RESEARCH THESIS

Treatment For Dissociation:
An effective biblical counseling-based treatment approach for dissociation in residential treatment group home adolescent girls

by

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File name: TreatmentForDissociation(thesis).___ (.doc, .pdf)
Primary Bible translation used: NIV, quoted or referred to in various places within this document
Source: www.BelieverAssist.com

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LIST OF ABBREVIATIONS

et al. = used within the footnotes citations as an abbreviation meaning 'and other authors'

etc. = (etcetera) and other unspecified things of the same class; and so forth.

GRK = English definition of a Greek word taken from the original Greek version of the New Testament of the Bible

HBR = English definition of a Hebrew word taken from the original Hebrew version of the Old Testament of the Bible

ibid. = used within the footnotes to refer to the citation just before, or to the previous citation for that author or source

KJV = the *King James Version* translation of the Bible

NIV = the *New International Version* translation of the Bible

passim = used throughout, or here and there

Strong's #_____ = Strong's reference number for the Greek words in the New Testament and the Hebrew words in the Old Testament of the Bible

ABSTRACT

TREATMENT FOR DISSOCIATION:
AN EFFECTIVE BIBLICAL COUNSELING-BASED TREATMENT APPROACH
FOR DISSOCIATION IN RESIDENTIAL TREATMENT
GROUP HOME ADOLESCENT GIRLS

Residential treatment group home programs are specifically designed to extensively treat the serious psychological disorders and accompanying behavioral problems of its adolescents. Even though these programs and their secular therapeutic efforts have good intentions, research indicates that their resident adolescents do not achieve long-term improvement in their serious mental and behavioral disorders. Being abundantly compensated by their respective state, these programs endeavor at and perhaps excel at doing everything humanly possible to help their troubled youth. Their apparent deficiency though, is that they take a humanistic perspective and treatment approach on psychological and behavioral problems that have a spiritual component, which require a spiritual solution.

Prevalent in girls residential treatment group home programs, the condition of dissociation is focused on for this research paper to determine what components have a spiritual nature. Research of the Scriptures reveals that dissociation is primarily an intense complex spiritual problem controlled and empowered by strongholds of sin. Furthermore, humanistic efforts lack sufficient power to break and remove these strongholds of sin that comprise dissociation and powerfully maintain its personality-fragmenting system. Therefore, an approach that draws on God's unlimited supreme power is researched and formulated in this research paper to theoretically accomplish complete healing and curing of dissociation. Striving to Biblically align and collaborate with God, this proposed approach pursues necessarily addressing for each alternate identity both the sins perpetrated on the victim during the original childhood abuse events and the correlating sins engaged in by the victim during the time thereafter. But this approach does require the dissociative patient to agreeably cooperate in personally drawing close to God for deliverance. To implement this approach in a residential treatment group home program, there also needs to be adequate supportive regard and some accommodating by the home's staff and administrators.

Because secular and other religious treatment approaches fail to excel at comprehensively drawing on God's power, the results that this Biblical counseling-based treatment approach achieves should far exceed their results in residential treatment group home programs for adolescent girls. Because secular therapists and residential treatment group home administrators truly desire to accomplish well-being and wholeness in their dissociative patients, they should be willing to objectively consider and test this approach rather than subjectively dismiss it outright.

CHAPTER 1: RESEARCH CONCERN
Introduction to the Research Problem

Historically in the mental health field, there has been a deficiency in research and knowledge about dissociative disorders in children and adolescents.[1] Although improving in recent years, knowledge and development of effective treatments are still in the beginning stage.[2] One place adolescents with dissociative disorders end up is in residential treatment facilities, which are specifically designed to provide expensive and comprehensive treatment for children and adolescents who predominantly have "serious mental health issues", of which dissociative disorders are common.[3] A major problem though is that while therapy-based programs utilized in treatment group home facilities do provide positive benefits for the adolescents while they are resident in the treatment home, "there is little, if any, evidence to suggest that treatment outcomes are sustained over time".[4] Furthermore, there is credible research that supports the reality that due primarily to the proximity with other deviant youth, the behaviors of adolescents in residential facilities actually get worse long-term rather than better.[5] In other words, these therapy-based programs do not facilitate lasting improvement in the adolescents' behaviors or their corresponding underlying serious mental disorders.[6] And by implication therefore, the well-trained (secular) mental health professionals treating these youth do not have the ability and perhaps the right approach to affect lasting improvement, healing, or curing in these adolescents.

From the research I have been doing for this doctoral thesis, I have discovered and formulated a unique new theoretical counseling approach that potentially offers the ability to achieve very much different results in treating group home adolescents with dissociation than do industry-normal secular therapy-based programs. For this doctoral thesis paper, I would like to contribute to the mental health field an alternative approach utilizing an innovative specially-customized and adapted form of Biblical counseling that should facilitate lasting improvement in adolescents with dissociative disorders living in residential treatment facilities. The general overall intention here is to discover, inform, and promotionally highlight a potentially more-effective and beneficial way of treating dissociation in children and adolescents, especially in consideration that secular therapy-based programs in residential treatment facilities are the accepted, dominate, and unquestioned programs used by states in this country.[7] A main assertion for this paper is that my research data will suggest that the substantial differences in the theories, goals, and techniques of my theoretical Biblical counseling approach in treating dissociation should achieve vastly better results than do those of the industry-normal secular therapy-based program.[8]

Applied Research Thesis

This thesis paper will do an analysis of a typical secular therapy-based residential treatment group home program and of the unique Biblical counseling-based treatment approach I am proposing, and will assert that the proposed specially-customized Biblical counseling-based treatment approach clearly should achieve superior results over a typical secular therapy-based treatment approach in regard to treating residential treatment group home adolescent girls for Dissociative Identity Disorder.

Delimitations of the Study

This study will use a presumably typical residential treatment group home as a framework model from which to make analyses and comparisons between a secular therapy-based program and my proposed

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[1] Putnam, 175.
[2] Ibid.
[3] Houston, 2; Kamala Allen, 4; Bicknell-Hentges, 5.
[4] Development, 2.
[5] Ryan, 9.
[6] Barth, 6.
[7] Development, 2.
[8] Ibid.

Biblical counseling approach. In order to add further limit of focus to this study and to concentrate on those more difficult to treat, the typical residential treatment group home will be for adolescent girls.[9] The typical home is run by a private organization but governed by the State it is located in, and financially supported primarily by Medicaid and/or the State.[10] There is a female therapist for the girls but because the therapist typically has no medical training, possible medical influences and the prescribing of psychotropic medications will not be explored in this study beyond the expected effects that would commonly be observed. A psychiatrist visits once per month for an appointment with each girl to prescribe and monitor psychotropic medications.

By choice for this study, the focus will be on the predominant and extremely difficult-to-treat disorder of dissociation. Other psychological conditions that the girls may have will not be explored extensively in the focus of this study, except with regard to how they substantially interact with dissociation. Likewise to limit this study, social, familial, and biological factors affecting the girls will not be addressed in this study. Due to the typical isolation of the campus, the girls will not have access to alcohol or illegal drugs, with the exception of when they go on an unsupervised home visit.

The intended primary audience of the language and writing of this research paper is to a scholarly born-again Christian who minimally has some basic knowledge about secular therapy, Biblical counseling, and Dissociative Identity Disorder.

The primary source for Biblical information will be the *Holy Bible*, using the New International Version (NIV) in English. On occasion for depth of meaning, the *Strong's Greek Dictionary* definitions of the original Greek in the New Testament will be referred to or presented.

Terminology

Believer or *saved*. A person who has genuinely placed his/her faith in Jesus Christ to save him/her from eternal punishment for his/her sins.

Biblical. Of, pertaining to, contained in, aligning appropriately with, or derived from the Holy Bible; being in keeping with the nature of or sound interpretation of the Bible.

Dissociation. A shortened term used in this paper for the psychological condition 'Dissociation Identity Disorder'.

Kingdom of Darkness. Of, pertaining to, originating from, empowered by, contained in, aligning with, inhabited by, controlled by, influenced by, or derived from the spiritual army lead by Satan that is at war with God.

Organization. A typical corporate entity that owns and operates the residential treatment group home and its program.

Patient. The person receiving therapy or is being counseled.

Secular. Thinking or acting that relies on human abilities and does not rely on anything from God.

Sin. An act or thinking of a person that is contrary to any of God's laws or standards by which He holds humans accountable.

Stronghold. A spiritual condition or phenomenon in a person's life in which sin has significant influence on the person, in some degree compelling the person to indulge in the sin; bondage to sin; enslaved to sin.

Transform or transformation. To change the nature, function, or condition of a person's inner being to think, act, and be more like Jesus Christ.

Unbeliever or *unsaved*. A person who has not genuinely placed his/her faith in Jesus Christ to save him/her from eternal punishment for his/her sins, even though the person may have and hold to knowledge about Jesus.

Procedural Overview

The research design for this paper will generally follow these steps:

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[9] Sedlak, *Survey*, 6.

[10] Kamala Allen, 4; *National*, 59.

1. Identify, investigate, research, analyze, and then define the initiating problem to be studied, which is constructing a counseling approach that would extend results beyond the only limited short-term results of secular therapy in treating dissociation in adolescent residential treatment group home girls.

2. Identify, investigate, research, analyze, and then develop a theory that would solve the problem, which is getting the patient to work in conjunction with God, who needs to be comprehensively involved in subduing, defeating, and removing the strongholds of sin that characterized, comprise, and structure dissociation.

3. Research, identify, analyze, theorize, and then develop a strategy for carrying out and accomplishing the solution theory, which includes such activities as consulting experts' literature, searching the Scriptures, accumulating data and sorting it for relevance, formulating and incorporating treatment strategies, evaluating projected results, anticipating potential pitfalls, and refining treatment approach dynamics.

4. Determine, develop, and incorporate a way to report and evaluate the various aspects of the research in this thesis paper, and then present in writing the relevant information in a scholarly way.

Research Assumptions

Personal Biases of the Researcher

In the past I had been exposed to and became familiar with how residential group homes work. Also, I have some past exposure to, knowledge about, and experience with various kinds of counseling, some of which involved interacting with troubled youth. As a result, I have developed an opinion about various kinds of counseling and thereby have a biased preference for Biblical counseling. These past experiences will most likely influence this study and its conclusions, but I am unable to ascertain if that influence will be inappropriate, or helpful, or both.

Theological Biases that Influence the Research

God is in the business of healing abuse victims and in transforming depraved people. He wants to act in healing and transforming, and He has made it known in His Word, the Holy Bible, how to do this effectively. Because God is God, in order for Him to be intrinsically and powerfully active in these processes, He requires that the approach be conducted in accordance with His way. The nature of the inherent problems afflicting abused and troubled youths is substantially different from what behaviorally-appropriate youths possess and thereby requires a different approach of addressing (that is spiritual and divinely power-filled).

Biases that Influence the Selection of Data to Study and Use

In regard to the treatment of data from Christian sources, credibility and priority will be given to literary sources that: are from born-again authors that have related graduate training; are written about topics that pertain to this study; hold sound Biblical doctrine; and have ideas, recommendations, or techniques suitable for the purposes of this study. These preferred sources do not necessarily need to have professional counseling perspectives because the assumption is that good spiritual ideas and insights can come from or be generated by a variety of qualified spiritual sources.

Information from secular sources will be prioritized and selected based on the relevance to the study topic, and on each author's type of graduate training and practice experience. Because my formal academic training has not specialized in secular therapy, I do not have intrinsic expert knowledge to additionally insure that all cited information portraying secular therapy is comprehensive, completely accurate, sufficiently detailed, suitably applicable, and unbiasedly presented. Therefore, it should be assumed that secular therapy may not be given completely fair defense, equal consideration, and open opportunity to influence this study.

Assumption About the Residential Treatment Program

Diligent efforts will be made to ensure that specifics and characteristics about the residential treatment program, its organization, secular therapy, and adolescent girls in the program are indeed typical or median. Despite those best efforts however, there is a possibility that some details may not actually be

typical because additional corroborating research data is sparse or non-existent for this very specialized field.

Assumptions About the Reader

An assumption for this paper is that the reader may have a distinct preference for a secular therapy approach or for a Biblical counseling approach or for some blending of the two. Likewise, another assumption is that the reader may have a distinct opinion about the presence and activities of the Kingdom of Darkness in modern times. There is an expectation that the reader will use objectivity and fairness when considering any contentious assertions in this paper. The reader should respect my right to hold and defend my beliefs and positions. My goal is to forthrightly and accurately address the topic issues, regardless of whether it makes the reader's contemplation of the issues comfortable or not.

Literature Review

Generalized Analysis of Available Literature

Literature that is available on residential treatment group homes is unbalanced. Governmental agencies periodically do surveys of them in an attempt to find out what they are doing.[11] So the surveys amount to voluntary self-reporting on the part of the residential treatment organizations, which automatically infuses a bias into the survey data.[12] Furthermore, for a variety of reasons these organizations do not track and document the adolescents after they leave their organization.[13] Thus, the bulk of available literature amounts to generic statistics with very little credible outcome and effectiveness data. Not being motivated nor required by law to prove effectiveness, these organizations operate receiving substantial government payments for their services without ever having to give an account of their long-term effectiveness. From my research, there is no evidence of monetary motivation built into the system to excel in effectiveness beyond what the licensing governmental authorities require for them to offer in basic services. Research to determine long-term effectiveness therefore must be done by an independent organization and would be very costly and challenging.[14] Thus, with very little independent research being done, efforts to improve effectiveness of residential treatment group homes are hindered by the absence of substantial supportive data and thereby must rely heavily on deductive reasoning and experience-guided speculation.[15]

Secular Therapy-Based Holistic Programs

From the review of the available literature relating to the topic of facilitating long-term effectiveness in treating residential treatment group home girls with dissociation, an indication from research is that the approaches to addressing this topic can be classified into three general thematic categories.[16] The first and main category is secular therapy-based holistic programs conducted by a multidisciplinary team headed by mental health professionals, and includes various other highly skilled support staff and professionals.[17] Their secular strategic thinking is that a holistic program approach with therapy at its core is needed to maximize effectiveness.[18] The many various aspects of this holistic kind of program have a therapeutic intentionality to them that are customized to each patient's individual needs.[19] Because the patients have serious mental or emotional illnesses, this program has at its core intensive and

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[11] Hockenberry, 1.
[12] Ibid.
[13] Barth, 17.
[14] Ibid.
[15] Ibid.
[16] Ibid., i.
[17] Mauch, 12, 17.
[18] Rudlin.
[19] Barth, 5; Princeton.

comprehensive psychiatric and therapeutic treatment services.[20] The program is also characterized by a high degree of supervision, structure, and learning in a group living environment.[21]

The approach of this secular therapy-based holistic program is admirable and noble, and its corresponding guiding perspectives, philosophies, and therapeutic techniques seem to be logical and reasonable. The problem, though, is that research evidence of long-term ineffectiveness supports the contention that there exists some kind of inadequacy or deficiency intrinsic in this secular therapeutic approach - probably due to the intense nature of the residential adolescents' serious psychological problems.[22] The treatment for dissociation, like the other serious disorders that are prevalent, attempts to assist the adolescents in improving their abilities to adequately manage their psychological disorders because the treatment is unable to heal and cure their disorders.

Secular/Religious Therapy-based Holistic Programs

A second thematic category that can be extrapolated from available literature is an apparent offshoot of the secular therapy-based program in that it mixes in religious perspective and content. Common to the spectrum of variation in this category is the philosophy that 'getting closer to God and His creation can help you get better, become a better person'.[23] Helping the adolescents acquire spiritual nourishment and renewal will assist them in better managing their psychological disorders.[24]

In order to avoid forcing religion on the resident adolescents, this kind of program features both ready access to religious activities and a remote location environment that cultivates contact with Nature.[25] Of course, all of the industry-normal secular therapeutic services are thoroughly utilized in this kind of program. The organizations running this kind of secular/religious program are religious, but they must abide by the regulations of the credentialing and funding governmental agencies, which place legal limits and obstacles as to how religion can be presented in their residential treatment group homes.[26] So it can reasonably be assumed that some of these religious organizations would like to do more religiously, but they are hindered or not allowed to by the governmental rules that regulate them.

The addition of religious content to secular therapy-based programs does offer potential for gaining some short-term effectiveness, particularly in regard to isolating the resident adolescents from access to alcohol, drugs, gangs, and their deviant friends. Also, making spiritual guidance accessible may be beneficial to some residents who choose to use it. Nevertheless, data for this kind of secular/religious therapy-based approach is included in the overall systemic data for residential treatment group homes and likewise points to ineffectiveness long-term due to the intensity of the psychological disorders of the resident adolescents - especially that of dissociation.[27]

Christian Counseling Approaches

The third thematic category is the Christian counseling approach, which is fairly common in non-residential treatment group homes. However, government-funded research data typically does not include information on Christian counseling within residential treatment group homes, and therefore Christian counseling probably is at best sparsely present in residential treatment group homes and corresponding survey data. Yet, Christian counselors do engage adolescents and patients outside of residential treatment group homes who exhibit dissociation and other serious psychological disorders commonly found in residential treatment group homes. For this reason, Christian counseling is included here as the third thematic category derived from available literature relating to the study topic.

For this study, the Christian counseling approach is distinguished here from secular/religious therapy (as described above) in that it is genuinely Protestant Christian, promotes the patient getting saved

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[20] Houston, 1.
[21] Mauch, 12.
[22] Development, 2.
[23] *Treatment*.
[24] Ibid.
[25] Ibid.
[26] Kamala Allen, 3.
[27] Development, 2.

through faith in Jesus Christ for the forgiveness of sins, and strives for the patient to become more Christ-like in words, thinking, actions, devotion, and etc. as instructed in the Bible. Due to the wide range of interpretations and variations about how to become more Christ-like, some approaches of Christian counseling are ineffective, bizarre, and even harmful - which have contributed to the conveyance of a bad public reputation for Christian counseling as a whole.[28] Yet, there are personal accounts available that testify to some effectiveness of some Christian counseling approaches in treating dissociation. Government mental health agencies and secular mental health professionals do not investigate these claims adequately.

Ultimately, the challenge for Christian counseling is to collaborate with God to facilitate Him bringing healing to the dissociative patient. Because treating dissociation typically takes a long time for which the Christian counselor usually gets paid nothing, it is natural to want to find some way for God, with His unlimited power, to both speed up the process and make the healing instantly comprehensive.[29] So the best Christian counseling approach theoretically will discover, refine, and implement an approach that maximizes collaboration with God because (my theory is) He is the (only) one with sufficient power to heal the dissociative patient in His timing. Sadly, Christian counseling as a whole does not take this approach.

Conclusion

This review of the literature has produced the three general thematic categories of the Secular Therapy-Based Holistic Programs, the Secular/Religious Therapy-based Holistic Programs, and the Christian Counseling Approaches. Within their own composition, each of these categories has some merit, truth, reality, wisdom, and contribution to offer in addressing the topic problem of facilitating long-term effectiveness in the treatment of residential treatment group home adolescent girls for dissociation. There are some detectable and measurable elements within each of these categories that do help the adolescents with dissociation in the short-term. Yet, because none of these excel in achieving exceptional comprehensive long-term results, the quest to develop a new effective long-term-results-producing approach should continue to be pursued and researched.[30] The task for this doctoral thesis will be to develop and offer a theoretical highly-effective approach that produces long-term positive transformative change in residential treatment group home adolescent girls with dissociation.

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[28] Faith Allen.

[29] *Diagnosis*, 4.

[30] Barth, 25.

CHAPTER 2: TYPICAL TREATMENT CHARACTERISTICS
OF RESIDENTIAL TREATMENT PROGRAMS

<u>Role Within the Child Social Services System</u>

In order to analyze the typical treatment approach of residential treatment programs it is important to first understand what their functions are to be, as determined by the respective states. Social services systems run by states seek to meet the various needs of those youth in their population that are deemed serious enough to warrant action by the states.[31] A priority for states is to provide an environment that is safe, the least restrictive, and the most family-like.[32] While attempting to meet those needs, states have to simultaneously stay within budgetary constraints.[33] Therefore, the programs that cost the least yet provide essential services are preferred over the more expensive services.[34]

Obviously then, the state intervening in a family where a child is being abused, rehabilitating the family, and then monitoring the well-being of the child is going to be both the least expensive preference and probably the most beneficial for the child to be with his own parents.[35] Less preferred by the state is to remove the child from the family, in which case placement is sought first in a relative's home.[36] The state pays very little if anything to the relative for raising the child and the child is under the care of a relative who knows him and is concerned for him.[37] If a relative placement is not available or suitable, then the next less-preferred alternative is to place the child in foster care, in which the state pays for the child's living expenses but pays the foster parents nothing for their time and efforts.[38] If the child exhibits behaviors unsuitable for foster care, then the next alternative is a group home placement.[39] If the child has serious harmful or destructive behavior or functional problems and is unmanageable in a group home, the next alternative is placement in residential treatment group home, which is substantially more expensive for the state at about "six to ten times as high as foster care".[40] The last placement alternative is commitment to a psychiatric hospital.[41] Juvenile detention technically is not a placement selected by the state's social system but instead is a penal consequence mandated by the state due to a serious behavior infraction of the law.[42] Successively progressing through these alternative placements, each one provides more services that intend to rehabilitate for suitability so that the child can be moved back to a less expensive placement, with the ultimate goal of successful re-integration back into the family and the community.[43]

Residential treatment group homes are thus the placement of next-to-last resort for states.[44] They are nearly the most expensive placement because they provide extensive holistic services to rehabilitate the child to the point of minimally being suitable for placement back into a considerably less-expensive foster home environment or better.[45] Therefore by design and necessity in several regards, only the children and adolescents with serious psychological and behavioral problems tend to end up there.[46] Furthermore, the bureaucratic nature of state child social services systems yields the mandate and monitoring that the residential treatment organizations produce the program features that are being contracted for but does not prioritize the measuring of how effective the program is in effecting change in the adolescents resident in

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[31] Development, 1.
[32] Houston, 1.
[33] Henggeler, 9.
[34] Ibid.
[35] Houston, 1.
[36] Ryan, 2.
[37] Mauch, 14.
[38] Ryan, 2.
[39] Mauch, 11.
[40] Ibid., 10; Houston, 1; Barth, ii.
[41] Mauch, 19.
[42] Henggeler, 1.
[43] Mauch, 12.
[44] Development, 2.
[45] Mauch, 1.
[46] Ibid.

the program.[47] In other words, the organizations are to do a good job of housing the adolescents and providing the required social services - regardless of how effective the social services achieve the desired therapeutic results.[48] The unspoken guiding principle then appears to be that states offer the best therapeutic treatment programs they can and hope for good results in the lives of the programs' residents. Consequently, residential treatment organizations ensure they are offering the services that their state wants, but they do not need to make an effort to give an account of results effectiveness.[49]

Goals and Strategies

There are many complex serious psychological conditions, behavioral problems, and developmental disorders that can warrant a child or adolescent being placed in a residential treatment group home program.[50] Again due to budgetary constraints, residential treatment group homes are required to admit, house, and treat adolescents who may have any of these conditions or problems.[51] But rather than have more-expensive specialized institutions that can deal with specific conditions, states instead recruit residential treatment organizations that offer generalized programs which can treat any conditions placed there.[52] A problem for this strategy is that some conditions may not respond well to the generalized programs being implemented.[53] As will be discussed later in this paper, a contention of this study is that dissociation is a condition that does not respond sufficiently to the generalized nature of typical residential treatment programs.[54]

Even though residential treatment programs are required to take children within the age range of young children to legal adulthood, the reality is that most are in the pre-teen through teenager range because younger children are easier to place in foster care, and adolescents are not.[55] One main reason is that adolescents present more of a capable physical threat to themselves or others than do children.[56] Thus the target of residential treatment programs tends to be towards a predominantly adolescent population.[57] As will be discussed later in this paper, this age range should prove to be an advantage in successfully treating dissociation because of the need to utilize reasoning and conceptual thinking, which younger children do not sufficiently have the developed ability to do yet.[58]

Logistically, residential treatment programs are tasked to warehouse unmanageable adolescents.[59] Yet to make the best of this, the programs try to simulate a family group-living environment even though they are structured as an institution and are trying to house as many adolescents as the governing state will allow in order to maximize profits.[60] The result typically then is institutional-looking homes spread out on a remote location or campus.[61] This does prove cost-effective for larger programs though because full-time employed treatment professionals stationed on campus can have easy access to all of the larger population of adolescents rather than to just a few.[62] As will become evident later in this paper, successful treatment of dissociation requires numerous and perhaps daily counseling sessions that can extend over many years, so having the treatment professionals on-campus would be advantageous.[63]

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[47] Ibid.
[48] Ibid.
[49] Development, 2.
[50] Mauch, 9.
[51] Houston, 9.
[52] Ibid., 7.
[53] Ibid., 9.
[54] Ibid., 7.
[55] Development, 1.
[56] Houston, 1-2.
[57] Development, 1.
[58] Rice, 370.
[59] Mauch, 8-9.
[60] Ibid., 12.
[61] Ryan, 1.
[62] Hockenberry, 12.
[63] International, 145.

Charged and paid for by the state to perform secular psychological treatment along with providing for the child's "developmental, emotional, physical and educational needs", these programs design and build in treatment practices to every aspect of their highly supervised and structured program in every way feasible.[64] Correspondingly, the management structure of the organization is crafted in a way to effectively implement treatment procedures.[65] Administration of resources, facilities, paperwork, funding, and etc. is rightly guided primarily by the needs of the treatment aspects of the program.[66] "Wrap-around" or additional peripheral supportive services are also considered important to the program.[67] Likewise, specialized or personalized treatment techniques or opportunities are given significant consideration, support, and implementation - especially in the therapeutic and the on-campus educational realms.[68] A main popular theory (discussed in-depth later) that undergirds this treatment approach strategy is that treatment will be successful if reasoning is used to change behavior - in other words cognitive restructuring.[69] So, the residential treatment programs try to excel at pervasively integrating cognitive restructuring therapeutic treatment techniques into every aspect of their program.[70]

Staff Therapeutic Interactions

There exists opportunity within larger residential treatment programs to flexibly group together adolescents in individual homes on campus to facilitate compatibility of personalities and a fit for that home's group.[71] This is useful in establishing some peace in the home, especially because the organization usually does not get much of a choice from the state as to what adolescents are placed in their organization.[72] And of course, the adolescents being placed are seriously behavior-disordered, which means their lives are dominated by turmoil.[73] Thus the intent is to try to calm them down so they can be reasoned with.[74] Indeed, peace is a dynamic well-worth the effort to accomplish in each group home in order to create a nurturing environment, as stated in Proverbs 17:1 NIV "Better a dry crust with peace and quiet than a house full of feasting, with strife".

In residential treatment programs, the staff is thoroughly trained to de-escalate the anger and behavior episodes of the adolescents.[75] They are taught and required to daily teach to the adolescents' behaviors immediately, both positive and negative.[76] Being in direct contact with the adolescents throughout every day, the staff members are able to identify and address faulty thinking and corresponding negative behaviors, as well as to praise healthy thinking and positive behaviors.[77] An elaborate point system is implemented daily to enforce accountability for behaviors and to entice positive behaviors.[78] Fun activities are used as motivation for good behaviors.[79] A main theory behind this aspect of treatment is to expose the adolescents to the benefits of being good and to the reality that there inevitably are consequences for bad behaviors, with the hope that they will choose the good.[80] However, some (and perhaps many) of the residential treatment adolescents can get into an overpowering destructive or self-

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[64] Kamala Allen, 3; Houston, 2, 1; Mauch, 12.
[65] Houston, 2.
[66] Ibid.
[67] Ibid., 1.
[68] Ibid.; Mauch, 15-16.
[69] *National*, 45.
[70] Houston, 1.
[71] Ibid., 8.
[72] Ibid.
[73] Mauch, 8-9.
[74] *Compass*.
[75] Houston, 3.
[76] Ibid.
[77] Rudlin.
[78] Ibid.
[79] Mauch, 16.
[80] Rudlin.

destructive mood, which nullifies their rational regard for any potential consequences and thus renders the consequence system ineffective as a deterrent when they are in that kind of mood.[81]

Based primarily on the reports and recommendations of the staff, psychotropic medications are widely used and dispensed by the staff to stabilize the adolescents' mood, calm them down, make them manageable, and give them the ability to think rightly.[82] In conjunction, sleeping medications are also frequently prescribed to additionally assist them in getting a good night's sleep, thus attempting to counteract the effects of their inner turmoil and agitation.[83] In a real sense, the extensive and prolonged use of psychotropic medications indicates that reasoning with the troubled adolescents is insufficient to change or remedy their inner turmoil.[84] On a technical note specifically regarding dissociation, there is insufficient research evidence to support that psychotropic medications have a substantial positive effect on the treatment of dissociation, yet therapists widely use them nevertheless.[85].

Similar to medications, physical restraint is executed to both protect from harm and to allow the adolescents time to calm down because reasoning, consequences, and medications have not supplied sufficient results to deter their aggression from acting on their turmoil.[86] The staff is trained in very specific ways to physically restrain and simultaneously verbally interact to try to reduce aggression and de-escalate emotions.[87] When appropriate, incarceration is pursued to reinforce the consequence system.[88] Commitment to a psychiatric hospital is resorted to "for the purpose of safety, crisis management, and stabilization" when an adolescent poses a continued physical threat.[89] While necessary and warranted, the fact that physical restraint in these various forms is used repeatedly over time on adolescents likewise brings into question the effectiveness of the behavior modification system or its ability to connect with and impact the adolescents in a residential treatment group home.[90]

Therapist Interactions

Natural to the residential treatment group home environment, daily staff teaching interactions constitute the bulk frontlines engagement with the adolescents and their thinking-driven behaviors.[91] Another element in the treatment strategy that is more behind-the-scenes yet occupies the core of the treatment strategy is interactions with the therapist.[92] The adolescents are required to attend weekly individual and group therapy sessions.[93] When applicable, family therapy sessions are also conducted and regarded as being crucial in the therapeutic process.[94] On an as-needed basis, crisis intervention is conducted by staff for an adolescent in crisis, and usually the same day or the next day crisis intervention therapy is conducted by the therapist.[95] The therapist utilizes reports from the staff to help guide the approach and direction of the therapy sessions for each individual adolescent, thus customizing therapy as much as practical.[96] In high-quality well-funded programs, the therapist is a key player on a multidisciplinary team of mental health professionals who work in concert to provide holistic therapeutic services.[97] Yet the large number of adolescents assigned to the therapist (or the therapeutic team) and the

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[81] International, 133.
[82] Mauch, 8; American Academy, 6.
[83] Mauch, 9.
[84] Ryan, 2, 8.
[85] International, 150.
[86] Houston, 6.
[87] Ibid.
[88] Ibid.
[89] Ibid.; International, 148.
[90] Houston, 6.
[91] Ibid., 3.
[92] Mauch, 15.
[93] Ibid.
[94] Ibid., 14.
[95] *National*, 55.
[96] Mauch, 14.
[97] Ibid., 12.

time needed to produce the required documentation hinders the extent of individualized customized therapy that can be conducted.[98]

<u>Chapter Summary</u>

Residential treatment group homes fill a system functional need niche for states by providing mental health treatment services to seriously behavior-disordered adolescents in a highly supervised residential group living environment. But the high expensiveness of residential treatment group homes results in placing within them only adolescents with serious mental problems.[99] With such a difficult mandate to fulfill, residential treatment programs extensively incorporate therapeutic treatment techniques in virtually every aspect of their program and activities. Highly trained staff members infuse cognitive and behavior modification therapeutic principles and techniques into the interactions they have with the adolescents throughout the day. In conjunction, the therapist conducts cognitive behavioral therapy sessions during the week to address their psychological issues that underlie their serious negative behaviors.[100] Psychotropic medications and individualized treatment approaches are utilized to assist the adolescents' treatment.

As a whole, the therapeutic principles, goals, and methods that comprise residential treatment programs are reasonable, balanced, and supportive. Given their budgetary and logistical limitations, residential treatment programs do everything they can within their humanistic abilities and knowledge to provide safe family-like living environments in which there is a nurturing of holistic improvement toward well-being. But even though these programs are specifically designed to be attractively and motivationally nurturing therapeutically, the reality is that "residential treatment has not shown substantial benefit to children and youth with mental health problems, as confirmed by the *Surgeon General's Report on Children's Mental Health* (*US DHHS, 2000*)".[101] Yet, residential treatment programs do yield some measurable positive results that help the adolescents move to a less restrictive placement.[102] Therefore, a judicious conclusion would be that residential treatment group home programs in some way lack the ability to effect lasting change in the serious psychological problems in the lives of their resident adolescents.

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[98] Houston, 5.
[99] Barth, 7, 26.
[100] Greater.
[101] Barth, i, 6.
[102] Ibid.

CHAPTER 3: DISSOCIATION

<u>Secular Description</u>

Because the adolescents in residential treatment group homes have serious mental disorders, the focus of this research paper now concentrates on a psychological condition that is prevalent there known in the secular mental health field as dissociation, which can be commonly understood as having a split personality.[103] In the widely accepted *Diagnostic And Statistical Manual Of Mental Disorders DSM-IV-TR* (4th ed.), the technical name is "Dissociative Identity Disorder", diagnostically characterized by a person having "two or more distinct identities or personality states" which are not caused by a substance or medical condition that "recurrently take control of the person's behavior", resulting in the "inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness".[104] Dissociation represents a separating or dividing of a person's personality or "mental processes", which includes aspects such as "identity, memory, consciousness", "sensations, thoughts, emotions, and volition".[105] This dividing of the person's identity into somewhat distinct alternate identities (known as 'alters') does not involve the formation of new additional identities that are foreign to the essence of the person but rather each alternate identity is a segmented part of the person's single whole personality, thus retaining the general qualities of the person's personality but yet also containing some variation.[106]

Referred to as 'alters', each alternate identity has a "distinct history of experiences, self-image, and identity", and functions in "relative psychological autonomy from one another".[107] A primary cause of this is a barrier effect known as 'compartmentalization' that hinders or prevents the flow and coordination of information and knowledge between the alters.[108] Consequently, each alter usually possesses a distinct variation in its own perspective and may be unaware of or rejecting of the other alters and their perspectives.[109] The different roles, experiences, emotions, memories, and beliefs of each alter flavors its distinctive diversity from the other alters.[110] The compartmentalizing barrier effect also restrictively limits the mental functioning range abilities of each alter.[111]

The dissociative person operates within the executive control of one of the alters at a time, and then at various times may switch to operate within the control of another alter.[112] Switching between alters can unexpectedly happen when some sensory input, thought, or emotion triggers a switch response.[113] The dissociative person may be unaware that switches have been occurring and instead regards them as mere mood swings.[114]

Evidence indicates that dissociation occurs as a result of experiencing serious or chronic abuse in early childhood.[115] The abuse can be inflicted in the forms of physical, sexual, emotional, or psychological abuse, "neglect, abandonment, or violence".[116] A prominent theory is that experiencing significant overwhelming abuse during early childhood adversely affects the mind from normally developing ways to integrate experiences, and instead causes the development of fragmentation of the personality into parts.[117] Furthermore, entire stages of normal childhood development can be impeded or damaged if the

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[103] Mauch, 9.
[104] American Psychiatric, 529.
[105] *Diagnosis*, 1; Cardeña, 19.
[106] *Diagnosis*, 1; International, 120.
[107] Ibid.
[108] International, 132; Bicknell-Hentges, 2.
[109] International, 132.
[110] Ibid.
[111] Putnam, 176.
[112] International, 120.
[113] Ibid., 132; Cureton.
[114] Hawkins.
[115] Ibid.
[116] Putnam, 183; Plattner; Zelikovsky, 192.
[117] International, 123.

abuse is severe and recurring, particularly when it comes from a primary caregiver.[118] Chronic abuse, numerous traumas, or many perpetrators can also lead to the development of secondary levels or "elaborate systems" of alternate identities.[119]

The mental health field regards dissociation as a defense means by which a small helpless child, who has limited and underdeveloped mental processing abilities, attempts to find some way to escape the horrific abuse being perpetrated upon him or her.[120] Unable to escape physically, the child separates mentally in an effort to achieve some safety, relief, protection, and control from the trauma experience.[121] This mental protective separation response involves mentally sectioning off the horrifying abuse event from conscious awareness and burying it in an effort to make it no longer accessible - even to the non-reality extreme that it is "not happening" or "has never happened".[122] Fundamentally speaking then, dissociating is a survival or self-protective response.[123] Violent threats and actions by the perpetrator to keep his criminal abuse activities from being disclosed by the child can add further motivation for the child to bury and forget the abuse.[124]

Another aspect of mentally separating from experiencing a horrific abuse event is also the locking away of the memory of the abuse event within the alternate identity that experienced it.[125] This creates the inability to integrate as a single whole person one's personal experiences in life, instead leaving the person to function from a discontinuity comprised of the "coexistence of diverse identities that exist more or less independently from the stream of consciousness and bank of memories of the presenting identity or alter".[126] An ongoing consequence is that the various alters cannot effectively remember what the person was doing or saying when other alters were in executive control, thus yielding inconsistency in current behaviors.[127] Furthermore, if an alter is in executive control for an extended period of time, then that entire section of life experiences can be removed from the person's functional awareness, becoming actualized as amnesia.[128] Thus, different alters can exclusively possess the memories of specific events or details experienced in life, thereby resulting in numerous gaps in the person's overall memories.[129]

The separating of the traumatic memories and of the subsequent life-experiences memories is not absolute, and traumatic memories can exert influence on the person's current daily thinking and behaviors even though they are separated from functional awareness.[130] The phenomenon of traumatic memories exerting influence can be subtle, or it can intrude on the person's conscious thinking in the form of vivid flashbacks, or it can harass the person's sleep in the form of re-traumatizing nightmares.[131] The flashbacks and nightmares can be perceived as being so real and intense that they can re-inflict severe trauma even though they are post-trauma memories of abuse that happen years or decades ago.[132] This re-traumatization from triggered vivid abuse memories can overwhelm and destabilize the person, even to the extent of temporarily losing "awareness of self, time, place, and person".[133]

According to research conducted in 2009, only six percent of those who have Dissociation Identity Disorder display the symptoms in a continual obvious way, and few "volunteer information" about the symptoms.[134] Correctly diagnosing Dissociation Identity Disorder can be very challenging, as evidenced

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[118] Cureton.
[119] International, 123.
[120] Briere, 9; Maldonado, 228.
[121] Maldonado, 228.
[122] Ibid.
[123] Horevitz, 307; Eve Carlson, 161.
[124] Silberg, 129.
[125] Cardeña, 20.
[126] Ibid.
[127] Tartakovsky, 1.
[128] Briere, 118.
[129] *Diagnosis*, 2.
[130] Maldonado, 228.
[131] Ibid.; Silberg, 132.
[132] Silberg, 137; Cureton.
[133] Cureton.
[134] International, 119.

by another research statistic that people with Dissociation Identity Disorder "spend an average of seven years in the mental health system before being diagnosed".[135] One substantial reason is that dissociative symptoms or psychopathology are found in other psychiatric conditions or disorders, such as "post-traumatic stress disorder, obsessive-compulsive disorder, reactive attachment disorder, acute stress disorder, borderline personality disorder, schizophrenia, affective disorders, and somatoform disorders".[136] Another reason is that Dissociation Identity Disorder can be accompanied and masked by these or other secondary disorders (the phenomenon known as 'comorbidity'), such as "depression, eating disorders, panic disorder, psychosis, hysteria, attention-deficit/hyperactivity disorder, oppositional defiant disorder, conduct disorder, developmental disorders, substance abuse, hypervigilance, anxiety, and phobias".[137] Moreover, dissociative states can be very subtle and thus difficult to distinguish as being dissociative in nature.[138] Commonly, therapists do not ask diagnostic questions that look for dissociation and instead focus on these more-evident comorbid conditions.[139] And because treatment techniques for the comorbid disorders are ineffective on Dissociation Identity Disorder, the dissociation goes both undetected and untreated.[140]

In addition to the memory symptoms described earlier in this chapter, other psychological symptoms of Dissociation Identity Disorder in children and adolescents can commonly include "suicidal ideation, poor self-esteem, hopelessness, self-blame, numbing of general responsiveness, a sense of a foreshortened future, increased level of arousal, hallucinations, drowsiness, alterations in sleep pattern, and trance states".[141] In school, psychological symptoms are exhibited in "poor concentration, reduced learning abilities, lower IQ scores, speech and language development delays, poorer self-concepts, less persistence, and higher frustration and distractibility".[142] Overwhelming distress can be experienced when encountering a situation that resembles some of the original abuse.[143] Emotional psychological symptoms can include "rapid mood swings, marked irritability, rage episodes, restricted range of affect, and high rates of crying and agitation".[144]

Physical or somatoform dissociative symptoms that affect the body can vary widely, and commonly can include "pain in the abdomen, stomach, pelvis, joints, face, head, throat, or back".[145] There can be an "unusual tolerance of or sensitivity to pain, a loss of physical sensations, non-epileptic seizures, pseudo-asthma", "tunnel vision, auditory distancing, muscle contractions, psychogenic blindness, difficulty urinating, psychogenic paralysis, and low weight".[146]

Behavioral symptoms can include "binge-purge anorexia", "aggression, lying, disruptiveness, oppositional, explosiveness, agitation, impulsiveness, passiveness, withdrawn, regressions", and "suddenly talking about oneself in the third person or with a new name".[147] Self-injurious behaviors can include "cutting, burning, scratching, or head banging".[148] Sexual behaviors can involve "promiscuity, prostitution, compulsive self-indulgence, aggressive sexual play", "sexually reactive-ness, sexual offending", or "using sex as a tool for manipulating others".[149] There can be "diminished interest in significant activities, and persistent avoidance of thoughts, feelings, situations, or activities associated with the trauma".[150] In school, behavioral symptoms can take the forms of "truancy, hyperactivity,

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[135] Tartakovsky, 1.
[136] Putnam, 185; Silberg, 120; Spitzer.
[137] Tartakovsky, 1; International, 128, 130, 154; Silberg, 125; Putnam, 183.
[138] Briere, 111.
[139] International, 128.
[140] Tartakovsky, 1.
[141] Putnam, 183; Maldonado, 217; Silberg 132, 130.
[142] Zelikovsky, 193, 199; Sandberg, 253.
[143] Maldonado, 216.
[144] Ibid., 217; Putnam, 183; Silberg, 123.
[145] International, 130; Silberg, 132.
[146] Silberg, 132; International, 130, 128; Zelikovsky, 193.
[147] Putnam, 183; Zelikovsky, 192; Spitzer; Silberg, 123, 131.
[148] Silberg, 132.
[149] Ibid.; Putnam, 183; Sandberg, 245, 252.
[150] Maldonado, 217.

noticeable gaps in the continuity of time, perplexing forgetfulness", "inability to focus", "having the experience of 'coming to' in the middle of some activity, and erratic variation in skills, knowledge, preferences, and habits".[151]

Symptoms that affect social functioning can include "antisocial behavior, developing poor peer relations, having lower social status among friends, being rejected by peers", "diminished social sensitivity, having trouble discriminating emotions in others", "inability to enjoy relationships or extending trust to adults", and "feelings of detachment from others".[152] Being able to appropriately manage conflicts within interpersonal situations can be quite challenging for dissociative adolescents and children because their experiencing of severe abuse has ingrained a sense of powerlessness to remedy hurtful relationships, yielding responses of "passivity, helplessness, dependency, tolerance of violence, and subordinating to perpetrators of maltreatment".[153]

For dissociative adolescents, there is also a heightened propensity to engage in co-occurring delinquent behaviors, peer contagion, and substance abuse.[154] Being exposed to a gang environment or organized criminal activities can likewise become an engaging deviant social functioning problem for dissociative adolescents.[155] The propensity for deviant behaviors can inevitably land these so-inclined dissociative adolescents in the juvenile justice system and residential treatment group homes, thus resulting in a congregating and concentrating of dissociative adolescents in these institutions.[156]

In order to limit the focus of this research paper, the dissociation described and focused upon herein is intended to be of a general form of it, and does not journey off into the various sub-forms and overlaps that exist with other mental disorders. Likewise, exploration into the nuances of differences between dissociation in children, in adolescents, in adults, in males, and in females will not be pursued either. It is prudent to note though that development of research data, information, and knowledge about dissociation in children and adolescents is historically in the early stage, and current understandings should be regarded as preliminary, provisional, and modifiable.[157] A major reason for this slow progress is because dissociation in children is a very complex, unpredictable, and inconsistent "malleable developmental phenomenon" that takes form progressively over time as the child's brain, mind, and unique individual personality develop.[158] Furthermore, this progressing developmental nature of dissociation in children along with the effects of its various other aspects makes treating dissociation in children very delicate and potentially dangerous to use adult methods on.[159] As can be expected then, experts in the mental health field have not yet reached a consensus about how to technically define, diagnose, and treat dissociation in children, even though approaches are being formulated and refined.[160]

Evaluation of Secular Description

The secular mental health field operates from a foundation based on scientifically-achieved information derived from rational empirical methods of research.[161] The field values and prioritizes theories and methods that have strong empirical support and clinical experience.[162] In regard to the field's definition of dissociation, its characteristics, and its symptoms, these descriptions of dissociation appear to be accurate, appropriate, and valid in reporting what is observed about dissociation. However, from my research perspective, I would suggest that there is a significant omission or minimization here in the field's description of dissociation. Therapists and clinicians operate from empirical evidence they

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[151] Putnam, 183, 184; *Diagnosis*, 2.
[152] Zelikovsky, 198, 199, 192; Maldonado, 217.
[153] Sandberg, 253.
[154] Plattner; Silberg, 120, 126; Princeton, 4.
[155] Princeton, 4; Development, 2; Sedlak, *Nature*, 6.
[156] Mauch, 9; Development, 1; Teplin.
[157] Silberg, 121.
[158] Ibid., 120.
[159] Ibid., 121.
[160] Ibid., 120.
[161] Henggeler, 8.
[162] Ibid., 9, 16; International, 156.

acquire in their therapy offices and mental health clinics.[163] Perhaps if the therapists and clinicians were to actually live with dissociative patients, they would see that dissociation additionally has rage at its core.[164]

As a houseparent in a residential treatment group home for adolescent girls, I have lived with, witnessed firsthand, and dealt with the intense rage that lies under the surface in dissociative girls. I have seen them hold in the rage long enough while they are around important people in public settings, but then uncontrollably explode the rage with full fury in their home environment non-stop for hours, days, and even weeks. The rage is so pronounced and prevalent daily in the lives of dissociative adolescent residential treatment group home girls that the only reason I can think of why it is omitted or disregarded from secular mental health field's technical descriptions is because mental health professionals do not get the rage exhibited in their offices and clinics, so they do not include it as an empirical paramount driving dynamic in dissociation. Because I think rage is a primary ingredient at the core of dissociation, then I would suggest that the true nature of dissociation is significantly different than how the secular mental health field regards and portrays it, and thus adversely affecting the results secular therapy achieves in treating dissociation.

Secular Treatment Approach

Secular treatment approaches for dissociation vary widely in their perspectives, theories, techniques, and etc., so a generalized version will be summarized herein. Like other approaches, the treatment process for dissociation needs to start with a correct diagnosis that stems from a thorough discerning diagnostic interview which intentionally and specifically looks for the symptoms associated with dissociation and its sub-categories, while distinguishing any (accompanying) comorbid disorders.[165] During the diagnostic interview, the clinician should also be watching for behavioral signs and analyzing for clues that may help to indicate dissociation is present.[166] The very nature of dissociation, with its intrinsic defensive striving to avoid remembering horrific abuse events, complicates and hinders the diagnostic process that seeks to expose its presence.[167] So patients may not remember, realize, acknowledge, or willingly accept that they have experienced past abuse and have subsequently developed dissociation.[168] Or, the intense mental pain inherent in the memories of the past abuse experiences may make the patients reluctant to open up about or revive those horrific experiences.[169] Adding further to the diagnosing difficulties, the alter that is out in executive control during the clinical interview may not have knowledge about symptom episodes that other alters have experienced because they were individually out at that time.[170]

Building an amicable rapport and collaborative working relationship with the patient is always a priority for therapists, but with dissociative patients this can be very challenging.[171] The horrific abuse events experienced as a child engrained in them a strong distrust of adults in controlling authority over them, which the authoritative therapist looks similar to.[172] Also, silence about the criminal abuse was repeatedly reinforced by the perpetrators, usually with threats backed by demonstrations of torture or worse, so that the child victim would never disclose any of that information to anyone ever.[173] For the victim, disclosing that forbidden criminal abuse information creates an intense exposing vulnerability not only to the therapist, but also to what might be done with the information.[174] So by design, the dissociative system is not only a defense system against impending further present traumatization, but

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[163] International, 156.
[164] Allender, 18.
[165] International, 124; Teplin.
[166] International, 124.
[167] Ibid., 125.
[168] Ibid.
[169] Ibid., 124.
[170] Ibid.
[171] Eve Carlson, 160.
[172] Ibid.; International, 124.
[173] *Dissociative*.
[174] Ibid.

also a secrecy system against possible future traumatization.[175] The formidable motivations and the extreme defense tactics that protecting alters erect make the building of a trusting collaborative rapport with the patient a critical priority for the therapist.[176]

Another initial priority is to access and take intervention steps to stabilize the patient's current thinking and behaviors as much as possible.[177] Psychotropic medications are widely used in an attempt to stabilize or mellow the various moods, symptoms, or comorbid conditions that accompany dissociation even though they are not effective in treating or curing dissociation itself.[178] "Addictive or self-destructive behaviors" are identified and subject to initial intervention.[179] "Coping strategies" are presented and taught in an effort to "reduce stress, regulate emotions, increase relaxation, improve problem-solving, strengthen relationship skills, and change behaviors".[180]

With the implementation of these initial therapeutic stabilizing interventions, the patient should now be better prepared to start the long-term therapy that will be used to pursue the primary goal to "deconstruct the different alternate personalities and unite them into one".[181] A first step is to tactfully introduce, educate, and build awareness of the existence of the alternate identities, the characteristics of this system phenomenon, and the switching back and forth between them that occurs.[182] An important strategy here is to foster acceptance, harmony, and collaboration between the alternate identities, which should yield a diminishing of some of the symptoms and defenses coming from the hindering activities of the alternate identities.[183] Therefore, legitimizing the existence of alters and their roles of facilitating survival, and mediating the resolution of conflicts between the alternate identities are essential activities for the therapist.[184]

Being sensitive not to force the exposure of alternate identities, the therapist interacts with them as they naturally are revealed in sessions during the addressing of current therapeutic issues.[185] If there are serious safety or behavioral concerns for the patient or a major blockage in the therapeutic process, then the therapist may have to resort to the forced calling-out of previously unexposed alternate identities that are involved.[186] While dealing with individual alternate identities, the therapist focuses less on their individual distinctiveness and more on their cognitive process as they relate to symptoms and effects they have on the identity system as a whole.[187] Yet, each alter is encouraged to verbalize what it wants to say, voice its concerns, share its perspective, and join in collaboratively solving the therapeutic problems and issues that affect the whole.[188] Simultaneous to all of this going on in therapy sessions, the therapist is also watching to identify types of stimuli that act as triggers to recall traumatic memories or to incite switching from one alter to another.[189] As triggers are identified, the therapist formulates and implements treatment strategies to reduce the affects of triggering.[190]

As progress is made in getting the alters to cooperate with each other and in building a strengthened working relationship between the therapist and the patient, then the next objective is to "resolve traumatic experience and integrate the patient's trauma history into his or her more general life history".[191] Pursuing this objective starts by the patient learning, practicing, and achieving skills for coping with

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[175] Ibid.
[176] Ibid.
[177] Horevitz, 294.
[178] International, 150, 151; Silberg, 140.
[179] Bicknell-Hentges, 5.
[180] Ibid.
[181] *Diagnosis*, 4.
[182] Silberg 131.
[183] International, 133; Horevitz, 306.
[184] International, 132.
[185] Ibid., 140.
[186] Ibid., 123, 131.
[187] Ibid.
[188] Horevitz, 304, 307.
[189] Spitzer.
[190] Ibid.
[191] Horevitz, 306.

intense traumatic memories.[192]   Always alert and careful not to allow the recall of memories to re-traumatize or overwhelm the patient, the therapist takes specific actions to measure, manage, and manipulate the outflowing of trauma memories to stay within what the patient can handle.[193]   Essentially, the therapist utilizes a means by which to systematically desensitize the patient to the intensity of the trauma contained in the memories so that the patient "gradually develops an increased tolerance for re-experiencing the traumatic material".[194]   This desensitization achieved by repeatedly reviewing the traumatic memories then "facilitates the positive integration of the traumatic memories within the patient's personal history and identity" and converts the patient's responses to the memories from extreme agitation and avoidance to acceptance.[195]

To aid and enhance the recalling, re-compiling, and desensitizing of traumatic memories, some therapist use hypnotic techniques which induce a trance-like "psychophysiological state of aroused, attentive, and receptive focal concentration, with a corresponding relative suspension of (or diminishing in) peripheral awareness" that can "rapidly access ego states".[196]   Other therapist contend that hypnotic techniques should not be used to retrieve traumatic memories but can be effectively used to calm, sooth, manage, reduce, or prevent psychological reactions or somatoform (physical or medical) symptoms that manifest from the memories.[197]   Both sides of this hypnosis debate agree that dissociative patients possess the ability to be easily hypnotizable and self-hypnotizable.[198]

With the progressing of integration of alternate identities, the traumatic memories, and the corresponding symptoms, another important therapy goal is for the patient to process and achieve holistic understanding of the traumatic experiences, the roles of those people involved in the experiences, and how the experiences have or continue to impact his or her life.[199]   This certainly involves identifying and processing the losses, grieving and mourning the losses, and calculating future impacts the losses will continue to exert.[200]   The patient wrestles with keeping the traumatic experiences in their rightful place in the past while simultaneously understanding that some of their effects continue in the present on into the future.[201]   Additionally, the patient endeavors to construct a continuous knowledge of his or her personal history with a holistic view of self, an ability to fully recall and review previously-fragmented traumatic events spanning alternate identities without getting agitated, an acceptance of the reality that he or she did survive, a new outlook on life, and a committed establishing of appropriate personal conduct.[202]

As integration of alternate identities, fragmented memories, and traumatic experiences progresses, at some point "fusion" should occur, in which "two or more alternate identities experience themselves as joining together with a complete loss of subjective separateness".[203]   After fusion has been occurring between alternate identities, the ultimate desired outcome is "final fusion", which can be defined as "complete integration, merger, and loss of separateness of all identity states into being a unified self".[204] Even though final fusion is defined to have a comprehensive completeness quality to it, final fusion in actuality possesses only a general completeness quality because after final fusion there exist lingering aspects of dissociation that need to be treated in therapy.[205]   Furthermore, contrary to normal expectation that fusion should create better functioning, fusion can in fact generate new deficiencies and decreases in "skills, knowledge, function, and abilities that were previously mastered by the patient", and there can be

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[192] Ibid.

[193] Bicknell-Hentges, 4.

[194] Ibid., 5.

[195] Ibid.

[196] Horevitz, 308; Maldonado, 230; Silberg, 140; International, 157.

[197] Tartakovsky, 1; International, 157, 158; Horevitz, 308.

[198] International, 157, 158.

[199] Ibid., 143.

[200] Ibid.

[201] Ibid.

[202] Ibid.; Bicknell-Hentges, 5; Horevitz, 306.

[203] International, 133.

[204] Ibid.

[205] Ibid., 134.

an "emergence of new layers of alters with somatic symptoms" or other unanticipated detrimental results.[206]

Despite all of the extensive long-term therapy, final fusion may not be attained by many dissociative patients.[207] Thereupon, a more feasible outcome may be a "cooperative arrangement" or "resolution", which is a "sufficiently integrated and coordinated functioning among alternate identities to promote optimal functioning".[208] But this cooperative arrangement in which alternate identities work together can later deteriorate or relapse back into dissociation when there is sufficient pressure.[209] Consequently, lifelong therapy to manage symptoms and functioning may be the only viable option for some patients, who are unable to control, contain, or self-manage the various aspects of their dissociation.[210]

Diverging from those patients who are unable to achieve self-management, some patients seem to intentionally sabotage the progress of the therapeutic process.[211] However, their interfering responses may be due to their natural survival instincts to avoid pain.[212] There are other patients who appear to be engaged and participating in the therapeutic process and look like they are making progress but they never make lasting improvements.[213] They are quite masterful at acting the role of being a recovering trauma survivor who is responding well to therapy.[214] But later therapy sessions reveal their façade, superficiality, and inabilities.[215] This play-acting response to therapy likewise may be a natural protective strategy that was learned during the childhood experiencing of trauma.[216]

From research information acquired for this paper, treating dissociation in children generally uses the same theories, strategies, and basic therapeutic techniques as are used for adults. However, accommodation for children is necessary by proceeding slower, using more elementary and concrete terminology, utilizing the same terminology the child uses as personifying or characterizing descriptions, flexibly incorporating other additional types of helpful therapy, establishing a strong empathic connection, and always being mindful of developmental issues that correspond to each individual child.[217] Treatment approaches for dissociative adolescents closely parallel those used for adults, and customized accommodation for them is extended in regard to occupational skills training, incarceration issues, being in the social services system, comorbidity (particularly in regard to alcohol and substance abuse), delinquency, deviant peer affiliations, defiance behaviors, crime, other antisocial behaviors, and recidivism.[218]

Due to the complex nature of dissociation, the long time (years) that therapy treatment is needed for each patient, the short time (months) that disordered adolescents stay in expensive residential treatment facilities, and the excessive number of adolescents the therapist has to treat each week on the residential campus, the specific approach the therapist utilizes is critical in determining the results that are achieved.[219] Logically then, the perspective, biases, training, and credentials of the therapist will play a major role in shaping the therapist's approach to treating dissociation.[220] Because substantial research information on dissociation has just become available in recent years, most therapists did not receive sufficient or up-to-date educational training on dissociation when they were getting their degrees, which could lead them to have a deficient understanding about dissociation and an ineffective treatment

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[206] Horevitz, 310.
[207] International, 133.
[208] Ibid., 134.
[209] Ibid.
[210] Horevitz, 306; Waseem, 1.
[211] Briere, 58.
[212] Ibid.
[213] Ibid., 115.
[214] Ibid.
[215] Ibid.
[216] Ibid.
[217] Silberg, 133, 122, 121.
[218] Teplin; Princeton, 4; Henggeler, 1.
[219] Mauch, 17.
[220] Tartakovsky, 1.

approach.[221] Moreover, therapists in a residential treatment facility need to be trained in the current various therapy approaches and in human development for the age range and each specific type of mental disorders the adolescents have in their facility.[222] As a result of its therapists receiving specialized training, residential treatment facilities that specialize in specific disorders for a specific type of resident should have a program that would be substantially more effective than generalized programs that try to treat a variety of disorders.[223]

Evaluation of Secular Treatment Approach

From this research on the general secular therapy treatment approach to dissociation, there is obvious concern and care for dissociative patients, which drive the extensive efforts that are made to help the patients. Secular therapists truly desire to help patients who suffer from and struggle with dissociation. The qualities and kinds of treatment steps the therapists take clearly indicate they are doing everything they humanly can to reduce symptoms and assist the patients in coping with and managing their dissociation. But by their own admissions though, their secular therapy approaches fall short of curing or healing psychological wounds, terminating symptoms, and accomplishing permanent fusion. Essentially, their treatment approaches cannot go beyond helping dissociative patients merely manage and cope. Their desensitization techniques and recommendation for lifelong therapy are admissions of inherent failure to facilitate actual curing and healing. A valid conclusion, then, is that current secular therapy approaches to treating dissociation lack sufficient ability or means to cure and heal dissociation. This conclusion coincides with the contention in this research paper's previous chapter that the therapeutic programs of residential treatment group homes lack sufficient ability to effect positive permanent change in the lives of their adolescent residents.

Another deficiency of secular therapists is that they condemn all atypical treatment approaches that do not conform to their perspective of being acceptable or reasonable.[224] This dogmatic stance appears to be hypocritical when consideration is given to their acceptance and usage of hypnosis, which by their standards should unquestionably and widely be labeled and condemned as bizarre.[225] The condemnation of atypical approaches even extends into forbidding the therapist from inserting any religious content into therapy.[226]

Forbidding religious therapeutic content might be appropriate if religion has absolutely nothing helpful to offer. But in regard to the real nature of dissociation, secular therapy may be seriously misguided and blinded, as declared in 1 Corinthians 2:14 NIV that "The man without the Spirit does not accept the things that come from the Spirit of God, for they are foolishness to him, and he cannot understand them, because they are spiritually discerned". Oddly, secular mental health professionals reject alternative religious approaches even though their approach admittedly results in ultimate failure. Furthermore, their unwillingness to even consider and test religious approaches brings question upon the extent of their willingness to conduct scientific experimentation and their devotion to helping the patient.

Chapter Summary

The secular mental health field has meticulously identified, researched, defined, and described a psychological disorder called Dissociative Identity Disorder, the focus psychological condition of this research paper. The phenomenon of dissociation involves the dividing of a person's identity into somewhat distinct alternate identities as a mental escape survival response to the experiencing of severe childhood abuse. The traumatic memories of specific abuse events get compartmentalized with the alternate identity that experienced the abuse. Correctly diagnosing dissociation can be difficult even though resulting symptoms abound. The therapeutic treatment approach for dissociation generally involves collaborating with the patient to stabilize thinking and behaviors, to get the alternate identities to

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[221] Ibid.; Silberg, 121.
[222] Silberg, 122; Houston, 7.
[223] Houston, 7.
[224] Tartakovsky, 1.
[225] Ibid.
[226] International, 170.

work together, to desensitize the patient to the trauma within the memories, and to reduce the causes of mental division so that the person's mind can function as an unified whole. Research on treating dissociation in children and adolescents is limited but being developed. Some knowledge and distinctive accommodations for children and adolescents are becoming accepted standards in the mental health field.

The effectiveness of the secular treatment approach for dissociation is insufficient for many patients in accomplishing permanent mental unification and wholeness. So treatment strategies shift to long-term assistance in coping with the symptoms and managing the divisions to arrive at an acceptable level of functioning. Even though the secular treatment approach is inadequate for achieving curing and healing, the secular mental health field is not open to considering dissociation from a spiritual perspective. As will be explored and theorized in the next chapters as a Biblical perspective of dissociation is delineated, their shortcoming in effectiveness sprouts from a flaw in a part of the secular mental health field's diagnosis of the nature of the mental health conditions that dissociative persons have.

CHAPTER 4: THEORY OF BEING A SPIRITUAL
STRONGHOLDS OF SIN PROBLEM

<u>Considering Dissociation from a Spiritual and Biblical Perspective</u>

A main foundational principle from which secular mental health professionals establish and construct their treatment approaches for dissociation is that dissociation is solely a psychological problem, assuming all medical ailments and substance abuse have been ruled out.[227] A reasonable conclusion then is that by omission they reject the possibility that dissociation could have some spiritual composition to it. Likewise by omission, they reject the need or usefulness of providing intervention from a spiritual source or perspective. Thus, their core contention is that humans have the ability to successfully and completely cure dissociation. Yet the evidential utter failures of their treatment approaches to cure dissociation spotlight the reality that this contention has not been proven yet.

Upon examining the characteristics and dynamics of dissociation (as described in the previous chapter) to consider if dissociation has some spiritual composition to it, there are some significant indicators to support this possibility. Firstly, there is the presence of spiritual gross sinfulness and wickedness within the abusive actions of the perpetrators as they inflict harm on a helpless child and cause a dividing of the child's mind. Secondly, the child's mind or spirit has become segmented, unstable, and somewhat warped in its ability to adequately distinguish right from wrong, good from evil. Thirdly, the dissociated child has become predisposed to a high likelihood of becoming sinfully deviant, delinquent, and criminally inclined as the child grows up into adolescence and adulthood. Fourthly, many of the alternate identities exhibit inherent major negativity or sinfulness in their words, intentions, thinking, and behaviors.

There are also significant dynamics to indicate that the Kingdom of Darkness probably has influence within dissociation. Conceivably, supernatural power is required to force the dividing of the human mind, to derail its natural development, to maintain the compartmented divisions, to restrict or obstruct the flow of information within the mind, to subdue the hard-wired normal psychological development of being fused, to doggedly defeat therapy efforts towards integration and fusion, and to perpetuate major psychological torment-ation in many of the alters and in the vividness of flashbacks. If the Kingdom of Darkness has the power to "blind the minds of unbelievers" to the Gospel in an ongoing manner on a planet-wide scale, then certainly it has the power to subvert the mind of individual persons through the infliction of grossly wicked trauma.[228]

<u>The Enslaving Problems of Sin</u>

God, the supreme spiritual being in the universe, is very concerned about the thinking and actions of humans. A long time ago, He instituted a spiritual solution to humankind's negative behavioral problems and documented His solution in a book, the Holy Bible, for everyone to read and follow. God spiritually orchestrated the writing of the Bible and He designed it to specifically address humankind's thinking and behaviors, as is clearly stated in 2 Timothy 3:16 NIV, "All Scripture is God-breathed and is useful for teaching, rebuking, correcting and training in righteousness". Hence, from the hand of the One who created us, we humans do have a detailed instruction book on how to deal with and change negative thinking and behaviors.

Contrary to popular conceptions, God identifies negative behaviors as being 'sins'. Briefly summarized, sins are anything that a person does or mentally dwells on which transgresses God's character, will, commands, decrees, or laws. Sin is failing to do the good that one knows he should be doing.[229] Sin causes us to miss the mark and "fall short" of God's requirements for perfect righteousness.[230] God says that we humans sin when we think or behave inappropriately. Therefore, all negative behaviors should rightly be regarded as sins, rather than merely being a symptom of a psychological condition - as the secular mental health field regards it.

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[227] American Psychiatric, 529.
[228] 2 Corinthians 4:4 NIV.
[229] James 4:17.
[230] Romans 3:20-22, 23 NIV.

Sin comes naturally to us humans. We are born with a sinful nature, a natural desire to do and be sinful, and our lives are characterized by "gratifying the cravings of our sinful nature and following its desires and thoughts".[231] As such, God determines us to be spiritually dead and unable to counter sin's adverse effects.[232] We follow sinful ways whether we want to or not. We "offer" ourselves "in slavery to impurity and to ever-increasing wickedness".[233] In our natural state of depravity (or moral corruption), we are not content with merely doing a few evil things. "Although [we] know God's righteous decree that those who do such [wicked] things deserve death, [we] not only continue to do these very things but also approve of those who practice them".[234] Moreover, we "invent ways of doing evil".[235] All sinful acts and our desires for them are a source of friction, conflict, and separation between God and we humans. Consequently, God gives us over to freely indulge in the sinful desires of our hearts.[236]

We are born with an intrinsic enslavement to sin and are powerless to break its consequences.[237] Most of the time, we do not care that we have insufficient control over our sinning, because we like the sin and are busy scheming up ways to gratify our cravings for more.[238] As slaves to sin, we are thereby "free from the control of righteousness" - meaning that we humans essentially have little or no desire or compulsion to engage in righteous living and abstain from evildoing.[239]

When we habitually indulge in sin, it can become such a powerful influence in our life that we can loose control over it to defeat and completely eliminate it.[240] A key Biblical passage for this concept is in 2 Timothy 2:25-26 NIV in which the Lord's servant is directed to "gently instruct" "those who oppose him", "in the hope that God will grant them repentance leading them to a knowledge of the truth, and that they will come to their senses and escape from the trap" they are caught in that compels them to do sinfulness. For perhaps various reasons, God allows repeated sinful indulgence to overwhelm and comprehensively dominate us humans.[241]

A primary tool or means by which we loose control over sin is through our propensity to believe lies, which trick, seduce, or incite us to engage in ensnaring sin.[242] This deception and corresponding sinful indulgence produce a blinding or numbing effect that displaces us from thinking clearly in a normal frame of mind.[243] Being somewhat incapacitated psychologically, we then willingly indulge in doing sinful things that we would ordinarily not do if we were in our normal frame of mind and had sufficient knowledge of the truth.[244] So our failure to possess a knowledge of the truth and our subsequent indulgence in sin facilitates us being tightly held captive in bondage to the sin.

Additionally, we are enticed into "following the ways of this world" that actively exert influence to produce our disobedient desires, thoughts, and actions.[245] In other words, we unwittingly fall victim to being a slave to sin through cultural influences, which also help to fortify the formation, establishing, and enslaving of "strongholds" of sin to effectively control us, thereby also helping to render us essentially unmotivated and, in reality, incapable of removing the strongholds.[246]

We humans cannot escape enslaving sin traps on our own because it takes an action of God to "grant" us deliverance from the traps.[247] Secular therapy (as well as society) today is replete with wise-sounding

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[231] Ephesians 2:1-3 NIV.
[232] Ephesians 2:1, 5.
[233] Romans 6:19 NIV.
[234] Romans 1:32 NIV.
[235] Romans 1:30 NIV.
[236] Romans 1:24.
[237] Romans 6:5-7.
[238] Ephesians 2:3.
[239] Romans 6:20 NIV.
[240] 2 Timothy 2:25-26.
[241] 2 Timothy 2:26.
[242] 2 Timothy 2:25.
[243] 2 Timothy 2:26.
[244] 2 Timothy 2:25-26.
[245] Ephesians 2:2-3 NIV.
[246] 2 Corinthians 10:4.
[247] 2 Timothy 2:25 NIV.

treatment advice and recommendations to focus on positive thinking, to let one's inner goodness blossom, and to draw on one's own inherent power to successfully overcome destructive negative desires and behaviors.[248] While being well-intentioned and yet limited in effectiveness, these secular treatment remedies ignore the spiritual reality that we humans are entrapped in bondage to serve sin and need God to get us out.[249]

This brings up an interesting question to ponder as to how secular therapists can reasonably expect and effectively move a dissociative patient to engage in holistic and wholesome right thinking and living when the patient lacks innate constraint to even do good and instead possesses a natural and overpowering urge to sin, which has been greatly enhanced and empowered by the experiencing of extremely evil trauma. Judging from the Bible passages that are being considered here, a sound contention would be that in the patient's current state of being dissociated and of being treated with a secular therapy approach that totally leaves out God, it is virtually impossible for the patient to be even consistently good let alone be cured or healed.

Characteristics and Objectives of Strongholds
A connotation of the principle of being enslaved to sin is represented in the word 'stronghold', which is the English word translation of the (romanized) Greek word "ochuroma" that is used once in the New Testament in 2 Corinthians 10:4 NIV.[250] The meaning of 'stronghold' from the Greek is "to fortify, through the idea of holding safely" or "holding fast; a stronghold, fortification, or fortress", and can be considered synonymous to "wall of a city, a tower, or castle".[251] In the next verse, strongholds are described as originating from "arguments and every pretension", which have the meaning of being "computations" or "(in a figurative sense) reasonings of conscience or of conceit" and "everything" that is "elevated to a high place".[252] From this definition and the context surrounding its use in 2 Corinthians 10:4, a 'stronghold' is an established tenacious fortress of sin which is based on exalted thinking, reasonings, and everything "that sets itself up against the knowledge of God" in a persistent war-waging manner.[253]

By implication, the defenses of strongholds are formidable and able to withstand repeated humanistic assaults.[254] They possess intrinsic power to exert control over a particular area of sinfulness in a person's life.[255] And, they continue their activities for the distinct purpose of preventing and obstructing the person's relationship with the Lord.[256] Through promoting and perpetuating sinfulness in direct opposition to God's absolute holiness, strongholds desire to drive the sin-indulging person as far away from God as possible.[257] The intent is to make the person feel spiritually unacceptable or unclean before the Lord so that the person has no desire to develop or to maintain a right relationship with Him.[258] This is like when Adam and Eve went and "hid from the Lord God among the trees of the garden" of Eden after they had sinned, as recorded in Genesis 3:6, 8 NIV.

The passage contained in Romans 1:18-32 provides information about the reality that strongholds incorporate a wide variety of means of influence in order to produce effects that carry a person away from God, His Scriptures, His laws, and the truth. In Romans 1:29 NIV, this wide variety of means of influence is described as involving "every kind of wickedness, evil, greed, and depravity". The means of influence can range in degrees anywhere between being relatively minor (like "senseless") to being catastrophic (like "murder"), but each means of influence has depravity in fullness at the root of

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[248] Christi Bamford, 667; Corey, 101.

[249] Tripp, 5.

[250] Strong's Greek #3794.

[251] 2 Corinthians 10:4, Strong's Greek #3794; Zodhiates, 1083.

[252] 2 Corinthians 10:5 NIV, Strong's Greek #3053, 3956, 5313.

[253] 2 Corinthians 10:5 NIV.

[254] 2 Corinthians 10:3-4.

[255] 2 Corinthians 10:5.

[256] Ibid.

[257] John 8:44; cf. Romans 1:18-32.

[258] Romans 1:18-19.

thinking.[259] Moreover, the means of influence can grow in strength of influence because the people "have become filled with…" the sinfulness they are indulging in, thus gaining more control over them as time goes on.[260] It is interesting to further note in this passage that God has a hand in the progressive building of control of strongholds because it says "He gave them over to a depraved mind", meaning to the extreme of being totally consumed by the strongholds.[261] God does this because "they did not think it worthwhile to retain the knowledge of God".[262]

Even though dissociative persons typically can be unaware of the dividing of their mind, it is easy to assess that they are consumed by it nevertheless. Their condition directly resulted from the indulgence of sin to the extreme upon them. Although the dissociative persons were recipients and not the original indulgers of the sinful strongholds, the consequences to them are characterized by extremeness - in variety of influence, in degree of influence, and in fullness of control over them. Intense full strongholds of fear, rage, anxiety, hurt, and etc. dominate the mental functioning of their alternate identities. Also, alternate identities typically can be oppositional to God - even if one or more are true believers in Jesus.[263] Clearly, dissociation contains symptoms that match this stronghold aspect of opposing a relationship with God fueled by a consuming deterioration into fuller control by the strongholds.

The pinnacle in the promoting and perpetuating of sinfulness is the gaining of mastery over the person. In the Genesis 4:1-17 Biblical account of Cain murdering his brother Abel, the Lord warns angry Cain "sin is crouching at your door; it desires to have you, but you must master it".[264] The Lord describes clearly that Cain's sinful thinking was desiring to establish mastery over him and to push him to commit wickedness. Sin was "stretching out after" and "longing" to "rule" Cain.[265] In effect, sin desired to entrap Cain and become a god in Cain's life - almost like being worshiped, obeyed, served, and adored as a false and substitute god in the rightful place of the only true God.[266] Strongholds function with a purpose to set themselves up on the throne of a person's life to reign, hold captive, and control unto sinfulness, so that God is hindered from rightfully being set up to reign unto righteousness.[267] Obvious examples of strongholds that purpose to gain mastery over a person are compulsions, addictions, habits, overindulgences, prejudices, all forms of idolatry, any state of discomposure such as abnormal behaviors and disorders, fits, rages, ranting, frenzies, dithers, workaholism, worldly philosophies, and liberal or divergent theologies.[268] The behaviors of dissociative persons definitely fit into this principle of mastery.

Another objective characteristic of strongholds, which occurs simultaneously with their primary objective characteristic of opposing God, is bringing harm to its host and others through such means as stealing, killing, destroying, incapacitating, harassing, tormenting, or torturing.[269] Paradoxically, stronghold hosts seem to delight on some level when they suffer as they are indulging in their stronghold sin.[270] The perpetuating of harm may be with or without the intentional cooperation of the host.[271] The amount of suffering that strongholds inflict ranges anywhere from mildly annoying to severely unbearable.[272] This seems identical to the serious mental distress that the strongholds of fear inflict upon dissociative persons through the vivid recall of traumatic memories. Other easily identifiable examples of strongholds that bring self-harm to people are depression, worry, anger, hate, racism, greed, revenge, self-mutilation, suicide, eating disorders, antagonizing, criticizing, and mocking.

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[259] Romans 1:28-31.

[260] Romans 1:29 NIV.

[261] Romans 1:28 NIV.

[262] Ibid.

[263] Pakkala, 41B.

[264] Genesis 4:7 NIV.

[265] Genesis 4:7, Strong's Greek #8669, 4910.

[266] 2 Timothy 2:26.

[267] 2 Corinthians 10:5-6; Colossians 2:8.

[268] Ephesians 4:26-27; Colossians 2:8; Dowgiewicz.

[269] John 10:7-10; 5:1-15; James 5:14-16.

[270] Proverbs 2:14; 10:23.

[271] Psalms 62:3-4.

[272] Psalms 107:10-11.

A side effect of the objective characteristic of bringing harm is that strongholds, as the name implies of almost having a separate personifying nature, seem to make every effort to stay in their hosts. Strongholds can sustain their presence by hiding or camouflaging to avoid being accurately detected and exposed by others.[273] Or through self-deception or self-convincing, the influences of strongholds may persuade the host and society that they are a natural part of the person's personality or psychological makeup.[274] Initially the exhibited tendency is the continued exertion of influence without the host openly acknowledging awareness of their presence, resulting in the solidifying of their hold upon the person.[275] This appears similar to the lack of internal awareness that plagues dissociative persons, and the determination of their dissociative system to keep traumatic memories of fear and horror buried within each respective alternate identity.

For many types of strongholds though, they can become more powerful, do more harm, and stay in the host longer if the host loves them, protects them, and cooperates with their covert purposes.[276] The concealing of their true nature can become futile in the long-term if the host has enough functioning conscious ability to correctly identify what is wrong inside.[277] So when it is no longer possible for their true identity to be concealed, strongholds can continue to stay in the host through self-convincing or confusion into denying, discounting, or rationalizing their presence in the host's life.[278] Essentially, the indulging of strongholds possesses a blinding nature that tries to convert the host into either a cooperative, a willing, or a non-resistant host.[279] The natural tendency, however, is to ultimately develop the host into a lover of the stronghold with a burning passion for the stronghold's sin.[280] This resembles the common but incomprehensible phenomenon where a severely abused person grows up and becomes like his or her perpetrator in inflicting the same kinds of abuse that he or she endured as a child on others as an adult.[281]

An example that parallels this striving to stay in the host is teenagers who become gang members. Deep down inside, they know that gang activities are sinful and entirely unacceptable to society. But for various reasons, they bury or reject these morals and become a gang member anyways.[282] To stay in the gang, they go to extremes to conceal their gang membership from adults. Yet, gang members simultaneously work to openly display their fierce loyalty to and aggressive promotion of their particular gang, in competition to other rival gangs. If an adult suspects that a teenager is a gang member, the teenager will vehemently deny, discount, or distort his gang membership to the adult. When the adult is around, the gang member will diligently portray himself as a fine upstanding citizen who wants to 'hang out' with his decent friends. A few moments later when the naive or gullible adult is not aware, the teenager stealthily and secretively engages in wicked gang activities with his peers. Thus, moral convictions are suppressed in favor of a form of dualistic projection of oneself. Dissociative persons readily and naturally engage in dualistic or poly-istic self-projection through the switching back and forth between distinctly different or polarized alternate identities.

A dynamic to note in this gang member example is that deception is craftily incorporated in order to maintain the existence, perpetuation, and promotion of the gangbanging stronghold.[283] The deception characteristic of strongholds can be manifested in a variety of forms, such as lies, half-truths, distortions, masquerades, confusion, evading, preying on naivety or gullibility, schemes, charades (pretending), and etc.[284] Cleverly, elaborately, and masterfully projected deception can prove to be quite successful over

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[273] Isaiah 29:15; Dowgiewicz.
[274] Colossians 2:4.
[275] 2 Timothy 2:26.
[276] 2 Peter 2:15.
[277] Romans 1:21-22.
[278] Psalms 10:6-7; Dowgiewicz.
[279] Proverbs 1:10-16.
[280] John 8:44.
[281] Barth, 9; International, 137.
[282] See Romans 1:32.
[283] Romans 1:18, 30, 32.
[284] Titus 3:3.

surrounding undiscerning people.[285] Distorting and deflecting the truth is a primary survival and offensive tactic that is characteristic of strongholds.[286]

A natural result that occurs from deception is that more deception is needed to support and uphold the original deception.[287] One lie is usually insufficient to satisfy the suspicion or questioning of surrounding people. So more lies and deception are created and implemented to substantiate the original deception and to cover the truth. Consequently, deception breeds more deception, and is not confined to just one specific element.[288] Like a cancer, it grows and expands to get a better grip over suppressing the truth and over the host.[289] It infiltrates, entrenches, integrates, and clings with increasing vibrancy and tenacity.[290] Reproduction and strength of a stronghold are gained by sprouting and sending out more and more tentacles of deception to strangle the truth and confuse the issues.[291] Thus, the more strength a stronghold has over a person's life, the more numerous its tentacles, which are embedded in various relating and linked sub-strongholds.

Correlating to the characteristic of strongholds taking as much ground as possible in a person's life, there is no contentment to plague just one person. As declared in 2 Peter 2:18 NIV, strongholds motivate their hosts to be spokesmen who "mouth empty, boastful words and, by appealing to the lustful desires of sinful human nature, they entice [other] people who are [themselves] just escaping from those who live in error".[292] The host spokesmen promises freedom to potential victims, but bring only enslavement to depravity.[293] From 2 Peter 2:18, there is a principle that the effects of strongholds characteristically yield an insatiable appetite to devour other people, to set up strongholds within them. Infected with this appetite for conquest, hosts of strongholds love the company of cohorts.[294] There is strength and mutual encouragement in numbers. It is fun to let one's passions for wickedness burn like wildfire alongside others who have the same passions and cravings for more.[295] Therefore the hosts have an appetite to recruit more cohorts.[296] This is a main reason why so many troubled or dissociative adolescents are so mysteriously drawn to deviant peers.

Realms of Influence of Strongholds

Another aspect of strongholds that needs to be understood is their realms of influence - what parts of human beings they infect and affect. By definition in 2 Corinthians 10:3-5, strongholds of sin are mainly thought processes or activities of the mind. Because the mind dominates the brain control center for the entire person and makes moral decisions, strongholds as a whole demonstrate the propensity to intrude upon, invade, and conquer every aspect of a person's mind in a manner that acquires the fullest control possible over the person's morality system.[297]

An utmost influence of strongholds is to cloud, confuse, warp, blind, or hamper the intellectual reasoning "thoughts", "attitudes", and activities of the mind so that thinking will be rendered spiritually "foolish" and "darkened" to the truth.[298] In the mind, strongholds induce "darkened understanding", "ignorance", and "hardened hearts" that are characterized by "stupidity or callousness", "apathy" or "loss of all sensitivity" to righteousness, and psychological craving or "continual lust for more" moral "impurity of every kind".[299] The most intelligent and wisest people in the world can be unawarely entrapped in

[285] Romans 16:18.

[286] Romans 16:17-18.

[287] See 2 Peter 2:1-3.

[288] 2 Timothy 3:13.

[289] Romans 1:18.

[290] Ephesians 4:19.

[291] 2 Peter 2:18-19.

[292] 2 Peter 2:18.

[293] 2 Peter 2:19.

[294] 2 Peter 2:18.

[295] 2 Peter 2:13; Proverbs 10:3.

[296] 2 Peter 2:18.

[297] Romans 1:28.

[298] Hebrews 4:12 NIV; Romans 1:21 NIV.

[299] Ephesians 4:17-19 NIV, Strong's Greek #4457, 0524.

foolish futile thinking because of strongholds.[300] At the other end of the spectrum, mentally-challenged people can also be held captive by intellectual inhibitors (such as confusion, zone out, distraction) emanating from strongholds that reduce or impair their learning capabilities.[301] For dissociative persons, their intellectual reasoning definitely is polluted by intrusive memories that could be considered strongholds of fear, anger, despair and etc.

The conscience or "moral consciousness" is also negatively affected by strongholds, being "corrupted" along with the mind.[302] For example, the stronghold of idolatry "weakens" and "defiles" the conscience, as reported in 1 Corinthians 8:7 NIV. The stronghold of sinning against another person can "wound" the person's conscience.[303] For those who abandon the faith to follow false doctrines, the strongholds of speaking lies and living in hypocrisy "sear" the conscience "as with a hot iron", "rendering it unsensitive".[304] A searing or desensitizing of the conscience ensues anytime a person feeds a stronghold through engaging in gross sin (especially prolonged or repeated engaging), because God "gives them over in the sinful desires of their hearts" to the control and effects of the stronghold.[305] Dissociative persons frequently exhibit the symptom of desensitization or flattening of emotions and perceptions, which is technically called "detachment".[306] Modern day examples of strongholds that have been linked to a degradation of one's conscience are cruelty, substance abuse, violence, pyromania, gangbanging, rape, prostitution, child abuse, kidnapping, and murder.

Perhaps the most assailable aspect of the mind for strongholds to influence is the emotions.[307] Emotions color and influence nearly all of our thinking.[308] Moreover, emotions prompt and incite us into action.[309] Our thinking is quite sensitive and reactionary to our emotions, and frequently we have little or no control over them.[310] Therefore, we are extremely vulnerable to harassment or manipulation of our thinking through emotions that strongholds influence.[311]

One way in which strongholds gain a grip on us through our emotions is by taking advantage of emotional excitability or weaknesses.[312] Through our emotions, strongholds love to impel us into hasty action with little forethought, pondering, or calm balanced reasoning.[313] A Biblical proverb that describes this well is, "The heart of the righteous weighs its answers, but the mouth of the wicked gushes evil".[314] The righteous person keeps his emotions in check, "disciplined", and under "self-control" so that he can "slowly" "ponder" and "study" his answers with thoroughness and care before speaking.[315] In contrast, the person controlled by strongholds of sin does not hesitate to "gush forth" from his sinful thinking with virtually no regard as to how his emotions are affecting his cognitive processes.[316]

A healthy, righteous relationship with God is based foremost upon faith, truth, obedience, and reasoning.[317] Trailing behind in subservience should be feelings and emotions, which are fleeting, unreliable, and frequently self-manufactured or manipulated by strongholds.[318] Depending upon the amount of fragmentation, a dissociative person can possess a wide spectrum of strongholds of sin-based

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[300] Romans 1:22.
[301] Proverbs 22:3.
[302] Titus 1:15 NIV, Strong's Greek #4893.
[303] 1 Corinthians 8:12 NIV.
[304] 1 Timothy 4:1-2 NIV, Strong's Greek #2743.
[305] Romans 1:24 NIV.
[306] International, 120; Spitzer.
[307] Dowgiewicz.
[308] Ibid.
[309] Romans 7:5.
[310] Ibid.
[311] Dowgiewicz.
[312] 2 Timothy 3:6.
[313] Backus, 19.
[314] Proverbs 15:28 NIV.
[315] Titus 1:7-8 NIV; James 1:19 NIV; Proverbs 15:28, Strong's Greek #1897.
[316] Proverbs 15:28, Strong's Greek #5042.
[317] John 14:21.
[318] Jeremiah 23:26; Bright, 12.

intense emotions, which contribute greatly to their mental instability.[319] Some examples of common areas in which strongholds can carry a person away (excessively) in emotions are anger, crying, grouchy, agitation, giddy, excitement, hyper, and laughing.[320]

As previously discussed in numerous ways, strongholds tend to get a strong hold upon the person's will in order to feed indulgence in sin. They interact with the mind in such a way as to take over and remove a person's mental ability to make un-influenced conscious choices at one's own discretion. Our sin nature, and thereby strongholds of sin, aggressively "wage war against" a person's will that wants to do what is right.[321]

From birth, humans are by nature under sin's dominating power and control of the will.[322] Unbelievers are devoid of the power to control their own will to submit to God.[323] The sin nature and its strongholds are so successful in this battle over the will that they are even able to overpower a righteous believer's mind, which is willingly enslaved to obeying God's laws.[324] This nature can prevent that righteous-minded person from carrying out the good he desires to do, and compel him to commit sinfulness that he hates to do.[325] This helps explain (but not excuse) why many believers lead a spiritually unfruitful life, because they are in defeat and captivity to personal strongholds they spiritually desire not to do. They have never been able to adequately draw upon God's power to break their strongholds' covert compulsive grips over their wills. In James 1:6-8 NIV this unstable dualistic believing and living is referred to as being "double-minded". But for the extreme that is present in dissociation, this could be called poly-minded. Due to the distinct character differences in the alternate identities, the will of dissociative persons shifts or changes perhaps every time they switch to another alter. So the presentation of their will can meander in all sorts of directions.

The influences that strongholds have over the body can be extraordinarily interesting to those who are open to this phenomenon despite having been brought up with an empirical modern Western-civilization worldview. In this culture, the view widely accepted by unbelievers and believers alike is that all medical problems have absolutely no relation to or connection with religious problems.[326] Instead, all medical problems have some sort of biological problem at their source - many of which still need to be discovered on a genetic, cellular, or chemical level.[327] While it is understandable that unbelievers hold this view, it is sad that believers miss so many opportunities to facilitate physical healing through spiritual means because they are scripturally uninformed or unbelieving in this respect.[328]

According to the Scriptures and Jesus himself, strongholds of sin can cause physical sickness.[329] One irrefutable declaration of this reality is found in John 5:1-15 in which Jesus healed a man who had been "an invalid for thirty-eight years".[330] This man lived on a mat next to the pool of Bethesda beside many other "disabled people".[331] He was physically unable to get himself into the pool fast enough before someone else got there ahead of him.[332] From his conversation with Jesus, it can be determined that mentally he was coherent and intelligent.[333] But, physically he was "feeble", "frail", and "sick" with a chronic illness or disability that confined him to living on a mat.[334]

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[319] International, 137.
[320] *Strongholds*.
[321] Romans 7:22-23 NIV.
[322] Romans 8:1-8.
[323] Romans 8:7.
[324] Romans 7:22, 25.
[325] Romans 7:18, 15.
[326] Cross, 8.
[327] Ibid.
[328] Anderson, *Bondage*, 11.
[329] See 1 Corinthians 11:27-30; Mark 2:1-12; James 5:14-16.
[330] John 5:5 NIV.
[331] John 5:2, 6, 8, 3 NIV.
[332] John 5:7.
[333] Ibid.
[334] John 5:5, Strong's Greek #0769.

As recorded in John 5:6 NIV, "When Jesus saw him lying there and learned that he had been in this condition for a long time, he asked him" a seemingly bizarre question, "Do you want to get well?". It seems astonishing that even though Jesus knew this man had been living incapacitated on a mat for thirty-eight years, Jesus asks him if he desires to be healed. Of course the man wants to be healed - or maybe not (?).

There appears to be more to his problem than just physical incapacitation. Maybe Jesus asked him this question because the man was engaging in some type of sin that was causing his physical and perhaps medical incapacitation, according to John 5:14. Through this unusual question, Jesus was also asking him if he wanted to give up his sin too. Jesus distinctly declared in verse fourteen that there is a direct cause-and-effect connection between this man's moral sinfulness and his physical sickness. After healing the man, Jesus found him later and said to him, "See, you are well again. Stop sinning or something worse may happen to you".[335] Jesus is stoutly warning the man that his sin caused him to be an invalid on a mat for thirty-eight years, and that if he does not stop sinning, the man could end up in even a worse condition than before. Now obviously, engaging in sin does not always produce physical sickness, nor is all sickness the result of sin.[336] But, whatever sin(s) this man was doing, he definitely had been suffering adverse physical effects because of it.

As discussed in the previous chapter, there are a wide variety of somatoform symptoms that can be manifested in dissociation. The secular mental health field associates these somatoform symptoms with the activities, influences, and conflicts of alternate identities but does not recognize any sin connection.[337] If the assertion is true that Jesus directly linked sin to some instances of physical ailments, then the expectation would be that secular therapy is unable to heal or remove those physical ailments that do have a spiritual sin problem link. This indeed is the result secular therapy achieves, and some therapists even resort to hypnosis to try to gain some relief, which merely reduces the magnitude of the symptoms and does not remove them.[338]

In the Bible, there are accounts given in which apparent actual medical diseases such as convulsions or seizures, paralysis, deafness, muteness, blindness, hunchback, and infirmity (weakness) had a spiritual cause in those particular cases.[339] In contemplating any correlations between strongholds of sin and actual medical diseases or conditions, several possibilities arise. One plausible possibility is that strongholds of sin might actually cause medical problems, diseases, or conditions. Or, strongholds could cause sickness that mimics medical conditions. Another possibility is that strongholds might try to hide behind and take advantage of weaknesses created by actual medical conditions.[340] Strongholds could also exert symptoms of medical sickness in a variety of combinations on both the body and the mind. Because they reside in the mind, which is the control center of the entire body, strongholds can theoretically manifest themselves through any complexity of intermixing and interconnection of the mind, the body, thoughts, behaviors, beliefs, perceptions, and etc. Whatever the case, the problem is to ascertain if strongholds are having an effect on a person's medical disease or condition.

Given the numerous supporting Biblical accounts, it would be a mistake to assume that every physical sickness is purely a medical problem. Even when there is overwhelming convincing medical evidence, how can anyone say with absolute certainty that a stronghold of sin is not involved somehow with the presenting medical disease or condition? God does use weakness, sickness, and even death to discipline or bring judgment upon those who refuse to repent from their sinful indulging.[341] When God gives a person over to their sinful indulgence and thinking, He may be allowing and using strongholds of sin to bring physical harm upon that person for His disciplining or judging purposes.[342]

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[335] John 5:14 NIV.
[336] John 9:1-3.
[337] International, 131.
[338] Tartakovsky, 2.
[339] Mark 9:17-27; 2:1-12; James 5:14:16; Matthew 12:22; Luke 13:10-13; John 5:1-15.
[340] See International, 130.
[341] 1 Corinthians 11:27-32.
[342] Romans 1:26, 28.

It is astounding when believers doggedly cling to the hope that medical science will eventually cure their medical condition, while giving absolutely no credence to the possibility that the condition may have a spiritual cause or component. Ignoring the possibility that the Biblical prescription in James 5:14-16 of repentance, confession, and prayer is what is really needed, they instead earnestly pray for an instantaneous miraculous healing. But when God does not supply that miracle healing, the believers then assume that God has not theologically prescribed any other Scriptural course of action to facilitate healing. So they proceed to limit God and become close-minded to any treatment other than medical science. They put all their faith in medical science thereafter and resolve to live with the medical condition as best as they can.

It should be quickly pointed out, though, that medical treatment should not be omitted as a remedy for sicknesses just as spiritual treatment should not be omitted either. In James 5:14-16, the Word of God does not rule out the use of medical treatment but does instruct that adequate emphasis always be given to the spiritual remedy approach. If the spiritual remedy works, needless medical bills and prolonged suffering have been averted. Considering these potential beneficial outcomes, a more prudent approach would be to pursue a Biblically-prescribed spiritual remedy alongside a medical remedy. Pursuing both remedies in the treatment of dissociative patients should certainly be conducted, especially because they have a high frequency of medical ailments and conditions.[343]

Chapter Summary

Secular mental health professionals reject the possibility that dissociation could have some spiritual composition to it. They refuse to acknowledge solid evidential indicators that there probably are dynamics of a spiritual nature going on within dissociation. Evidence also suggests the distinct possibility that the spiritual Kingdom of Darkness may be using its supernatural power to divide the human mind.

Contrary to the secular mental health perspective, the Word of God clearly asserts that all negative behaviors (including those exhibited in dissociation) should rightly be regarded as sins.[344] We humans can loose control over the sins we indulge in and become enslaved to them, which then requires an action of God to grant us deliverance from the enslavement. By nature, enslavement to sin establishes spiritual strongholds that grow in their strength and resistance to a right response to and relationship with God. For dissociative persons, it is obvious that strongholds of sinfulness gain mastery over many of the alternate identities, particularly through the means and effects of re-traumatizing memories of past severe abuse.

Strongholds of sin are also characterized by an intentionality to stay in the host, to primarily use deception to become securely entrenched, and to spread to other people. The Scriptures pronounce that strongholds exert polluting or corrupting influences on the mind, including intellectual reasoning, conscience, emotions, and the will. There are also indications in the Scriptures that a person's body can be affected by a variety of physical symptoms and possibly actual medical diseases that have a connection to strongholds of sin.

So far, the characteristics of strongholds of sin compatibly and smoothly align with corresponding characteristics of dissociation. Because the characteristics of strongholds align with so many aspects and fit very well with so many of the extremes of dissociation, a reasonable and warranted conclusion would be that strongholds of sin play a significant and perhaps major role in dissociation.

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[343] International, 31.
[344] James 4:17.

**CHAPTER 5: STRATEGY PRINCIPLES AND ELEMENTS FOR
A BIBLICAL TREATMENT APPROACH**

General Requirements for Effective Spiritual Treatment

    With the substantial evidence presented in the previous chapter supporting the contention that
dissociation has a spiritual component to it relating specifically to strongholds of sin, then the next step is
to determine what the requirements should be in order to formulate an effective spiritual treatment
approach. The goal is to actually achieve curing or full healing of dissociation and not to ultimately settle
for merely managing the symptoms like secular therapy does. Considering secular therapy's failure to
produce healing, then an appropriate response would be to make a spiritual philosophy the primary and
dominant philosophy that governs the composition of the counseling approach.[345] Secular philosophy
should be secondary and subservient to the primary spiritual approach.[346] Moreover, special care should
be continuously exercised to ensure that the primary spiritual approach is not corrupted or in any way
overridden by the secular philosophy or its elements.[347] Spiritual elements need to have and hold priority
over secular elements, which can be used if they do not conflict with, diminish, or override the spiritual
elements.[348]

    Besides secular therapy's failure to cure dissociation, another good reason to keep the treatment
approach predominantly spiritual is because the spiritual approach seeks to profoundly access and draw
upon supernatural power from God, who hates and opposes humanistic worldly ways.[349] The forceful
gripping and controlling nature of strongholds mandates that God not only use His supernatural power but
that He be comprehensively involved in the counseling process so that He will remove strongholds that
prevent curing of dissociation. His Spirit and His Word can enlighten the counselor into detecting and
understanding the spiritual dynamics that may be involved with dissociation in the patient's life.[350] With
the gaining of that spiritual knowledge, the counselor can then formulate and customize a spiritual
treatment approach that God will participate in.[351]

Requisites for Gaining Access to God and His Power in Counseling

    According to the Scriptures, there is a condition that must be met before a person can even gain access
to God, let alone accessing His power for victory over personal problems. To gain access to God, He
requires that a person first be 'in Christ', as stated in 2 Corinthians 5:17 NIV, "Therefore, if anyone is in
Christ, he is a new creation; the old has gone, the new has come!". In order for God's power to bring
about a transformation from the "old" to the "new", the "if" condition must be met that the person is "in
Christ".[352] The conditional word "if" in the phrase "if any man is in Christ" declares that not everyone is
'in Christ'.[353] This verse coupled with Romans 5:10 NIV imply that those who are not 'in Christ' do not
have access to God's power, are not transformed, and are in fact regarded by God to be His "enemies".
Conversely, those who are 'in Christ' have made "peace with God through our Lord Jesus Christ", have
been "saved" from God's wrath through faith in the atoning work of Jesus Christ on the cross, and have
"gained access" into God's favor.[354]

    To gain access to God and His power in counseling to remove strongholds then, both the patient and
the counselor need to be 'in Christ' or saved. Accompanying this access to God and His power, He
expects there to be intentional efforts towards living righteously.[355] Minimally, the counselor should

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[345] Bulkley, 33.

[346] Ibid.

[347] Ibid.; see James 1:27.

[348] Bulkley, 231.

[349] James 4:4, 6.

[350] John 16:13; 2 Timothy 3:16.

[351] 1 Corinthians 2:14-15.

[352] 2 Corinthians 5:17 NIV.

[353] Ibid.

[354] Romans 5:1-2, 9; 3:24-25 NIV.

[355] Romans 12:1-2.

unquestionably want to meet this expectation to the fullest extent in order to maximize the effectiveness of his or her part in the spiritual counseling process.

The counselor plays a key role in this spiritual counseling approach, representing God, speaking on behalf of God, promoting God's agenda, interceding with God on behalf of the patient, being empowered by God, and ministering to the patient according to God's will and timing.[356] Therefore, the counselor's skills would benefit greatly if he or she has theological and Biblical counseling training from a Bible college, which would yield both a depth in technical knowledge of how to use the Bible in counseling and a solid Biblical perspective based on sound doctrine and appropriate Bible interpretation methods.[357] Additional academic studies of dissociation should also prove valuable. To ensure Biblical doctrinal and counseling technique appropriateness, the counselor should establish and maintain accountability to a local pastor, who could also supply emotional and spiritual support.[358] Also on a practical note, the counselor should have Bible resources available for the patient.

The environment in which the spiritual counseling takes place is critical for having the freedom to conduct this kind of religious treatment approach. Secular therapy is widely accepted in this society today but religious counseling is viewed with skepticism and sometimes outright hostility.[359] In an institutional environment like a residential treatment group home, it is necessary to have onboard and supportive of religious counseling the organization's policy, some of the workers, and especially the supervisors.[360] Otherwise, someone could object and successfully shut down the religious counseling, thereby preventing open access to God and His power in the counseling.[361] And of course there needs to be a population of potential patients who are or will become open to a religious approach.

Treatment Strategy Principles

The vast potential of God's "incomparably great power" is available to all believers who have "faith in the Lord Jesus".[362] Sadly, most believers live a life of defeat to their sinful strongholds because they have never learned how to draw upon God's power.[363] Many assume that no power is available to them - that God dramatically changes people only on rare occasions at His selective whim.[364] Consequently, they unsuccessfully try to overcome strongholds exclusively by themselves through their own humanistic willpower.[365] Spiritually, intellectually, and physically, we humans are too weak to overcome spiritual sinful strongholds.[366] But, victory can be achieved through learning how to draw upon the "all-surpassing power [that] is from God and not from us".[367]

Obviously, God is not a mindless machine or a mysterious force (like magnetism) that can be manipulated by us for our purposes.[368] God is God, and we cannot just plug into His outlet for power in whatever fashion we please.[369] We must approach and do things His way in order to accomplish anything of value to Him.[370] The Word of God instructs that we must do things (or "bear fruit") in and through Christ as our source of spiritual strength.[371] "Apart from [Christ] [we] can do nothing".[372] This is quite clear and highly restrictive. But God has the right to demand that things be done His way because He is

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[356] 2 Corinthians 5:18, 20; 2 Timothy 4:5.
[357] 2 Timothy 4:3.
[358] 1 Timothy 4:16; 2 Timothy 4:3-4.
[359] Bulkley, 184-185.
[360] Ibid.
[361] Ibid.
[362] Ephesians 1:15, 19 NIV.
[363] John 8:31-36; Hines, 9-10.
[364] John 3:8; Hines, 9-10.
[365] 2 Corinthians 10:3-4; Hindson, 16.
[366] John 8:34.
[367] 2 Corinthians 4:7 NIV.
[368] Numbers 23:19.
[369] Job 38 passim.
[370] Isaiah 64:6.
[371] John 15:4 NIV.
[372] John 15:5 NIV.

the Creator of all that exists - including us humans.[373] God and His instructions are not open to debate or compromise. We must work with God, doing things His way through Christ, in order to obtain His empowering.

In terms of facilitating the subduing of seemingly invincible sinful behaviors and attitudes of the alternate identities in a dissociative patient, the counselor will wisely want to be able to use as much of God's power as He will supply. This necessitates that the counselor learn how to collaborate with God to draw on His "divine power to demolish strongholds".[374] Man-with-God collaboration to demolish strongholds requires that a believer needs to "hear" or take in the Word of God, meditate on it to gain "understanding" of it, "accept" or agree with it, "retain" or place it as the overriding guiding principles in his life, act upon it or "do what it says", and "persevere" or stick with it through various impediments.[375] In essence, this is submission to the will of God as described in His Word, which ideally should involve every aspect of the believer's thinking, personality, behaviors, and life.[376]

In order to collaborate with God, it is important to know what God wants. God has distinct purposes and objectives that He wants to bring about in a person's life.[377] After the first objective of the patient becoming a believer in Jesus Christ, another objective is for the patient to "grow in the grace and knowledge of our Lord and Savior Jesus Christ" towards spiritual maturity.[378] In a counseling environment, this will primarily involve teaching, applying, and cultivating submission to principles derived from Bible verses that directly pertain to issues that arise in the counseling.[379]

With a behavior-disordered adolescent girl in a residential treatment group home, the adolescent initially will be nowhere near ready to accept and comply with this kind of authority in her life.[380] Realistically, she is probably quite repulsed by religion - especially conservative evangelical Christianity.[381] The adolescent's rebellion has collaborated with the Kingdom of Darkness to establish a stronghold of resistance to and rejection of the things of God.[382] Such hostility to the things of God will unquestionably present a formidable barrier to overcome. So collaboration with God will need to occur in order to soften the adolescent's heart toward the things of God.[383] Power from the Lord is required to "thwart the craving of the wicked", to correct stubborn defective thinking, and to terminate pleasurable destructive behaviors and habits.[384] God's intervention is needed to change the direction of the adolescent's life away from sinfulness and towards righteous living, to enlighten the mind, and to help to want to stop sinning.[385] Both the desire to repent and the actual accomplishing of repentance require the intervention and working of God's divine power that He accomplishes through Biblical instruction by the counselor.[386]

Behavior-disordered adolescents generally have absolutely no motivation to become religious, to be good, to do right, to be compliant, or to change for the better in any way.[387] Matter of fact, they seem to daily find new ways of being defiant, rebellious, and delinquent.[388] But God has the answers and remedy for motivating self-centered and sin-centered persons. He is in the business of "convicting the world of guilt in regard to sin and righteousness and judgment".[389] God can and frequently does bring even the

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[373] Job 38 passim; Colossians 1:16.
[374] 2 Corinthians 10:4 NIV.
[375] Matthew 13:23 NIV; Mark 4:20 NIV; Luke 8:15 NIV; James 1:22 NIV.
[376] James 4:7; Bubeck, 55.
[377] Ephesians 1:9, 11.
[378] 2 Peter 3:18 NIV.
[379] 1 Timothy 4:11, 13; James 4:7.
[380] Mauch, 9.
[381] Ibid., 8, 9.
[382] 2 Timothy 2:26; Hebrews 3:8; Proverbs 14:2.
[383] Ephesians 4:17-21; Hebrews 8:10.
[384] Proverbs 10:3 NIV; 2 Timothy 2:25.
[385] Ephesians 1:18; 2 Timothy 2:25.
[386] 2 Timothy 2:25-26.
[387] Dudley, 8.
[388] Ibid.
[389] John 16:8 NIV.

most hardened and defiant adolescents to their senses and to motivate them to start doing what is right.[390] He does supply many motivators to change, one of which is the indwelling of His Spirit within a believing person's heart or personality, as described in 2 Corinthians 1:21-22 NIV that "Now it is God who makes both us and you stand firm in Christ. He anointed us, set his seal of ownership on us, and put his Spirit in our hearts…". His Spirit comes in to live within the body and spiritual heart of the believing person and functions to assist the believer in persevering or standing firm in the faith and righteous living.[391]

God's Spirit also influences behavioral and attitude changes by counseling, teaching, and reminding the believer how to properly think and act according to God's standards.[392] The indwelling Holy Spirit is actively and continuously consoling, influencing, and gently persuading the believer's thinking in order to motivate and facilitate change.[393]

God supplies another motivator to change in that He uses His power in a believing person's life to give that person a new orientation, making him into a "new creation" spiritually.[394] The original orientation of the person changes to become something significantly different and new through the Spirit's regenerating work in the life of the person.[395] The person's whole attitude, direction, and propensity to do evil are shifted away from evil and redirected towards righteousness.[396] Instead of desiring or succumbing to evil ways, the person now has a new God-given desire, inclination, and ability to behave positively and do what is right.[397]

For everyone who is in Christ, God also provides a compelling future reason to change behaviors. He promises to one day reward those who have worked for or served Him, as instructed in Colossians 3:23-24 NIV, "Whatever you do, work at it with all your heart, as working for the Lord, not for men, since you know that you will receive an inheritance from the Lord as a reward. It is the Lord Christ you are serving". Unquestionably, being motivated to live-out positive attitudes and actions in the hope of a future reward does take considerable faith to believe that God will one day keep His promise. It also takes wisdom to prepare now for what is expected in the distant future. Nevertheless, this is a valid motivator and can be quite compelling to behavior-disordered adolescents when taught sufficiently.

Secular therapy does not and cannot directly utilize the assistance and power of the indwelling Holy Spirit, nor can it promise eternal rewards for right living. The availability of this divine indwelling "incomparably great power" to motivate, facilitate, and effect change potentially gives this Biblical counseling approach a huge and valuable advantage over all secular therapy approaches.[398]

In Romans 12:2 NIV there is cited another objective that God has for believers, to "be transformed by the renewing of your mind". God desires and is working through the renewing of the mind to change, mold, and remake a believer's nature and personality into something new and better.[399] This kind of personality change must come from God because we humans can be only what we are.[400] We might be able to make minor adjustments, but to make major fundamental positive lasting personality changes that are contrary to our sinful enslavements is beyond our humanistic abilities.[401]

The source of power for the transformation of behaviors and attitudes is identified in Galatians 5:22-23 NIV as being His Spirit, "But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control." This Scripture passage does not say that these positive behaviors, attitudes, or states of mind are the fruit of a good person or a devoted religious person. Instead, these are "fruit" - the handiwork or the produce of His Spirit working in a person who belongs to

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[390] 2 Timothy 2:25-26.
[391] 2 Corinthians 1:21, 22 NIV.
[392] John 14:26.
[393] Ibid., Strong's Greek #3875.
[394] 2 Corinthians 5:17 NIV.
[395] Schaeffer, 92.
[396] Milne, 232.
[397] Ibid.
[398] Ephesians 1:19 NIV.
[399] Milne, 241.
[400] Bobick, 40.
[401] Meier, 61.

Christ.[402] By declaring these qualities as being "the fruit of the Spirit", this passage is implying that we humans do not have sufficient power to manifest these qualities to their fullness as God does.[403] Thus, to effect transformation that produces positive behaviors that please Him takes the inner working power of His Spirit.

This passage also pronounces that God provides "those who belong to Christ Jesus" with the ability to subdue, mortify, or "crucify the sinful nature with its passions and desires".[404] In the previous chapter, a Biblical principle was noted that the sin nature and its strongholds aggressively "wage war against" and override a person's will to do what is right.[405] Galatians 5:17 NIV further reports that "the sinful nature desires what is contrary to the Spirit, and the Spirit what is contrary to the sinful nature. They are in conflict with each other, so that you do not do what you want". The indwelling Holy Spirit is also engaged in active conflict within a person to oppose the sin nature and strongholds, which are too strong for humanly control even though the person may want to do right. For a behavior-disordered or dissociative group home adolescent girl who is utterly failing to subdue her strongholds of sin, she acquires a new powerful active ally (being the Holy Spirit) and new empowering abilities when she places her faith in Christ.

When those who belong to Christ renew their minds in daily fellowship with God and His Word, He brings about this transformation from negative to positive thinking and behaviors. Unlike salvation, which efforts of good works can never achieve, those belonging to Christ have to work with God at being transformed (or progressively sanctified).[406] The choice to cooperate with God as He changes their personality is theirs, for God will not force them to become a new, different person.[407] It is their choice to pursue this or not. If they do, it takes a continuous concentrated effort to "renew" their minds daily, because the instruction in Romans 12:2 NIV is to "be" transformed.

But even in a sincere and determined desire to be transformed and to subsequently live righteously before God, by nature we humans are too weak psychologically to sustain our efforts. God has to help us with this as well by apportioning wisdom and power through His Word, the Bible, to overthrow our foolish sinful thinking.[408] His words are power-filled messages and communications that purposefully target the human spiritual heart for belief and behavioral changes. Hebrews 4:12 NIV states, "For the word of God is living and active. Sharper than any double-edged sword, it penetrates even to dividing soul and spirit, joints and marrow; it judges the thoughts and attitudes of the heart". God's words are alive right now, functioning with intelligence, guidance, wisdom, purpose, and determination. His words can penetrate even extremely hardened hearts (like troubled adolescents for example) and (as will be discussed in a later chapter) perhaps the barrier-ed compartments of alternate identities in dissociative persons. His words reach the innermost depths of our being and weigh upon our secret and guarded thinking, deliberations, desires, reasonings, and moral guidelines in order to effect change. Indeed, His words go beyond being good moral encouragement for changing behaviors (like those of the secular therapist), for they are a weapon of power - a spiritual sword of God's Spirit to accomplish His "good, pleasing, and perfect will" (or life plan) in our spiritual hearts.[409] God wields the spiritual weapon of His Word to confront and defeat our sinful thinking.

God not only apportions power through His Word, He also grants believing humans access to immeasurable life-changing power. He makes available has power that extends beyond our comprehension, as stated in Ephesians 3:20 NIV, "Now to him who is able to do immeasurably more than all we ask or imagine, according to his power that is at work within us". God grants believers access to know, experience, and use "His incomparably great power", which is far more than sufficient for

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402 Galatians 5:22 NIV.
403 Ibid.
404 Galatians 5:24 NIV.
405 Romans 7:22-23 NIV.
406 Ephesians 2:8-9.
407 Ryrie, 35.
408 Psalms 51:6; 1 Corinthians 1:18.
409 1 Corinthians 1:18; Ephesians 6:17; Romans 12:2 NIV.

self-control against negative desires and behaviors.[410] The magnitude of this "power is like the working of his mighty strength, which he exerted in Christ when he raised him from the dead and seated him at his right hand in the heavenly realms".[411] God wants to use His raising-from-the-dead power on a living believer to achieve a fundamental positive transformational change in personality and nature. This is the type of power that dissociative patients need for personality integration and permanent fusion.

God-induced personality transformation is rarely an instantaneous event.[412] A vast majority of believers experience a slow, gradual, progressive transformation that spans throughout life and coincides with increasing spiritual maturity.[413] This is not a quick dramatic experience, but an ongoing subtle activity of God's power "at work within [them]".[414] As we believing humans continue to live in obedience to God, commune with Him, and feed upon His Word, there will be more thinking, behaviors, attitudes, and personality transformations by His power through the renewal of our minds.[415]

For some dissociative patients however, I would suggest there theoretically exists a significant possibility that God-induced personality transformation can indeed be fairly quick, quite dramatic, and very extreme in differentiation. The reasoning behind this assertion is that the lives of severely dissociated patients are in such a decrepit condition, being so utterly and completely shattered, tyrannized, feeble, unstable, and pathetic. Given the right counseling conditions in which God uses his incomparably great power to make them into a new creation that has normal personality functioning and freedom from formally-enslaving major strongholds of sin, the differences between the old person and the new person could be quite astonishingly dramatic.

Of course, secular mental health professionals would probably argue that personality transformation is not possible, and that the real dynamic going on is thinking and behavior modification or restructuring. They would be correct in that personality transformation is not <u>humanly</u> possible and that thinking and behavior are being modified. But if they unbiasedly gather all the empirical facts and closely watch the results long-term, the evidence would be clear and conclusive that God has permanently made the person into someone very different, "a new creation; the old has gone, the new has come!"[416]

Within the activities of God bringing about permanent personality transformation, there needs to be occurring the demolishing of strongholds.[417] Used in 2 Corinthians 10:4, 5 NIV, the word "demolish" has the meaning of "to tear down completely; to do away with completely; put an end to", "to cast down; destruction", or "to take down or away; to pull down".[418] The intention is clear in this passage that with divine assistance, strongholds of sin are to be pulled down from their lofty reign in a person's life and completely destroyed. This varies in a significant way from secular therapy, which does attempt to help the patient restructure thinking in order to remove negative thinking, feelings, and behaviors but the end results are that the patient is trained to override them by managing or coping with them as they continue to exist and are not demolished.[419]

In order to start the process of getting a stronghold demolished, the host person first has to be aware of the stronghold and how God regards it.[420] Considering that strongholds possess the nature of covertly blinding and pervading the mind to reside and be entrenched, the host person may not be sufficiently aware of or perhaps capable of properly acknowledging its presence or magnitude.[421] Therefore, the host may need help in exposing and identifying it.[422] The counselor can assist in this regard, especially if he

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[410] Ephesians 1:18-19 NIV.
[411] Ephesians 1:19b-20 NIV.
[412] Treat, 20.
[413] Ibid.
[414] Ephesians 3:20 NIV.
[415] Treat, 20.
[416] 2 Corinthians 5:17 NIV.
[417] 2 Corinthians 10:4, 5.
[418] Zodhiates, 792; *American Heritage Dictionary*, 'demolish'.
[419] Greater; Henggeler, 5, 6.
[420] McGraw, *Ten Life*.
[421] Adams, 192.
[422] 1 Corinthians 4:5.

or she has the Spirit-empowered gift of discernment and good listening skills.[423] But usually the counselor has virtually no information about the patient's problems and strongholds when the counseling first starts, and slowly some information is uncovered or acquired as the counseling progresses.[424] Even after numerous sessions however, there may exist strongholds that remain hidden or secret in the depths of a person's thinking or personality.[425]

Theoretically, a good treatment technique would then be to call upon the Lord, who is ready, willing, and eager to help the person become aware of his or her sinfulness and strongholds. As implied in Psalms 139:23-24 NIV, the Lord will respond when requested to "Search me, O God, and know my heart; test me and know my anxious thoughts. See if there is any offensive way in me, and lead me in the way everlasting". Having the patient pray this passage in counseling may assist in identifying and coming to realize any issues of sinfulness that seem acceptable to the patient but are quite offensive to God. Also, facing deep inner thinking that is painful, sensitive, embarrassing, secretive, or depraved may take some courage and determination, which the Lord should help with as well when He is requested to expose sinfulness in this manner.[426] Logically, though, from the tone of this passage in Psalm 139:23-24 NIV when it talks about the Lord "searching, knowing, testing, seeing, and leading", the Lord may choose to expose the issues of sinfulness at a rate and in a selective order that is best for the person to handle towards the demolition of all of the strongholds.[427] For secular therapy however, it may take years or even decades of weekly therapy sessions to uncover these deep dark secretive strongholds because there is no utilization of divine power to bring them to light.

After the host person has acknowledged the presence of a stronghold of sin, God requires the person to persistently and successfully "take a stand" against the stronghold's sinfulness, meaning the person has to actively oppose agreeing with and giving in to the stronghold's sinfulness while simultaneously submitting to God's way of responding until He grants for the stronghold to be demolished.[428] But the host person successfully taking a stand for awhile against a stronghold does not necessarily indicate that the stronghold has disappeared or automatically been demolished or removed.[429] Instead, the stronghold may only be subdued, overridden, or restricted from fully functioning for the time.[430] The stronghold may be significantly weakened but has not been exterminated.[431] It continues to stay intact, to exert some influence, to surface periodically, and to pose a threat of being restored to its former powerful grip.[432] Moreover, an overridden stronghold can continue to spew out psychological temptations that bombard, plague, and entice the host person to return to his or her old sinful ways.[433] In an occasional moment of weakness when the host person lets down his or her guard and entertains the stronghold, a major relapse of indulgence can occur that could develop into sporadic vacillations between being controlled by sinfulness and then practicing righteousness - a spiritual roller coaster of successes (ups) and failures (downs).[434] The person submitting to God and resisting the stronghold does significantly diminish the effects of the stronghold but does not demolish or remove it because that takes an act of God according to His will, purposes, and timing.[435]

Believers should not be naïve, complacent, or comfortable with just successfully resisting, managing, and subduing strongholds of sin.[436] Persistent temptations and spiritual roller coasters are potentially

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[423] Adams, 255.
[424] Ibid., 254.
[425] Ibid.
[426] Psalms 46:1.
[427] Psalms 139:24.
[428] Ephesians 6:11 NIV; James 4:7; 2 Corinthians 10:4.
[429] Alice Smith.
[430] Robbins.
[431] Ibid.
[432] Dowgiewicz.
[433] Bickle.
[434] Dowgiewicz.
[435] 2 Corinthians 10:4-5; Robbins.
[436] Beazley.

disastrous and not enjoyable to endure.[437] Demolition of all strongholds of sin is one of God's goals, so that believers can be blessed with a life of inner peace.[438] A component of the "fruit of the Spirit" in Galatians 5:21-22 NIV is "peace", implying that God wants to endow believers with His peace that can be in fullness, but which cannot be obtained in fullness if some strongholds remain un-demolished. In John 8:31-36, Jesus declares that He wants to set believers free from their enslavement to sins, suggesting His desire for fullness of freedom, which is equivalent to an absence of any enslavement. Psalms 147:3 NIV states that the Lord "heals the brokenhearted and binds up their wounds", indicating the Lord takes the binding and healing actions necessary to achieve psychological healing or thereby fullness of healing. Therefore, believers should settle for nothing less than the total peace, freedom, and healing in fullness that Christ is offering. Secular therapy does not access divinely-empowered or divinely-orchestrated peace, freedom, and healing.

Humanly speaking, it is natural to want an instantaneous miraculous complete healing or deliverance to immediately fix all of our problems and suffering.[439] In God's activities of demolishing strongholds, He could choose to grant an immediate comprehensive miraculous deliverance like Jesus and His disciples performed. But with God's goal of nurturing spiritual maturity, He typically implements deliverance in gradual small steps so that the enslaved person learns the dynamics of having strongholds demolished, exercises faith and dependence upon God, takes a stand against sinfulness in his or her life, "develops perseverance", grows in godly character, and gains "wisdom".[440] Therefore, the person has much to gain in progressing through the demolishing of strongholds rather than receiving an instantaneous comprehensive deliverance. The counselor should keep in mind that God may have much for the patient to learn and practice within the experience of going through deliverance in small steps. Thereby in collaborating with God, the counselor should avoid searching for quick fixes and instead expend a significant amount of time in the counseling sessions teaching various spiritual aspects that God wants the patient to learn and experience, an activity which is commonly called 'discipleship'.[441]

For counseling patients who typically struggle to submit to God and resist their strongholds, I would like to offer an idea for an innovative counseling technique that theoretically could be useful in assisting them. Within one of the first counseling sessions, the counselor should give the patient a blank sheet of paper that has been folded in half, has Psalms 139:23-24 quoted on the top of the first page, and has a line drawn vertically down the middle of each page. The counselor should then introduce and explain from corresponding Bible verses this concept of resisting strongholds of sin for God to remove them. Next, the counselor should have the patient write down all of his or her strongholds that he or she can think of in the left columns. This can be followed by having the counselor offer any additional strongholds or suspected strongholds that the counselor has identified so far in the counseling sessions. After this listing process is exhausted, the counselor should then go down the list one item at a time and have the patient write in the right column (directly across from the listed stronghold) the competing or opposite godly behavior along with a phrase quote from a supporting Bible verse. This list is now ready to be the patient's personal daily prayer list against his or her strongholds. The counselor can demonstrate how the patient should pray down the list by first praying at the top of the first page the quotation of Psalms 139:23-24 to God, and then praying against a listed stronghold (on the left) followed by praying for its competing godly behavior with supporting Bible verse phrase (on the right). An example of this could be, "Lord, I want to pray against my stronghold of anger. I don't want to get angry anymore but instead want to be accepting, peaceful, and patient. I want to "get rid of all bitterness, rage and anger" as Your Word says in Ephesians 4:31 NIV. So I take a stand against my anger and ask You to remove it right now, please.", and then proceed to pray in like manner about the next item on the list.

Having the patient daily pray down his or her own list of strongholds should accomplish several important objectives: 1. to get the patient to face the truth and reality about his or her strongholds; 2. to get the patient to openly admit to God and be reminded daily that he or she has a sin and bondage

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[437] Dowgiewicz.
[438] 2 Corinthians 10:4; John 14:27.
[439] 1 Peter 4:12.
[440] James 1:2-5 NIV.
[441] Eims, 73-74.

problem in each area; 3. to remind the patient what God thinks and says about the stronghold; 4. to get the patient to agree with God about how He says the stronghold should be regarded; 5. to get the patient to prayerfully, verbally, and hopefully literally take a stand against each stronghold that day; 6. to remind and hopefully incite the patient to successfully practice the competing godly behavior; 7. to instill in the patient reliance and dependence upon God; 8. to daily request that God would completely break the grip of the stronghold and remove it; and 9. to ask God to reveal any other strongholds.

The patient should be instructed to keep the personal prayer list inside his or her Bible cover and bring it to each counseling session thereafter so that any newly-identified strongholds can be added to the list. Later in the future as the patient experiences major success against a particular stronghold, the patient should lightly draw a pencil line through the writing for that particular stronghold, signifying that experiential evidence now suggests that maybe God has indeed granted complete demolition of that particular stronghold. But the patient should continue to pray against that item, and the light line drawn through it can be erased if experiences in the future indicate that the stronghold was only being successfully subdued for a time and has not yet been demolished. The line drawn lightly through also allows for the item to still be legible, and after many successful testing situations the patient can now switch the prayer for that item to thanking the Lord for removing that stronghold. As more and more items get a line drawn through them, the counselor can look down the list to assess progress, assist in verifying that those items are indeed no longer a stronghold, and rejoice with the patient about the reality of God actively working in his or her life, responding to his or her persistent prayer requests, breaking the power of the stronghold, and removing it from his or her life.

Treatment Elements that Access and Apply God's Power

Collaboration with God foundationally involves going along with what God says. But collaboration with Him stops when the person goes in his or her own way or rebels against what God wants, thereby shutting down the use of His power.[442] Proverbs 11:20 NIV declares, "The Lord detests men of perverse heart but he delights in those whose ways are blameless". Indulging in sinfulness is contrary and adversarial to God's will, His working in a person's life, His holy nature, and the quality of relationship with Him.[443] Moreover, indulging in sinfulness is agreeing with and acting in accordance with central issues that strongholds of sin are typically based upon.[444] Thus, engaging in sinfulness is a serious obstructing and debilitating barrier in a person's relationship and collaboration with God. Sin does not break the relationship between a believer and God, yet it does hamper amicability and access to His power.[445] For the counseling patient who is struggling to get rid of enslaving strongholds to sins, the demolition of a stronghold is hindered or suspended if the patient is engaging in the sin or sins of that stronghold. Therefore, an important element of the counseling process is to cultivate "repentance", which can be defined as a two-part conscious change of thinking to "turn away from evil, and to turn to the good".[446]

Believers are to "be holy because [God] is holy".[447] When a believer does sin, the Lord provides a way to be cleansed, prescribing that the believer is to confess his or her sins, as instructed in 1 John 1:9 NIV, "If we confess our sins, he is faithful and just and will forgive us our sins and purify us from all unrighteousness". When believers truthfully acknowledge and confess their sins to the Lord, He will always forgive those sins, purify the believer from the sinfulness, and restore him to an unhindered relationship with God.[448] Furthermore, the confessing of sins significantly contributes to awareness of the sins and should lead to repentance or changing of the mind for terminating the sins and pursuing godliness.[449] In a counseling venue therefore, the confessing of sins would be a vital element that

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[442] James 4:17.
[443] Hebrews 12:1; James 4:6.
[444] James 4:7-8.
[445] Hebrews 13:5.
[446] Dunnett, 671.
[447] 1 Peter 1:16 NIV.
[448] 1 John 1:9.
[449] Barker, 1085.

improves collaboration with God and helps clear the way for God to accomplish demolition of strongholds. The counseling process for demolition of strongholds needs to include the teaching and implementation of this confessing-of-sins element, which theoretically could be exercised when the patient is praying for God to remove a stronghold.

To expose, convict, prepare, and purify humans of their areas of sinfulness, the Lord uses Scriptures, which He has specifically designed to be "useful for teaching, rebuking, correcting and training in righteousness, so that the man of God may be thoroughly equipped for every good work".[450] God empowers Scriptures to be "living and active" so that it "penetrates" to the depths of one's soul where it "judges the thoughts and attitudes of the heart".[451] There is an obligation, however, for believers to employ Scriptures (coupled with prayer) as the primary offensive weapon for getting rid of strongholds of sin.[452] The counselor should excel at effectively wielding "the sword of the Spirit, which is the word of God" to figuratively pierce the core of each stronghold, disarm it, and then sever it from the patient's life.[453] Logically then, the counselor should minimally have Bible verses ready for use in sessions that can be directly applied to specific sins of strongholds.

Effective wielding of the sword of God's Word to remove strongholds should not include ignoring, discounting, minimizing, twisting, misinterpreting, misapplying, or excusing away any applicable convicting Scriptures that may make a host person uneasy. To the contrary, such distorting of the Word of God may only desensitize or harden the person's heart further and strengthen the strongholds.[454] Scriptures are a primary means or weapon of power by which God uses to set spiritually enslaved people free, and therefore its proper usage is vital.[455]

When the Word of God is interpreted and applied properly, its intrinsic truth shines forth to confront, oppose, and counteract the lies or deception that are at the core of many strongholds. In the passage of John 8:31-36, Jesus discloses that He and "the truth will set [us] free" from the enslavement to sin.[456] Logically, if Jesus says the truth is to be used as a weapon against enslavement to sin, and the truth is opposite of lies, then the conclusion is that the truth is employed to neutralize the lies which empower strongholds of sin. Jesus verifies this assertion a few verses later in John 8:43-45 that lies are enslaving and keeping His oppositional listeners from hearing, understanding, and believing Him and His teaching. The counselor will need discernment to actively listen for falsehoods, lies, half-truths, belief errors, and etc. that underlie and support strongholds. Then the counselor will need forwardness to wisely exercise admonishment in gently confronting the lies and countering them with the truth.[457]

An important distinction to note here is that merely hearing the truth does not necessarily accomplish the demolition of a corresponding stronghold but gaining a knowledge of the truth does open the possibility or way to godliness.[458] In John 8:31-32 NIV, Jesus distinguishes that in order to be set free by the truth, a person needs to "really" be His disciple who "holds to [His] teaching", meaning "to stay" in His "word".[459] This indicates a need to steadfastly continue to hear, understand, accept, believe, obey, and live the truth contained in Jesus' teaching. Continuing to walk in the truth or living in obedience to the truth will produce purification.[460] People who come for counseling to defeat strongholds may naturally have some inability to adequately walk in Jesus' teaching and the truth. When encountering strongholds that are persistently resistant to being subdued and removed, the counselor should pay attention to and (if necessary) address how well the patient is walking in Jesus' teaching and the truth

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[450] 2 Timothy 3:16-17 NIV.
[451] Hebrews 4:12 NIV.
[452] Ephesians 6:17-18.
[453] Ephesians 6:17 NIV.
[454] Ephesians 4:18-19.
[455] John 8:31-32.
[456] John 8:32 NIV; cf. Romans 2:8.
[457] Colossians 1:28.
[458] Titus 1:1; see James 1:22.
[459] John 8:31 NIV, Strong's Greek #3306, 3056.
[460] 3 John 1:3; 1 Peter 1:22.

pertaining to each particular stronghold because progress may be stalled until compliance with this mandate occurs.[461]

In the process of taking a stand against a stronghold and walking in the truth of Jesus' teaching, the host person should experience a change of allegiance in how the stronghold is regarded and responded to.[462] Previously, the host person agreed with the stronghold by doing most or all of the following: believing its lies; loving it; hiding, rationalizing, or denying it; surrendering to it; engaging in it; feeding it; and protecting it.[463] When genuine repentance has occurred, the host person now actively opposes the stronghold by rejecting its lies, believing only God's truth, detesting the stronghold, admitting its existence, taking responsibility for it, exposing it, ceasing to engage in it, starving it, and aggressively attacking it.[464] From the patient's dialogue in counseling sessions, an alert and attentive counselor can detect and measure where the patient's allegiance resides and how it aligns.[465] Further teaching of and reasoning from God's Word may be needed if the patient's allegiance has not adequately crossed over yet for that particular stronghold.

From studying strongholds of sin, a characterizing comparison can be made that they are like hardy weeds in a garden. Cutting a weed off does not get rid of the weed because its root system remains intact, enabling it to grow back. The gardener must dig down through the dirt and rocks to the weed's concealed entrenched root core, and pull out all of the core in order to kill the weed. A bigger weed will have a bigger root core that is tougher to pull out. Slicing off part of the root core does set back the weed, but does not kill it. The gardener must dig down to and remove the entire root core and all of its firmly attached many tentacles. In the same way to deliver a person from a stronghold of sin, the Lord requires that the person adequately deal with all of the sins that reside in or connect to the root core of the stronghold.[466] This will necessitate successfully digging, probing, and investigating underneath the surface symptoms, emotions, diversions, and detours down to the entire originating root core cause of the stronghold.[467]

For the establishing of many strongholds of sin, there is a first time occurrence situation or event in which the person first becomes involved with that sin.[468] Depending upon the sin being performed, theoretically one instance of merely watching the sin or engaging in the sin can be enough to sprout the formation of strongholds from it.[469] Speaking from a spiritual perspective, when a person observes or participates in a sin, he is by his actions approving of the sin, willingly opening himself up to that sin, and spiritually allowing any of the dynamics affiliated with that sin to become part of his life.[470] The Word of God exhorts believers to "flee from", "detest utterly", and "hate what is evil; cling to what is good".[471] In 2 Peter 3:17-18 NIV, believers are warned to "be on your guard so that you may not be carried away" from righteousness into wickedness, and to "grow in the grace and knowledge of our Lord and Savior Jesus Christ", which implies not growing in personal exposure to or experience of evil. Believers are to keep up their guard against evil - not open themselves up to it.

As a form of discipline or punishment for indulging in sin that becomes a stronghold, the Lord allows and even causes the sinful indulgences of the past to continue plaguing a person in the present because He actively works to make "a man reap what he sows".[472] Sinful actions will produce sinful consequences in the future, and righteous actions will produce righteous benefits in the future.[473] God does forgive believers of their past sinfulness, but He does not automatically deliver believers from its continuing

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[461] John 8:31-32.

[462] Crabb, 104-106.

[463] Dowgiewicz.

[464] Crabb, 104-106.

[465] Adams, 257-258.

[466] 1 John 1:8-10; *Strongholds*.

[467] *Strongholds*.

[468] Ibid.

[469] Ibid.

[470] Psalms 1:1-2; *Spiritual Warfare*.

[471] 2 Timothy 2:22 NIV; Romans 12:9, NIV, Strong's Greek #0655.

[472] Galatians 6:7 NIV.

[473] Galatians 6:8 NIV.

adverse effects, consequences, and strongholds that resulted from past sinful activities.[474] Therefore the past must be revisited (in counseling) to resolve all issues that are motivating God to refuse to remove the corresponding strongholds that resulted from sinful indulgences.

Strongholds that originate from sinful indulgence usually follow a progression, which typically starts with the person being in an environment where there is repeated or prolonged exposure to sinfulness, which can then foster a desensitization of the conscience to what is morally right, which next leads to creating and reinforcing depraved thinking, which then leads to inciting an initial indulgence in the sin, which next develops into a stronghold habit or addiction, which is then fortified through repeated or intensified indulgence, and finally which can spawn temptations and opportunities for the sinfulness to expand into other areas.[475] Just after the beginning of this progression before the sinful indulgence becomes a habit or compulsion, the person starts doing the sin because it meets some need or desire the person perceives he has.[476] Youths start smoking to meet the need of fitting in with their peers.[477] Children start repeating the cussing they have heard in their home in order to meet the desire to emulate and gain the approval of adults in their life.[478] Adults start gambling to meet a perceived need or desire of obtaining wealth quickly and easily.[479] Although people may know or may not fully realized that what they are doing is morally wrong or harmful, they continue doing them anyways because it is meeting their perceived needs or desires.[480]

Many people do not want to give up their sinful indulgences, but some might if an attractive acceptable substitute or solution is found that will similarly meet their needs as the sinful indulgence does.[481] In their not-always-rational mind, the benefits of indulging outweigh the immediate consequences and are worth the risk of high consequences or worse.[482] Pointing out all of the consequences of their sinful indulging usually may reap no positive results in adolescents and adults because they already know what they are being told, and they nevertheless choose to continue the indulgence.[483] As strongholds of sinful indulgences are identified in counseling, an initial step of a theoretically good treatment strategy is to uncover the first root cause or event, figure out or find out what the corresponding perceived needs or desires were at that time, and then determine what the needs have been that have perpetuated the indulgence since the first event. While this information is being acquired, the counselor can be searching for something that can be changed or corrected which will sufficiently motivate a turning away from the indulgence and towards righteousness.

As with other types of strongholds, again there will be lies or falsehoods to address and to counter with God's truth. Some typical lies for sinful indulgences are 'I've got to have . . .', 'this isn't hurting anyone', 'its O.K. because everyone else is doing it', 'I can control it', or 'the Bible doesn't specifically say this is a sin'.[484] An effective way to counter rationalizations for sinful indulgences is to find at least one easily understood verse in Scriptures that directly addresses the sinful indulgence and then copy the verse or a key phrase in it onto the patient's prayer list and integrate the verse into her daily prayer against the indulgence strongholds.[485] A side benefit to this approach is that through daily reading of the verse, the patient is both being reminded directly from God Himself of God's disapproval of her indulgence and she is memorizing God's Word, which hold the power for changing the mind.

Essentially no progress will be made in getting the stronghold removed until the person sincerely stops liking the indulgence and is actively resisting it.[486] Total abstinence of the indulgence is more easily

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[474] Schaeffer, 83.
[475] Ephesians 4:19; 1 Corinthians 15:33-34; James 1:13-16.
[476] 1 Timothy 5:13; Hart, 57.
[477] *Why Kids Start*.
[478] Filucci.
[479] 1 Timothy 6:10.
[480] Romans 1:32; *Strongholds*.
[481] Romans 1:32; Beazley.
[482] Romans 1:28.
[483] Proverbs 9:7.
[484] Bickle.
[485] Bobick, 60; *The Spiritual War*, 6.
[486] James 4:7.

accomplished when replaced by righteous thinking and actions.[487] Thinking must be changed towards righteousness, or else eventually the person will return to the indulgence.[488] Therefore, another element in treatment is exercising patience to wait for the Lord to change the person's heart towards abstinence, because before progress can be made, the Lord must soften and convince the person to pursue obedient "godliness with contentment" rather than indulging in sinful perceived needs and desires.[489]

When the patient is ready to move towards repentance of a sinful indulgence, then submission to God must include getting rid of all paraphernalia that support the indulgence.[490] If for example a person is turning away from pornography, he should (safely) smash and destroy all of the pictures, magazines, videos, and etc. he has been using to perpetuate his sinful indulgence.[491] He has to personally take ownership in this repentance process and be proceeding according to his own free will.[492] Upon successfully cleaning out all of the supporting paraphernalia, then for an addiction it is important that this void be filled with righteousness that adequately satisfies him and meets his needs.[493] But care must be taken so that his dependence is not transferred onto something else that could become spiritually unhealthy.[494]

When the sinful indulgence is being confessed to God, all of the times or various ways that can be remembered of indulging in that sin in the past should be listed, as stated in 1 John 1:9 NIV, "If we confess our sins…" - which is not the same as 'if we confess our sinfulness'. Likewise, the very first time the sin was engaged in and why at that time the decision was made to do so should be explored in detail and confessed.[495] This may uncover some other issues, abuse, or sins that need to be addressed.[496] There needs to be thoroughness in resolving all aspects of the sinful indulgence - leaving no stragglers and nothing held in reserve or hidden.[497] All nuances of the sinful indulgence need to be confessed for cleansing from "all" unrighteousness.[498]

Another way root core sins can become implanted as a stronghold in a person's life is by picking up the stronghold from an abusive event or an abuser.[499] The various aspects of an abusive event can be readily duplicated or be transmuted into a corresponding variety of types of strongholds in the victim's life.[500] The type of each stronghold will usually be either identical to that specific aspect of the abuse event, or will be opposite in reaction to the abuse.[501] Furthermore, the intensity, depth, and strength of an abuse stronghold in the victim's life will generally match the intensity, depth, and strength of the abusive event that had been perpetrated upon the victim.[502]

Implanted strongholds from and memories of a significant abuse can continue to torment victims indefinitely even though the event happened a long time ago in the past.[503] Memories of what has been experienced in the past can have a direct effect upon the present frame of mind and present response to similar situations.[504] A strong negative response in the present is frequently empowered by a past

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[487] Ephesians 4:22-24.
[488] 2 Peter 2:10, 20, 22.
[489] 2 Timothy 2:24-25 KJV; 1 Timothy 6:6 NIV.
[490] Psalms 106:32-40; *Breaking*.
[491] *Breaking*.
[492] Adams, 195.
[493] Ephesians 4:22-24; Brown, 37-38.
[494] *Breaking*.
[495] Seghers.
[496] Cross, 14.
[497] *Breaking*.
[498] 1 John 1:9 NIV.
[499] *Strongholds*.
[500] Ibid.
[501] Glasser.
[502] Bicknell-Hentges, 3.
[503] Matthew 18:34-35; Alice Smith.
[504] Alice Smith.

harmful experience.[505] A person who is stuck in the past and being held captive by it cannot healthfully dwell in the present nor move forward into the future.[506]

Abuse strongholds do not heal and evaporate on their own.[507] They remain intact and operating vibrantly - even if the corresponding memories have since faded over time.[508] Ignoring the implanted abuse strongholds does not get rid of them nor cause them to subside.[509] Likewise, burying the abuse and moving on with life does not diminish the strongholds at all, but rather gives the abuse strongholds opportunity and license to operate covertly.[510]

My theoretical treatment strategy in respect to these characteristics of abuse strongholds is that effective counseling will therefore need to go back in the past to dig out the original abuse event from which the current stronghold started. The counselor will need to make good judgment in assessing whether the abuse events that are cited by the patient match the presenting symptoms of the stronghold in type, intensity, depth, and strength. If there is not a good match, then the counselor needs to keep digging until the right original abuse event that corresponds to the symptoms is found. The other abuse events being cited by the patient either are subsequent similar branched events or are part of another distinct separate stronghold.

When counseling abuse events, an important reality to remember is that God will not grant deliverance from abuse strongholds if the victim harbors unforgiveness in his or her heart.[511] The Lord commands believers to completely forgive others because through Christ, God forgives believers of all of their countless sins.[512] In Matthew 18:21-35, Jesus declares that the Lord is so adamant about this absolute requirement to forgive others that He will turn over even His own disciples to be "tortured" or "tormented" for not completely forgiving others.[513] God not only allows but ordains that an unforgiving person suffer continuing anguish and adverse effects until the person forgives his abuser.[514] This may sound too harsh for some believers, but Jesus plainly states, ""This is how my heavenly Father will treat each of you unless you forgive your brother from your heart"".[515] Through the activities of the abuse strongholds, God disciplines believers for not forgiving their abusers. God requires the extending of forgiveness even if the forgiveness is only unilateral and with no restitution or apology ever coming from the abuser.[516]

As should be expected then, all treatment methods for abuse that fail to deal with unforgiveness will fall short of totally resolving abuse issues.[517] Unforgiveness (along with relating resentment, bitterness, and anger) is a primary root core problem of abuse strongholds and a critical key to resolving abuse issues.[518] Therefore, unforgiveness should always be the very first problem to look for when dealing with abuse strongholds and with various aspects of abuse events. Once the person forgives comprehensively and completely from the heart, the power of the abuse stronghold is greatly and dramatically reduced.[519] But there are four other common problems relating to abuse to look for and address in counseling. They are lies that the abuser implanted in the victim's thinking while perpetrating the abuse, misperception of the abuse event by the victim, the victim's retaliation for or reaction to the abuse in a grossly immoral way, and the victim's subsequent indulgence in the sin(s) of the stronghold.[520] So up to this point of my

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[505] Ibid.
[506] Ibid.
[507] Ibid.
[508] *Strongholds*.
[509] Alice Smith.
[510] *Strongholds*.
[511] Matthew 18:21-35.
[512] Ephesians 4:32.
[513] Matthew 18:34, 35, Strong's Greek #0930.
[514] Matthew 18:35.
[515] Ibid.
[516] Matthew 6:12-15; Waldmann.
[517] Carlson, 125.
[518] Ephesians 4:31-32; Augsburger, 47-48.
[519] Matthew 18:35; Dwight Carlson, 125.
[520] Waldmann.

theoretical treatment approach on treating abuse strongholds, the counselor needs to look for and facilitate the patient in genuinely expressing forgiveness of the abuser to the Lord in prayer, embracing truth and accepting reality about the abuse, repenting of any subsequent engaging in the acquired stronghold, and requesting removal of the stronghold by the Lord.[521]

Due to this complexity of aspects in the treatment of abuse-related strongholds, it is therefore necessary to open up the entire abuse event and bring it all to full recall in order to treat every aspect of it.[522] However, the patient may not be willing or able to recall and disclose all of the details of a traumatic abuse event.[523] To move beyond this impasse requires time for the patient to self-prepare, to build confidence in the counseling method, and to trust the Lord as He brings healing to other milder issues.[524] When the patient finally becomes ready to face the painful parts of the abuse, theoretically a productive prayer to offer is to verbally ask the Lord to help the patient remember the entire abuse event in a gentle way without being re-traumatized.

The observations of secular therapy are correct about the phenomenon that victims of past severe abuse may at times experience a triggering of vivid intrusive memories or flashbacks of the abuse, which intrude upon and adversely affect present conscious thinking. Nightmares that stem from the abuse can similarly intrude upon the subconscious thinking. I would contend that these are part of the symptoms of strongholds. God has allowed abuse strongholds to contain flashbacks and nightmares that harass and inflict mental pain upon the victim without warning.[525] Despite the recurring mental pain however, this mental pain can be substantially beneficial for resolving abuse when it serves to motivate the patient to keep working on the issues in order to have the Lord get rid of the painful flashbacks and nightmares.[526] Therefore, the counselor should focus on getting the root cause(s) of the flashbacks and nightmares removed rather than getting the actual flashback and nightmare symptoms removed so that motivation for the patient is not lost.

When trying to get rid of nightmares and disturbing dreams, the counselor should also avoid trying to precisely interpret a dream and the meanings of its various elements, because these are fabricated indiscriminately and irregularly by the sleeping mind and usually are not based accurately on reality.[527] Instead, the treatment focus should be on the general theme of the dream to determine if there is a link to a stronghold and/or an actual abuse event in the past.[528]

A primary purpose for thoroughly revisiting abuse in the past is to facilitate the Lord's healing and complete removal of the stronghold with all its tentacles and all associated strongholds. When this is accomplished fully, theoretically the victim should be completely at peace when he or she thinks about and remembers the entire abuse event. The Lord will not remove the memories, but He will bring peace when all of His conditions are met.[529] If the patient is not totally at peace or serene with the past abuse event, then as the patient is ready, further digging should be done to unearth more details within the abuse event in order to identify other associated strongholds or sub-strongholds.[530] While working on past abuse, other symptoms may surface that seem to be unrelated to the abuse event.[531] Or, the patient may disclose accounts of other similar abuse events that seem to be complexly interwoven with or related to the abuse event that is currently being addressed in counseling.[532] Either way, when treating a stronghold and its originating abuse event, theoretically the counselor can use the presenting symptoms as indicators of tentacled features of the abuse event and its strongholds that likewise need to be uncovered and

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[521] James 4:2-3.
[522] Dowgiewicz.
[523] Dwight Carlson, 125, 167.
[524] Dowgiewicz.
[525] Ibid.
[526] Ibid.
[527] McGraw, *How To Stop*.
[528] Ibid.
[529] John 14:27; Dowgiewicz.
[530] Dwight Carlson, 131.
[531] Hart, 82.
[532] Ibid.

addressed. But the ultimate removal of the abuse stronghold will be stalled if sinful indulgence that has subsequently sprouted from the abuse has not yet been dealt with adequately before the Lord.[533]

Secular therapists would strongly object to probably every aspect of this Biblical approach to treat strongholds of sin as described in this chapter.[534] For them, religious concepts or topics such as God, salvation, sin, repentance, and forgiveness are not valid or appropriate for therapy and are an unethical imposition of the counselor's religious beliefs upon the patient.[535] Furthermore, drawing upon God's power has not been scientifically and empirically proven to be credible by their secular mental health field, so it too is invalid, inappropriate, unethical, and damaging because it is fantasy.[536] 'Secular therapy' means exactly what the title words say, which is therapy without God and an intention to stay that way.

Chapter Summary

The focus for this chapter is to identify and formulate strategy principles and elements for a Biblical treatment approach. In order to be more effective than secular therapy approaches, the spiritual approach needs to profoundly access and draw upon supernatural power from God, which can be accomplished by foremost following of Biblical instructions and principles. Thereupon, the counselor needs to be a believer in Jesus Christ, walking in righteousness, have sound doctrine, possess substantial Bible knowledge, have resources available, and be in an environment that supports a religious treatment approach. From being prepared and equipped, the counselor can implement an approach that draws upon God's power by collaborating with God, doing things His way, and pursuing His objectives in the treatment of a patient with strongholds of sin. Going beyond freeing the patient of the strongholds, God also wants to achieve such goals as repentance, transformation, spiritual maturity, and learning from the experience of being delivered.

Important treatment considerations for the counselor to keep in mind and cultivate in the patient are the hindrance that indulging in sin has on making progress, the use of Scriptures, the application of truth, the need to follow Jesus' teaching, and the necessity of a change of allegiance. In the treatment process of uncovering and identifying the root cause of a stronghold, the counselor needs to distinguish its source type. Specific dynamics need to be addressed for strongholds that originate from the patient's sinful indulgence or from the patient being a victim of abuse or from a combination of the two.

In summarizing review, the general steps for treatment of strongholds to be utilized or accomplished in the patient's life are:
1. Use prayer and the Word of God extensively throughout the entire treatment process.
2. Accurately identify the stronghold and dig down to find its root core problem(s) and type, such as sins, lies, misbeliefs, falsehoods, misperceptions, abuse, unforgiveness, or sinful indulgences.
3. Believe and apply the truth from God's Word to each stronghold sin and its root cause.
4. Genuinely repent, which is to change the mind and turn away from it.
5. Terminate all involvement with the sin and get rid of all of its trappings and paraphernalia.
6. Sincerely confess the sin to the Lord.
7. Persistently pray against the stronghold, that the Lord would grant victory over it and remove it.
8. Put on new righteous thinking and behaviors.
9. Stay alert and diligent against indulging in that sin again.
10. Search for, dig out, identify, and deal with any affiliated or tentacled strongholds and their corresponding root causes, and deal with them in the same manner.

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[533] Milne, 157.
[534] See Bulkley, 202.
[535] International, 170.
[536] See Bulkley, 200.

CHAPTER 6: TREATMENT TECHNIQUE SPECIFICS AND EVALUATIONS

Treatment Specifics for Dissociation

The general steps for treating strongholds listed at the end of the previous chapter are applicable and form a framework for treating strongholds in dissociation. However, some adjustment considerations need to be made when treating strongholds in dissociation due to its unusual or abnormal characteristics. One adjustment consideration for the counselor to realize and remember is that speaking to the patient always means that mentally function is partially impaired and lacks wholeness because some aspects of the mental functioning are locked away within various remaining alters who are concurrently segregated, silent, and non-influential.[537] So, mental functioning and processing of the patient should be expected to appear somewhat irrational, inconsistent, regressed, absent-minded, forgetful, fragmented, and etc.[538]

An important inconsistency in the mental functioning of dissociative patients is whether the patient is indeed saved or not.[539] When leading a dissociative person to salvation in Christ, the problematic phenomenon occurring seems to be that one alter is out and responds to getting saved while the rest of the alters have not heard the conversation and Biblical information that lead the one alter to get saved, nor have the other alters aligned their individual wills in agreement with the one alter's faith commitment for salvation.[540] So essentially one alter got saved and the rest did not, and they may even display opposition to such a notion.[541] From a theological perspective, a seemingly reasonable assumption would be that if one alter got saved, then the whole person has inherited eternal life.[542] Therefore, the seemingly 'unsaved' alters have inherited eternal life and technically are saved even though they do not agree or believe yet.

Some religious counseling approaches try to rectify this problem by individually leading each alter to Christ for salvation as each alter is being dealt with.[543] Considering that all of the 'unsaved' alters judicially became saved before God at the moment the one alter placed faith in Christ, then a theoretical better approach might be to attempt a mass conversion, or more accurately a mass convincing of all of the seemingly 'unsaved' alters. To break the obstacle that compartmentalization causes in stopping the flow of information between alters, this mass convincing could possibly be facilitated or accomplished preferably in one of the first counseling sessions by out loud asking the Lord to broadcast to all of the alters the reading and teaching of His Word in that session and then going through a Gospel presentation for salvation. God actively works to cause His Word to "penetrate even to dividing soul and spirit, joints and marrow", so the counselor is aligning and collaborating with what God does by asking for accommodation in this regard for the patient's dissociative condition.[544]

During or after the attempt at mass convincing, if or when an unconvinced alter is encountered, then the counselor can remind the alter from a passage like John 3:16 that whoever believes has eternal life and that the faith of the first alter has lead to the salvation of the entire person. Then the counseling with that alter can proceed forth from that basis. If an alter nevertheless steadfastly continues to adamantly oppose or somewhat resist moving towards aligning with the other alter(s) that have embraced faith in Christ, then that alter may have an issue with God or Jesus that needs to be addressed. Because this counseling approach is based on collaboration with God, no significant progress will be made with any alter that holds an oppositional issue with God. In digging out the reason(s) for the opposition to God, perhaps a good place to look is within the abuse event that is intrinsic to that alter.

When speaking to an alter, another consideration for the counselor is to assume the alter is under significant subsurface mental anguish and negative influence from both the traumatic memory and any

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[537] Cardeña, 20.
[538] *Multiple*, Lucid.
[539] Beardsley.
[540] Ed Smith, 1a.
[541] Ibid.
[542] John 3:16.
[543] DePaoli, 41A.
[544] Hebrews 4:12 NIV.

resulting or subsequent strongholds of sin.[545] The counselor should also expect that the alter will become increasingly agitated as the counseling gets closer to the uncovering and the disclosure of the traumatic memories of that alter.[546] To avoid mental pain and anguish, the alter does not want to remember the traumatic memories.[547] Also, the corresponding strongholds do not want to be identified and removed because the alter agrees with or likes them and additionally uses them to strengthen, support, and defend the inaccessibility of the traumatic memories.[548] Because the alter was formed in response to the particular kind of abuse he or she endured, a correct contention could be that the alter's personality is well-matched to the strongholds he or she possesses, thereby making the strongholds especially entrenched and difficult to uproot.

Due to the nature or characteristics of the abuse that was endured, the alter may have a multiple number of strongholds that were acquired at the time of the abuse event and a multiple number of strongholds that developed through sinful indulgence after the abuse event.[549] If the patient experienced regular abuse over a period of years and an alter or sub-level alter was formed each time an abuse event occurred, then the patient could have hundreds of alters with hundreds of traumatic memories and thousands of acquired strongholds and thousands of indulgence strongholds.[550] Thus, there can be a labyrinth of seemingly never-ending number of alters, traumatic memories, and strongholds. Furthermore, many of the traumatic memories can be very similar and many of the strongholds can be of the same type.[551] But, counseling needs to specifically and individually address each of the alters and each of their corresponding traumatic memories and each of their corresponding strongholds in order to apply the truth and God's Word for comprehensive deliverance. Because there is an intentional effort by the alters and the strongholds to keep the dissociative system hidden and unchanged, the counselor may quickly become lost in the system and wander around overwhelmed by its immensity, redundancy, and entrenchment.[552]

This perplexity of enormous immensity and entrenchment can compel a spiritual counselor to resort to one prayer, or authoritative command, or declaration, or claiming, or laying on of hands to completely heal the patient instantly, thereby avoiding decades of weekly tedious and seemingly repetitious counseling sessions.[553] But from experiential research evidence derived from close follow-up discerning observation and questioning of dissociative patients supposedly healed in this manner, there is significant question as to if they have experienced any healing or benefit from these approaches.[554] Even though God usually does not grant this kind of use of His power today to instantaneously heal all dissociation in patients, care must be taken not to assume that God wants the Biblical counseling to take decades either.

Besides trying a one-prayer-cures-all approach, some counselors (and therapists) try to tackle the immensity problem by initially mapping out the identities and structure of the alters in the complete system in the hope that whole sections of the system can be cured all together at the same time by dealing with only the top alter for each section.[555] While this approach seems admirable, there is question as to its feasibility, effectiveness, and usefulness. Accurately mapping out a system seems difficult to achieve because some patients may have hundreds upon hundreds of alters and sublevel-alters with no discernable hierarchy structure, some or many alters may have a stronghold of lying that could deter accurate identification, many patients do not have identifying names for some or all of their alters, many alters may not know their position in the system due to being compartmentalized from the system, and some alters may effectively be able to stay hidden.[556] Also, treating whole sections of a mapped system

[545] Maldonado, 217.
[546] Ibid., 228.
[547] Ibid., 217.
[548] Ibid., 228.
[549] Shields, 22.
[550] Knotts, 124.
[551] Ibid., 134.
[552] Rumberger, 2.
[553] Koch.
[554] Larson.
[555] Ed Smith, 1a; *Encyclopedia*.
[556] *Doctor*.

assumes that dealing with the head alter of a section can effectively override the nature and formidable power of compartmentalization, which has a proven history in the patient of effectively hindering the flow of information between alters.[557] Therefore, mapping out the complete system is not an element endorsed for this proposed Biblical counseling approach.

Part of the contention of this research paper is that there may be authentic ways to get God to speed up the counseling process for healing spiritual problems because "He heals the brokenhearted and binds up their wounds", as stated in Psalm 147:3 NIV. God brings healing to those whose spirit has been "broken to pieces", "crushed", "rended violently", "wrecked", "crippled", or "shattered".[558] For treating dissociation's broken-to-pieces nature, compartmentalization prevents concurrent treatment of alters with their respective traumatic memories and strongholds.[559] Theoretically though, the treatment of a dissociative system can be successfully accomplished in batches based on kind of abuse event rather than in sections based on hierarchy of an alter. In a counseling session when a traumatic abuse event has been disclosed by an alter, the counselor could pray out loud that the Lord would broadcast the verbal Biblical teaching treatment for that abuse event to all the other alters who experienced an abuse event just like or similar to the one being addressed. The counselor's audible prayer could also request that God would grant that those alters be processed and healed as a batch, according to their similarity of that abuse type. Then, the counselor could proceed to Biblically teach to the presenting alter's abuse event with corresponding strongholds while simultaneously teaching to all the other alters with that same type of abuse event. Additionally, the counselor should be sure to get to the original abuse event, which should not only undermine the resulting strongholds but also should undermine all of the other abuse events with corresponding strongholds that are of the same kind, thus cultivating fertile conditions for effective batch treatment.[560]

For example, a batch treatment approach could be instituted for all of the alters that formed as a result of a father regularly coming to his little daughter's bedroom and sexually abusing her while her mother was at work during the night shift. Sometimes the father would bring a new toy with him to her bedroom, sometimes he would threaten to kill her, sometimes he would tell her he is expressing his love for her, and etc. Individual alters were formed each time the father perpetrated this abuse with corresponding traumatic memories and strongholds distinct to each abuse event. The kind of abuse event is the same kind (sexual) but may have slight variations in how it was done. The kind of resulting strongholds would mostly be the same but may have slight variations or additions due to what the abuser said. The counselor could inquire about any variations, which could then be addressed as categories. For example, one category would be for all the times the father brought a gift or candy, another category for all the ways he threatened to kill the child or someone she cared about, and etc. The counselor could then simultaneously generally address all the alters who experienced sexual abuse by the father in the bedroom while specifically addressing all of those alters who experienced the father bringing or promising a gift when he sexually abused her in the bedroom, and then go on to the next category in this batch, until all of the categories within the batch pertaining to the father sexually abusing the daughter in the bedroom have been treated.

Theoretically, similar abuse events could be handled in a batch if the Lord grants a request for that, divinely overrides the compartmentalization, and the counselor collaborates by treating them in a batch. The counselor will need to be lead by the Spirit, insightful, and intentional in pursuing batch treatment. Also, the counselor will need to be fairly thorough and effective in categorizing the variations, or else some will be omitted and thereby go unsuccessfully or incompletely treated.

Opening up a severe or traumatic abuse event usually ignites re-traumatization of the patient, and opening up multiple abuse events at the same time in batch treatment invites plunging the patient into mental disaster.[561] Furthermore, re-traumatization and fear of re-traumatization help fuel the shut down

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[557] Ed Smith, 1b.
[558] Psalms 147:3; *Shaw-bar'* (Strong's Hebrew #H7665).
[559] Kanovitz, 394.
[560] Dickason, *Discussion*, 41B.
[561] Maldonado, 228.

of total recollection of the traumatic abuse event.[562] But, coupled to the Lord's activity of healing people who are broken to pieces in Psalm 147:3 NIV is His activity of "bind[ing] up their wounds", suggesting He initiates and brings soft tender care to the healing process. Propelled by compassion, He wants the broken person to be healed in a gentle way, which does not sound like re-traumatization or secular therapy's desensitization technique.[563] Theoretically then, a good counseling technique could be to ask the Lord out loud at the beginning of each counseling session to bring traumatic memories to complete recollection without them causing the patient to be re-traumatized. Depending on to what degree the Lord honors this prayer to prevent re-traumatization, the patient might still experience some discomfort when recalling severe abuse but should not feel intense or overwhelming mental anguish.

A prayer could be offered to ask that the patient not experience any mental pain or discomfort. Ideally, this appears the best but in actuality might be the worst approach choice. The reasoning for this is that mental pain and discomfort act as significant motivators for the patient to seek help and relief.[564] Entirely removing painful motivators effectively reduces or eliminates any desire for the patient to go through the unpleasant and laborious efforts to get healed.[565] So even though this is going to appear callous, theoretically the most helpful perspective is to allow the patient to experience not too much but enough mental discomfort to effectively motivate him or her to continue counseling. The same theory applies to getting rid of vivid nightmares and flashbacks of the past severe abuse. Theoretically, God could grant the elimination of all mental pain from abuse-related nightmares and vivid flashbacks but that probably would quench much of the compulsion for the patient to seek counseling treatment. God does refining work in people when we walk through the fire of trials, and He does use pain to motivate repentance in the refining process.[566] Secular therapists would probably jump on this theory as being harmful or even abusive to the patient. An appropriate rebuttal could be that the Biblical counselor holds the long-term well-being of the patient in priority over short-term comfort. Through prayer, the Biblical counselor is relying on God to manage and reduce mental pain just like the therapist relies on psychotropic medications and relaxation techniques to reduce mental pain.

A paramount ultimate goal of all of these Biblical counseling activities is to facilitate fusion of the alters. The practical theory for this to happen is that each alter needs to be cleansed of his or her respective strongholds, which empower and maintain its compartmentalization from being in the whole of the person. So the approach would be to get one alter saved and cleaned out of strongholds, and then go on to work with the next alter, who will automatically become fused with the cleansed saved alter when all of its compartmentalization-causing strongholds have been removed. The two now cleansed alters have permanently fused or melted together to become what can be called the "core" personality.[567] Then the counseling works on a third alter and so forth to be fused into the core personality. God causes fusion of a cleansed and healed alter to the core to happen automatically and instantaneously in the moment He removes the last hindering stronghold of that alter. Therefore, no prayer should be necessary to ask for fusion to occur. When strongholds have been removed from an alter but fusion has not occurred yet, then the indication is that there is at least one stronghold still existing in that alter that is preventing fusion.[568] This outcome of permanent instantaneous fusion differs greatly from the results of secular therapy, which tries to get alters to work together to form an alliance that in reality only simulates fusion because the alliance is unstable due to its dependence on the mutual cooperative collaboration between the independent-minded alters.

There may be times when a dissociative patient will exhibit bizarre manifestations of symptoms or complain of a sudden onset of some painful condition that may hinder or halt the patient from continuing to function in the counseling session.[569] These symptoms can range from being mild, like a sudden

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[562] Ibid.
[563] Matthew 9:36.
[564] Copley, 48.
[565] Ibid., 48-49.
[566] James 1:2-4; Matthew 18:34-35.
[567] Knotts, 10.
[568] Ford, 107.
[569] Putnam, 185.

headache or confusion, to substantial, like going into a trance or having hallucinations.[570] When a situation like this occurs, theoretically the counselor could out loud ask the Lord to bind up the manifestation and stop the patient from being harassed in this manner, which the Lord would probably respond to promptly according to Matthew 16:19 NIV, "…whatever you bind on earth will be bound in heaven…". With the Lord immediately granting the requested binding, the theory is that the binding is going to be brief because His policy is to allow or cause strongholds to manifest and harass their hosts but He will temporarily restrict their harassment in order to enable and assist the host in moving towards repentance and deliverance. However, His binding does not restrict the host from nevertheless choosing by his or her own free will to indulge in the stronghold anyways for whatever reason(s). In other words, for a brief time immediately following the binding, if the host person is still engaging in the sin, the intensity and power emanating from the stronghold have been bound by the Lord and thereby significantly reduced. Thus, the Lord has temporarily provided the person with the ability to have sufficient self-control while the stronghold is bound. Then the counselor can use the manifesting symptoms and feelings as guides to dig out the corresponding source past abuse event, for which a likewise request can be made of the Lord for assistance. Also, the counselor should exercise diligence to ensure that the nature and intensity of the correct source past abuse event matches the nature and intensity of the bizarre manifestations of symptoms.

A reasonable assertion is that powerful bizarre manifestations of symptoms have a corresponding power-filled source past abuse event. Even though there are evangelical believers today who do not want to think about such a possibility, numerous accounts by victims exist to support the reality that children are being abused by people who practice Satan worship, witchcraft, curses, spells, sorcery, human sacrifice, ritual ceremonies, gang rape, and etc. in conjunction with the abuse they are perpetrating on little children.[571] One reason these people practice such detestable or depraved occult abuse activities is because there is power within these activities that can be used to inflict control over or harm upon other people.[572] Another reason is that these people aspire to find and manipulate powerful paranormal phenomena.[573]

Power-filled abuse techniques can yield powerful results upon the victims. But the Lord is immeasurably more powerful than everyone and everything else that exists.[574] Therefore when encountering powerful manifestations of symptoms, theoretically the counselor should utilize requests for bindings by the Lord and be looking for these kinds of corresponding source power-filled abuse techniques that were used by the perpetrators. Also, the counselor should develop and possess a serious regard for potential power-filled lasting harm that curses and spells from witchcraft can continue to exert on the victim, and when suspected the counselor should out loud ask the Lord to break any curses and spells that might be present.[575]

Some occult practices, rituals, or ceremonies intentionally include or couple together aspects that mock God, Jesus, His Church, and etc. with aspects that abuse or torture victims.[576] To undo or reverse such sacrilegious activities, some counselors endorse the observance of church ordinances such as communion or baptism, or the enactment of a ceremony such as a wedding or funeral, or the charismatic application of an item or procedure such as holy water or slaying in the Spirit in the counseling session with the patient.[577] Having previously asserted in this paper that God usually does not desire, nor authorize, nor accomplish an instantaneous healing of all strongholds and abuse issues, there seems to be a lack of usefulness for charismatic applications that attempt a quick mystical fix. However, the enactment of a ceremony in counseling may be helpful for the patient, such as having a symbolic belated funeral for the patient's infant sibling who was sacrificed in a ceremony. The observance of church ordinances seems

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[570] Ibid., 176-177.
[571] Wise.
[572] Ibid.
[573] Modica, 7.
[574] Job 38 ff.; 1 John 4:4.
[575] Deuteronomy 18:10-12.
[576] Montrose.
[577] Knocks, 41A.

like it too could potentially benefit the patient, such as being properly baptized in a church to publicly terminate and renounce the patient's forced childhood membership induction into a cult, and to publicly announce the patient's new voluntary membership into the Kingdom of God through saving faith in Jesus Christ.

<u>Treatment Specifics for Residential Treatment Group Home Girls with Dissociation</u>

From analyzing survey and research data on adolescent girls in residential treatment group homes, there is substantial evidence to support the theory that a majority of them have been victimized by occult abuse. This theory is based on the data that there is a major prevalence of intense psychological disorders and extreme destructive behaviors in these girls accompanied by their independent disclosures of personal accounts of occult abuse.[578] Sadly and astonishingly, this linking of symptomatic, psychological, and behavioral evidence with the personal accounts to support the presence of past occult abuse in these girls is being dismissed by secular therapists because they are skeptical and try to rationalize it away.[579] The therapists may be ignoring appropriate scientific methodology when they have a girl in their office giving a personal account of occult abuse and then later have another girl who has never met the first girl giving a very similar account of occult abuse.

In treating residential treatment group home girls, the counselor should not only look for and take seriously the presence of occult abuse but should do the same for gang membership and extensive gang criminal involvement.[580] Typically, gang member adolescents do not disclose their gang affiliation to adults and will vehemently deny any such inclination.[581] One compelling reason they are so prone to be involved with gangs is because they are trying to acquire protection as a teenager in delayed reaction to their lack of protection while being abused as a child.[582] But for the counseling, gang affiliation is a critical issue that will effectively terminate progress in counseling because the girl remains officially aligned with doing evil. Logically, there must be a ceasing of affiliating with gang members, a renouncing of gang membership, and a thorough confessing before the Lord of all past gang activities. Initially, the adolescent girl may be strongly opposed to taking such steps because her gang is her protection, her companions, her sense of belonging, her sense of worth, and her means of survival.[583] Moreover, leaving the gang usually requires that she endure a 'violation' according to the rules of her gang, which can be a gang beating for a specific amount of time or outright being killed.[584] A possible remedy for this situation is for the counselor to encourage her to publicly renounce her gang membership during baptism and to coach her how to witness to her gang associates, who subsequently will not want to hear her talk about Jesus and thereupon leave her alone without enforcing the required exit violation on her. The counselor may also need to arrange for an alternative safe place for her to live upon leaving the group home if she is going to be returned to her gang-infested neighborhood.

As a result of growing up in an excessively abusive home, adolescent girls in residential treatment have an intrinsic "lack of impulse control and normal conscience and moral development".[585] Subsequently, these girls are drawn to running around on the streets with gangs and other depraved peers engaging in a variety of gross sins and crimes such as sexual promiscuity, prostitution, marijuana, hard drugs, alcohol, running away, robberies, kidnappings, violence, and even murder.[586] To overcome their constraint in disclosing and admitting in counseling such deviant and criminal activities, the counselor could reassure each patient that confidentiality will be absolutely maintained and that no mention of any crimes will be written in any reports. Also, the counselor should always be alert to and checking for any connections to past abuse as the patient is lead to repent and confess her gross sins and criminal activities

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[578] Mauch, 6-9 passim.
[579] International, 169.
[580] Sedlak, *Nature*, 3, 5, 6.
[581] Abrams, 80.
[582] Carrasco.
[583] Ibid.
[584] Ibid.
[585] Prather, 57.
[586] Quas, 245.

before the Lord.[587] To overcome the girl's fear of disclosing criminal activities that might both incite the retribution of co-conspirators or result in jail time, the counselor could engage in 'blind' counseling that involves the counselor leading the patient through repentance and silent confession before the Lord without ever revealing or disclosing the nature and details of the criminal activity. Blind counseling also protects the counselor from being criminally prosecuted for not reporting a crime. The counselor is not a criminal investigator but is a facilitator of healing and reconciliation with God, which will not be more fully achieved unless the counselor can find a way to get the girl to deal with God about her criminal activities. Blind counseling does facilitate this but is difficult for the counselor to implement due to the lack of information about the criminal activity being dealt with blindly.

For those girls who are hoping to be reunited with their parent upon discharge from the group home, there may be concrete refusal to disclose the past criminal activities or criminal abuse by that parent or other people close to the environment she wants to be placed into.[588] This refusal to disclose can be from fear of future abuse or from fear that her abusive parent might be sent to prison.[589] Whatever the reasons are, the counselor may have to use his or her best judgment on how to proceed and may have to resort to using blind counseling on these kinds of issues. The difficulty in doing blind counseling will probably be compounded if protector alters are involved whose function is to protect the abuser parent from criminal detection.

Residential treatment group home girls may have major but subsurface gender or racial issues, which may invoke hostility towards the counselor.[590] For example, if a dissociative girl was repeatedly raped by her bald authoritative stepfather, she may then naturally have seething despisal towards the bald authoritative counselor who seems to act like her stepfather did. When interacting with and counseling residential treatment adolescent girls with dissociation, the counselor should expect that the girls will at times transfer their anger at their abuser onto the counselor.[591] This transference can become especially serious for the counselor if an alter surfaces that is an accuser.[592] Therefore the counselor would be wise to take precautions, such as counsel in a room that has a large window into the hallway so that other people in the building can see in to provide a level of safety against false accusations. Also, the counselor should probably avoid admonishing or confronting sin in adversarial alters until an excellent working relationship has been firmly established with the patient.

Theoretically, counseling should naturally start with addressing and removing the strongholds in the most agreeable alters first who likely experienced milder abuse, and then progressively work up to the more resistant or hostile ones who likely experienced horrific abuse. This gives the counseling relationship time and exposure to develop and to strengthen the patient's trust and confidence in the counselor, resulting in increasing receptivity to going in the direction that God wants. These early victories over weaker strongholds to fuse agreeable alters should help to build hope and encouragement in the patient. Also, for the dissociative adolescent girl, a stable core is being constructed and expanded that is open to submitting to God. However, due to spiritual immaturity, the counselor should expect that the girl's obedience and submission to God will be negligible at first, resulting in a very poor witness for Christ because of remaining bondages in remaining alters, double-mindedness, "rocky soil", and lack of self-motivation.[593] So the counselor should mentor, exhort, counsel, teach, coach, and help her to develop obedience and submission to God, to learn how to resist the temptations and hazards of life, and to develop new righteous ways of reacting to stressful situations and inappropriate opportunities. Progress towards righteous living will likely be slow and hard-fought but regular encouragement can be extended to remind her of the progress that has been made so far and the deliverance God has been granting her.

Treatment Specifics for Integration into a Residential Treatment Group Home Program

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[587] Nace, 173-174.

[588] Barth, 4; *What Is Child Abuse*.

[589] *What is Child Abuse*.

[590] *Doctor*.

[591] Ganaway, 320.

[592] Knotts, 446.

[593] James 1:5-8; Matthew 13:5.

Attempting to initiate this kind of personal Biblical counseling and coaching within residential treatment group homes will likely prove short-lived and futile due to cultural misperceptions that Biblical counseling is inferior, deficient, unreasonable, and ineffective.[594] Changes in how Biblical counseling is regarded need to occur in order for opportunities to open up in which this Biblical counseling-based treatment approach can be implemented. This change of thinking probably needs to start in religious residential treatment group home programs, where typically 'Christian' administrators have completely bought in to the secular therapy model while by default dismiss the usefulness of a Biblical counseling approach. Solid committed support from the residential treatment program's administrators is crucial in getting a Biblical counselor established in their program.

Except for the type of therapy being conducted, most of the other therapeutic elements in a residential treatment group home program are acceptable and compatible for this proposed Biblical counseling-based treatment approach to be integrated with. But to successfully and ideally integrate this proposed Biblical counseling-based approach into an existing secular residential treatment group home program, leeway needs to be extended to the counselor to teach Biblical principles and values in teachable moments during the day, which means the counselor's presence and interaction will need to be accepted and perhaps even appreciated at any time in the home by the staff. With administrative approval and blessing, the counselor should devote part of each day to mingle with the girls in their various group functions or activities. Some of this interaction time will probably involve on-the-spot crisis counseling, de-escalation counseling, or practical coaching. The counselor should not take an authoritative role but rather a supportive role. As the counselor is thus building and strengthening relationships with the home's girls, close observations in a natural non-office setting can be made to determine the presence of strongholds and alters in each of the girls that are the counselor's patients.[595]

Being careful not to force religious teaching on any of the girls, the counselor should present Biblical teaching to only those who are open and agreeable to hearing religious content.[596] Besides taking advantage of impromptu opportunities during mingling time, the counselor can also offer scheduled group Bible studies or daily devotions on topics, principles, or doctrines relevant to what the girls are experiencing. If allowed and feasible, the counselor could arrange to accompany interested girls to attend worship services and youth group meetings in the counselor's church and go to suitable church youth events or Christian concerts. The counselor could also arrange for the church's ladies group to come to the girls' home once per month to do craft projects or other fun activities together.

The church that the counselor selects potentially can play a pivotal role in how the girls respond to religion.[597] A dull, boring, spiritually-stagnant church with hollow religiousness probably will turn the girls off to religion.[598] A church that teaches false or wacky doctrine is likewise counterproductive.[599] On the other hand, a vibrant, spiritually alive church that teaches sound doctrine right out of the Bible could do wonders to help draw the girls in.[600]

Therefore, the counselor should select a church with care by going and observing to find out firsthand whether the Bible is actually being taught in its youth group gatherings and from the pulpit.[601] Special effort should be made to note how the teachers and youth leaders relate to youths and what the music is like to determine if the church's youth program will be suitable and exemplifies Christ-likeness.[602] Upon taking girls to the church's youth program and worship service, the counselor should ask them whether they liked going to church there and why or why not, and listen to their feedback.[603] If necessary then, the counselor should keep looking until a balanced Bible-teaching church youth program is found that is

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[594] Lelek.

[595] Price.

[596] International, 170.

[597] McDowell, 137.

[598] Evans, 80.

[599] Titus 1:10-11.

[600] Titus 1:9; LaHaye, 105.

[601] McDowell,137; LaHaye, 106.

[602] LaHaye, 106.

[603] Ibid., 105.

enjoyably appealing to the girls and not dull or boring.[604] The right church can and should become a whole new social network for the girls that is appropriate and beneficial to their spiritual and social development.[605] The right church can help to sprout and nurture faith in them.[606]

A major problem though is that the behaviors of residential treatment group home youths make them unsuitable for attending church peer groups by themselves.[607] Most church youth staff are unequipped and un-desirous of managing disruptive behaviors within their church group.[608] Therefore, the counselor should accompany the girls in all of church events they are taken to and personally monitor their behaviors to ensure that they are always appropriate in the group and are manageable by the church ministry staff.[609] Also the counselor should initiate regular periodic communication with the youth group's staff to ensure that the group home girls are not being disruptive or unmanageable for the staff.[610] On days when a girl is not deserving to go to church youth events because of bad behaviors in her group home, the counselor could promote and encourage that she go anyways (unless she is completely out-of-control) and stay with her in the church youth group during the entire time.[611] And if a behavior problem does arise with one of the girls while attending a church group, then the proper reaction would be to first believe, side with, and explicitly support the staff rather than the troubled group home girl unless or until solid evidence indicates otherwise.[612]

One area that will desperately need to be changed is the type of media and music that is being consumed by the girls who are being counseled in this Biblical counseling-based treatment approach.[613] The influence of media and music on children's and teenagers' value systems is enormous.[614] Through the modern media, youth are rapidly becoming exposed to and bombarded by "every kind of wickedness, evil, greed, and depravity".[615] The glitzy, entertaining qualities of media have already hooked and addicted this next generation on immorality, godlessness, moral corruption and filth, wickedness, and impurity.[616]

Behavior-disordered and dissociative girls in residential treatment group homes have grown up watching, listening, and taking into their minds inappropriate, or vulgar, or sexual, or violent content, that has pervasively planted in their hearts and thereupon spews out their mouths - garbage in, garbage out.[617] Jesus declares in Luke 6:45 NIV, "The good man brings good things out of the good stored up in his heart, and the evil man brings evil things out of the evil stored up in his heart. For out of the overflow of his heart his mouth speaks". Their minds should be thinking upon only that which the Lord would approve of.[618] But getting ungodly media and music censored in a secular residential treatment group home would probably be virtually impossible and provoking.[619] The youths of this generation enjoy consuming this kind of media and do not want to give it up.[620] Furthermore, the secular staff of the home would not see any problem with the worldly media the girls are consuming because that is why the staff are allowing its consumption.

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[604] McDowell, 137; Johnson.
[605] McDowell, 137.
[606] LaHaye, 105.
[607] Lackey, 106, 102; Burton, 14.
[608] Lackey, 106, 102.
[609] Ibid.
[610] Ibid., 2.
[611] LaHaye, 105.
[612] Ibid.
[613] McDowell, 164.
[614] Ibid., 38, 62.
[615] Romans 1:29 NIV.
[616] McDowell, 38, 62.
[617] Anderson, *Seduction*, 82-87 passim.
[618] Philippians 4:8.
[619] Bacchiocchi, 13; Mueller.
[620] McDowell, 38.

One effective way for the counselor to assist his or her patients to accept a transition over to Christian music is to conduct an ongoing two-for-one exchange.[621] The counselor could make a standing offer that for each inappropriate music CD his patient turns in for destruction, the counselor will replace it with two appropriate used Christian music CDs, which can be purchased on Ebay.com in lots for about one dollar per CD. If allowed and supported, another way could be to buy some (used) contemporary Christian music CDs for the home to be played as background music and slowly increase this type of music in the home's background music repertoire.[622] Also, when taking the girls to a religious event, the counselor could tune the radio in to Christian music but shut off any preaching that comes on because the girls are probably not open or ready for this preaching and frequently the doctrine being espoused is faulty.[623] They may be able to tolerate the Christian music playing but will not be able to tolerate the radio preaching while confined in the van.[624] Traditional hymn music and conservative Christian music probably will outright irritate, provoke, and harden the girls.[625] But, contemporary upbeat Christian music can grow on them.[626] Care should be exercised in selecting so-called 'Christian Rap' and 'Christian Rock' music CD's because there may be question as to whether each of them is honoring to the Lord and promotes peaceful wholesome thinking and attitudes.[627] If the counselor can financially swing this, every penny spent on Christian music that the troubled girls like should be well worth the investment, serving to transition them off of inhibiting inappropriate music and onto spiritual-health-nurturing Christian music that feeds them a Biblical message within the lyrics.[628]

Projected Results for the Patient

The Biblical counseling-based approach proposed in this research paper utilizes the counseling technique of following the natural tendency to deal with the calmer more-agreeable alters first and progressing over time to the most-nasty hostile alters last. Theoretically, when a significant majority of alters have been healed, cleansed, and fused into the core personality, improvement in mental stability and health should start to become evident. Coupled with this should also be an un-stunting of mental maturity that starts to noticeably move towards age-appropriate levels. As new appropriate ways of handling conflict are learned and put into practice, consistency should improve in managing stress, exerting better social interaction, resisting temptations, and terminating sinful indulgences. Behaviors in school and grades should likewise take a jump in improvement, although the adolescent patient will probably experience increasing ostracize-ation by her deviant peers as she visibly becomes more religious and righteous in her living. Also, the adolescent patient may start to request a reduction in her psychotropic medications because anger episodes are fewer, shorter, and milder, and new spiritual hope is replacing depression and anxiety.

Essentially, the adolescent girl is being made into a new peaceful person with a permanently transformed personality, which she enjoys being better than the old rage-filled person. Conditions in her life are becoming more favorable for better experiencing the fruit of the Spirit as cited in Galatians 5:22-23, a more abundant spiritual life, and spiritual growth toward maturity.[629] For her age, the adolescent girl is extraordinarily gaining wisdom in how to be delivered from strongholds and in first-hand experience of the power of God in her life that confirms the reality of His existence, His willingness to deliver her from strongholds, and the active powerful truth of His Word. Substantial evidence and knowledge are being added to her testimony that could be used to help or impact others. Family members, friends, and other people associated with her should be enjoying increased pleasantness and improved relations with her. Overall, the adolescent girl is becoming morally, physically, emotionally,

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[621] Mueller.

[622] Bacchiocchi, 2; Mueller.

[623] Bacchiocchi, 6.

[624] Ibid., 4.

[625] Ibid., 1.

[626] Ibid., 2.

[627] Ibid., 5; Mueller.

[628] Bacchiocchi, 2.

[629] John 10:10; Ephesians 4:11-13.

intellectually, and spiritually stronger, which should help equip her to better resist indulging in other strongholds, to serve the Lord and His church, and to earn rewards in heaven.[630]

Recap Evaluation of Theorized Effectiveness

To evaluate in recap, the effectiveness of this Biblical counseling-based approach is contingent on the skills of the counselor to collaborate with God, the freedom of the counselor to proceed as desired in the residential treatment institution and in its homes, and the response of the patient to willingly and persistently move in the direction God wants her to go. Substantial deficiency or failure in any of these three contingency areas will slow or stop treatment progress. An important aspect to note here is that there is no contingency placed on God because He is always faithful to forgive and cleanse.[631] Furthermore, God has desire and plenty of power to remove every stronghold and heal every wound, and if He sets the patient free, she "will be free indeed".[632] God is at work to bring total and permanent fusion, meaning that alters fused into the core personality do not relapse back to being split and dissociated. With this counseling method, God will free the patient to the extent and pace she is willing and motivated to be freed. Progress will be evident and measurable. Counseling of extensive or complex dissociation will take longer than lesser dissociation but does not need to take more than a few years because divine power is at the ready. The counselor can expedite the counseling process by getting the adolescent patient involved in a good church youth program and by facilitating a transition to Christian music.

Recap Evaluation of Secular Therapy

To evaluate in recap, secular therapy does not access divine power and cannot match the divine power utilized in this proposed Biblical counseling-based approach. It approaches from a humanistic perspective with humanistic techniques to achieve humanistic results that fall short of healing, curing, and fusing dissociation because dissociation is a spiritual problem requiring a spiritual solution approach. Secular therapy goes to great efforts with great sophistication based on profound analyses of extensive observations and of elaborate theories. There is truth and reality in much of its observations, but the premises of its theories are fundamentally flawed, which leads to flawed conclusions leading to deficient approaches leading to inadequate results. Government social services agencies have bought into secular therapy's philosophies and extensive implementation efforts, thereby establishing and maintaining its entrenched and monopolizing position in residential treatment group homes.

Evaluation of Summarized Significant Differences of Other Biblical Counseling Approaches

In comparing my proposed Biblical counseling-based approach to other select representative Biblical counseling approaches, there are many features that are common or similar but the noteworthy features that are distinctly different will be highlighted herein. The truth-encounter approach as promoted by Dr. Neil T. Anderson in his book, *The Bondage Breaker*, places special emphasis on battling the activities of demonic forces in the life of the patient by applying the truth of God's Word to "out-truth" rather than "out-muscle" the demonic activities that are present throughout the whole spectrum of sins.[633] Dealing with psychological problems in the life of the patient necessitates dealing with the corresponding demonic activities.[634] A possible problem with Anderson's approach seems to be the placing of much of the attention, responsibility, and battle focus on the activities of demonic forces whereas my approach solely places the attention, responsibility, and battle focus on the patient's relationship with strongholds of sin. Focusing on demonic activities may divert the focus from where it should be - on the patient's sins and strongholds of sin.

Dr. C. Fred Dickason promotes a power-encounter approach that confronts, engages, battles, commands, counters, and exorcises demons through direct conversations with the demons who are

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[630] Lyons, 468.

[631] 1 John 1:9.

[632] John 8:36 NIV.

[633] Anderson, *Bondage*, 21-22, 23.

[634] Ibid., 20.

oppressing and empowering each alter in the dissociation.[635] There is substantial evidence in the New Testament that an abbreviated version of this approach was used by Jesus, His twelve disciples, and the apostle Paul. But this approach does raise some difficulties that would need extensive research for corroboration, such as: whether demon inhabitation is a reality today and if so, what are the circumstances, psychological conditions, and manifestations that it presents; does God grant believers today the same authority and power over demons that the twelve disciples had; what conditions are required to get demons successfully exorcised; how do the counselor and the patient determine when a demon is speaking and when an alter is speaking; is it wise, appropriate, and helpful to have demons speak through the patient; and what role do demons play in the formation and maintenance of the dissociative system. Even if this power-encounter approach proves to be real, valid, and appropriate, another difficulty is how it would be accepted by the secular mental health field and church leaders, society in this country, government social services agencies and lawmakers, and residential treatment group home administrators, staff, adolescents, and parents.

A third approach that is promoted by Dr. Ed Smith could be called the divine-encounter approach, which involves the patient having awake visions of actually seeing Jesus, carrying on real-time conversations with Him, and being guided by Him through visual scenes to deliverance.[636] Like Dickason's power-encounter approach, this divine-encounter approach raises many difficulties and perhaps more because there is a lack of New Testament accounts that support people being psychologically healed by Jesus or His disciples in this miraculous vision manner. Also, there is significant question as to whether this approach's extensive use of visualizations is an inappropriate exploitation of the dissociative patient's propensity for and susceptibility to suggestion. Irrespective of whether this approach is actually authorized by God and collaborates with Him, credibility for this divine-approach would be very difficult to attain in almost every counseling or therapy venue, and even in most ministries. Believers are to "live by faith, not by sight".[637]

Chapter Summary

For this proposed Biblical counseling-based approach, there are several considerations, adjustments, and innovations for the treatment of dissociation that go beyond the normal treatment for strongholds, such as understanding and accommodating the unusual spiritual dynamics intrinsic to dissociation, utilizing techniques that collaborate with God to speed up the deliverance process, taking treatment steps that keep the long-term goals in mind, and requesting immediate assistance from God. Special understanding and accommodation are also needed for successful treatment of adolescent girls in a residential treatment group home due to the prevalence of their: occult abuse; gang involvement; criminal activities; gross sins; refusal to disclose parental past criminal activities or abuse; racial, gender, and transference issues; and natural tendency to surface the most agreeable alters first. To integrate this proposed Biblical counseling-based approach into a residential treatment group home program, the organization's administration and home's staff need to be supportive of the counselor's activities of daily interacting with the girls in the home, offering Bible studies and other extended religious services, taking the girls to a suitable church youth program, and transitioning the girls to Christian music.

Projected results of this proposed Biblical counseling-based approach for the patient should be significant improvements in mental stability, mental maturity, ability to handle stress, social interaction, resistance to temptations and sinful indulgences, school grades and behavior performance, and less dependence on psychotropic medications. Progress should be measurable, fusion of alters should be permanent, and God is faithful to accomplish the "good work" He has started in the patient's life.[638] Even though secular therapy holds a monopolizing position in society and in residential treatment group homes, it cannot match these results because it does not access divine power with its humanistic approaches that are based on flawed premises and theories that omit the spiritual nature of dissociation. Other Biblical counseling approaches such as truth-encounter, power-encounter, and divine-encounter proceed forth

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[635] Dickason, *Counseling*.
[636] Ed Smith, 2a.
[637] 2 Corinthians 5:7 NIV.
[638] Philippians 1:6 NIV.

from somewhat different Biblical perspectives and they thereby each respectively contain elements that raise questions about their appropriateness, effectiveness, or usefulness, which might hinder or prevent their usage in residential treatment group homes.

CHAPTER 7: CONCLUSIONS

Secular therapy treatment techniques are extensively utilized in residential treatment group homes to address the adolescents' psychological issues that underlie their serious negative behaviors. Even though the therapeutic principles, goals, and methods that comprise residential treatment programs are reasonable, balanced, and supportive, the reality from research is that these secular therapy treatment techniques do not accomplish substantial beneficial change in the resident adolescents' mental health problems or behaviors. With Dissociative Identity Disorder being a common condition among residential treatment group home adolescent girls, research indicates that the secular therapy treatment approach for dissociation is insufficient for many patients in accomplishing permanent mental unification and wholeness. This shortcoming in effectiveness sprouts from a flaw in a part of the secular mental health field's diagnosis of the nature of the mental health conditions that dissociative persons have, which disregards evidence and Biblical principles that indicate the presence of a spiritual component in the condition of dissociation. When observing and analyzing dissociation from an objective and open-minded perspective, it is blatantly obvious that strongholds of sinfulness have gained mastery over many of the alternate identities through being victimized by severe abuse as a child and through subsequent free-will choices of the victim to engage in enslaving sinful indulgences that emanated from the original severe abuse. Research from the Scriptures yields a reasonable and warranted conclusion that strongholds of sin play a significant and perhaps major role in dissociation. Aggregate analysis of dissociation that includes applicable Biblical information thereby generates the conclusion that curing dissociation requires a treatment approach that profoundly accesses and draws upon supernatural power from God to remove the causative strongholds of sin, which can be accomplished by foremost following of Biblical instructions and principles.

With some accommodations and technique innovations, this proposed Biblical counseling-based approach that extensively collaborates with God to effectively treat and cure dissociation theoretically could be successfully integrated into an existing secular residential treatment group home program for adolescent girls. Other Biblical counseling approaches proceed forth from somewhat different Biblical perspectives and they thereby each respectively contain elements that raise questions about their appropriateness, effectiveness, or usefulness, which might hinder or prevent their usage in residential treatment group homes.

Applied Research Thesis

The overall conclusion then (as quoted from Chapter 1) is:

> This thesis paper will do an analysis of a typical secular therapy-based residential treatment group home program and of the unique Biblical counseling-based treatment approach I am proposing, and will assert that the proposed specially-customized Biblical counseling-based treatment approach clearly should achieve superior results over a typical secular therapy-based treatment approach in regard to treating residential treatment group home adolescent girls for Dissociative Identity Disorder.

Implications of Findings

The findings of this research bring to the forefront and propose to the secular mental health field, to social services agencies, to lawmakers, and to ministry people that a better way exists to treat dissociation and that dissociation can be cured. Some of the foundational presuppositions of secular therapy for dissociation are hereby being scrutinized, questioned, challenged, invalidated, modified, or replaced. Dismissal of dissociation having any spiritual composition is being declared blinded, unwise, and lacking reality. Some of the techniques of some therapy approaches for dissociation are being discredited and declared obsolete. Negative behaviors are being reclassified as sins. Negative compulsions, habits, and addictions are being reclassified as strongholds of sin. God is being heralded as the answer to curing dissociation and a degree of accountability to Him is being created. Sufficient information and description of a way to accomplish curing of dissociation is being supplied for others to read and implement. Also, the monopolizing, entrenched, and commanding position that secular therapy has in residential treatment group home programs is being threatened by the application of the Word of God.

<u>Applications of Findings</u>

For everyone who is involved in the providing of treatment for dissociation, the findings of this research should be taken seriously and not dismissed as nonsense. Serious consideration should lead to the conducting of investigations, observations, tests, follow-ups, and comparative analyses by reputable independent non-biased researchers to validate and corroborate these findings. From these validations, information should be dispensed to relating aspects of the mental health field and its corresponding educational institutions to begin the process of changing attitudes about Biblical counseling and this proposed approach. After this, various officials in the mental health field should take concrete steps to discard, modify, or replace treatment philosophies and approaches accordingly. Upon reaching this point in this progression, lawmakers and social services agencies administrators who have dissociative patients under their programmatic care should review their policies and make adjustments, allocating sufficient funding to start pilot programs for this proposed Biblical counseling-based approach. Counseling ministers should likewise conduct an evaluation and make adjustments accordingly.

<u>Further Study</u>

Further study should be conducted: to validate and corroborate the findings of this research; to explore for additional useful theories, principles, and techniques in treating dissociation that must align with sound Biblical doctrine and interpretation; to explore for other psychological and medical conditions besides dissociation that may have a spiritual component to them; and to ascertain the validity of other different approaches to Biblical counseling of dissociation such as power battles with demons and face-to-face conversations with Jesus in visions.

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