

MY EXPERIENCE OF LIVING WITH DISSOCIATIVE IDENTITY DISORDER – DENIAL



by Carolyn Spring

But I would say that denial is universal. In my experience, everyone I know with DID struggles with denial, not knowing for sure whether ‘it’ happened. People range from having no memory at all of what happened to them and why they are the way they are, through to having some vague memories but not being sure of the context, to having a clearer narrative, but one that is still riddled with holes and doubts.

The key thing we need to understand is that everyone struggles with denial. That is because ‘denial of the syndrome is part of the syndrome.’ One of the principal functions of DID is denial – to allow the person to continue with life, unaware of the extreme abuse that they have suffered, by blocking it out of their memory and mind.

So denial and dissociation are two sides of the same coin. In employing dissociation, we are employing denial: ‘This isn’t happening’ or ‘This isn’t happening to me.’ We create alter personalities to whom it happened, so that it didn’t happen to me.

So denial is universal. And people often say to me, ‘But it’s so difficult because my memories are so vague, or incomplete or fuzzy.’ We often wish we would just ‘know’ clearly, like we know which school we went to, or what colour bike we had as a kid. We want to be able to press ‘play’ and see it as ‘fact’ before us. But it’s not because we’re making this stuff up that we can’t remember it clearly. It’s because

memories of trauma are qualitatively different to normal memories – they’re a different type of memory altogether.

When we were in a situation of threat, there are distinct physiological changes that occur in our brains and bodies – the fight, flight or freeze response. When the body is reacting like this, there is a release of chemicals which inhibits the functioning of a particular tiny part of the brain called the hippocampus. The hippocampus has a number of functions in the brain including sequencing, organising, and applying a sort of ‘date/time/location’ context stamp to memories. So the hippocampus helps you to store your memories with a sense of context – when they happened, where they happened.

We can see this in research carried out on drivers of black cabs in London. Before they’re allowed to drive taxis, they have to memorise every single street in London and the quickest route from one place to the next. They then take a test called ‘The Knowledge’ before they’re allowed to work as a cabbie. So there’s a lot of learning to do: a lot of memorising of places and contexts and how one places relates to another.

When their brains have been scanned by neuroscientists, it shows that their hippocampus is larger than those of average people. So all that storing of context – where a road is in relation to another road – makes their hippocampus bigger!



MY EXPERIENCE OF LIVING WITH DISSOCIATIVE IDENTITY DISORDER – DENIAL



by Carolyn Spring

In contrast, trauma survivors have a smaller hippocampus than normal. So again, this is indicative that real changes happen to our brains during trauma.

But in terms of 'context', we need the hippocampus to be working to store memories with that context. But the hippocampus is shut down when we're under threat. So those memories are stored without the 'context' stamp. That's why when we recall them later in life, they are so fuzzy and difficult to place. That's why they don't quite feel right. One of the ways to describe them is 'ego alien' – that is, not really belonging to me.

Another thing to understand is that the hippocampus doesn't start to work properly until we're about 3 years old. So generally speaking memories before the age of about 2 ½ to 3 years don't have 'context'. It's not because babies don't remember anything: they're remembering stuff all the time – they're doing a lot of what is called 'procedural learning', like how to use a spoon, how to walk. And they're learning words and making sense of things. There's a lot that they're remembering all the time. But it's not often to do with where they were on a particular day, or which day it was. It's similar in many ways to trauma memories.

One of the big fears that we have is that we are making it all up. And this is exacerbated by what we may have heard about false memories. But we can't fake

this procedural or implicit learning – we can't make it up. I wrote this in an email to a friend:

Whatever people say about 'false memories' (which is mostly false, anyway) and whatever we feel about possibly making it all up, we can't fake emotional illiteracy and screwed-up attachment patterns! That's the real evidence of what happened to us. Someone who has had a car crash might have no memory of what happened, but they've got the evidence in terms of a mangled car and broken legs. I think it's the same for us – we've got mangled emotions and broken personalities.

I think we have to take a balanced view of our memories. Some fall into the trap of believing everything uncritically – everything that pops into my head must have happened and be true. Others believe nothing at all. And of course it's not just us as survivors who can fall into this polarised splitting position as well, but therapists too. We may have some of what we call 'normal', 'explicit', 'thinking brain' memories of our background and abuse – or we may not. This doesn't tell us what did or didn't happen on its own. We need other 'evidence' too. This evidence can be in the form of other types of memory – the kinds of memories that our bodies hold, emotional memories, or kinaesthetic (movement-based) memories.

Take the example of a footballer. He doesn't remember with his 'head' how



MY EXPERIENCE OF LIVING WITH DISSOCIATIVE IDENTITY DISORDER – DENIAL



by Carolyn Spring

to take a great free kick to score from 30 yards. He practises it over and over again, and his body 'learns' how to do it. The same is true of a golfer with his golf swing. The body 'remembers' the movement, and they practise again and again so that they can do it when they need to. You can't 'fake' that kind of body knowledge. I couldn't run up to a ball and kick it like Wayne Rooney can – I just don't have that memory in my body.

But my body does have 'memories' of things that my mind doesn't have any recall of. So I get 'triggered' by certain things, such as tastes, or touch, or being in a certain body position, and outside of conscious thought my body and brain 'remember' that this has previously meant threat or danger. And I suddenly find myself recoiling involuntarily or going cold or shaky or panicky. That's what I mean when I say that not all memory is declarative, explicit 'photo-memory'. I can't fake this stuff. I also can't fake the way that I view the world as a result of trauma – all the shame-based ways of thinking and being that I don't choose to have but which affect everything I think and say and do, from a very deep, unconscious level.

So when we are looking for 'evidence' about what happened, we've got to be 'multi-modal' – we've got to look at all the different kinds of memory that we have, and build up our 'evidence' on a number of fronts:

- disorganised attachment patterns
- emotional difficulties (for example too much emotion or too little emotion); alexithymia; emotional illiteracy; self-harm
- somatic symptoms
- Post Traumatic Stress Disorder (PTSD)
- triggers, phobias, reactions
- self-image and self-beliefs (for example self-hatred, low self-esteem, beliefs that 'I'm no good at anything' or 'I can't make friends' or 'I don't deserve good things'). Where did these come from?
- having DID itself – because there seems to be no other cause but chronic early life trauma usually at the hands of a caregiver or where a non-abusing caregiver is so traumatised themselves that they cannot help the child process their own trauma.

If we take this much broader view of evidence, it is a lot easier to step outside the dialogue with denial – if we want to.

So what is the purpose of denial? Is it just a bad thing or is there a point to it – maybe even a helpful point to it?

I'd say that the main purpose of denial is to help us cope. It gives us a bit of psychological and emotional distance from the trauma. We need this, because otherwise to have it full in our face all the time would be too painful and



MY EXPERIENCE OF LIVING WITH DISSOCIATIVE IDENTITY DISORDER – DENIAL



by Carolyn Spring

overwhelming. Denial helps us carry on with everyday life – which, quite frankly, most of the time we need to be able to do! And in childhood it also allowed us to continue in an attachment relationship with people who were harming us. After all, we can't survive without them. So we've got to figure out a way of believing that they're not bad – because that possibility is just too overwhelmingly dangerous for us. We depend on these people being good for us to survive. The alternative is living with the unbearable anxiety of knowing that the person you depend on might hurt you at any moment. That's like sharing a house with Jack the Ripper and trying to relax. So denial helps out by saying, 'This ain't happening! I'm safe here!'

Denial also allows us not just at a personal level but at a societal level to cope with uncopeable realities. It's just too unbearable most of the time to accept that such awful stuff happened and that such awful stuff happens. If society faces up to the reality of sexual abuse in general and ritual or organised abuse in particular, it would have to do something about it – and there's a budget deficit, don't you know!

Denial is also a defence. We have to respect its role in helping us to survive. It's been there for a reason – to keep us safe from being psychologically overwhelmed. So we have to peel back the onion of denial gently or carefully, or it will all end in tears. Denial is a helpful

defence that protects us for a time, but it can become a prison. We spend more time battling with denial than we do dealing with the damage. I believe that we need at these times to sidestep the argument, and wonder why we're having the argument, rather than trying to win the argument.

We also need an adequate new support structure on which to build our life. We need an 'alternative reality of truth' before we can begin to dismantle denial. If we do it too soon, everything will come crumbling down. I've seen this in my life several times. I smash down the wall of denial and then take a look at what it's been preventing me from seeing. And then I scream in horror and go rushing to build an ever thicker wall to keep it out! That's why whenever we face particularly difficult stuff, or have contact with our abusers, for example, our reaction is often to go back even more into the whole denial side of things. I started to recognise this as a pattern – contact with my abusers led to an immediate denial response of 'I've made it all up!' It was a real help to me to realise that other people do exactly the same thing. So, as I've already said, 'denial of the syndrome is part of the syndrome.'

We also need to recognise that denial is used by abusers to protect themselves. People who work with sexual offenders talk about a 'triad of cognitive distortion'. This means that almost every abuser 'thinks wrongly' and this is a key



MY EXPERIENCE OF LIVING WITH DISSOCIATIVE IDENTITY DISORDER – DENIAL



by Carolyn Spring

area of work for treatment with sexual offenders. Basically they have three wrong thought patterns, and these are denial, minimisation and blame.

Denial says 'This isn't happening' or 'This did not happen.' Sound familiar? They deny that the abuse ever happened in the first place. Almost all sexual offenders deny that they ever did anything, at least until after they are convicted.

If they get beyond denial and accept that something did happen, then they minimise it: 'Well, if something did happen, it wasn't harmful,' they might say. This is what you see in people who write about paedophilia being all about love. Abusers convince themselves with minimisation that they're not really harming anyone. And it's especially true in the whole realm of indecent images of children, previously known as child pornography, now more accurately also known as images of abuse of children. The rationale is, 'I'm only looking – it's not hurting anyone.' Try telling that to a victim.

If a perpetrator gets beyond denial and then minimisation, then they resort to blame: 'It wasn't my fault – it was the child's fault', they may say. 'She made me do it' or 'She climbed up onto my lap.' All of this of course is for their benefit, not ours. It's a way of them avoiding taking responsibility and being able to live with themselves for what they have done. They didn't do anything wrong, and if

they did it wasn't harmful, and if they did then it wasn't their fault. That's their logic – and it helps them, not us.

So we were brought up on a diet of denial. We were abused at night, and the next morning, did anyone admit to it? Did anyone say that it happened? Did anyone help us to process it and make sense of it? Or did we just sit having breakfast as if nothing happened? I did. How else is the child's mind supposed to cope except by thinking that it didn't happen?

A saying in popular science is, 'Neurons that fire together wire together.' In other words, our brains develop in response to experience. So repeated exposure to this 'denial atmosphere' in childhood actually hardwires the brain into denial-based patterns of thinking. So our brain is shaped and trained in denial by our family environment of denial.

That's why it's so hard to shift, and why the viewpoint of denial 'feels' right – because it's been the default, normative way of thinking. Interestingly, when you look at people who have been abused in childhood who go on to abuse others (about 1 in 8 do this), then it is people who most strenuously deny their own traumatic experiences the most who are most at risk of developing offending habits themselves. That's an argument for dismantling denial if ever there was one!



MY EXPERIENCE OF LIVING WITH DISSOCIATIVE IDENTITY DISORDER – DENIAL



by Carolyn Spring

So where does this leave me? Where have I got to in my battle with denial?

I battle with denial on a daily basis still. But I've formulated a 'statement position' that when I find myself struggling with denial I come back to say, 'This is what I agreed.'

My statement says this:

I can no longer deny that bad things happened to me. I can't be absolutely sure what happened to me, or who did them to me: I can't 'prove' that 100%. But I have enough evidence to be able

to state unequivocally that a lot of bad things happened to me from a very young age for a very long time.

I'd like things to be clear-cut, black and white. But that's not the way life is. Part of recovery involves us coming to terms with the greyscales, being able to tolerate 'the unknown' and the feelings that brings with it, and accept that our battle is probably just as much with denial about what happened as it is about the 'what happened' itself.

Oh, and by the way, did I ever mention that nothing bad ever happened to me?

