

Child Sexual Trauma, Dissociation, and the Soul: A Christian Psychology Conceptualization

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Abstract

Over the past 30 years, the field of knowledge and insight into the phenomenon of structural or pathological dissociation has grown immensely. Recent findings have shed light on the etiology of complex traumatic stress disorders (CTSDs) like dissociative identity disorder (DID) and the intimate connection between chronic childhood sexual trauma and the persistent barriers to psychotherapeutic remediation in adult survivors. Modern scientific and theoretical advances notwithstanding, Christian counselors and pastors who counsel may benefit from a conceptualization of severe dissociative disorders, their treatment, and therapeutic outcomes that entails a thoroughgoing Christian perspective. This integrative task requires a broad survey of the pertinent psychological literature in the light of the Bible's teaching on interpersonal suffering, the gospel of Jesus Christ, and the healing power of the triune God.

Keywords

developmental psychology, theologically oriented articles, trauma, theoretical integration

For my father and my mother have forsaken me, but the LORD will take me in. Psalm 27:10, ESV

Among the numerous subdisciplines related to the field of complex traumatic stress disorders (CTSDs), dissociative disorders present a unique set of therapeutic challenges to counselors. Within this “field in rapid development” (Herman, 2009, p. xvii), dissociative identity disorder (DID) has received particular attention (see, e.g., Boon, 2011; Chefetz, 2015; Chu, 2011; Courtois & Ford, 2014; Dell & O’Neil, 2009; Howell, 2011; van der Hart, Nijenhuis, & Steele, 2006). Its striking psychopathological features, typically due to extreme and chronic childhood abuse, and its treatment have been the subject of an impressive number of publications within the last 20 years. For psychotherapists and counselors working with adult DID survivors of early childhood sexual

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abuse, the manifold obstacles to favorable therapeutic outcomes are formidable. Depending on the length and severity of the abuse, survivors often require years of treatment during which they may experience numerous new struggles and setbacks. In extreme cases these setbacks can come in the form of hospitalizations due to eating disorders, self-mutilation, and even suicide attempts. Yet, despite the associated challenges and caveats, advances in our understanding of trauma, dissociation, and the means of their remediation continue to bring hope that even the most heinous psychospiritual hurts may be healed.

Thanks to the work of a few evangelical pioneers (see Gingrich, 2013; Langberg, 2003), Christian counseling and psychotherapy for CTSDs generally, and DID more specifically, have benefitted from a Christian perspective on the findings of modern psychology. These authors have served a critical role in demonstrating the close compatibility of the gospel and Christian belief with the agenda of trauma remediation. Nevertheless, a robust, thoroughgoing Christian conceptualization of DID as a disorder *of the soul*¹ has yet to be articulated. With this paper I hope to demonstrate the indispensability of such psychospiritual conceptualizations for Christian counseling in general, and for trauma-induced, developmental dissociation in particular. As understanding of dissociative disorders advances and therapeutic processes and outcomes are clarified within a biblical–theological conceptual framework, Christian counselors may gain a greater clarity of vision for the healing work to which they are called. Moreover, it is hoped that DID survivors may come to experience a greater healing than might otherwise have been possible through any strictly secular paradigm.

To be sure, the treatment and remediation of DID may seem, from a modern perspective, far removed from the purview and application of Scripture. It should be acknowledged that, for the most part, biblical–theological and psychological inquiries, respectively, tend to engage questions relating to human functioning and flourishing from vastly divergent starting points. Clearly, the Bible does not directly address pathological dissociation or the sequelae of chronic sexual abuse. As a result of this, some Christian therapists and counselors may be understandably reticent to rely heavily on biblical prooftexts or doctrinal positions in their discussions of psychopathology. Furthermore, some Christian counselors may feel uncomfortable with biblical or theological language considering the presuppositional naturalism assumed by their psychological and clinical training programs. The following discussion of DID—including its basic features, etiology, and remediation—is an attempt to build a transdisciplinary bridge between the biblical–theological and the psychological discursive systems from a standpoint in which the Scriptures and the theological enterprise in general are accorded epistemological preeminence. In seeking to work toward the soul’s ultimate good, even—and I would argue, especially—when working with such severe psychopathology, Christian counselors should acknowledge the triune God’s supreme role in soul healing, without minimizing the importance of other, secondary dynamics.² Furthermore, we should expect to find even greater clarity with respect to the outcomes of healing interventions when our work is grounded in the truth of his revealed word. For the purposes of this paper I have adopted a two-part methodology for developing a psychospiritual conceptualization of DID. First,

¹In this context, I do not intend to employ the term “soul” in any rigorously philosophical or metaphysical sense. In other words, I am aiming for a nontechnical idiomatic usage which, I believe, approximates that of the biblical writers; they were evidently less concerned with objective or scientific specificity and more with the phenomenological everyday experience of human persons. So, “soul” throughout this article refers in a general sense to the “form” or capacity of the individual by which she or he relates to the triune God (see various occurrences throughout the Old and New Testaments, e.g., Ps 42:5; Mat 16:26; Mark 14:34; Luke 12:19, etc.). Accordingly, “soul” is similar but not equivalent to self (in the modern sense), yet carries distinctly spiritual overtones.

²Such as the vital role of the counselor, along with the critical relational support systems such work requires in the home and the church.

I will summarize and interact with current psychological literature on the subject. And second, I intend to demonstrate that the Scriptures provide a compelling conceptual framework for the disorder and its remediation which, it is hoped, will assist the Christian counselor seeking to understand and address the complex psychological and interpersonal phenomena associated with DID. Finally, I will address some of the specific considerations that may arise when working with DID counselees in an avowedly Christian context.

The Basics of Dissociation and Identity Dis-Integration

Pathological dissociation occurs along a spectrum (Bromberg, 2009; Chu, 2011; Gingrich, 2013; van der Hart, Nijenhuis & Steele, 2006). According to Dell & O’Neil (2009), pathological dissociation requires the existence of multiple experiential states, or self states, composed of discrete feelings, sensations, cognitive awareness, and behaviors. These self states possess intermittent or compartmentalized access to autobiographical memory. This is very different than the normal sort of automaticity or absentmindedness experienced by most people. While a healthy individual may purchase and eat an egg sandwich only to find, when asked by a co-worker later in the day, he cannot recall what he had for breakfast, this hardly amounts to pathological dissociation. A counselee with DID, on the other hand, may confess that she does not remember anything from the last two hours or the last two days. Moreover, she may not be able to recall how she arrived at her appointment. She may complain of pain and bruising on her body, and yet be genuinely ignorant of the cause. Her amnesia is not simply an inability to recall what she did or what happened to her; *some* part of her remembers, though it may be that neither she nor this other “part” are fully aware of each other. Furthermore, should both “parts” become mutually aware, they may demonstrate marked antipathy toward each other and insist the counselor refer to each of them by different names. Thus, a characteristic feature of DID is the abiding presence of multiple discrete identities and accompanying frameworks of meaning. The phenomena of her pronounced dissociative tendencies and identity dis-integration³ demonstrate the particularly heinous nature of the trauma and abuse, both in terms of its severity and duration, perpetrated against her.

At the far end of the dissociative spectrum, the chronic structural dissociation characteristic of severe dissociative disorders like DID develops as a defense against long-term traumatic physical, psychological, and interpersonal abuse, often sexual in nature and experienced at a very young age (Gingrich, 2013; Howell, 2011). Young minds incapable of assimilating traumatic experiences and mental states will, over time, form discrete identity units of consciousness in order to survive and function in and out of abusive situations. According to the findings of interpersonal neurobiology, an individual develops an integrated sense of self over time provided proper nurture and relational support (Siegel, 2012; cf. Thompson, 2010). Children naturally learn to integrate and regulate disparate states of experience and their associated behaviors, feelings, and so on, as they mature and grow (cf. Harter, 2015). Chronically abused children, on the other hand, will unconsciously and reflexively employ discrete experience states as a means of sheltering the delicate psyche from trauma. Over time, these lingering divisions can form into discrete, self-contained identity “compartments.” Siegel (2012) clarifies, “[D]issociation is an illustration of impaired integration of consciousness. The internal disconnection individuals may have acquired as a means of adaptation

³See Steele & van der Hart (2009, p. 146). Siegel (2012) defines “integration” as the “mind’s process of linking differentiated parts” and “the fundamental mechanism of health and wellbeing” (p. A1-40). He essentially describes three levels—the neurobiological, the intrapsychic, and the interpersonal—of integration, to which I (as a Christian) would happily add a fourth, the psychospiritual. Curt Thompson (2010) in synthesizing the findings of neuroscience and Christian spirituality employs the descriptor “dis-integrated” (p. 4) in speaking of the breakdown of normal integrative development.

may then remove them from readily accessing autobiographical memory, relational needs, and even the feelings of the body. Such an ongoing dissociative adaptation may be seen as an impairment to both bilateral and vertical integration” (p. 39–5).

Since abusers are often parents, siblings, or other close relations, the assault on the young victim’s personhood occurs at multiple “orders of discourse” (see Johnson, 2007).⁴ Physical pain and sexual assault perpetrated over the course of weeks, months, or even years, betrayal of trust, mandated secrecy often accompanied by threats, and the concomitant feelings of powerlessness, isolation, and shame together crush, shatter, and scatter the pieces of the young soul (see Finkelhor & Browne, 1985). Langberg (2003) summarizes,

One of the things that occurs in healthy development is a sense of coherence or integrity to the self. . . In an atmosphere of acceptance and discovery, children learn “what is me and what is not me.” The experience of chronic trauma shatters that process of discovery. The child’s feelings and thoughts in response to the abuse are so overwhelming that the child will sacrifice a sense of coherence for the sake of survival. . . What is lost is a sense of wholeness, of being real, of being spontaneous and aware of one’s own inner workings. In essence, what is lost is the integrity of the self. (pp. 74–75)

As is clear from this description, the etiology of dissociative disorders differs somewhat from other psychopathologies. Survivors have had their souls shattered, so to speak, by the traumatic abuse perpetrated against them. For this reason, DID has rightly been termed a “mental injury” rather than a mental illness (Miller, 2012).

In adulthood survivors struggle with an intermittent awareness of present reality, a fragmented sense of self, intrusive recollections of traumatic memories and experiences, as well as a reflexive tendency to unconsciously shift between identity states for even mundane tasks (van der Hart et al., 2006; Miller, 2012). For instance, one part may carry the burden of domestic responsibility, while another takes on the roles associated with professional life, and still another makes sure all the various parts remain ordered and functioning. Some or all of these parts may lack more than a passing awareness of any or all of the others. In addition to the parts that handle the aspects of everyday life numerous other parts may exist, not as fully formed identities, but more like containers chaos and pain. These parts, though aware of themselves and what they have suffered, may be unaware of the passage of time since they were abused many years earlier. As has been suggested, however, individuals often present for counseling when the “system” has repeatedly and appreciably failed at the task of managing life and meaning to an adequate degree of normalcy. Furthermore, instances of re-victimization are particularly high with DID, as is the comorbidity of severe depression, substance abuse, interpersonal dysfunction, and other secondary disorders (Dell & O’Neil, 2009). In short, adult survivors of chronic sexual trauma often find themselves in a perpetual state of psychological and spiritual desolation.

Worldview and Notions of Well-being

The challenges of working with individuals who present with such severe psychopathology can be daunting, to say nothing of the struggle many counselors face when confronted with the stories of horrific abuse and trauma endured by survivors. Foremost among the many concerns raised in dealing with DID are the questions many Christian counselors face regarding the nature, processes, and ultimate aims of healing. Among its numerous shortcomings as a discipline, modern psychology

⁴Johnson’s (2007) four “orders of discourse” include the biological, psychosocial, ethical, and spiritual (pp. 335ff.). Abuse, whether it is sexual or not, impacts the developing mind in profound ways. Although severe or chronic sexual abuse does not always result in the splitting of the self, it is strongly correlated in the etiology of DID (see Finkelhor & Browne, 1985).

(MP) lacks a biblical understanding of human beings as created by and accountable to God. This deficiency, due to its presuppositional commitment to scientific empiricism⁵ and methodological pragmatism, results in several practical—both pedagogical and therapeutic—shortcomings.⁶ Nevertheless, despite its underlying metaphysical flaws and general disciplinary antipathy toward a theistic worldview, modern psychology and psychotherapy provide an enormous wealth of knowledge and insight into human functioning and dysfunction. Faithful Christians may reasonably object to its philosophical commitment to strict empiricism and neopositivism, and yet eschew a reflexive dismissal of its genuinely helpful contributions. Writing from a theocentric viewpoint, Johnson (2007) suggests, “[M]odern psychology’s accomplishments constitute genuine scientific advances and deserve to be incorporated into a comprehensive Christian understanding of human beings” (p. 211). Indeed, a thoroughly Christian epistemology will recognize the work of God’s grace in the genuine discoveries of scientific inquiry, while simultaneously rejecting the worldview in which these discoveries obtain.

Theorists and therapists working with CTS disorders like DID have provided numerous robust theoretical, diagnostic, and treatment frameworks (see, e.g., Boon, 2011; Steele & van der Hart, 2011; Briere & Scott, 2014; Courtois & Ford, 2014; Dell & O’Neil, 2009; Levers, 2012). As we might expect, however, therapeutic outcomes tend to be exclusively centered on what MP supposes to be an autonomous individual. Chu (2011), for instance, suggests that treatment should “place a high value on patients gaining a sense of mastery over their lives through better self-care, achieving control over their feelings and impulses, and learning from their experiences” (p. 185). These are ambitious aims, indeed, considering the high degree of internal disarray and dysfunction experienced by those suffering with a fragmented sense of self. Nevertheless, the emphasis on “mastery,” “control,” and “learning” reveals MP’s strictly modern and autocentric view of human beings. In other words MP limits its soul care concern to addressing how the self understands and copes with his or her struggles, with “healing” being measured solely in terms of a decrease in overt symptoms and an increase in the individual’s subjective sense of well-being (cf. McMinn & Campbell, 2007).

This stance regarding what amounts to favorable outcomes leads to some interesting questions. For example, should a DID survivor be regarded as “healed” if he has largely worked through his traumatic memories and obtained an appreciable degree of stability in his life, yet has elected to remain psychologically and functionally “dis-integrated” (i.e. maintaining a subjective sense of himself as multiple)? There are numerous reasons why he might desire to discontinue treatment without achieving full identity integration and synthesis. Who is to say that this model of human “well-being” lacks validity? To whom or what, for that matter, should a counselor or therapist point as a paradigm or model of psychological well-being? Is optimal intrapsychic function the sole means of determining psychospiritual “health” and “healing”? MP, although sedulous in its exhaustive indexing of human psychopathologies, can offer no normative answer to these vital queries due to its self-imposed presuppositional constraints. On the other hand, a perspective on human beings that is rooted in God’s revealed word and grounded in a trinitarian paradigm for wholeness and

⁵Tellingly, from the perspective of MP the phrase “scientific empiricism” is regarded as essentially redundant. This approach to the “scientific” study of the self in general, and the treatment of DID in particular, is epistemologically and therapeutically flawed. By contrast a thoroughgoing Christian worldview rooted in the Scriptures and grounded in a theocentric paradigm provides the framework needed for any therapeutic model to possess genuine normativity.

⁶For instance, MP provides no clear, agreed-upon definition of a healthy human mind (nor even agreement as to whether such a thing as a mind exists). Siegel (2012) complains, “[If] we have not made an effort to define the mind and a healthy mind, how can clinicians help people strengthen and vitalize their minds?” (p. 38–6). Rooted in a resistance to viewing human beings as more than merely material beings, this failure to define a healthy mind/soul/self necessarily leads to a number of second-tier misconstruals.

well-being has the potential to offer a truly normative framework for human flourishing and soul care (see Johnson, 2017). Moreover, the modern psychological worldview fails to provide the same level of clarity and normativity when it comes to treatment aims and outcomes for DID.

The Godward Momentum of the Soul

In constructing a Christian conceptualization of DID as a disorder *of the soul*, we begin with an examination of the nature of God's work in creation generally and in broken human beings in particular. In the Scriptures we learn that creation exists as both a *display* of God's perfections—his goodness, holiness, and love—as well as an *expression* of God's spoken word (see Gen 1:3; Jn 1:1–5).⁷ John Calvin (2008) likened creation to a “glorious theater” within which the divinely ordained drama unfolds (p. 21; cf. Vanhoozer, 2005). Everything from rocks and trees to protozoa and people—every body celestial and terrestrial—plays a role given to it by God (cf. Frame, 2002, pp. 156–159). Jonathan Edwards (1998), following a similar route in the contemplation of God's purpose for creation, described the world and all that exists as the “glorious and abundant emanation of his infinite fullness.” As with a fountain flowing out “in abundant streams,” or the sun which radiates outward in “beams” of light, it is only “fitting” that God should pour out his glorious infinity by creating the world as a display and expression of his glory (p. 151). To do otherwise, we may presume, would contradict and contravene the divine nature.

With these (admittedly mixed) metaphors we may better understand the essential character of God's glory: divine effulgence is both medium and message. Put another way, God expresses and displays (i.e. communicates, in every sense of the word) *himself*—the glorious perfections of his triune divinity—to us through the medium of the created order (see Ps 19:1–2; Ro 1:20). God simply cannot help but celebrate and declare who he is, and this simple truth explains and grounds the existence of all things! It should also ground the work we do as Christian soul care providers not least when working with severe psychopathology.

The best theologians, like Calvin and Edwards, are at least one part poet. Nevertheless, the Scriptures themselves provide us with ample warrant to think metaphorically when contemplating the weight and directionality of God's fullness—the existential efflux of the divine nature. Indeed, Edwards's images of streaming water and radiating light feature prominently in the Bible as depictions of God's self-disclosure. The writer of Psalm 46, for example, pictures the soothing, sustaining influence of God's own presence at work in the lives of his people as “a river whose streams make glad the city of our God” (Ps 46:4). This idyllic tableau, it should be noted, appears in the text immediately after an image of the fear-inducing chaos of the primordial floodwaters (vv. 2–3). Moreover, Job compares God's truth to “light” that “reveals mysteries from the darkness” (Job 12:22; cf. Ps 18:28). In both contexts, the writers juxtapose contrasting images—streams vs. tempest; light vs. dark—in order to heighten their semiotic significance, thus maximizing the psychological impact of the texts. The reader/hearer is invited to consider, among other things, these inverted images. For DID survivors these images may carry special therapeutic significance due to their experiences of the “chaos” of traumatic abuse and the “darkness” of dissociation and disintegrated awareness, while the promise of God's healing “stream” and truth-revealing “light” may prove especially poignant and powerful.

Attractional Emanations

On display and expressed, as we have seen, in the theater of creation and in the Scriptures, God's glory emanates from his perfections *and* evokes a response from everything that possesses the

⁷The “semiodiscursive constitution” of creation in general, and humans in particular, has been duly noted by Johnson (2007, pp. 261 ff.).

capacity to do so. As with God's word which "goes forth" from him and "will not return empty" but rather accomplishes all that the mind of God intends (Isa 55:10–1), so the glory of God at work in creation elicits a reflexive response from all created things. At this point we may reasonably think (again metaphorically) in terms of the *gravitational pull* of the divine nature. All things tend toward him. Along these lines, Edwards (1998) explains, "[A]s all things are *from* God, as their first cause and fountain; so all things tend *to* him, and in their progress come nearer and nearer to him through all eternity" (p. 161, emphasis in original).⁸ McFadyen (2000) echoes Edwards's theme in modern language: "God's direction and movement in and towards creation in turn invites an 'answering' orientation in the dynamic ordering of creation at every level" (p. 208). Moreover, the working of God in creation, as we may expect from our omnipotent and omnibenevolent Creator, exerts both coercive *and* cooperative influence on the human soul. When it comes to human willing, God does not overrule human beings' status as response-able agents, but rather "excites and redirects willing from within" so that we may be free to respond to his invitation (ibid., p. 211; cf. Augustine, 2010; Calvin, 2008; Edwards, 1957).

So, God both invites and "excites" human beings in particular to draw near to him by offering refreshment to the thirsty (Isa 55:1) and rest to the weary (Mat 11:28). The desiccated soul may seek its revivification in God (Ps 42:1–2); the darkened soul may follow the light to its source (Ps 43:3). Invariably, the Scriptures declare, the "soul" that allows this dynamic freedom to operate upon it will find itself closer to God (Jas 4:8; Jer 29:13)—the font of life and healing (Jn 6:35; Rev 22:17). Furthermore, it is in our created nature to respond to this invitation. We, like basins, were made to receive the outpouring of the fount of living waters; like the interstice of space, we were created to be filled with the divine radiance.⁹ Nevertheless, as response-able agents capable of choosing otherwise, humans possess the capacity to reject the invitation, effectively resisting their soul's Godward momentum and the *telos* of their design.

Opposing Forces

Notably, Jesus revealed that hatred and fear *of the light* motivate human rejection of the triune God's loving advances: "Men loved the darkness rather than the Light, for their deeds were evil" (Jn 3:19–20). We witness this impulse at work subsequent to the fall of our first parents in their display of shame and fear coupled with the apparent belief that petty blame-shifting could justify their self-serving—and even decidal—disobedience (Gen 3:7–13; Venning, 1965). Though created to dwell in the garden and enjoy both its bounty and the presence of the uncreated Creator

⁸Readers unfamiliar with Edwards's rhetorical style may object to the Neoplatonic overtones of his language. Despite appearances to the contrary, Edwards remains firmly grounded in biblical orthodoxy, even if, like the biblical writers, his poetic bent occasionally leads him to effervescence. Paul, for example, implies the Godward tendency inherent in creation with the metaphor of a woman in childbirth (Ro 8:22). In this context Paul conveys in graphic metaphorical terms the inevitability of God's doxological and eschatological aims for the world (as well as the frustration engendered by the delay of those aims), *viz.* new creation. This too is a far cry from Neoplatonism.

⁹A vessel has inherent in the nature of its existence the *telos*, or end, of being filled. Not infrequently, Scripture refers to human beings as "vessels" (also, "clay pots" or "potsherd"; see, e.g., Isa 45:9; Lam 4:2; Rom 9:20–3). In Jeremiah 18 God compares the nation of Israel to a "vessel" that he (as "potter") will make and remake as it pleases him (vv. 1–6). In the very next chapter the prophet smashes and buries a "clay pot" to symbolize the disaster God will bring on the city of Jerusalem due to its idolatrous uncleanness (19:10–1; cf. Lev 15:12; Isa 30:14). In the NT, Paul also picks up this trope in defending the validity of his apostolic ministry: "We have this treasure [that is, the gospel message] in earthen vessels, so that the surpassing greatness of the power will be of God and not from ourselves" (2Co 4:7; cf. 2Ti 2:20–1). In each of these instances, the "vessel" in question exists to serve God's good purposes by being filled with the outpouring of his glorious presence.

himself, they instead ran from their Light and Life as soon as that perfect fellowship had been ruptured by their disobedience to the divine command. Since that fateful day human beings have been in the habit, indeed, universally so, of resisting their Creator's gravitational pull (Ps 14:2–3). Furthermore, every act of attempted God-murder, in a seemingly endless series of reenactments of Genesis 3, drives us further from him. As Christian counselors consider how best to serve the interests of their counselees, we must remember the profound import of these two opposing forces: God's gravitational pull and our resistance to him. DID survivors so often struggle with the question, "How could God allow this to happen to me?" In our attempts to answer, we would do well to remind them of the fallen nature of human beings, including their abuser(s). In resisting God and opposing his good designs for the developing self of the child, abusers continue the legacy of humanity's first parents. Yet, through Christ, God is at work reversing the interpersonal trauma that first drove the child into a bunker of dissociation. Where the darkness—and the sorrow it brought—may at first seem so strong, God is at work bringing his light to bear for help and healing (Ps 30:5). Especially as DID survivors struggle to make sense of their abuser's actions, counselors can strategically offer insight into the cosmic struggle between light and dark as depicted in the Scriptures.

Sin, Grace, and the Life of the Soul

For DID individuals seeking to understand the source and nature of the trauma they have suffered,¹⁰ the doctrine of original sin helpfully clarifies the fallenness of human life. When paired with a thoroughly biblical understanding of the cross of Christ and its sin- and death-crushing power (see Stott, 2006), the doctrine provides an illuminating and compelling framework of meaning for healing (Allender, 2008). Generally, sin consists of opposition, rather than accession, to the innate God-oriented dynamic of the human soul. "Original" sin is nothing less than the universal tendency of all human beings to resist God (Augustine, 1997; Madueme & Reeves, 2014; Owen, 2006). Notwithstanding modern psychology's apparent anaphylaxis, the classical doctrine of original sin has nevertheless been reasonably defended in strictly modern terms (McFadyen, 2000). Although the doctrine strikes a dissonant chord with more favorable estimations of human nature (see, e.g., Williams, 2001), it nonetheless possesses tremendous explanatory power with respect to the so-called "problem of evil" (Blocher, 1999), as well as the particular kinds of interpersonal sin inflicted on victims of trauma and abuse (see Doriani, 2014). For Christians who desire to understand the source of human opposition to the God-oriented dynamic of the soul, the doctrine of original sin becomes indispensable.¹¹ From it we conclude that, apart from divine intervention, we simply cannot manage to overcome our resistance to a good and loving God.

The permutations of human resistance to God are myriad—its devastating effects, pervasive. Due to its inherent insult to the divine image in humanity, its soul-deforming concomitants, and ultimately its disruption of the soul's God-oriented dynamic, perhaps the most heinous form of

¹⁰It is only natural, and I would argue healthy, for survivors to ask questions like, "God, how could you allow this to happen to me?" (see, e.g., Pss 42–43). In fact, such questions are often the first step toward healing ruptured communion with God. Christian counselors need not quell the "Why?" impulse in their counselees; rather, we can encourage them to humbly seek God with the very question the Lord Jesus asked of his Father (Mat 27:46). I would further argue that the apostle's paraenesis that anyone who "lacks wisdom" with regard to their suffering should "ask God" (Jas 1:5) provides ample warrant for seeking answers to such questions from God. I have often found that suffering counselees begin to find peace and healing in the knowledge that God, as opposed to their abusers, does not turn away from or, worse, harm them for asking such questions (see Tada & Estes, 1997).

¹¹This doctrine is also indispensable to my work as a counselor. Without it I simply cannot make sense of the horrible evils that have surfaced in the memory work I do with counselees who were chronically and viciously abused as children and adolescents (see further Stump, 2012).

interpersonal opposition to God's doxological and redemptive agendas is child sexual abuse (see Mat 18:6). Although all sin interposes itself between humans and their Maker, victims of chronic sexual abuse often face additional obstacles to their flourishing in the form of numerous psychopathological sequelae, or scars. Furthermore, in many ways these sequelae exemplify the consequences of sin in terms of its impact upon the soul's internal order and health, as well as its relationship to others, including (especially) God. If sin is the soul's rejection of its own or another's good, then there is a clear parallel between the impact of chronic abuse on the soul of a child and the more general consequences of interpersonal sin on human flourishing.¹²

It goes without saying that few things outrage our collective moral sense more than stories of young children being raped, sodomized, or otherwise exploited for sexual gratification. In contemplating the effects of trauma on human flourishing, secular psychologist Elizabeth Howell (2005) observes, "[W]hen evil overwhelms us, it may become part of us—until or unless we learn enough about it and our relationships to it" (p. 10). Irrespective of subjective or vicarious responses to child sexual abuse, however, we are becoming increasingly aware of the potential of *chronic* child sexual abuse, more than other forms of trauma, to generate a complex array of intrapsychic, characterological and interpersonal dysfunctions (Chu, 2011). Poisoned seeds planted at such an early age often bear truly bitter fruit in adulthood. Furthermore, these psychopathological sequelae can lethally inhibit the God-oriented dynamic of the human soul. Nevertheless, Christians can remain hopeful of healing, having been enlightened to the glorious reality of God's grace, which is to say, that dynamic of his being by which he resists our resistance to him (McFadyen, 2000, p. 211; Augustine, 1997).

The Psychospiritual Sequelae of DID: Desiccation, Distortion, and Dis-Integration

It is a supreme good for a child to be truly and well loved; whereas, children who suffer abuse at the hands of those whom God has ordained to care for them are deprived of one of their soul's most basic needs. Abusers, it goes without saying, inflict much more than physical harm on their victims; betrayal and neglect often occur coincidental to the somatic trauma (Briere & Scott, 2014). The result of the abuse and deprivation from caregivers not only impedes neurological development (Siegel, 2012), but it also impairs a child's ability to form healthy, secure attachments, making future growth and development problematic (Perlman & Doyle, 2012; Gingrich, 2013). As adults they will likely struggle to form relational bonds with others, leading to increasing isolation, loneliness, and depression. In other words, human beings thrive in the rich soil of loving interpersonal care and support; whereas deprivation leads to psychosocial desiccation (Howell, 2011). God seeks our good, to grant us his love and care and to provide for our deepest needs. Sin—in the person of one's abuser—however, betrays one's soul and interposes itself between the child and the divine source of the child's life (see Isa 59:2). For victims of chronic child sexual trauma, this dynamic achieves its literal apogee.

DID survivors may present for counseling with a partial or even complete lack of conscious, executive awareness of their abuse and the identity of their abusers, as well as an ignorance as to the nature of their soul's extant pathologies (Boon, 2011). As we might expect, their initial, often passionate resistance to the reality of all that has happened to them, accomplished through the

¹²I do not intend to conflate agency here. While all have sinned and fall short of the glory of God, I do not mean to suggest that children who suffer at the hands of their abusers are somehow *guilty* of the sin perpetrated against them. Though they tragically suffer the consequences of another's sin, the guilt of that sin rests squarely on the head of their abuser. In comparing the consequences of an individual's own sin to the consequences of an abuser's sin against a child I seek only to demonstrate their similar psychospiritual concomitants.

mind's God-given mechanisms for dissociation, will eventually prove countertherapeutic. A distorted understanding of one's story will handicap a survivor's ability to find healing. Thus, the memories, no matter how graphic (from the counselor's standpoint), as well as the present reality of her soul's division, will need to be faced, understood, and accepted, in order to be overcome.¹³ This process takes place as dissociated memories are recalled, over time, and at a pace that does not substantially threaten her ability to absorb such horror, incorporating it bit by bit into her personal narrative and self-understanding. But this hardly amounts to simply watching the playback of an old television episode. Taking up these memories will share much more in common with stepping into a pit of live vipers. As a child, she could have never consciously borne the weight of such evil; as an adult, the excruciating pain of *implication* will be even more severe: "This is what I am worth," "This is what love is," "This must be what God thinks of me." In permitting what she has suffered to be "real," she will in the same maneuver allow the venom of implication to poison her conscious perception of herself—her identity, her value—as well as her understanding of her Father's love. Faith in the benevolence and mercy of God will suffer great harm as the truth of her abuse assaults and undermines this confidence. In light of this diabolical dilemma, surely her hope does not rest, as MP suggests, merely in "gaining a sense of mastery" over her life, "achieving control over...feelings and impulses," and "learning from" her "experiences."

The power of sin is to distort, and in so doing, to enslave (Jn 8:43; cf. Ro 6:16). Perpetrators of abuse not only traumatize their young victims, driving segments of their souls, so to speak, into compartments of denial and dissociation, but they make it doubly likely that survivors will perpetually lack the ability to trust anyone else. The DID survivor simply *cannot* place sufficient confidence in any claim of love, let alone (and perhaps, especially) God's, due to the fatal wound his trust has suffered at the hands of his abuser. Nevertheless, without some ability to trust God's invitation to come into the light, he will remain locked away from the soul-liberating truth of the divine love and power to heal. With the help of God's superintending, supervening influence his counselor can bring him to the truth of David's confession: "Though my father and mother forsake me, the LORD will receive me" (Ps 27:10). Indeed, if he opens the door to the gentle entreaty, the Lord Jesus promises to bring the kind of loving, affirming relationality his abuser(s) denied him (Rev 3:20). In time, the weight and directionality of the Spirit's working in concert with the answering echo in his own heart, and provided the instrumental help he needs from a humble and patient counselor, he may learn to bring all that has been hidden in the dark places of his soul to him who is "the light of all mankind" (Jn 1:4). Though there are parts of his story that threaten to overwhelm and destroy him, he will discover that these do not amount to the whole truth. Jesus has promised him that the outworking of the truth set him free (Jn 8:32). Where sin distorts and darkens, the light of God's grace reveals more than could previously be seen. The lie his abuser(s) told him—*this* is who you are—is revealed for what it is.

Is Integration the Aim?

The most perplexing and remarkable feature of DID—the presence of chronic, structural dissociation and the resultant phenomenon of multiple, discrete identities—presents Christian counselors with a complex array of concerns. Beyond the question of the counselee's immediate safety and stability, perhaps no issue looms larger than that of treatment outcomes, and particularly, whether to encourage the counselee to work toward a fully integrated identity. Despite the degree of presenting dysfunction and disarray that contributed to the desire to seek help from a counselor,

¹³I have not specified appropriate and effective therapeutic modalities for doing memory work with DID, but a word of caution is warranted here nonetheless. The "system" of internal parts may perceive such work as an unwelcome intrusion. Counselors should insure that appropriate precautions and support systems are in place before attempting to negotiate this complex undertaking.

counselees with a multiple sense of themselves may express alarm and dismay at the thought of becoming “singular.” Furthermore, some parts, due to their fear, shame, and self-hatred, may have extremely limited experiences with others outside of their own internal community. Talk of integration will likely trigger fears that the only “friends” they’ve ever known will disappear or be silenced. Other, more developed parts with experience of the world and a clearer self-understanding may simply see these others as incompatible with his view of himself: “They are just *not me*.” Typically, this antipathy arises from a perception that these other parts are “too weak” or “too sad,” or that “*they* let it happen to them.” Lack of intrapsychic empathy and even downright disgust—yet another legacy of their abuser(s)—can present formidable barriers to integration.

Nevertheless, numerous secular psychologists have taken bold stands in favor of full integration as a treatment aim. Steele & van der Hart (2009) propose that the “overarching goal of treatment” for DID is “always that of supporting integration of the personality and eliminating the reasons and need for ongoing dissociation” (p. 152). Chu (2011) cites “increased communication, cooperation, and integration” as “the goals” of treating DID. Siegel (2012), moreover, argues that “narrative integration” or the ability to “make sense of our lives” is a fundamental aspect of overcoming developmental trauma and fostering healthy neurobiological function. Finally, Bromberg (2009) summarizes the “goal” in treating dissociative disorders as helping “to move...to a mental structure that allows the patient to cognitively and emotionally hold the self-narratives as part of a coherent, self-experience that allows for finding new solutions that are more flexible, and though not totally satisfying to any *one* part of the self, are more *me* to the *total* personality” (p. 648, emphasis in original).

In light of the relative strength of these perspectives from within MP, it is perhaps surprising to find in Gingrich (2013) that “full integration is actually *not* the goal” in working with DID (p. 167, emphasis in original). Despite her commitment to a Christian perspective for her counseling work, Gingrich holds the “foremost goal” to be “when communication and negotiation among parts of self become the norm and no time gaps are experienced...[so] that life can run smoothly.” Like any wise and compassionate counselor, she notes that treatment goals must be an aim shared by both counselor and counselee and that the counselor’s agenda will to a certain extent be determined or delimited by the counselee’s. Furthermore, the healing process is also an educative process wherein the counselee must be informed and instructed; and some counselees, as Gingrich notes, will surely elect to opt out. Still, Gingrich neglects to support her assertion that full integration is not the ultimate psychotherapeutic aim. This is surprising considering the strong position taken in favor of integration by so many within MP, but especially in light of Gingrich’s avowedly Christian perspective. While it is critical for counselors to set realistic and achievable treatment goals, and further to recognize our personal limitations, as well as the constraints inherent in working in a fallen world, we should nevertheless take care, as Christians, to avoid the limitations of any presuppositional blind spots (or even our own lack of faith). This is especially the case when it comes to our confidence in the power of God to heal and restore the broken. For this reason, I would argue that counselors should aim for the *greatest healing possible* for every individual counselee, taking into consideration the time and effort such work will entail for severely dissociated individuals. Further, it may be that the Scriptures offer some guidance on this point, if indirectly and by implication.

The Bible and Integration

David prayed for “an undivided heart” (Ps 86:11), which would seem a worthy therapeutic aim for every counselor who works with DID survivors. If the heart of the DID survivor is divided on the central questions of identity, meaning, purpose, value, and so on, it matters little if her parts are communicating and negotiating so that life can move ahead “smoothly.” When it comes to her relatedness to Christ, if she is not (yet) an undivided, *whole* (i.e. integrated, unified) person, this aim should be a key aspect of the integrative task. Whether the counselee is willing (or able) to

participate in this agenda, will, of course, mitigate any potential progress, but it is important for the counselor to remember that resistance to integration is rooted not in any permanent, ontological distinction between parts, but rather in the traumatic abuse that was perpetrated against a singular human being created in God's image.

Jesus' prayer in John 17 for all believers could be creatively applied to all the *parts* of a DID survivor:

I pray...that *all of them may be one*, Father, just as you are in me and I am in you. May they also be in us so that the world may believe that you have sent me. I have given them the glory that you gave me, that they may be one as we are one—I in them and you in me—so that they may be brought to *complete unity*. Then the world will know that you sent me and have loved them even as you have loved me. (Jn 17:20–3; emphasis added)

Clearly, Jesus' prayer applies to the community of believers within the church, not to the system of alters within a DID survivor. Yet, from the subjective perspective of the internal "community" of alters, this prayer is perfectly apropos. In other words, while the counselor may prefer to think of a DID survivor as a single counselee with many parts, the counselee firmly and unquestioningly perceives self as a collection of different *people*, not parts. And disunity is often the rule within such internal systems. Rather than settling for a psychotherapeutic program of working solely toward cooperation and negotiation between the various parts of a dissociated system, Christian counselors need not abjure a strong commitment to integration.¹⁴

When it comes to a Christian DID survivor, her God and Father sees her as a whole person, albeit one who is desperately wounded and broken. Furthermore, he desires to make her whole and one *in Christ* (Ro 6:11; 1Co 1:30; 2Co 5:17; Eph 1:13; 2:10; see Coe & Hall, 2010, ch. 13). For this reason full integration is not merely intrapsychic, but also psychospiritual, in that the Spirit will play an integral role in uniting all her parts to each other *and to the Savior*. Paul, in calling for unity within the body of Christ, uses exhortations that may be reasonably applied to conflict within the DID "system" of parts: "[Just] as each of us has one body with many members, and these members do not all have the same function, so in Christ we, though many, form one body, and each member belongs to all the others" (Ro 12:4–5; see also 1Co 12:12ff; Eph 4:3–6, 15–6).

The ultimate aim of counseling that is rooted in a thoroughly Christian worldview should be defined by more than a decrease in overt dissociative symptoms and an increase in a counselee's subjective sense of well-being. Christian DID survivors willing to seek God's healing for their souls will find him willing and able to provide for their full integration through their Spirit-mediated union with Christ. For this task to be fruitful, it will be necessary for her over time to (1) receive the Spirit's healing for the trauma-induced intrapsychic and interpersonal sequelae; (2) appropriate God's grace to overcome characterological barriers impinging on her ability to resist her own indwelling sin; and (3) pursue psychospiritual union with Christ as the means of the fullest integration possible, both within her identity system and with the triune God. The Holy Spirit whose gravitational pull she is experiencing will draw her soul nearer to himself, empowering and accomplishing his healing work in her. Though she may have first feared, hated, and run from her Father, as she allows him to draw her close, his perfect love will cast out her fear and so perfect (i.e. complete, integrate) her in love (1Jn 4:18). This same love is that which Paul refers to as "the perfect bond of *unity*" (Col 3:14, NASB).

Special Considerations

A few final concerns pertain to a counselee's relationship to Christ. For instance, some Christian DID counselees will have alternate identities, or "alters," who lack a Christian confession or

¹⁴For licensed counselors informed consent forms must be signed before proceeding into matters of spiritual/religious belief and practice. It is both wise and compassionate, to say nothing of ethically binding, to avoid *imposing* matters of faith on another person, regardless of the relationship.

choose to self-identify as non-Christian. Any number of child alters—whose life experience was frozen in the time, so to speak, trapped within memories of traumatic abuse—may lack even a basic awareness of God’s gift of the Savior. Other alters may demonstrate virulent antipathy toward God, Christ, or the church, to the extent that they curse the name of Jesus and claim undying loyalty to Satan (Miller, 2012; cf. Cardeña, Duijl, Weiner, & Terhune, 2009).¹⁵ Finally, some may be convinced, to the extent of demonstrating this loudly and convincingly to others, that they are either demons themselves or demon-possessed. When it comes to questions of demonic activity, as Miller (2012) points out, there is considerable disagreement, even among Christian counselors specializing in ritual abuse and cult deprogramming, as to whether and how demons may play a *direct* role in the etiology and symptomology of DID. Gingrich (2013), an evangelical clinical psychologist and seminary professor writing to Christian counselors on the subject, wisely advises caution in jumping to conclusions about past or present demonic activity.¹⁶ As Christians, we should have little doubt of the reality of personal spiritual evil at work in the world. That being said, I have found that, in some cases, the “demons” in question are, in fact, little girls or boys (i.e. alters) fighting to gain some semblance of mastery over the horrors they have suffered. They have accomplished this by over-identifying with that evil. Often, when direct demonic involvement was ruled out, the basic rule of thumb was: the angrier or more disturbed the alter, the more vital she or he will eventually become in helping the entire system move forward. In the meantime, such alters will likely test counselors’ patience and fortitude, reminding us that healing is God’s work, that we are his instruments, and that prayer is a vital component of effective therapeutic interventions.

Pastors and counselors should recall that salvation comes as a gift of God’s grace (Eph 2:8). This gift can only be appropriated by the believer’s willingness to trust for all things in Jesus Christ (Ro 10:9–10). Sanctification, although conferred as a status on account of believers’ union with Christ, is also a *process* (see Heb 10:14). If one or more dissociated parts profess their strong commitment to Christ, it is probably safe to presume that resistance from other parts will be resolved as traumatic memories are identified and metabolized. On the other hand, it may also be that those parts most optimistic about their relationship with Christ have been able to maintain their confidence precisely because the darker parts of the self have been strictly cordoned off. As they come into increasing contact with each other, they will all need the help of a wise counselor to negotiate and resolve their intrapersonal differences. The pace of retrieval must be mitigated by the very real concern that faith not be overwhelmed by the pain and sorrow. Counselees will likely struggle with doubts and fears that threaten their confidence in God’s goodness and mercy. The possibility of falling away from the faith should be held in balance with an awareness of God’s commitment to find and heal all that is lost and broken in their soul (Isa 42:16). The foundational truth of God’s sovereignty in our salvation, sanctification, and soul-healing should comfort counselor and counselee alike as “darker” parts begin coming into the light. These parts have suffered greatly at the hands of abusers whose “love” the survivor may have consciously or unconsciously attached to a God-image. The loving, committed care the counselor provides—along with others within the body of Christ—will work over time to undermine and overcome the certainty she has that she “alone” must bear the weight of her trauma and abuse.

¹⁵As a further illustration of the profound evil of child sexual abuse, it is not unheard of for perpetrators to inflict harm while invoking the name of God.

¹⁶I once witnessed a tragic exchange between a Christian clinical psychologist and his DID counselee of 25 years during which the therapist insisted that he was, in fact, addressing a 700 year-old demon attempting to pass itself off as an alter despite her protestations and appeals to the contrary. His actions that day, to say nothing of her lack of any appreciable healing after a quarter-century of his “treatment,” graphically illustrate the peril of assuming too much with regard to demonic influence.

The One Who Makes All Things New

Not even Calvin, whose view of human nature post-*lapsus* was particularly dim, regarded human beings as all bad. God's image and likeness remain, though in light of the devastating consequences of original sin these now consist in the residue or remnant of his original investiture of divine perfections and prerogatives (see Frame, 2013; Hoekema, 1994). The vestigial image of God in fallen humans may serve to explain the fortitude many individuals demonstrate in the face of great suffering or trauma (cf. Titus, 2006), as well as the potential for restoration irrespective of one's willingness to seek God as the Source of healing (Mat 5:45). Similar to the body's ability to heal from certain injuries, the inner self demonstrates a remarkable tendency toward wholeness. Once barriers to well-being are removed, effective healing work often moves forward.¹⁷

As conceived in this article, however, the phenomena associated with the soul's well-being are not *merely* the result of "built-in" mechanisms, independent of the gracious intervention of the divine hand. As counselors, we are mistaken if we think God designed humans to function on their own, as it were. Rather, we conclude from the biblical witness that God himself superintends and effects the healing process. He is, as the Scriptures declare, "the LORD who heals" (Ex 15:26). He is the One who "make[s] all things new" (Rev 21:5, ASV). In cases of DID, to say nothing of other psychological disorders, he accomplishes this work by encouraging and strengthening the counselee while simultaneously prompting and directing his instrument—the counselor. To be sure, he works "under the radar" most of the time. Nevertheless, breakthroughs in his remediating work will be observed as key portions of the self come into the light, receive healing and help, and begin to contribute themselves proactively to the agenda of living as a unified self in communion with him. While it may seem to us as though healing, whether physical or psychological, occurs as a result of strictly natural processes—a so-called "resiliency of the human spirit"—this perspective suffers from a faulty set of presuppositions. There is more to our life and healing than what our senses may discern. It may appear to my perceptive and cognitive faculties that a DID survivor is getting better solely as the result of a strictly dialogical intervention (see Johnson, 2007, p. 15). Eyes of faith, on the other hand, can see beyond the veil of what is visible to witness the triune God's invisible hand working toward the remediation of all that is broken and out of place in us and in his creation.

Moreover, the needs of DID survivors of chronic childhood sexual trauma—for life, truth, and wholeness—are the very implements of grace that serve as the triune God's stock and trade. He works redemptively in the lives of individuals in order to restore the image—*his* image—that has been marred and distorted by interpersonal sin and abuse. Broken vessels made whole function better as receptacles and reflectors of his glory. As has already been noted, the soul cannot respond to God apart from his gracious intervention on its behalf. Inasmuch as they have suffered neglect, betrayal, and trauma, survivors of child sexual abuse face even greater challenges in learning to trust his loving overtures. Healing interventions must take these challenges seriously or risk failure—or worse, retraumatization. Counselors humbled by the confusing and often overwhelming phenomena of DID will need to seek the Lord's wisdom in all things. In Christ, and through the wisdom he imparts, they will find the resources their counsees need in order to help them remove barriers to the full healing that only a relationship with the triune God can provide.

Finally, despite the challenges—both professional and personal—that confront counselors working with DID survivors, those who are listening may also find the Spirit whispering words of life and victory (Rev 2:7). Indeed, Jesus offers to survivors and counselors alike, not platitudes filled only with false hope, but promises of eternal life: "Be faithful," he exhorts us, "and I will give

¹⁷Along these lines, Siegel (2012) has noted the "natural drive for complex systems to move toward integration, toward wholeness, toward health... So our lives, as complex systems, have a natural inclination toward well-being" (p. 38–3). Indeed, both secular psychotherapy (unknowingly) and Christian counseling benefit from this "norm" within God's fallen—yet still good—created order.

you life as your victor's crown" (2:10). Furthermore, God intends that the work of his Son—binding up the brokenhearted, proclaiming freedom for the captives, and releasing prisoners from darkness—should declare his glory and display his splendor (Isa 61:1, 3). In other words, we may not only hear but also see his goodness and grace disclosed in his work of soul-healing, provided we are looking for it (cf. Ezek 12:2). As we hear and see him more clearly in light of his goodness and grace, we also learn more fully what it means to be made in his image and likeness (Gen 1:26). A broken vessel is still a vessel, no matter how marred its form. The triune hand and heart become visible as broken vessels are restored by—and for—the outpouring of his soul-healing glory.

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