf of God, whether that be exorcism or models drawn from CBT, will not aid healing because they arise from the world of violent obstacles.

12.3.2. The New Self Called Into Being By Jesus.

In Chapter 10, a review of Oughourlian's *The Puppet of Desire* established four origins of new personalities:

1. Adorcism (Healthy Possession): Acceptance of and submission to a benevolent other, resulting in representation and imitation of that other.
2. Diabolic possession: Denial of or antagonism towards a malevolent entity which results in a miming of relationship in crisis leading to possession by The Other.
3. Hysteria: Denial of a malevolent other resulting in representation of part of the self as other.
4. Hypnotism: Depends upon a present non rivalistic other and manifests as direct imitation of the other's desire.

It was also shown that of these four, only diabolic possession and hysteria, the two models which rely on a malevolent other, can account for the alternate personalities of DID.

 The treatment methods for multiple personalities so far considered, whether the stated objective is integration or expulsion, all aim to return the self to a prior state; one that

has not been fragmented or commandeered by demons.[34] It is proposed that an intentional adoption of the methods of either adorcism or hypnotism, in which God is the other, will produce a new self which, due to the benevolence of the model, can be received pacifically instead of being grasped at over against a malevolent other. The new self incorporates previous selves but the movement is always forward and innovative, rather than a return to what was or what should have been. Girard believes this new self is the only true self (Girard, et al., 1987, p. 199).

In *The Puppet of Desire* Oughourlian explains that new identities only appear following a state of undifferentiation which causes disintegration of the old self marked by a change in conscious awareness. Adorcism uses possession rites to achieve this state of undifferentiation (Oughourlian, 1991, pp. 102,103) whilst in hypnotism it is brought about through the techniques of the hypnotist (Oughourlian, 1991, p. 188).

If people who suffer from DID are to find healing through receiving the new identity of adorcism or hypnotism there are two elements which must be considered:

- The disintegration of the old self to make way for the new.
- The identity of the new self, which will be shaped by the desire of the model.

The only model able to call into being a self which would absorb and heal previous selves must be God through Jesus, as completely non rivalistic other. Below, is an exploration of how people with multiple personalities might achieve disintegration of self and also ensure that the new identity is called into being through the mediated desire of Jesus. It is not necessary to consult Shamans or hypnotists, as equivalent practices are already offered by the Church.

12.3.2.1. Corporate Worship: Adorcism.

Regular Christian worship is comparable to adorcism in that it involves rites which produce a disintegration, or dispossession, of self. This is perhaps most obvious in the elaborate rituals of the Roman Catholic Church, or in charismatic worship, where worshippers can be seen to enter altered states of consciousness, and possession by the Holy Spirit is an overtly stated aim. In other church traditions, such rites may be found in the regular recitation of liturgy; spoken confession, for example, is a putting away of the old self whilst being open to receiving a new self in Christ. The very act of coming

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[34] In Bound To Sin McFadyen criticises treatment programmes which aim only for a return to normal.

together as a church family is an act of undifferentiation as the distinctions that normally separate people, e.g. age or class, are ignored (Gal 3:28).

This dispossession or loss of identity is resolved through receiving the new identity of the other. In adorcism, because the other is benevolent there is no rivalry so submission is possible, as Oughourlian puts it, there is possession both of and by the other (Oughourlian, 1991, p. 76).

It can be seen then, that for all who engage in corporate Christian worship there are stages of undifferentiation, disintegration and dispossession, followed by possession of and by Christ. Possession by the Holy Spirit and becoming a new creation in Christ (2 Cor 5:17) are accepted tenets of the Christian faith, so to recommend this as a method of healing for people with DID would not single them out or scapegoat them by focusing on pathology. It is something that the group participates in together and applies equally to all members.

That corporate worship is beneficial is a view shared by all Christian traditions and both Freedom in Christ Ministries and Ellel Ministries emphasise its importance in spiritual warfare. However, there is also the danger that collective worship can be inaccessible or even harmful to people with DID. For those who have been abused within a ritualised setting, church rites may be reminiscent of the abusive environment, and as observed above, some parts of the church continue to present God as rival. Shooter suggests that the experience of some abuse survivors in church will be a reflection of their abuse in that they are expected to submit to a wrathful almighty Father (Shooter, 2012, p. 19). Thus even in overtly Christian worship it is not guaranteed that the other on whom the new self is modelled will be the non-rival God, and dispossession may result in diabolic possession or hysteria.

12.3.2.2. Contemplative Prayer: Hypnotism.

For those who find corporate worship unhelpful, it is suggested that contemplative prayer, which is comparable to hypnotism, (P. J. Adams, 2008, p. 73) (Matheson, 1986, p. 116) might equally produce the new self of God's desire. Hypnotism is only made possible by the continued presence of a non-malevolent other, so carries no risk of diabolic possession or hysteria.

In hypnosis the new personality is produced peacefully by a benevolent other who remains present. The state of dispossession occurs as a swooning, caused by the

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proximity of the other (Oughourlian, 1991, p. 234), and the hypnotist suggests into existence a new person by means of imitative desire (Alison, 1997b, p. 112). The techniques of the hypnotist are replicated in the stages the contemplative must pass through before reaching union with God. Shooter uses Porete's spiritual discipline of annihilation as a framework within which to study the spirituality of abuse survivors, this involves a seven stage journey after which *"the purity of the divine transforms the soul unto itself"* (Shooter, 2012, pp. 121-126).

12.3.2.3. The Importance of the Model.

Corporate worship and contemplative prayer are offered as methods of healing for DID which neither cast out nor reintegrate multiple personalities, both of which have been shown to belong to the violent and unchanging world order. Instead, they offer the possibility of a new self, called into being by God, which both replaces and transforms previous selves.

Adorcism and hypnotism are both routes to the state of dispossession required before receiving a new identity. The nature of the new identity is not dependent upon the route taken but upon the nature of the model. In Christian worship and in contemplative prayer Jesus as model is both transcendent God and ever present other.

12.3.2.3.1. Trauma.

Another cause of the disintegration of self which is pertinent to a study on DID is trauma. Susan Shooter describes a boundarylessness that can come through spiritual discipline, contemplative prayer, or abuse. She says that, as far as results are concerned, there is little difference between choosing to surrender to the will of God and being violated without choice. For Shooter, how the disintegration occurs is less relevant than that is has occurred. She concludes that both the experience of abuse, and advanced spiritual discipline bring one into the identical spiritual space where boundaries are relinquished and will surrendered (Shooter, 2012, pp. 152,153). Shooter is aware of the dangers of this report being misinterpreted, and points out that she wishes neither to minimise the effects of abuse nor suggest that abuse is allowed by God because it is ultimately beneficial (Shooter, 2012, p. 155).

Shooter may have arrived at a different conclusion regarding the spiritual effects of abuse if she had chosen a larger sample for her study. As observed above, the identity of

the new self does not depend on the methods which lead to dispossession but on the identity of the other. All the women in Shooter's study said that they perceived God as God of love, not as abusive other, which suggests that they had already travelled some way along the path from mythic to non-mythic. If Shooter had included in her study those who had not experienced conversion to the appreciation of God as benevolent other, then her study may have demonstrated that demon possession and hysteria are also prevalent in the spiritual lives of abuse survivors.

James Alison explains how trauma can bring one closer to God from the perspective of Mimetic Theory. As already observed the self rejected by the world finds it easier to hear the call of Jesus (Alison, 1997a, p. 145) and as Jesus is always model as victim, those who are victims find it easier to imitate him. Alison stresses the need for a right view of God as non-rival during times of dispossession and it is for this reason, he says, the Bible gives instruction to rejoice in sufferings   (Luke 6:22-23) (Alison, 1997b, p. 193). [35]

The difficulties involved in affirming that abuse can bring one closer to God, without appearing to condone, or at least tolerate it, dissolve when Mimetic Theory is applied. Only someone still bound into a world where victims are made would either seek victimage or flee from it. The new self called into being by Christ does not depend upon the route taken; such things are unimportant and no longer hold any influence over the new identity.

12.3.2.4. The Healing Nature of the New Identity.

The new self that possesses the disintegrated self is suggested into being by the desire of the other. When the other is God, the self can only be received pacifically, it cannot be acquired by violence or grasping because God is never rival or obstacle. This new self created by God brings healing to both past and future selves.

12.3.2.4.1. Healing the Past.

Alison describes two ways of viewing time; physical time, which is measured in hours and minutes, and psychological time which is changeable and relates to the way time is

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[35] It is unlikely that children will be able to recognise a non rivalistic God as other during the trauma of abuse, so initially child abuse will always be detrimental to selfhood. That was discussed when looking at the creation of scapegoats. Here the focus is on healing and the trauma referred to is that suffered by the adult survivor, whether or not it is a consequence of the initial abuse.

appreciated. Psychological time is associated with memory which is why it is perceived as moving faster as people get older and acquire more memories. Memory is produced by the same process that produces identity; that of imitation and repetition, without memory there can be no identity, and similarly, interruption in memory causes interruption in identity.

The self that is constituted in violence denies the anteriority of the other and misremembers its origins. The self that is created pacifically has no need to do this, and so memories that were previously inaccessible, having been made other, are now absorbed into the pacifically received self which has no need to make any part other. This could explain why people with DID recover "lost" memories during therapeutic hypnosis or prayers for healing.

12.3.2.4.2. Healing the Future.

Time experienced in the violent order of the world is limited in that it always leads towards a feared end. Time experienced in the Kingdom of God has no end and as there is no end to life, there is nothing to fear (Alison, 1997b, p. 116). The new self of God's desire is from the kingdom of God and possesses eternal life so has no fear (Alison, 1997a, p. 150). Girard states that both killing and dying belong to the violent order of the world, so that those who kill in order to stay alive gain nothing because they are still determined by death, but those who die in order not to kill become free of the world of violent reciprocity (John 12:25)(Girard, et al., 1987, p. 214).

The new self of Gods desire remembers everything related to previous selves, including harm suffered or violence inflicted on others. Because this self is of the Kingdom of God, where there are no false distinctions and no fear, the new self holds neither, guilt, shame nor desire for vengeance.

12.3.3. Forgiveness.

The new self called into being by God through the mediated desire of Christ is healed through being delivered from the closed world of violent mimesis; it was demonstrated above how this healing has both past and future relevance and is equated to forgiveness. In Chapter 10 it was shown that in order for scapegoat victims to move from mythic to non-mythic victim they must acknowledge their own innocence and give up any desire for vengeance. In other words, they must forgive both themselves and others.

12.3.3.1. Forgiveness of Self.

The biblical texts portray Satan as the prosecutor whose accusation leads to the creation of scapegoats. The Holy Spirit is presented as the defence counsellor who invalidates the Scapegoat Mechanism by declaring the innocence of its victims. Once this judgement of innocence is received, one's previous involvement and collusion in the world of violence becomes apparent, not as accusation (which must be denied) but as something now left behind and which has no power to shape present or future selves. Alison equates this to the forgiveness of sins, and as such, forgiveness of sins is also the healing of memories (Alison, 1997b, p. 115).

12.3.3.2. Forgiveness of Others.

It was noted in Chapter 6 that different Christian approaches to the healing of DID have differing views on the place of forgiveness. There are those who say it is essential for healing (Anderson, 2000b, p. 156) (Horrobin, 2008) and those who are strongly against encouraging survivors of abuse to forgive their abusers (Glasson, 2009, p. 94).

If learning forgiveness can be described as freedom from the scandal which turns rivals into doubles, then any objection to it must be based on a false understanding, born from the world of violent order. Non forgiveness keeps abuser and abused bound into a reciprocal relationship of violent doubles, only those who are no longer constituted by the violent other can respond in non-reciprocal ways.

Oughourlian believes that one of the main issues for survivors of childhood sexual abuse is frustrated vengeance. Vengeance is rarely exercised against the perpetrators of abuse and so substitutes are found and scapegoats are created. The desire for vengeance leads to interdividual relationships based on reciprocal violence in which the rivals become each other's doubles. It has been seen through the case studies explored in previous chapters that those who achieve healing are those who are able to give up the need for vengeance. To do this it is necessary to step out of the cycle of reciprocity, only the self modelled on Christ has the capacity to achieve this.

To the self formed pacifically outside the world of violent reciprocity, memories of past abuse lose their power because the fear of death is lost. Those who know their time is not limited by death need not mourn their lost childhood; vengeance belongs only to the closed violent order of the world which has no hold on the new self of Christ.

12.3.3.3. The Resurrection as Forgiveness.

James Alison describes the resurrection of Jesus as the primary model of forgiveness. In the world order, violence is always reciprocal, and the only way out of the cycle of violence is murder, the violence which prevents any reciprocation. Jesus' resurrection was a completely new concept in that, although murdered, he remained alive with the capacity to retaliate. That he did not retaliate was understood by the disciples as forgiveness. Alison explains that Jesus did not need to speak words of forgiveness, his presence to them, unchanged by death, and was itself forgiveness. Jesus' love was not changed by the violence done to him; he was not scandalised by it(Alison, 1997a, p. 74). Once someone has received forgiveness they realise that non-retaliation is possible and they are able to move beyond the world of reciprocal violence (Alison, 1997b, p. 172).

The holon self, which is constituted through the violent order of the world, does not understand non-reciprocation, so any attempts at forgiveness will be guided by rivalry; the act of forgiveness will remain a response to violence rather than the non-response modelled by Jesus in the resurrection. Therefore, exhortation to forgive is unnecessary; to the holon self it is impossible, to the self called into being by God it is inbuilt.

12.3.3.4 Forgiveness as a Model of Healing.

It has been argued above, that any counselling methods which confront or exhort the counselee, especially when carried out on behalf of God, will not bring healing because they present God as model obstacle. However, both Sarah Shaw and Carolyn Bramhall claim to have achieved complete healing through just such methods. A paper written by Britton Johnston (Johnston, 2010) in which a Girardian model of "Forgiveness as Healing" is explored, explains how expulsive methods may appear to bring healing by restoring the subject to a more comfortable position within the world order. Although this may look like healing it differs to the healing Mimetic Theory offers in that it keeps people bound into the violent order of the world which has been constituted by and through the Scapegoat Mechanism.

Sickness, claims Johnston, as a state of undifferentiation is perceived as a threat to cultural order, standard treatment methods effect healing by restoring the differentiation which has been lost. Methods of healing such as deliverance ministry and faith healing can therefore be effective because they restore sacred differentiation (e.g. by insisting

on moral purity) and reinforce prohibitions which serve to reduce the mimetic rivalries which caused the undifferentiation (Johnston, 2010, p. 140).

DID initially appears to be an excess of differentiation rather than a loss, but Girard explains that the differences which must be maintained are those within the system. Any difference from outside is a threat in that it undermines the sovereignty of that system (Girard, 1986, p. 21). Multiple personalities threaten the established order of "one self/ one body", and throw doubt upon the ability of the physical body to maintain the boundaries that separate one self from another. This may explain why true multiplicity, perceived as lack of continuity and particularity, is treated as pathological, even by those who claim to accept human multiplicity as a healthy postmodern adaptation.

Treatment approaches to DID considered in earlier chapters attempt to reduce mimetic rivalries and so restore differentiation through what Johnston describes as, demands for moral and mental purity (Johnston, 2010, p. 138). This is demonstrated well in a paper by Bowman on *The Assets and Liabilities of Conservative Religion for People with Dissociative Disorders* (Bowman, 2000). Bowman's views on the negative effects of exorcism for people with DID were discussed in Chapter 6. In this paper she states that advantages of belonging to a conservative religion, for people who have DID, include behavioural control, and status as one of the saved, in contradistinction to unsaved outsiders (Bowman, 2000, p. 129). Bowman emphasises the healing nature of the sense of belonging that is fostered by conservative religions in the marked difference between those in the group and those considered to be outsiders.

Like standard methods of healing, a Mimetic Theory model also aims to reduce mimetic rivalries, but it achieves this by moving the subject out of the violent world order, rather than by improving their position within it. This model of forgiveness and resurrection faith transcends mimetic rivalries and the false distinctions of the Scapegoat Mechanism (Johnston, 2010, p. 119).

12.4. Recommendations.

12.4.1. Recommendations for Pastoral Theology.

1. The person with multiple personalities should not be singled out as sick or in need of treatment, but it is important to recognise the universal need for worship, prayer and regeneration.

2. Labels based on distinctions such as good/evil, or healthy/sick should be resisted. This will reduce potential for scandal and enable people to view themselves and others as innocent, and so move from mythic to non-mythic victim (Acts 10:28).

3. If God, through Jesus, is presented as completely benevolent other who never becomes model obstacle, there will be no confrontation, exhortation, or expulsion on behalf of God. Christians can act as models by imitating Jesus in the way Jesus imitates the Father, those Christians who have not undergone the transformation of consciousness from myth to gospel will remain affected by scandal and become rivals and obstacles to those who follow them (Alison, 1997a, p. 61).

4. Teaching the universality of the resurrection, will make rivalry redundant and offering an object of desire which overshadows finite objects previously fought over.

5. Corporate worship must be accessible and God must be presented as benevolent non-rival.

6. Education on mysticism and contemplative prayer as methods of healing should be made available.

12.4.2. Recommendations for Health Professionals.

This proposed model of treatment is based upon relationship with a benevolent other. In pastoral theology this other is God whose desire is mediated through Jesus and those who imitate him. For those who work within a secular framework and so may not relate to any transcendent being, hypnosis or the concept of the Inner Self Helper may provide the non rivalistic other.

12.4.2.1. Hypnosis.

Hypnotism is already used in many treatments for DID and it is proposed that more research be undertaken to improve such treatment methods, whilst reducing associated risks such as the implantation of false memories (Richard P Kluft, 2012, p. 146). In *The Puppet of Desire*, Oughourlian states that one of the benefits of the hypnotist is their physical presence which means, as other, they cannot be denied and so hysteria, which results from denial of the other, is prevented. Whereas in a faith model Jesus' presence

is continuous, the human hypnotist can only be physically present for the duration of the treatment session. This could possibly be overcome through the practice of autohypnosis, which is already utilised in some DID treatment programmes as a way of managing symptoms.

12.4.2.2. The Inner Self Helper.

The Inner Self Helper, first identified by Ralph Allison, is understood to be a benign alter, who knows all details of the other alters and can work with the therapist to offer guidance regarding which treatment methods might be most helpful. Inner Self Helpers are said to differ from other alters in that they are not created but are present from birth. Allison says they have no capacity for hate; the only emotion they are capable of is love (Allison, 1980, p. 131). The Inner Self Helper would seem to provide that benevolent other that has been identified above as necessary for healing.

Some understand the Inner Self Helper to possess transcendent properties (C Rosik 1992, p. 218) and as such it may be likened to the idea of inner wisdom. The concept of Sophia/Wisdom is used at Holyrood House to enable people to understand the divine as within rather than "out there". This would appear to be a concept that would sit comfortably within both secular and Christian frameworks and if used within the proposed model it may enhance its ability to be used in both faith and secular contexts.

12.5. Conclusion.

Using the Mimetic Theory of René Girard to engage with DID, an alternative model of treatment has been offered which may be tailored for use in both church and clinical settings. This model differs from those currently in use in a number of ways.

12.5.1. Aetiology.

A Mimetic Theory model of multiple personalities would not be drawn into the controversies around aetiology because it is able to describe how new personalities can be created as a result of trauma or hypnosis, it also explains how those new personalities may be identified as demons or alters.

12.5.2. Multiple Personalities.

Because Mimetic Theory does not accept the existence of an inner self which can be studied, there can be no question of whether or not it is possible for an individual to contain more than one self, in addition, Mimetic Theory has no explanation for simultaneous selves although it does describe successive selves, some of which may present as synchronically multiple. This means that the current diagnosis of DID is not feasible within a Mimetic Theory framework, and the proposed model undermines current conceptions of multiple personalities.

12.5.3. Locating Pathology.

The focus on the interdividual relationship, rather than the inner self, prevents the victim from being identified as the one with the problem who needs to change or be changed, and avoids labels of healthy or sick. The treatments recommended in this model are behaviours which are equally necessary to sick and well and can be practiced corporately or individually.

12.5.4. The Nature of the Other.

A crucial element in Mimetic Theory is the nature of the other, and so this model of care depends upon recognition of a benevolent other and upon the means to achieve that state of undifferentiation or boundarylessness which would make possession of and by that other possible.

12.5.5. Potential Difficulties in Implementing a Mimetic Theory Model of Care

Because Mimetic Theory relies on knowledge of human origins and because its effect on humans is, for the most part, pre conscious, those who wish to understand DID scientifically may find the lack of evidence frustrating. In addition, this model undermines current psychiatric, psychological, and spiritual explanations of multiple personalities by denying that there is an "inner self" which may be studied, and by claiming that alters and demons are neither due to disease nor malevolent spiritual activity, but are manifestations of crises in the interdividual relationship.

Because this model does not make distinctions between good and evil or sick and well, the distinction between professional and patient, and associated boundaries, may also need to be renegotiated.

Chapter 13 Conclusion

13.1. Introduction.

The diagnosis of DID has its roots in possession, hypnotism and hysteria (North, et al., 1993), three different theoretical origins from which current understandings of DID have developed and which underlie the fierce debates that surround it. Parts of the Church still adhere to the pre scientific view that multiple personalities indicate demonic activity, and mental health professionals are split between those who associate secondary consciousness with hypnosis, and so are likely to view DID as an iatrogenic condition, and those who subscribe to Janet's theory of dissociation and believe it to be caused by severe abuse in childhood.

The debates around the nature and aetiology of DID continue so that there is as yet no one universally accepted model, and this has led to inadequacies in diagnosis and management, according to the A.P.A the average time from a first appointment with a clinician to diagnosis is seven years (A.P.A, 2000, p. 528).

Early chapters of this work attempted to capture the various models of DID currently informing treatment, and presented an overview of the thinking on DID from medicine, psychology and Christian pastoral theology. It is argued that any therapy based upon a distinction between good and evil, or healthy and pathological, will fail because it will be operating within the closed circle of mimetic rivalry and violence, which arises from, and so is constituted by the Scapegoat Mechanism. Mimetic Theory brings something new to the study of DID in that it offers a way out of that closed circle, by refusing to divide the world into good and evil and by relocating the "problem" outside of the person with the stated need.

13.2. Scientific Models of DID.

Although there is a growing acceptance of normal multiplicity, this does not extend to DID, the inability to recount a continuous life history is, according to Turner, the pathology which distinguishes DID from healthy multiplicity (Turner, 2008, p. 180). The improbability of an individual containing more than one identity is reflected in the controversy around the diagnosis and the difficulty in finding suitable language with which to describe it. The ambivalence of the statistical manuals (both *DSM* and *ICD*) towards multiple personalities, observed in Chapter 3, is evidence of this.

Current research into DID comes mainly from the neurosciences and attachment theory with some collaboration between the two. Both these disciplines accept that DID is caused by trauma in childhood, some attachment theorists go so far as to say that the presence of DID is itself, forensic evidence of severe abuse in childhood. A review of the literature, presented in Chapter 2, found that the results of these and other studies related to DID varied so widely that, as yet, no firm conclusions can be drawn from them.

Those who believe that the creation of multiple personalities is dissociative, state that it is the child who creates the alternate personalities as a way to distance traumatic experiences and contain any memories of them. Identities thus created are said to develop to become autonomous personalities with their own life histories, separated from each other by means of amnesia barriers. It is when the dissociation fails and the different personalities become aware of each other that the individual is most likely to experience distress and seek help.

The ISSTD treatment guidelines for DID, recommend psychotherapy with psychiatric management (ISSTD, 2011, p. 117). The psychodynamic approach is often favoured because of its focus on early childhood and it is widely accepted that talking about trauma is essential to recovery. Because dissociation is thought to be a distancing of oneself from intolerable aspects of the self, acceptance and a non-judgemental attitude are considered to be key features of any treatment.

13.3. Christian Pastoral Responses to Multiple Personalities.

DID shares a number of characteristics with demon possession and some patients with DID believe themselves to be possessed. People who have been diagnosed with DID are often concerned with issues of theodicy, and studies have shown that a significant proportion come from Christian backgrounds. In Chapter 4 an exploration of different Christian approaches to DID showed that the stance taken towards multiple personalities and the willingness to engage with science is largely shaped by that tradition's views on evil and human sin. The attitude taken towards the place of forgiveness in treatment for DID also differs between Christian traditions.

The one universal across all the different approaches to DID is the focus on the abuse survivor as the one with the problem who needs to change or be changed, whilst less attention is paid to the abuser or the society in which the abuse was made possible.

13.4. Mimetic Theory and DID.

Having concluded that there is, as yet, no comprehensive analysis of DID that could be accepted by the majority and improve diagnosis and prognosis, an attempt has been made to remedy this through the application of Mimetic Theory.

According to Mimetic Theory, which studies not the inner life but the holon self of the interdividual relation, the self is other dependent and unstable. Mimetic desire leads people into rivalry with model obstacles, and the reciprocity involved in producing obstacles renders the rivals each other's doubles. The contagious nature of mimetic rivalry leads to mimetic crisis, or a state of all against all, which is resolved through the sacrifice of a scapegoat. The murder of the scapegoat unites the former rivals in a shared purpose, and peace and harmony are restored. The creation of the scapegoat also introduces differences, the first being the difference between guilty and not guilty, hence the distinction between good and evil comes from sacrificial murder.
Girard states that the purpose of myth is to cover up the Scapegoat Mechanism and the mimetic nature of desire which drives it, while the purpose of the gospels is to reveal and expose that mechanism. Through the resurrection of Jesus, the Scapegoat Mechanism is exposed as murder rather than a legitimate act of purification, as Jesus' vindication by God shows him to have been innocent all along. The innocence of Jesus extends to all victims and so renders the Scapegoat Mechanism unworkable.

13.4.1. The Creation of New Selves.

The majority view on the origin of the alternate personalities of DID is that they are created by the child during the trauma of abuse. Mimetic Theory would not allow that much autonomy to the child self; the only way selves are created is through the mediated desire of the other. Neither does Mimetic Theory accommodate the view that the new personalities are demons. Jean Michel Oughourlian's analysis of the creation of new selves undermines currently held views of both science and theology. Oughourlian claims that theories of dissociation and demonic activity are each different ways of

denying the anteriority of the other. As products of metaphysical desire, new identities follow disintegration of the self caused by a crisis in the interdividual relation, and it is the other rather than the self who determines the nature of the new identity.

13.4.2. Potential Weaknesses of Mimetic Theory in the Conception and Treatment of DID.

Common objections to Mimetic Theory were addressed in Chapter 8. The weaknesses pertaining to DID will be considered here in regards to the model of care suggested above.

13.4.2.1. Removing Distinctions between Good and Evil.

Resistance is most likely to be triggered by the claim that the distinctions between good and evil are false. Both pastoral theologians and clinicians alike will, understandably, be reluctant to put that argument to someone who has suffered severe abuse. However, Mimetic Theory does not actually make the claim that there is no difference between good and evil, only that humans, being constituted by a cultural order which is based on the lie of the founding murder; do not have the capacity to successfully discern those differences. James Alison uses Jesus' teaching in the Parable of the wheat and the tares (Matt 13:24-29) and the Parable of the net (Matt 13:47-52) among others, to support this argument. He claims that the purpose of these parables, is not to provide more information about God's final judgment, but to instruct humans not to make any judgment in the here and now (Alison, 1997b, p. 85).

13.4.2.2. Increasing Scandal.

If a Mimetic Theory model eschews those treatment methods which produce a "cure" by reinforcing differences, strengthening prohibitions, and improving the subject's position within the violent world order, then healing based on this model may not look like healing to those whose consciousness has not yet been transformed from myth to gospel. As an extreme example, the only human victims considered in this work, said to be truly non-mythic are the children of Julia Monaghan's study, all of whom were killed by their abusers. Although most Christians would accept that ultimate healing occurs only at the resurrection, it would not be practicable to incorporate this into any plan of care.

The proposed model of treatment depends upon a reduction of scandal in both the one who suffers and their community. In removing familiar labels and offering a healing which may look like victimage to those who still see according to the violent world order, this model may in fact provoke scandal, as may any suggestion that those who abuse children are also scapegoat victims

13.4.2.3. Testing the Theory.

Because Mimetic Theory makes claims about human origins and describes motivations which remain pre conscious, it is not possible to produce supportive evidence. In DID this may be problematic for those who wish to understand the condition scientifically, although the fact that Mimetic Theory cannot be proven could be taken as verification of the collective blindness the theory is based upon. According to Kirwan, the lack of evidence is predicated within the theory and the way it describes myth as successfully distorting the truth (M Kirwan, 2004, p. 91).

It is interesting to note that the need for empirical proof could be said to be a feature of modernity, and yet other criticisms of Girard such as promoting a metanarrative, ignoring the move towards gender inclusivity, and claiming the uniqueness of the Christian revelation, are all based upon his theory being too "modern" and as such unacceptable to the postmodern mind.

The aim here is not to join the debate about the necessity or otherwise of evidence to support the claims of Mimetic Theory regarding the founding murder and the evolution of human culture, but to test the theory practically in the field of multiple personalities. Of primary interest is whether or not Mimetic Theory can lead to explanation and treatment of DID which is superior to current theories. This could be assessed through the research suggested in Chapter 10, which would test the Mimetic Theory explanation of alternate personalities, and evaluation of treatments based on principles set out in Chapter 12. Because the proposed treatment methods carry no risk of harm they can be used without the need for rigorous testing beforehand.

13.4.3. Is this a Theological or a Secular model?

In *Bound To Sin* McFadyen concluded that there is a need for theological language when discussing the sexual abuse of children, as secular language, although not wrong, is inadequate(2000). Girard has been accused of wanting to have it both ways, in that he

wants his theory to be accepted by the secular sciences but also insists upon the importance of divine revelation (Bellinger, 2001, p. 88). On its own terms, these distinctions are false to Mimetic Theory; there is no sacred/secular divide and so any defence against such accusation would itself be a betrayal of the theory.

Girardian theologians claim that it is the incarnation and resurrection of Jesus which makes knowledge of God as benevolent non rivalistic other possible. Jesus is the only human to have been constituted outside of the violence of mimetic rivalry, and so imitation of him is the only way other humans can receive being pacifically from God, rather than acquiring it over against other humans. As this theory of care depends upon an interdividual relationship with a non rivalrous other, the question must be whether or not such models can be found outside of the Christian faith. It has already been shown that the hypnotist can take this role and therapeutic possession rites in non-western cultures also depend upon such a model, so it can be surmised that such models are available outside Christianity. It has also been shown that some Christians present God as model obstacle.

It is proposed that any form of exclusivity in pastoral theology, presents Christianity as just another sacrificial religion, and ignores the gospel exposure of religion as part of the Scapegoat Mechanism.

13.5. Conclusion.

It was stated at the beginning of this thesis that the two main areas of controversy regarding DID are the validity of the diagnosis and the aetiology. It has been argued that by applying Mimetic Theory the different theories regarding the conception of DID and the approaches to treatment can be explained as different ways of denying the anteriority of the other, and when understood within this broader framework, can be viewed as complementing, rather than opposing one another. The debate about aetiology has been resolved by demonstrating that new selves can be created through trauma, possession rites or hypnosis.

The proposed model of treatment for DID or demon possession depends upon a new self which is called into being through the mediated desire of a benevolent other who never becomes rival or obstacle and so is acknowledged and imitated pacifically. This

model is superior to methods of treatment currently in use as it has no potential for harm and can be adapted for use in any discipline or religious tradition.

The fragmentation seen in the person who has DID is reflected in the many different approaches to it. The scope of Mimetic Theory has enabled a more holistic attitude to DID in which the psychological, sociological and theological aspects can be considered separately, yet also held together within the one framework of understanding.

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