INVITED REVIEW

Medicine Science
International
Medical Journal

Trauma based alliance model therapy

Erdinc Ozturk

Istanbul University-Cerrahpaşa, Institute of Forensic Sciences and Legal Medicine, Department of Social Sciences, Istanbul, Turkey

Abstract

important issue in TBAMT model. TBAMT, which is specific to dissociative identity disorder, was structured based on professional experiences of Öztürk, who has been

in dissociative identity disorder. TBAMT is based on eight main phases linked to each other; “multifocal therapeutic alliance”, “short-term and efficient trauma practice”, ment and psychopathogenic family dynamics”, “correction of different time perceptions and cognitive distortions of host and alter personalities”, “integration; fusions is completed nearly in six months.

Keywords:

“Every single morning, hundreds of me’s are born. By evening, those hundreds of new me’s kill each other. Next morning, the deceased hundreds of me’s are reborn.”

Quoted from a case diagnosed with dissociative identity disorder

Introduction

Dissociation is the intense effort for integration of a multiple traumatic experiences. Rather than a fragmentation, dissociative identity disorder is the effort that developed against chronic unintentional effort to regain one’s identity originally occurs as dissociation experienced by the individual is actually an extremely behaviors and suicide attempts as “individuals’ last-ditch cry for

Corresponding Author: Erdinc Ozturk, Istanbul University-Cerrahpaşa, Institute

in fact efforts to prevent suicide attempts. Ross and Halpern express similar thoughts [1-3]. Öztürk also pointedly claims

disorder and dissociative disorders. As well as unexpressed traumatic experiences, dual emotions and thoughts on these unexpressed traumatic experiences, especially shame and denial

ineffectual solution seeking towards the numbness existing in a

experience the emotions they were unable to feel and to control

arrest" during or right after traumatic experiences [1].

eliminate their indecisiveness experienced as a result of traumatic

contacting with a patient's "healthy" parts for a psychotherapist for

parts that exist in spite of all psychopathologies developed in the

psychopathogenic reflections of a complex mental illness with comorbidity and affective mobility, which were originally generated due to the effects of early repetitive traumas on long-

able to accommodate [1,5]. It is a highly significant professional

mental illness that frequently exists with comorbid disorders. The

affects of patients diagnosed with dissociative disorders which

both external and internal and repetitive pscyhotraumatological

traumatic experiences are handled within a dissociative internal

A New Paradigm in the Psychotherapy of Dissociative Identity Disorder: Trauma Based Alliance Model Therapy

in order to explain the nature of the relationship between the

patients, serious resistances and problems are to be expected in

is defined as imbalances or interruptions in the relationship

or implementation of a specific technique, (ii) the agreement on

affective bond between a therapist and a patient that includes a reciprocal trust and acceptance [8,9]. Ross and Halpern, on the

disorder specifically, Öztürk pointedly highlights the necessity

approaches specifically structured for dissociative identity

alter personalities, needs to be formed specifically for the very

From Therapeutic Alliance to Therapeutic Reciprocity in Dissociative Identity Disorder

much as an experience of an intellectual and affective bonding to be

personality and the therapist is not sufficient for the treatment of

requires to be constructed on a multitude of fundamental axes. In

Another yet more simple definition of dissociation by myself is:

"The body of experiences that individuals face in the wake

differentiating, transforms into a multi-conscious system with the psychopathological effects of encompassing defenses and ordinary life experiences that keeps it away from the traumatic

Hilgard claims that the singularity of the consciousness is

among normal mental functions [14-16]. Hilgard's idea of the

A New Definition of Dissociation: Traumatic Memory Repellent Ordinary Life Experiences and the Multiple Consciousness System

According to Öztürk, the modern definition of dissociation is "the extreme and intense effort of a fragmented and multiple

experiences, individuals strive to have a more "holistic" perspective towards themselves and the external world as well

which can be defined as the most clinical form of traumatic memory repellent ordinary life experiences, chronic dissociative

bursts of anger, dissociative amnesias, dissociative flashbacks,

depression, identity confusions, identity complexes, identity alterations, experiences of possession, regressions in terms of

suicide attempts) of which sufferers with multiple victimizations

In order to better perceive the chronic complex dissociative

to present a more comprehensible and clear definition of dissociation which at present has innumerable definitions [2,12].

definition is as follows: Dissociation, which functions as the ordinary life experience that keeps individuals away from the traumatic memories, is the experience of individuals' alienation

feeling of belonging and possessing towards one's own identity

individual's own and multiple realities as well as multiple selves

Identity, Trauma and Dissociation: "Individuals and Societies are Controlled by Their Traumas"

to minimal traumas in actual life, dissociative experiences that

experiences that continue to manifest their adaptive as well as psychopathogenic psychological effects that have been parallel

a complicated and chaotic process [2]. Traumatic experiences

specific to this field, cumulative professional experience and an

operationally defined hundreds of times, are that it is human-specific, differentiating from the other(s) and unique. Identity is

a maladaptive influence in a longitudinal period of time. Because individuals' traumatic experiences that manifest a functionality

as external worlds, namely their adaptation; blocks their capacity

result of internal projections of traumatic events with the effects of ruptures in consciousness [12,20,21]. One's psychopathology

communication with himself or herself as well as their external

power that disturbs individuals' interpersonal relationship and the self, crashes the subjectivity and subjective effectivity

breaks individuals' limits and thus making them abuse-liable and controllable, as well as making it difficult for them to define and express themselves. Traumatic experiences create dissociogenic effects as the loss of reciprocity between internal world and external reality, between people in the actual life and (intrapsychically) between different parts of the identity. The

ruptures in consciousness in the wake of traumatic experiences, is the dissociation itself. As nontraumatic events and identifications

the traumatic events and identifications contribute negatively to

way of control at the abusive person or group's disposal; so to say

Neutralization of Trauma: A Psychotherapeutic Analysis from the Modern Psychotraumatology Perspective

of short and long-term effects of chronic childhood traumas.

traumatic experiences, make up the fundamental topics of

encapsules the metabolization of trauma. Öztürk defines the

process is a significant and fundamental necessity in terms

core of dissociation is that the traumatic experiences and their

The Altered Perception of Reality in the face of Traumatic and Dissociative Perception of Time

and action. It is the reason that a traumatic event justifiably might

experienced in the face of multiple reality alternatives, it may also

emerges as a defense in the nature of traumatic experiences and

external realities within traumatized individuals by transforming into a reflective and encompassing psychopathology that hinders the integration of negative life experiences and their

create a chance to elude in a certain field such as post-traumatic

schemas. Individuals that face a dissociative experience that is reflectively and dialectically oriented in the face of traumas, are

Individuals' perceptions of time transform into a traumatic and

traumas. Dissociative flashbacks intrusively continue to penetrate one's memory even after the incident terminates when it comes

be completely perceived as traumatic in the exact moment of experience, turns into a psychological trauma after a certain amount of time when it was experienced. According to the TBAMT, the traumatic experience belongs to the past; however every moment, in which the trauma is processed again and again not only one's

traumatic experiences in the process of traumatization and when

alienates them over time. Detemporalization is defined as the

measure to the effect of ongoing traumatic events. Experiencing the present time as fixated in the trauma and separating the time that was defined by the traumatic event from the real time would

causes of dissociative flashbacks and dissociative angoisse. Dissociative flashbacks, on the other hand, trigger visual and

the exact moment when the traumatic event comes to an end. Dissociated subjects try to process the past traumatic experience in the present time. Repetitive past traumatic experience creates new and different perceptions of internal reality. In the version of the present, every single repetition of the past differs from the preceding one, thus slowly differentiating from the original form. Cognitions and efforts towards these new forms do not offer any

perceptions are kept in one's deep memory. Öztürk underlines that

work. Personal perceptions altered due to traumatic experiences

and external reality. Changes in attention, awareness, control

or temporary loss of one's control over their thoughts, affects,

Basic Principles and Dynamics of the Trauma Based Alliance Model Therapy

Traumatic experiences and violence-based child-rearing styles create dissociogenic effects as well as internal and external focused psychopathologies on individuals' psychic systems.

strategies is only to be successfully and effectively conducted

based treatment methods are no longer effectual or valid. The

leave a traumatic effect on the dissociated individual would

the psychotherapy, but also the case's own actual and inner life.

integrative intervention towards dissociative experiences and

alter personalities, on the other hand, would significantly shorten

experience in dissociative identity disorders. It is necessary to

occurs in three possible ways. The first, called the "therapeutic fusion" is defined as occurring in the guidance of the therapist

disorder specific psychotherapy. Therapeutic fusion is generally

reconciliation with the case are adopted. Öztürk defines the second

and through the knowledge, experience and integrative questions

successful type of fusion depends on the experience and knowledge of the therapist. Öztürk defines the third and last type as the "natural fusion". This extremely rare type of fusion refers to the voluntary unification of the (usually) helper alter personalities in

identity disorder cases in which there are less crisis experiences

wake of the lack of sufficient effort of the host personality for self-

significantly. In the majority of the cases, the initial aid provided

simplifies the collaboration between the alter personalities and

significantly decrease crises as well as shortening the length of

effects of the traumatized form. In other words, the dissociative

copy within; and this child alter personality is the final form in

difference from a psychically healthy child and according to the

personality took control with what purpose in a specific time in actual life or precisely during psychotherapy, gives significant

alter personality, the child alter personality must definitely be

extremely jovial, amusing and dynamic characteristics against

experienced repetitively from varying points of view of various

for the dissociated individual. On the other hand, flashbacks

host personality and this extremely social and communicative

intensifies which may even lead the individual to suffer

Alter personalities constitute the most concrete field of study in the

hallucinations might also be experienced by an alter personality

alter personalities are defined and perceived by the whole body of

of that specific alter's missions and functions. The shared

A New and Clinical-Based Definition of Alter Personality in the Trauma Based Alliance Model Therapy

the fusion with the host. This is only possible after the definition

existence of the host personality and alter personalities as well as

personalities. The first step of the psychotherapy in the TBAMT

one example of them [1,38]. Putnam [16] conceptualizes the alter

the alter personalities. The second step, thus, is the explanation

around a prevailing affect and a sense of self with a limited

host personality to every existing alter personality. This would be

by effecting him or her; both of which might be extremely difficult to differentiate for mental healthcare professionals especially in

of professional experience of psychotherapists in psychotherapies of dissociative identity disorder cases leads to extremely serious

Present definitions on the alter personalities in dissociative

extreme form of traumatic memories repellent experiences, have been scientifically defined in the field of trauma and dissociation

presence of hundreds of definitions, as for my opinion, a more comprehensive and comprehensible suggestion of definition is prerequisite in today's international academic world in the fields

and clinical-based definition of alter personality developed by

"Alter personalities are simultaneous experiences of the self that gain their existence when parts of the self, which become

system under the influence of traumatic experiences or negative

Host and Alter Personalities in Trauma Based Alliance Model Therapy

have been identified as the apparently natural, helper, persecutor,

significant to be determined during psychotherapy. Along with the defined alter personalities, there might also be apparently different

with at least one of the defined ones. In psychotherapies, these

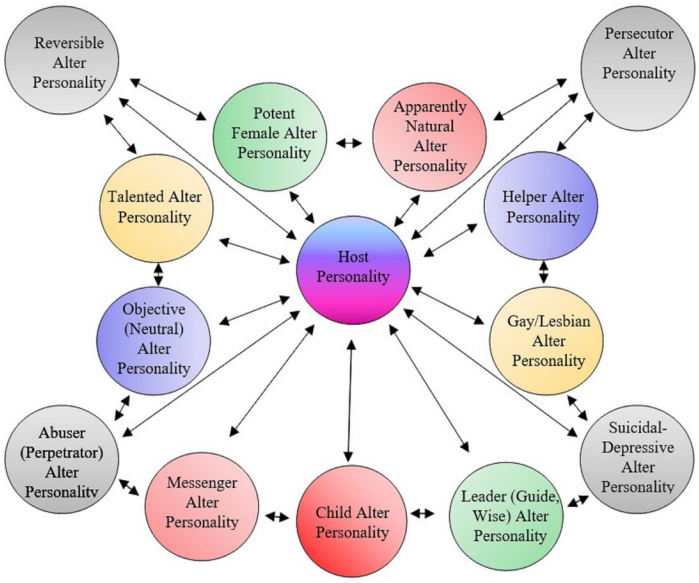

Figure 1. Host and Alter Personalities in the Trauma Based Alliance Model Therapy

Alter personalities in a dissociative identity disorder case's

show a surprisingly indifferent attitude towards the safety and wellbeing of the body they share. It's no doubt that the "delusion

of the existence of separate bodies" asserted by Öztürk play a major role in this indifference [2,16]. Below are the functions and missions of alter personalities and the host personality, which exist

strategic significance in the integration process of the disorder in

Host Personality

"atypical (numb or expressive) host personality". There might

psychotherapists' first encounter and communication happen to

host personality is essentially in a state of deficiency, insufficiency

personality. That deficient side of the host personality determines

Depressive host personalities are extremely common in

The host personality is generally anxious in the face of authority

is mostly taken by the host personality. Hosts are, on the other

Host personality has a rather dim, colorless and silent spirit in

they provide very little effort to the struggle, thus leading to a phobic

the host personality actively denies evidence on the existence of alters are significant factors in this phobic aversion [1,2,10,16]. As

Host personality is able to reflect himself or herself in a better way

tend to think in a unifocal manner. They are more flexible, less

personalities. They experience a "dissociative depression" and suffer from intense anxiety. This may later turn into major depression or suicidality. Host personality is partially amnesic towards traumatic experiences. The integration of alter personalities with the host

individual's past. Host personality usually manifest numbness and

the dissociation via dissociative flashbacks. In general, they are

and friends who are in an extremely limited number [1,20,37].

Persecutor Alter Personalities

Persecutor alter personalities are the first to emerge in a dissociative

she is constantly revictimized, fails to conform to the persecutor's

alter personalities have a quite crucial role and significance in

traumatic effects as well as to the processing of the trauma. They

traumatic experience [1].

the body (which they tend to considered as different from their

They might be introjections of one's parents. Both the persecutor

alter personalities (except for the potent female alter personality). Kluft [43], defines the "so-called delusion" as the belief of these

is the effort of trying to stop the communication between the host

traumatic events. They remember the traumatic experiences and

not interested in the host personality's character. The persecutor

the dissociation. Persecutor alter personality is affected by those

traumatic experiences and emotions of shame and rage related to

alter personality reacts better to threats coming from the external

Suicidal-Depressive Alter Personalities

suicide, which in turn frequently finds its way into action. It is very difficult to lead these alter personalities controlled by the

the traumatic memories on themselves to a great extent begin to

Child Alter Personalities

Inexperienced therapists might not be willing to work with or

and exhausting sides. This would constitute one of the biggest

Child alter personalities, except for the youngest one, are alter

frozen in time, and must be brought to approximately the same

with all internal and external systems. They have an exaggerated

Helper Alter Personalities

Helper alter personalities have "balancing roles" on behalf of the hostile and suicidal-depressive. Helper alter personalities, who are

and the actual life of the case in terms of adaptation. Helper

from external abusers, they also try to protect them from persecutor

psychotherapy progresses effectively, as the inner communication

gain more influence and power of control [1,10,16].

of positive-natured alter personalities excesses that of the negative-

negative alter balance is extremely significant as a factor that

communicates or prefers to communicate. Helper personalities and child alter personalities encounter a traumatic, external danger

crises in the case increase, the "alter personality conflicts" in the

of an external danger and in the face of destructive-natured alter personality actions. They are alter personalities with significant

disorder cases are representations of the individuals' state before the

imaginative techniques specific to the model for the integration, are protected from the effects of the traumatized version. In fact,

Helper personalities also want to collaborate with persecutor alter personalities in line with a desire for integration. However,

traumatic milestone, namely the first split. Child alter personalities

personality is not different from a psychologically healthy child

Helper alter personalities who collaborate with potent female

Potent Female Alter Personalities

The "potent female alter personalities" defined by Öztürk carry the abilities of coping with traumatic experiences and overcoming difficult situations. They have an opposing nature to power,

all kinds of strength and equipment to fight against traumatic experiences and abusers, have an activist nature, also being fond

alter personality is the most effective alter that can be successful in

as in fighting against persecutor alter personalities. It is an alter personality that is observed as a female in cases of both sexes; but does not have a major determinant role in sexual orientation

may make an emotional or sexually oriented male partner choice

dissociative identity disorder do not repeat such experiences

personality is extremely full of emotion and excitement, and one

this pivot is unknown to most experts causes serious problems and

submit to authority, do not ally with the internal or external system or power, and when they go into conflict with them, they win that

fights the most against the abusers [1].

Gay/Lesbian Alter Personalities

of the homosexual, bisexual, asexual, transvestite and transsexual

identity disorder. This situation is experienced as alter personality

dissociative identity disorder cases in both genders adopt a unisex

emphasize their sexual identity in outer appearance is also not

due to involuntary alter personality transitions of different sexual orientations. These alter personalities that take on the opposite sex can see their bodies as if they have a different gender. In fact, when these different gender alters get control, they can even apply to a healthcare institution for sex reassignment surgeries [1,10,16,42].

Almost half of the dissociative identity disorder cases express their suspicion that they are homosexual in psychotherapies. Because

alter personalities of the opposite sex. In the face of traumatic experiences, especially as a defense against sexual traumas,

be underestimated. Hypotheses such as the individual's distancing from the opposite sex and orientation towards his own gender after

have homosexual or bisexual relationships after their traumatic experiences repeat such experiences after integration. These alter

characteristics, actually have a buffer role and mission in the face

determining the sexual orientation of the case [1,10].

are encountered [1,42]. As can be seen, the opposite sex alter

cases are associated with the traumatic experiences, and they are in an extreme effort to compensate for these traumatized sides in the

this effort or compensation, each individual continues in harmony

Messenger Alter Personalities

also be defined as "chronological alter personalities". Messenger

TBAMT. However, since messenger alter personalities live in a

Abuser (Perpetrator) Alter Personalities

persecutor". Inner persecutors are defined as the "inner projections

taken, they succeed in their effort to reduce the efficacy of the

Leader (Guide, Wise) Alter Personalities

in all dissociative disorder cases with more than five (5) alters.

the dissociated individual in times of crisis and offer effective and

and other alter personalities first communicate with this leader

leader (guide, wise)" personalities, first described by Öztürk and play a significant role in the alter balance, provide information and

the most effective and most appropriate solution proposals are

Objective (Neutral) Alter Personalities

the co-consciousness and the simultaneous coexistence processes between alter personalities augment, the influence and control

objective or neutral alter personalities have limited expressions

Reversible Alter Personalities

complex, complicated and chaotic functions and dynamics

thought that is unrelated. They can adopt different beliefs and

in complex and dependent relationships related to sexual life.

traumatic experiences and play a major role in the emergence of dissociative crisis experiences. Sometimes they may mislead the

Talented Alter Personalities

instrument, speaking a different language, showing a high level

process indicates the existence of another alter personality that is

Apparently Natural Alter Personalities

nature. In fact, the process at work here is the effort of some alter

natural self, which was first defined by Öztürk, is not the same

in Kluft's definition, as mentioned before. In psychotherapy, most inexperienced therapists interfere with the natural self as if it were

with. Original personality does not exist until traumatic experiences

rudimentary structure due to traumatic experiences and should not

Trauma Based Alliance Model Therapy as a Crisis Intervention Psychotherapy

enables the crisis experiences to be more easily neutralized [1].

In dissociative identity disorder, all unifications or fusions with

the full participation of the case in the treatment. However, the

other alter personalities will significantly shorten the duration of

disorder increase crisis experiences [1,10].

psychopathologies experienced in the family in the past are

occur due to the efforts of alter personalities to take control and the

In cases of dissociative identity disorder, crises occur unexpectedly

the case or even the psychotherapist. During the experiences of crisis, the dissociated individual enters a more affectively unstable

external stimuli and is more fragile. Suicidal thoughts that exist

disorders. Psychotherapy methods that are effective in dissociative disorders and contain a multi-axial alliance (including the family)

crisis experiences and past traumatic experiences that they immediately hide or cannot express. One of the reasons for the crises is this inexpressible information and traumatic memories.

the traumatic experiences of most cases of dissociative identity

disorder. In order to perform an effective crisis intervention in the

dissociative identity disorder. An effective crisis intervention will

psychotherapist is either inexperienced in this diagnostic group or

Trauma Based Alliance Model Therapy: "Alter Personality Alliance"

case can not be stopped, to transfer this case to a more experienced

victimization experiences and defined as the most extreme clinical form of the experience of transformation of the defenses

The ongoing actual traumatic experiences of dissociative identity

witnessed by them as well as ordinary life experiences into a psychopathological process, can only explain the individuals'

certain extent also triggers crises. In dissociative identity disorder,

also trigger crisis experiences. Excessive attention to this plurality

for these cases and for professionals working in this field. Because

and making early confrontations about traumatic life experiences can also trigger these crisis experiences and even lead the case to

time possible without harming the existing limited psychological

experiences should be studied within psychotherapy. The time

psychotherapists in this field, which requires a significant

resolution of crises. These crisis experiences are also a basic predictor of the disruptions experienced in psychotherapy. If

disorder have created justifications for the emergence of a new

experiences of the individual will increase and the case will

the face of traumatic experiences by both guiding the traumatized

by adopting and working the traumatic experiences or memories perspective of a reflective perception by the integrative self [1,2].

Eight Stages of the Trauma Based Alliance Model Therapy

alliance", "short-term and efficient trauma practice", "integrative family dynamics", "correction of different time perceptions and approximately three weeks, and the psychotherapy of dissociative identity disorder is thus completed in about six months [1,2].

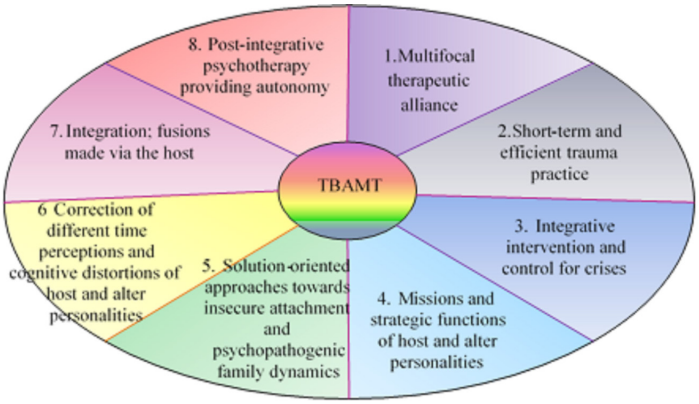

Figure 2.

The first stage in the TBAMT is the "multifocal therapeutic alliance". In the first stage, the alliance of host personality is not sufficient. In the TBAMT, primarily under the guidance

In the therapeutic reciprocity orientation, there are different

and alter personalities are explained in an appropriate and

dissociative identity disorder, which is the most extreme form of the transformation of usual life experiences into psychopathology,

have specific significance, meanings and functions within the avoidance and conflict between alter personalities spontaneously

The second stage in the TBAMT is the "short-term and efficient

traumatic experiences, dissociative flashbacks, self-mutilating

of “traumatic experiences”, other memories that cause intense

expressions of trauma cases that may be perceived as contradictory at times by inexperienced mental health professionals are actually

related to traumatic experiences in deep memory can be studied in

and reflective triggers. While working on the neutralization of

experiences, suicidal-depressive, abuser (perpetrator) and

with an alter personality that is aware of traumatic experiences, the

to Öztürk, in the TBAMT, it is extremely important to neutralize

experienced by different alter personalities are shared in the present as a whole, recovering from the fixated past in the internal system

female alter personality, the trauma study gives a more effective

of shame and guilt associated with traumatic experiences in

itself, interrupted or unfinished, repetitive defensive actions and

their traumatic experiences. In order to control the current effects of past traumatic experiences, these experiences must be neutralized

capacity to cope with different levels of trauma. Since traumatic

degree. The dissociative angoisse experienced in this process,

forms the basis of the experiences of obedience. Whether they function implicitly or explicitly, every person has "fawn or freeze

of traumatic experiences. What needs to be done in psychotherapy

other alter personalities are different and more negatively oriented than they actually are. All alter personalities have significance,

avoidance and conflict between alter personalities spontaneously

personalities in widely varying characteristics and sexes might be

special skills, autistic and disabled, substance addicts, executive and

homosexual and bisexual [2,50]. In the TBAMT, apart from the

13 strategically important alter personalities have been identified:

the defined alter personalities, there may be alter personalities that appear to be of different nature, but they are most likely in

The fifth stage in the TBAMT is the “solution-oriented approaches

this singular life from the very first minute. After the last fusion, experiences disappear spontaneously and the individual continues

and Halpern, working with abused individuals means dealing with

The sixth stage in the TBAMT is the “correction of different defined by the dissociated individual is the most basic evidence

traumatic time perception” covering all times. It is very difficult dissociative identity disorder often experience a mourning after However, this is not an intense depressive process. This statement

(tranquility) and happiness they have never experienced before.

the "period of mourning and tranquility" is the first period of the

experienced with feelings of anger. This period of anger occurred

the complete exiting from the victim role. The individual who

The alliance, which expresses informing about integration and intense anger experienced in this period does not turn into action,

integration can be done effectively. Integration is achieved by

The third period after integration is defined as the "ideal (perfect)

identity disorder has been completed to a large extent, does not want to make any mistakes and does not make any mistakes. He

succeed. Even in the slightest frustration one experiences without any traumatic content, this unified alter structure will separate

weeks. In fact, this extremely perfect nature can surprise even

a chronic and complex post-traumatic psychopathology, starting are made with the field-specific psychotherapies lasting an average

difficulties. The main task of the eighth phase is to strengthen

both identical to each other and confirm each other. The number

Result: Staying in the Childhood as a Life Experience that Keeps Individuals Away from Traumatic Memories

Dissociation, which is roughly the life experiences that

psychopathology. If an individual has sufficient mental equipment or structuring to react to traumatic experiences at an integrative

to a complex and progressive adaptation process that forms the

evolution. Dissociative reactions and dissociative experiences

chronic traumatic experiences and negative child-rearing styles.

of us to teach all people that traumatic experiences and negative

I want to make the finale of this article with the sentences of a

that you had already known you'd lose, waged by people who made you who you are. Being a defeated child meant suffering

and set all their authority to ensure that I'd always stay a kid.

kid. I have, therefore, always been an adult kid, I was very deficient

Conflict of interests
There is no conflict of interest.

Financial Disclosure
There is no financial support

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