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HEART- Healing Emotional Affective Responses to Trauma: Clinical Applications

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This article examines the first five stages of the Healing Emotional/Affective Responses to Trauma (HEART) Model of working with traumatized clients. This is a follow-up article to "Inner Healing: The Co-creation of Emotional Transcendence" in the December 2008 issue of the Journal of Christian Healing and seeks to give a clinical view of the model and its workings. Case studies and brief vignettes are presented with theory to both describe and assist the reader in understanding the dynamics of each stage. Attention is also given to some of the theological underpinnings of the model and its application to trauma and those who have been affected by traumatic events in their lives. Some discussion is offered as to how this model can be applied in a variety of diagnostic situations and disorders. The second half of the model will be explored in subsequent writings.

In the last issue of the Journal of Christian Healing (Vol. 24-2, Fall/Winter, 2008), I outlined a model for therapeutic counseling practice to be used with survivors of early childhood sexual abuse. I extended the theoretical outreach of this model to include, but not be limited to, Dissociative Disorders including Dissociative Identity Disorder, Post Traumatic Stress Disorder, Borderline Personality Disorder, Conversion Disorder, and others. I argued that these disorders all had an element of Dissociation and therefore could all be treated from a similar framework or model. This position has come to be known as the Dissociative Structural Model which is winning widespread acceptance among clinicians and researchers in the area of trauma (Ross, 2009). In fact, the Shanghai Mental Health Center and Hospital, in the Peoples Republic of China, is about to develop and set up a research team to investigate the outcomes of treatment with a five year longitudinal study using the Dissociative Structural Model (Xiao, 2009). The model outlined in the last issue of the Journal of Christian Healing follows standardized treatment protocols for working with the dissociative continuum (Braun, 1986), lends itself nicely to the Dissociative Structural Model and has a Christian overlay useful for those clients/patients who have a Christian worldview and background. The name of the model is HEART- Healing Emotional/Affective Responses to Trauma. The focus of the model is to reconcile and heal inner conflicts and to resolve the unresolved emotional turmoil these clients so frequently carry through their lives. The conflicts these clients experience often extend beyond themselves to their belief and trust in God as well. This article will be the first in a two part installment outlining the clinical applications of HEART.

The HEART Model has at its core a process of forgiveness that focuses on self forgiveness and the ability to receive forgiveness from God. It is the element of self forgiveness

and the Christian overlay to the model that sets it apart from other models currently in the literature (Ross, 1989; Putnam, 1989; Krakauer, 2000). This article will examine clinical applications to the various stages of the model in order to give the reader the opportunity to understand both the model and its application in a clinical therapeutic setting. The stages of the HEART Model are as follows:

- I. Establishing Rapport
- II. Establishing Connection to, and Anchoring of Relevant Memory
- III. Processing Affect
- IV. Negotiating Between Adult and Child Ego States or Parts of Self and dealing with cognitive distortions of Self
- V. Forgiveness of Self
- VI. Awareness of the Presence of God
- VII. Confronting Cognitive Distortions of God
- VIII. Receiving Forgiveness from God
- IX. Integration of Ego States with the Presence of God
- X. Return and Refocus with New Insight

I. Establishing rapport

As a therapist, one of the most important and sometimes most difficult tasks is establishing rapport with the client. Rapport may be gained or lost in the first few minutes of the first session. First impressions go a long way in formulating long-term opinions and most counselor training emphasizes such skills as direct eye contact, a calm and soothing voice, direct statements, etc. All these skills attempt to put the client at ease and to convey that the counseling office is a safe arena to explore and disclose closely held secrets, feelings and emotions. Many times we are successful in answering the clients' questions, allaying fears, and forming the necessary bond to begin working with deeper issues in the sessions to come. Sometimes miscues or misinterpretation of body language or statements made can cause the bonding process to take a divergent route.

Early in my days of private practice Mary came into my office seeking counseling and direction regarding a childhood trauma related to sexual molestation by her brother and father over an extended period of time. I found myself taking copious notes and attempting to get a detailed social and family history so as to understand her story in its developmental context. At the end of the session when I asked her when she could return for the next session, she politely shook my hand and asked me for a referral to a female therapist. She went on to say that my note taking distracted her and she did not feel that she was heard and maybe a female therapist might be more sensitive to what she needed in the moment.

Needless to say, Mary's experience would have been very different if I had taken the time to assess her affective responses instead of following my set protocol for intake. We know that eye contact is important as found in the work of Grahe and Bernieri (1999). Grahe and Sherman (2007) found that situational context often was a variable in determining the establishment of rapport. What is of importance here is that many writers across a variety of theoretical applications of therapy see establishing rapport to be the key to successful treatment outcomes (Carich, M.S., & Spilman, K., 2004).

Rapport when working with traumatized clients sometimes looks a bit different. Traumatized clients often appear and are detached or dissociated. Body language does not always match up to words that are spoken and the visual cues therapist's rely on are often a reaction formation to the original trauma thereby skewing the ability to 'read' the signs of rapport through conversation and dialogue in the session. The quality of the relationship is seminal to effective outcomes in treatment (McLaughlin, and Carr, 2005; Gurland, & Grolnick, 2008). Sometimes just the return to the office week after week allows these clients a way of expressing their reserved trust of the therapeutic process. It is the ability of the client to interact with the therapist in the process of their own healing that gives the therapeutic relationship the opportunity to succeed in moving a client toward healing.

After five sessions of counseling with a focus on sexual abuse issues in childhood, Dory had the following dialogue with her therapist:

Dory: I don't really trust you, you know. I guess I've never really trusted any of the counselors I've been with.

Therapist: It's quite normal for you to not trust me. We are just getting to know each other and you are not sure whether it is safe here or not.

Dory: I don't know if I'll ever trust you. I want to, but I don't seem to be able to.

Therapist: What seems to get in the way of trusting others for you?

By refocusing the therapy back to the issue, the therapist was able to get Dory to explore blocks that she put up along with emotional walls that kept her insulated from being hurt and acted as a protection. She not only made the next appointment but saw this therapist for two more years. Despite the professed lack of trust her actions clearly indicated trust in the therapeutic relationship.

From a spiritual standpoint rapport is the heart to heart connection with another that seems to take on a mystical quality all its own. The connection transcends the self and God is implicitly invited to the exchange. The scripture that says, "Whenever two or more are gathered in my name, I will be there" ... (Matthew 18:20) captures the essence of this connection. Sometimes this is done without formal acknowledgement as in an awareness that the client or the therapist may have, or this might be invoked with formal prayer or some other spiritual discipline. Regardless, God becomes the third party to the process of therapy and to healing.

II. Establishing a connection to, and anchoring of, relevant memory

Working with specific memories can be fraught with peril. Clients frequently are looking for acknowledgement that their experiences from their past were real and while we as therapists can lend support in working with the issues, we cannot verify the authenticity of the experience because, simply, we were not there to witness it. The False Memory Syndrome (Yapko, 1994; Pendergrast, 1995) folks of the 1990's did the world of therapy a service in forcing the industry to clean up its act regarding therapeutic technique and application. They asserted that memories of early childhood of clients could not be confirmed without corroboration from someone who was there and that anecdotal or symptom manifestation was not sufficient. This of course does not mean that the memories of our clients are not accurate or based in real trauma. It does mean that the clients' awareness of their experience is such that *they believe* the content is accurate. Repressed memories (memories that have been blocked from awareness) often do come to light when working with specific issues. These memories seem to have been repressed as a way of

protecting the core of the self. Much has been written on repressed memories (Briere & Scott, 2006; Krakauer, 2001; Ross, 1989) and this article will not try to recount the many pitfalls and dilemmas this issue brings up. To do so would take a book of its own. Suffice it to say that repressed memories as a phenomenon has been shown time and time again to be reality-based (Ross, 2000) and the clients who have suffered trauma protective repression have amazing resiliency in working through their issues.

When working with clients I often will ask them, “What do you remember?” Many times the answer is quite specific often referring to a childhood experience. Sometimes the answers they give are vague generalities or fragments of feelings, memories, or symptom clusters. Often a simple suggestion to think about a time in their life when they felt or experienced the feeling, symptom or memory is enough for them to bring into conscious awareness a period of time in their life where these fragments are associated. The processes of visualization, guided prayer, internal meditation, etc. often will bring back details of a memory previously outside of their immediate conscious awareness.

Bob had been in treatment for several months working on issues of self esteem. He had many early messages from his father regarding his inadequacy and failure to measure up to standards. He remembered being told by his father that he would “never amount to anything” and that he was “incapable of doing anything correct.” These messages had found their way into Bob’s business life. Bob was a Sales Manager who had difficulty closing deals. He clearly had a lack of confidence in his ability to sell and was fearful of losing his job. When I asked him to remember a specific time that he remembered his father making one of those statements, he replied, “I was 8 years old and had entered a science fair competition. I researched very hard and did a project on photosynthesis of plant life. I forgot to attach the final paper to the project which had my conclusions written, the project was disqualified for not being complete and all my father could say was, “What the hell were you thinking. Can’t you do anything right?” I was mortified because he was yelling at me and my whole class and teacher were right there. Bob was able to recount the entire event with graphic detail concerning who was there, what they were wearing, the specific words that were spoken, and the torrent of feelings that he experienced. By closing his eyes and visualizing the memory he was able to reconstruct the entire experience. He told me that previously he had never been able to remember some of the details because he had never wanted to completely focus on the memory due to the feelings it brought up for him.

Memory can have a huge impact on direction and choices we make in life as seen in the example of Bob listed above. He was able in the course of counseling to see the influence of the memory and others like it and make other decisions regarding his abilities. As an eight year old he made a simple mistake. As an adult he was able to see that he had choices regarding his actions and his behavior. He was able to see that his education and experience on the job were things that added to his confidence despite early messages in childhood. The visualization alone allowed him to see where he learned to question himself and he was able to refocus and reframe the original experience.

We know that emotion plays a significant role in autobiographical memory (Wang, 2008). Cultural differences arise in the types of issues that are remembered (Wang & Ross, 2005) and content seems to have cross cultural differences as well (Wang, 2006). Swanson (2008)

found that working memory, that is, memory used for or with a task is stored differently than short-term memory and may impact crystallized intelligence. These findings have significant import for the impact of memories of early childhood sexual abuse, as emotions, especially those of fear and hurt, significantly influence how these memories are encoded. These working memories make the task of sexually pleasing an adult produce a sensory overload sometimes to the extent of fragmenting the personality or what the DSM IV-TR (APA, 2000) refers to Dissociative Identity Disorder (formally Multiple Personality Disorder).

For purposes of the use of the HEART Model, I simply ask the client to connect to a memory that represents what they are working on. For instance, if we are working with issues of shame, I ask if they remember some incident from childhood where they remember experiencing shame. If the issue is sexual abuse, I ask if they can remember some incident of when they were abused. All memory is theirs and nothing iatrogenically (literally means put in from the outside) is created or introduced. In a workshop I might even ask persons to draw the memory after visualizing it because I want them to attach to it and to get as much detail as possible. I refer to this process as *Anchoring*. In the visualization I encourage using all the senses, touch, sound, sight, smell and taste. I ask the client to get a sense of the colors around them in the memory and to identify specifics of the room or outside area that they visualize. Drawing the memory further anchors the person to the time and place along with associated thoughts and memories.

Susan was at a workshop learning about the HEART Model and was asked to connect to a memory from childhood that was related to the issue of physical abuse she sustained from her step-father on a regular basis in childhood. She reported visualizing the living room of a home the family lived in when she was nine years old. At first the descriptions of the room were general, "I see the furniture, the kitchen in the distance, a front window looking out on the front lawn." When I asked her specific questions targeted at the senses, I received a much a different response. "I see the brown color of the furniture sitting on the braided multicolored rug. A quilt my grandmother had done lying on a rocker in the corner. The smell of chicken soup from the kitchen permeates the house and the texture of the curtains was coarse as I sat waiting for my stepfather to finish lecturing my mother in the kitchen before he was about to turn his attention to me." As the session progressed Susan was able to reconstruct many details of the event(s) that apparently happened numerous times in that room. After drawing a picture she was able to later pray specifically for the wounded child (herself) in the picture and for the cruelty of her stepfather.

The Bible refers to memory or remembrance approximately two hundred and fifty times. From a Scriptural standpoint, remembrance is extremely important. Memories include feelings, concepts, patterns, attitudes and tendencies toward actions that accompany the pictures on the screen of the mind - whole actions, not just pictures. When the Bible tells us to "Remember the Lord ..." (Deuteronomy 8:18), we are not just to get a mental picture of God, but whole and complete actions of thought and deed toward God. When the Bible says to "Remember the Sabbath day to keep it holy" (Exodus 20:8), we are again encouraged not just to remember Sunday as a spiritual day, but in biblical times it meant to completely prepare for the day. Food was made ready, clothes were laid out, plans were made for worship and rest and the entire day with sight, sound, and experience went into the understanding of remembrance. So when we work with memory, we need to deal with the whole of the person. God said to Jeremiah, "Before

I formed you in the womb, I knew you. And before you were born I consecrated you” (Jeremiah 1:5). **The message here is that God knows the totality of who we are and therefore the healing process of our memory is the awareness that God was present at the time of our trauma, hurt, or experience and the collateral realization that God is present with us now -** but I am getting ahead of myself.

III. Processing affect

Memories often bring with them powerful emotions which are connected to the events or our understanding/perception of events. Memories from childhood are encoded into long-term memory as whole pictures. That is, complete with feelings, body reactions, sensory input and emotional connections (Seamands, 1985). When we reconnect to these memories as adults the reconnection may bring with it all the sensory input of the original experience as with an abreaction or reliving of the experience. Flashbacks experienced by combat veterans, sexual abuse survivors, hurricane survivors, etc. also illustrate examples of the visceral, emotional, and affective flooding which may occur with memory that is retrieved or focused on in a therapeutic context. Subjective recall of issues prayed for and about can often evoke the same reactions when things are brought to mind in the context of spiritual disciplines.

Jean had been in counseling for several months talking about issues related to sexual molestation that she had endured between the ages of eight and ten from a close uncle. During the initial interview and subsequent meetings, she often referred to this uncle in a monotone voice with very little affect connected to the events. Even when recounting a particular incident at age nine, the emotional response was muted and blunted. Sensing an emotional disconnection, I asked her to follow this process of closing her eyes and reconnecting to the picture associated with the original event. This was the first time she could remember her uncle molesting her. In response, Jean was able to paint a rich picture of her childhood bedroom with toys, bright curtains, a brightly painted picture in the corner, books and various awards and trophies from school. And as the process developed, she gradually began to cry. Over the next hour the tears flowed freely as she recalled the fear and the feeling of betrayal from her uncle. She knew that what he was doing was somehow wrong, but felt frozen to take steps toward any action that would remove her from the situation. Later in therapy she was able to see how she blamed herself for the events and her inability to react. Her overwhelming feelings of fear, betrayal, and self-condemnation exploded into her conscious awareness, simply as a result of connecting to the memory.

People who have experienced trauma often lose trust in themselves, because on some level they feel they have betrayed themselves at an early age. When confronted with a traumatic memory persons often think of the “fight or flight” syndrome, tending to forget that the third response is to freeze and do nothing. Many emotions can easily be pent up for years lying dormant until the person feels that it is safe. For some, this time never comes and maladaptive symptoms and behavior show up in the forms of physical illness, hypertension, migraine headaches, and acting out behavior, to name a few. Many have experienced grief and anxiety over childhood abandonments, dysfunctional family relationships, perceived slights, hurts, and outright abuse. Allowing the grieving process, which is processing the affect, becomes a necessary component of freeing these trapped emotions. **Trapped grief acts as poison limiting**

the capacity for joy, spontaneity, and for life itself. It is important to allow our clients the time, security, and permission to grieve in all areas of hurt and pain.

Anger is a natural response to trauma and hurt. Surfacing anger however may bring forth strong ambivalence in people healing from past hurts and traumas. From the Christian credo to 'love and forgive' powerful societal norms operate to suppress anger which is seen as evil and sinful. Therefore, with those suffering trauma, anger has often been repressed and turned inward, expressing itself in self-destructive behavioral patterns. Or for those growing up in stormy family situations with arguing and fighting as a constant, anger may be used for survival. **Anger can be healthy if used in a constructive way that is transformative and powerful. But most of us have not been taught how to use anger in this way.**

Anger is a response to a situation often stifled as children. Rather than focus anger outwardly it became focused inward and toward themselves. Inward anger may turn into a person seeing themselves as bad or wrong: it may manifest as a person criticizing themselves relentlessly or devaluing themselves. Some persons satiate anger with food, others with drugs and alcohol, and still others with various somatic illnesses. Having been taught to blame oneself, a person stays angry at the child ego state within one's self: the child who was vulnerable, who was injured, who was unable to protect self, who needed affection and attention. Of course this child did nothing wrong and does not deserve anger.

Carver and Harmon-Jones (2009) found clear links between anger, fear, and anxiety. Trauma sets off significant fear reactions, which if not processed and dealt with, can easily lead to repressed anger. The mere perception regarding an affective response to trauma may cause emotional reactions and those emotional reactions, if not dealt with, can easily be repressed (Epstude & Mussweiler, 2008). We tend to fear anger because it becomes all-consuming. Then fear ends up consuming the anger. Both feelings fester when repressed, but often explode when exposed. The Scriptural verse that comes to mind is, "The truth will set you free" (John 8:32), but as a therapist friend of mind once said, "The truth may first tick you off."

Mark was in counseling but two sessions when he started to complain of severe migraines. When I asked about his history, he had reported that they had started just after our first session. In exploring details of our first session, he acknowledged that discussing issues related to his father, growing up in a small town in Massachusetts, coming home after school finding his father quite intoxicated and usually angry, was emotionally difficult for him. He had reported in the interview that his father would often yell and scream about everything that was wrong and sometimes everything that was right. There was no rationale, only anger and out of control behavior. When I asked him to get a picture of this in his mind and revisit this period of time in his life, he at first closed his eyes, but all of a sudden began raging, yelling and screaming, accusing me of hurting him and asking why would I want him to suffer this way. As I carefully coaxed him back into the experience, he was able to see that his headaches were manifestations of the pent up anger and rage he felt toward his father. He began to see how this pent-up anger found its way inappropriately into other relationships, particularly at home with his wife and five year old son.

Emotions such as anger and rage are often stifled in childhood by well meaning parents, teachers, and others in authority. The fear of its expression led to the process of repression and a need in the therapeutic arena for expression.

Another emotion that I will touch on here is panic. **Panic is what you feel when you get scared by your own emotions and don't have the skills to calm yourself down.** It can also arise when someone is trying to suppress feelings or memories. Although panic may seem to come out of the blue, there is almost always a trigger based in the past frequently in childhood. The Scriptures refer to emotions throughout. "When I am afraid, I will put my trust in thee, in God who's Word I praise. In God I have put my trust. I shall not be afraid" (Psalm 56:3-4). Anxiety is found in Matthew 6:25 and Philippians 4:6. Tears of grief are found in Isaiah 25:8. And anger is found throughout the Old Testament.

Lastly, positive feelings can be scary also. The idea of feeling good can be threatening to many clients because they feel a loss of control. Peace and calm may be so unfamiliar that they don't know how to relax and enjoy it. Being liked and appreciated can make one feel vulnerable and bring up feelings of shame.

Processing affect is extremely important in the total healing and health of the client. As with most therapeutic modalities, being able to release repressed feelings and emotions allows the client a new perspective and the ability to reframe events in their lives. Release allows for increased awareness and an easier ability to reach back to past hurts in childhood and let go of the intense emotional pain carried most of their lives.

IV. Negotiating between adult and child ego states or parts of self and dealing with cognitive distortions of self

This section is the most difficult to articulate. The basic idea is that the adult of present time negotiates with the child of the past in an attempt to mediate unresolved conflict and emotion. **Many times clients have lost awareness of what it was like to be young and small and have attributed adult capabilities to the child.** The process is similar to the chair work of Gestalt therapy (Greenberg, 1979), in that the discordant split between the adult self and the hurt child represents two distinct poles of response and behavior. From a Gestalt standpoint, reuniting the two parts or "completing the whole" becomes the process of therapy. Each split is characterized by the nature of two parts, relationships between the parts, and the client's subjective experience of the split. **The process of therapy, therefore, is identifying the separation between the two parts and establishing contact. It also involves owning responsibility on both sides of the split, attending associated issues and feelings, heightening awareness of each part's side or perspective, and outward expression of both parts.** The idea is for both parts to resolve issues with each other and to be reunited as one. The nature of the client process from each position in the dialogue is monitored in terms of depth of experiencing, voice quality, and resolution.

From an Ego State Therapy (Watkins and Watkins, 1997) standpoint, it is taking two discordant and fragmented ego states and working toward the elimination of barriers and or amnesic states to allow a fluid flow of information between ego states. The end result using either process is a free flow of information and an integration of parts or ego states. The softening of the internal process and the integration emerges as a key factor in resolving intrapsychic splits (Greenburg, 1980). The degree of emotional arousal remaining was found to discriminate between those who resolve issues and those who did not (Greenberg & Malcolm, 2002).

Tina had been working for months in counseling, at first stabilizing a family situation with her husband, but as time went on it became clear she had unresolved issues with a

childhood trauma with her father. At age five, Tina had been left alone with her father while her mother went out for the day with friends. While playing in her room for most of the day, her father was quietly in the living room working his way through a case of beer. Somewhere in the late afternoon her father had come into her room and started to play with her. The play centered on wrestling and grabbing and rough-housing but slowly progressed to undressing her and digitally penetrating her. Tina at first enjoyed the attention and the play that she and her father had engaged in. And she didn't mind losing her clothing, thinking that it was just part of the game. While she knew that her father's inappropriate touch was somehow not right, she continued to enjoy the nice things that he was saying to her and the way he referred to her as being "his special girl."

In the process of therapy, I asked Tina to recreate the experience in picture form. As she recounted the events, Tina became more and more angry and upset at the little girl that she saw in the picture. At one point I asked her if she would like to say something to that little girl. She replied, "You horrid, wretched creature. Why didn't you run away? Why didn't you tell someone? Why didn't you do anything but lay there?" Then I asked if the child in the picture (her inner image) made any comment back or responded in any way. To her surprise she responded that the child inside simply cried. Over the next four sessions, I facilitated a dialogue between the two discordant parts talking about the adult's unreal expectations of the five year old and an awareness of the child's innocence and naivety at the age of five. For a homework assignment, between one of those sessions, I had Tina visit a Sunday school class for kindergarteners and observe the play of five year olds for twenty minutes. To her amazement she reported in the next session how simply and freely the children trusted those in their environment. I asked her to apply that to her situation within herself in dealing with her father. By the end of the fourth session, the adult Tina had developed enough empathy for the hurt and confused child within that she offered to figuratively take her out of where she was and bring her into present time. The child part of her wanted love and contact. The Child freely agreed and the two parts were 'integrated.'

The process described above in the example with Tina illustrates basic Gestalt chair work simply done in the form of visualization, without the inconvenience of switching back and forth with real chairs. The shifting, however, between the two ego states or splits, has been shown time and again in research data to effect positive treatment outcomes (Piavio & Greenberg, 1995; Wagner-Moore, 2004). The process not only provides a structure for resolving conflict, but it provides that same structure in the resolution of repressed emotions and affect. Gestalt therapy emphasizes contact with unwanted and disowned aspects of the self (Peterson & Melcher, 1981). It is in the space of reclaiming what has been disowned and healing the split that true reconciliation internally occurs.

Robert presented in therapy with a laundry list of items which he used for self-deprecation. He had grown up with a physically and emotionally abusive father and a mother who remained silent so as not to incur the wrath of his father onto herself. Robert clearly had considerable repressed anger and an ongoing frustration at not being able to stop himself from compulsive activities, such as pornography and alcohol use. When I inquired into his recollection of an event that symbolized his out of control behavior he immediately went to a time when he was nine years old and had stumbled upon his

father's pornography collection within the deep recesses of his father's closet. He knew that he would get in trouble if his father spotted him, but could not help by being mesmerized by the images and proceeded to spend three hours in his father's closet looking through magazines. When his father returned home and headed for his bedroom, Robert could not move fast enough to return all the magazines back to their location and was discovered before completing the task. His father unloaded a tirade of abusive language, name calling, and proceeded to take his belt and beat him until he was marked from his mid back to mid thigh.

When I asked Robert to visualize that event and to see himself at age nine, he recoiled in disgust and anger saying to his nine year old self, "It's all your fault. You should have known he would have been back. Why did you ever stay there?" It took several sessions for Robert to understand that a nine year old's curiosity caused him to freeze in the moment and that his subsequent acting out through adolescence and adulthood were reenactments of this earlier event. When he was able to express his shame and embarrassment, along with the sheer terror of dealing with his father, he was able to move himself to a place of compassion for what he had endured as a nine year old child. The release of the feelings, the resolution of this split, allowed the two parts of self to come together into one whole. It took Robert another three or four months before he was able to release his compulsive behavior regarding pornography. But the insight allowed him both the motivation and the ability to come to terms and resolve the issues. By the way, Robert is also a ten year member at this time of Alcoholics Anonymous and has been sober for that time.

God does not want to see us hurt, nor does He want us to struggle with the emotional baggage that we may carry around in life. "I came that they might have life and have it more abundantly" (John 10:10). **We have what might be called infirmities.**

Infirmities are unchosen factors, hurts, traumas. Infirmities are weaknesses, crippling our spirit, not [necessarily] sin but qualities of our personalities which predispose and incline us toward sin. They are weakened places in our defenses which undermine our resistance to temptation and sin (Seamands, 1985).

God wants us to be free emotionally and to resolve the places where we might be infirmed. "He has sent me to bind up the broken-hearted and proclaim freedom for the captives" (Isaiah 61:2). Romans 8:26-27 assures us that the Holy Spirit has been sent to help us with our infirmities, weaknesses, and crippling. **While we must look to God and our faith in Jesus, the Messiah, we must also do our own work to resolve our internal conflicts, through the inner empowerment and guidance of the Holy Spirit.** It is only then that we can be open to the full glory of what God would have for us.

V. Forgiveness of self

Much has been written in the literature about forgiveness. In fact, an esteemed colleague of mine, Everett Worthington, Jr., who teaches out of Virginia Commonwealth University, has much to say on the subject (1998). Everett's contention, as most of the literature points to, is that complete healing does not come until we have forgiven those who have violated us in some way. Everett has in fact divided this process into two stages, the first being the intent to forgive, and

the second where the feelings and the emotions match the intention (Worthington, 2008). While I understand Everett's position, I fundamentally disagree with him regarding the process. **I believe that for any true healing to occur, an individual must forgive themselves first because it is only then that they can open up to the possibility of not only forgiving someone else completely, but of receiving complete forgiveness from God. I don't believe that for someone to truly heal they have to completely forgive someone else.** But for healing to occur, they definitely have to forgive themselves and resolve the unfinished work and conflict that may rage inside.

I do believe that as individuals seek healing they have to look at their hurts and release resentments. They need to say what needs to be said, feel what needs to be felt, and assume personal responsibility for who they are and what they do. We and certainly our clients need to release the bargaining process that states, "If I forgive, then God will give me" **Forgiveness is both a crisis and a process**, meaning that owning personal responsibility and understanding of our underlying motives and being able to release resentments and hates, clearly brings us to a place of crisis. This process can be somewhat onion-like in that it may cycle in layers. Deep seated bitterness may continue to circulate and rebound as layers unfold and does need ongoing attention and release.

The first step to forgiveness is honesty of our feelings, acknowledging the hate and anger. In some sense it might be referred to as spiritual surgery because we are shining light into the malignant places of our lives. Trying to forgive others who have brutalized and hurt us so deeply is a futile short circuit to the healing process. Trying to hurry up the process so that you can get to the place of forgiving is one of the easiest ways to stop yourself short. No one forgives by trying. If forgiveness of others is to be part of one's healing, it will take place only when one has gone through all the stages of "remembering, grief, anger, and moving on, it is not the grand prize - it is only a byproduct" (Bass & Davis, 1988, p. 151). If forgiveness of those who perpetrate against someone is to come about, it is important that the focus of forgiveness be on self forgiveness first. **The greatest battle of all is forgiving ourselves.**

Critical to self forgiveness is seeing ourselves as God sees us. Robert McGee (1987) in his book *Search for significance* talks about self-esteem and puts forth the idea that most of us have bought a lie regarding who we are. He believes that **most people base their self-worth and self-value on how well they produce, such as in work and family life, etc. and what other people say about them.** Robert asserts that this is essentially Satan's lie, that we as Christians in particular need to begin to view our self-worth and self-esteem on what God says about us, that we are of great worth and, "that God so loved the world that he gave his only begotten son, that whosoever shall believe on him shall not perish, but have everlasting life": (John 3:16). Jesus referred to us as brothers and sisters. He said that we would be joint heirs with him. Does this sound like we are something of little value? **The problem, of course, is that when we haven't resolved our own inner conflicts, we tend to devalue who we are and often let all of our self evaluations get in the way of our relationship with God.**

I agree with Bass & Davis (1988) when they say:

The only forgiveness that is essential is for yourself. You must forgive yourself for having needed, for having been small. You must forgive yourself for coping the best you could ...you must forgive yourself for the limitations you've lived with as an adult. You must forgive yourself for repeating your victimization, for not knowing how to protect your own children, or for abusing others. You must forgive yourself for needing time to

heal now, and you must give yourself, as generously as you can, all your compassion, and understanding so you can direct your attention and energy toward your own healing. *This* forgiveness is what is essential [to healing] - emphasis added.

Jesus' mission in reductionist terms was to set us free from our bondage and return us to our right relationship with God. But before we can truly have a right relationship with God, we must be free of that bondage. Forgiveness of self becomes essential to be able to open up the possibilities of what God has in store for us. Until that time, we remain in bondage.

Rhonda presented in therapy several years ago describing significant sexual abuse she had endured from her father. She believed that her sexual abuse extended as far back as three years old, but did not have any conscious memory of abuse until she was seven. She related that it started with 'games' that her father would play with her such as "what am I touching, where am I touching, how far in am I touching," etc. It included roughhousing and massage, which over time quickly included genital touching as her father taught her to manually masturbate him and to perform oral sex. This continued until she was nine when one day her mother walked in and saw what was happening. Rhonda had no recollection of anything directly happening to her except that there was coldness from her mother in interactions between them. The sessions with her father stopped abruptly with no discussion or explanation. At age twelve, her mother passed away of cancer and shortly after her father began to play the 'games' all over again. By the time she was thirteen, she had become a sexual surrogate and replaced her mother's place in her father's bed. At age fifteen, she had told some of the story to a close friend who immediately told their parents who called Child Protection. Rhonda was removed from the home and her father was arrested and convicted of sexual child abuse. Rhonda had carried the guilt of her father's arrest for fifteen years and through therapy was coming to terms with what had been done to her. She truly believed that she had in some ways been seductive to her father, blaming herself for anything that had happened and for her mother's scorn. It took many sessions and months of therapy for her to see herself at various ages and stages of her life, both in early childhood and adolescence, to truly see that the responsibility for the behavior was not hers but her father's, to understand that it was her father's lack of boundaries and utter disregard for her as a person that led to her becoming her father's sexual object and eventual love interest. She was able to see how it distorted her perception of relationships and she was able to deal with many repressed emotions related to self-blame, guilt, and mourn the loss of both her father and her childhood. It was at the point of Rhonda, as the adult, having compassion for herself at the ages of seven, again at ten, eleven, and fifteen, that she was able to forgive the child(ren) for just having been in the situation, for coping the best that she knew how, and for enjoying to some degree the love and attention her father gave her. The child part of her was able to forgive the adult self for the prior condemnation and waiting so long to be rescued.

Conclusion

As stated in the introduction, this article gives the first five stages of the HEART model. It is this writer's intention in the next publishing of this *Journal* to follow a similar process in looking at the latter stages of the HEART model and discussing the completion of the process

toward a unity with the Holy Spirit and a harmony that resonates inside both emotionally and spiritually. Our clients can truly heal with the strength and the power of God. I will look forward to discussing God's healing ability and power in the next installment.

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