

**The
Forgotten
Factor
In
Healing**

by

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Introduction

You simply forgot, that's all. You have absolutely no memory of the event whatsoever. It happens to almost everyone at some stage in their lives. Your parents may tell you about the car accident you were involved in when you were two years old, or the time you fell off your tricycle and hurt your neck when you were three and half but you don't remember. At six, you almost drowned, or you were extremely distraught and upset when the family moved to another city, and you didn't want to leave. The family might even have photos of these events, but you simply don't remember. Perhaps there were later traumatic memories, and you remember parts of the memory but not the whole memory. You meet together with friends and they relate portions of the event that you have no memory of.

Each of those 'lost' memories has been recorded by your mind. The problem is that you can't get access to it. In many cases, those memories hold important clues or keys for physical, mental and emotional problems you are struggling with today.

This book will teach you how to access those memories. It will demonstrate the changes and benefits that working through such hidden memories brings to people.

Lost memories are not limited to those observed by our family but forgotten by us. These memories include traumatic events experienced without other family members' knowledge. It could be trauma in the playground at school, through bullying, and now you find it difficult to recall much of what happened when you were at school. It could even be as dramatic as a serious sexual assault that happened when your parents, or those who loved and cared for you, weren't around. They don't know it happened, you don't know it happened, but it happened.

You are coping with the residue of that event in your life right now. It could be that you are having difficulty truly relaxing when making love to your spouse and you don't really know why. After all, as far as you are concerned, you had a safe and relatively uneventful upbringing so you don't know why you have to 'think through' intimacy in the bedroom. You wish it could be more spontaneous, like it is for some of your friends.

You have waited a long time to get your hands on a book that will impact your life as much as this will!

Table of Contents

Chapter 1: “Mum, it’s the first time ever that I have seen you smile”	9
Chapter 2: “Other people in my mind? That’s absurd!”	19
Chapter 3: “I don’t know why I hate Yoghurt?”	25
Chapter 4: Psychiatrists and Dissociation	30
Chapter 5: Basement Blues	40
Chapter 6: Me, Myself and I	55
Chapter 7: Johnny Five Alive!	72
Chapter 8: Double Minded	79
Chapter 9: How the Brain Works During Dissociation	95
Chapter 10: Dissociation’s Top Twenty	111
Chapter 11: A Step by Step Approach for Resolution of Dissociation	140
Chapter 12: Major Blockages in the Counselling Process	173
Chapter 13: Road Rage	186
Chapter 14: Dissociation as a Factor in Other Diagnoses	196
Chapter 15: Fifteen Common Errors in Dissociative Counselling	204
Closing Comments: The Shoulders of Giants	227
Glossary	232
Notes	236
Appendix 1: Other Publications	240
Appendix 2: Anazao’s Counselling Model	243
Appendix 3: General Information Regarding Anazao	246
Index	249

Chapter 2: “Other people in my mind? That’s absurd!”

The whole idea of there being ‘other identities’, ‘other personalities’ living in my mind appears absurd. It seems like science fiction or a giant con. The psychiatric profession has recognised that this is a very real mental disorder. It used to be called MPD which stands for Multiple Personality Disorder. In the fourth edition of the Diagnostic Statistical Manual (DSM IV), it has been renamed Dissociative Identity Disorder (DID). The DSM IV is the manual that contains the criteria used by psychiatrists for diagnosis of mental disorders. Below is the description of the disorder as it appears in the manual.

Diagnostic criteria for 300.14 Dissociative Identity Disorder

- 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).
- B. At least two of these identities or personality states recurrently take control of the person's behavior.
- C. Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.
- D. The disturbance is not due to the direct physiological effects of a substance (e.g., blackouts or chaotic behavior during Alcohol Intoxication) or a general medical condition (e.g., complex partial seizures). **Note:** In children, the symptoms are not attributable to imaginary playmates or other fantasy play.

In a nutshell, this is saying is that, if two or more personalities that have a ‘mind of their own’, come out from time to time and take over control of a person, and it’s not because that person was drunk, ‘high’ or epileptic, then that person is considered dissociative or has DID.

Tamsin

In the case of Tamsin, she was clearly dissociative. Instead of two parts, mentioned in the definition above, she had twenty one personalities, and these came out and functioned for her in different situations. One would come out sometimes when she was nursing and be more dominant than Tamsin normally would be. Another would come out and make her very passive and fearful of

confrontation. Her patients would notice no difference. They would just think that their nurse was getting a bit bossy or perhaps angry. Similarly, in a threatening situation, Tamsin would go quiet, but no one would think it was another persona taking over. Those she was interacting with her would just think Tamsin was not answering back and distancing herself from them. Her husband and children just accepted that mum was uncomfortable being touched or held around her neck. No one, including Tamsin, realised that a part was functioning to make her feel uncomfortable.

Dissociation explained

Why does dissociation occur? Dissociation occurs when a trauma overwhelms me, to the extent that I can no longer remain consciously aware of what is happening around me or to me. At that instant, another part of my brain takes over and remains present during the trauma, absorbing all that happens to me. I don't become unconscious, as you would expect if I received a severe blow to my head. Instead, I am simply overwhelmed by the circumstances and retreat into myself, inside my head, choosing not to remain in the situation. This choice is not a free-will choice, like choosing to have an ice cream. It is an automatic response of my soul, relayed through my brain that I have no control over. Just like I have no conscious control over my heartbeat, my breathing when sleeping, or the way my liver functions.

During the trauma, anyone observing me wouldn't know that I am no longer present. The part of my mind that takes over uses all my five senses and all my emotions and feelings. This part can speak and interact with other people associated with the trauma. This part looks and acts just like me. When the trauma is complete, this other part of my mind recedes from consciousness, and I return having no memory whatsoever of what has just happened.

I don't know that 'a part' has formed but somewhere in my head, now, there is another personality. This 'part' is often called an 'alter', which is short for 'alternate personality' or 'alternate identity'. This 'part' of my mind can affect my behaviour in a wide variety of ways. It might make me feel anxious or fearful, when I am in circumstances that resemble the original trauma that it came out for. Because I don't know what happened in the original trauma, I am puzzled about why I am feeling so anxious.

For instance, if I dissociated when a large German Shepherd stood over me and growled when I was three years old, the alter that took the trauma may now make me fearful when I see German

Shepherds. From my perspective now as an adult, I might like dogs but struggle to understand why I feel a little apprehensive when a German shepherd approaches.

Alters primarily protect memory

As we have seen, a function of alters is to influence our lives, making us either more functional or more dysfunctional. An alter's primary purpose, however, is to protect us from seeing the memory. That is the reason it was formed; as a barrier to the memory. Therefore the alter will generally express reluctance, if you ask it to release the memory it is protecting. It believes that the person will still be overwhelmed.

Often this belief is no longer relevant because the person has now matured, both psychologically and physically, since the trauma and can cope with it now. Sometimes though, it is still a valid concern because severe trauma, without the intervention of Jesus, can still destabilize the person, no matter old the person is. That is why introducing Jesus into the therapy process streamlines the procedure enormously, both in convincing the alters to let the person see the memory and in bringing peace and calm to the emotional content of the memory. This was clearly seen in Tamsin's case.

Development of alter personality

Over time, the alter may develop its given personality. The extent to which the personality is developed will depend on:

(a) the severity of the trauma,

If the trauma was mild, the alter will not be as well distinguished and distinct from the person as when trauma is more severe. The more severe the trauma is, the greater will be the amount of pain and emotional impact that the alter has to sustain. As a consequence, the alter's personality will be more developed.

(b) the time elapsed since the trauma,

If an alter is formed when the person is very young, it has a greater opportunity to develop and grow more sophisticated in its persona than if it formed later in life. It doesn't necessarily mean that early forming alters will always develop more than alters formed later. The other four factors need to be considered.

(c) whether the trauma was repetitive and the same alter comes out to absorb the impact.

If the trauma is repetitive, then often the same alter will come out and absorb the pain and trauma each time. Every time it comes out, the personality of the alter develops a little bit more.

(d) the frequency the alter comes out and helps the person to cope.

The more often an alter comes out and takes control, the more the alter will learn and absorb and so develop its personality. In Tamsin's case, the more times the alter comes out to help Tamsin with her nursing, the more definite will be that alter's viewpoint regarding nursing, patients, hospitals and anything else it has observed.

(e) whether the alter is aware of what is happening in the person's life on a day to day basis.

As time elapses, the alter may, but not always, grow with the person in knowledge and understanding of life in general. This will depend on whether the alter is 'watching' or not. If it is in the background observing what happens to you on a daily basis, and absorbing new information, learning and growing in its understanding just as you are, then its personality will develop considerably. If the alter is completely hidden and unaware of what is happening to you, then further personality development will be hindered.

The person's gender and alter gender

The gender of the alter is independent of the gender of the person. A female client may have more male alters than female alters, and a male client may have more female alters than male alters. The sex of an alter doesn't necessarily affect its function. Male alters are not always more aggressive than female alters. Female alters are not necessarily more feeling and 'sensitive' than male alters. In the case of Tamsin and the five alters that were encouraging her to take her life, four were female and one was male. They could just as easily have been all male or all female. It wouldn't have made any difference in the way they pushed her towards suicide.

Alter formation and age

The younger the person, the less intense the trauma needs to be for the child to dissociate. This makes sense because the child's limited understanding of the world means that he is going to be more easily overwhelmed by circumstances and emotional responses he can't yet process, than an older person with greater life experience. If a young child is dissociated by frequent trauma, it means that he will dissociate more easily in later life than a person who didn't dissociate when little.

Alters influence emotions and biochemistry

Alters can affect us by making us fearful, anxious, timid, aggressive or unsettled in different circumstances. They can also affect our biochemistry, making us feel sick when eating certain foods or in certain situations, give us stomach cramps, nausea or headaches. Frequently the medical profession tries to reduce the symptoms but misses the cause so that no long term cure is possible.

What dissociation isn't

Dissociation is not

•**Unconsciousness**

•**A coma** – deeper state of unconsciousness.

•**Amnesia** – when a large chunk of memory previously available to the person has been removed.

•**A hypnotic state** – which is ultimately a surrender of self-control to the influence of demons.

•**Daydreaming** – when your mind wanders in boring or repetitive situations. eg. Travelling home each day from work. Mowing a large lawn. See chapter 15 for further clarification.

•**A mental problem** - such as bipolar disorder, depression or schizophrenia. Although it is called a disorder, in reality dissociation is simply a self-protective mechanism enabling traumatic memory to be stored in such a way that the person can continue to cope with life without being severely debilitated.

•**Hereditary** – it is not a genetic, biologically linked or learned dysfunction that comes from my parents.

SUMMARY:

- Dissociation is recognised by the psychiatric profession.
- Dissociation happens when the intensity of the trauma I am involved in overwhelms my ability to cope.
- The coping mechanism I use is to allow another part of mind to take over for me.
- This 'other part of my mind' has a distinct identity, personality or persona called an alter or part.
- Alter stands for 'alternative identity' or 'alternative personality'. The terms 'parts' and 'alters' mean the same thing.
- An alter's primary function is to protect the person from getting access to the memory.
- The extent to which an alter forms a well-developed personality depends on five factors.
 - (a) the severity of the trauma,
 - (b) the time elapsed since the trauma,

(c) whether the trauma was repetitive and the same alter comes out to absorb the impact.

(d) the frequency the alter comes out and helps the person to cope.

(e) whether the alter is aware of what is happening in the person's life on a day to day basis.

- The gender of an alter is independent of the gender of the person.
- The younger the person, the more easily she dissociates.
- Alters can affect our emotions and our biochemistry.
- Dissociation is a coping mechanism. It is not a true mental disorder such a depression or bipolar etc. It is not unconsciousness, amnesia, a hypnotic state, daydreaming or passed down to us from our parents.

Chapter 3: “I don’t know why I hate Yoghurt?”

Lisa doesn’t like dairy products. Well, that’s not entirely true. She likes the taste but she comes out in hives about five minutes later. She has tried a number of cures including allergy tests, naturopathy, homeopathy but none have worked.

She came to Anazao for help with this and other problems. I talked to any dissociative part that might be influencing the situation, and a part named Sam came forward. After introducing the part to Jesus, Lisa was given access to the memory.

Lisa was forced, as a little child, to orally stimulate a male to the point of ejaculation, and to swallow the ejaculate. Sam took over during the abuse and had to endure swallowing the ejaculate. He now functions to protect Lisa by getting her to avoid anything that is in anyway similar to ejaculate. In other words, Sam over-reacts. If Lisa eats any dairy product that Sam thinks looks like or has a texture remotely resembling ejaculate, he will make Lisa come out in hives. Lisa has no idea about the oral abuse or that she has a part functioning in the manner described.

Jesus brought peace and calm to the memory, through his caring presence throughout the ordeal. Jesus then talked with Sam, and told him he no longer needed to function for Lisa by making her come out in hives. Taking Lisa to the local dairy immediately after the counselling and watching her eat her first ice-cream in decades, and have no hives, was a thrill!

Oral sexual abuse of young girls is more common than most people would like to believe. This event is enough to dissociate a child for several reasons:

- (1) the penis is large in relation to her mouth, and she may feel as though she is choking.
- (2) swallowing the semen can cause gasping, gagging and a feeling of suffocation.
- (3) the person doing this to her is often known by her, and in a position of trust, and she can’t reconcile this with what he is doing to her.

Each example in this chapter is chosen to illustrate a particular aspect of dissociation. Each person came to Anazao for counselling without any idea that they dissociated or were influenced by dissociative parts. Each will be treated in a general sense without the specific step by step approached in Chapter 1 and Chapter 14.

This first example was chosen because it illustrates how parts can make us feel sick, in other words, affect our biochemistry. It was also chosen because the same scenario has happened with several different clients.

While it is commonly dairy products that parts think is the closest resemblance to ejaculate, there are no hard and fast rules. In one instance it was mushroom soup, in another, it was egg white, in another it was the light grey border at the beginning of each chapter of a poetry book.

It is important to state that not everyone who has a problem with dairy products will have experienced childhood oral sexual abuse. Clearly there are lots of other medical factors, such as enzyme deficiency and inherited lactose intolerance, which will be the source of the problem for some people. Alternatively, a person may have been orally abused and love dairy products! The part formed may function in some other way, such as making the person repulsed at the mere mention of oral sex. As a result of oral sexual abuse, one client formed an alter that made the client passive and compliant by dealing with dominant male authority figures, not maintaining boundaries she would ordinarily have kept.

Frozen Pasta!

This second example was chosen to show that the trauma doesn't have to be linked to physical abuse to cause dissociation. In this case, it was embarrassment and being overwhelmed with the associated emotions.

Bruce, a pastor, received ministry from Anazao for a problem related to a fear of ad-libbing during sermons. He had a measure of anxiety when he entertained the idea of departing from his written sermon notes.

Bruce had a dissociative part that was formed when, as a primary school student in the state finals of a speech contest, he had a mental block in front of the audience in the middle of his speech. He was trying to make the speech without reference to the cue prompts he had in his hand. He froze and didn't remember the remainder of the speech or any of the other contestants' speeches that followed. The next thing he remembered was the clapping that followed the adjudicator's final comments. Needless to say he didn't win.

So what happened? Overwhelmed by the enormity of the occasion, Bruce lost his train of thought, he panicked, he froze, and a dissociative part was formed. Bruce doesn't remember anything after this point. When Bruce panicked and became overwhelmed, a part came out and took over, stumbled through the rest of the speech, took Bruce back to his seat and retreated when it thought it was safe, which was at the end of the adjudicator's speech.

The part has functioned since then by creating anxiety whenever this minister deviated from his sermon notes. Basically, the part was speaking into Bruce's mind saying, "It is unsafe to ad lib" even though Bruce didn't link the anxiety back to the speech finals many year previous.

Closing down the function of this part led to greater freedom in sermon presentation.

Cutting Edge Ministry!

This third example illustrates a trauma that did not have a direct personal impact on the client. It didn't happen to her. She dissociated because of what she saw happen to someone else. It also illustrates that it can be the little nuisances that we often cope with and overlook that can have a dissociative cause.

Rita was receiving ministry for another issue but mentioned in passing that she felt a measure of anxiety whenever a kitchen knife was left out. It wasn't a big deal. If she saw that a knife was left out, she would put it away.

The dissociative part functioning for her in this regard was formed when she was about three years old. She was in the lounge area and she saw a man pick up a knife, with the intention of attacking her father. Although her father was not injured and she herself was not threatened, the trauma had nonetheless sufficient emotional impact to cause Rita to dissociate. The part that took over and watched what happened, came to the conclusion that it is not safe to leave knives out, because this is what can happen. The part would make Rita feel anxious until she put the knife away, and once it was put away, the anxiety would stop. Closing down the part has meant that exposed kitchen knives are no longer an issue.

It could be argued Rita was mildly obsessive-compulsive in regard to knives. People, who obsess about a particular issue, often relieve their anxiety by engaging in a compulsive activity. This is called OCD (Obsessive Compulsive Disorder). For example, a person who obsesses about

cleanliness and whether he is being contaminated by germs may repeatedly wash his hands in an effort to relieve the anxiety. The fear of germs is the obsession, the constant hand washing is the compulsion designed to relieve the obsession. The function of dissociative parts of the mind, as a factor in OCD, is often overlooked.

Wardrobe Woes

Nick was a missionary who came for counselling regarding a chronic problem with masturbation. He had been to other ministries and received counselling, including deliverance on several occasions but with no long term change. The masturbation was causing him considerable guilt and he was desperate for a solution.

Talking to dissociative parts uncovered a part that encouraged Nick to masturbate whenever he was lonely, neglected or feeling rejected. Visiting the memory held by the part revealed that as a little boy, Nick was often hidden in a wardrobe by his single parent mother, while she worked from home as a prostitute. The part was formed to deal with the emotions of loneliness and neglect while in the wardrobe. It was now helping to 'protect' Nick from dealing with similar feelings when they arose, by pushing him towards the false comfort of masturbation.

Closing down the function of this part meant that impulses towards masturbation fell into a manageable range and masturbation is no longer a problem for Nick. Would it have been possible for this man to control his urges with a stronger focus on and surrender to Jesus? Probably. But removing the part's function makes everything so much easier. This example was included because frequently the solution to the problem discussed, from a Christian perspective, is limited to deliverance and self-effort.

It is important to mention that masturbation is, like any addiction, a false comfort. Whether the need is medicated by alcohol, drugs, food or a sexual organ, makes very little difference. The point is it shifts our focus from God, "*the Father of compassion and the God of all comfort*" (2 Cor 1:3) to another 'god'. It is always sin. However, the source of the drivenness toward the addictive behaviour can vary. Generational sin, demonic factors and dissociative parts all need to be considered by the therapist as possible secondary components, together with the primary component, the freewill choices the person makes.

Greenpeace!

We have seen that closing down the function of the part is all that is needed to stop the negative emotions or dysfunctional behaviour from affecting the person anymore. This last example was included to show that sometimes what Jesus says to bring peace and calm, can have just as much impact as closing down the function of the part.

Jenny never liked the sand on a beach, any beach. She would avoid the sand if possible and walk on the grass strip next the sand in preference. In her words, “Beaches would be great if the grass came right down to the waters edge!” The part that was driving this behaviour was formed when, as a young girl, Jenny was raped on a beach. The part was ‘protecting’ her from any similar occurrence by causing anxiety whenever she approached the beach or sandy situations. From the part’s perspective, sand is associated with pain, so the best way to avoid similar pain is to keep her away from sand.

When Jesus appeared in the memory, he did what he has often done by comforting the person in the midst of trauma, caressing Jenny’s forehead and holding her close to himself after the rape. In addition he simply said, “I created the sand”. That phrase struck a strong cord with Jenny. It was as though this was fresh revelation. Now, when she walks on the sand, there is no anxiety at all, and she says the phrase that has removed the anxiety is, “I created the sand”. Clearly, the part’s function being closed down meant that was no more anxiety regarding sand and beaches. Jesus’ words provided and still provide an extra level of assurance and comfort.

SUMMARY

- Oral sexual abuse can form parts that control allergic responses.
- Acute embarrassment can be enough to cause dissociation.
- Watching trauma is sufficient to cause dissociation.
- When deliverance, self-effort and religious routines fails, consider dissociation.
- Even though parts are important in affecting dysfunctional behaviour, what Jesus says can bring an even deeper sense of relief and peace.