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INVITED REVIEW

Medicine Science International Medical Journal

Medicine Science 2021;10(2):631-50

Trauma based alliance model therapy

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Received 26 March 2021; Accepted 21 April 2021
Available online 20.05.2021 with doi: 10.5455/medscience.2021.03.100

Abstract

"Trauma Based Alliance Model Therapy" (TBAMT) was developed by Öztürk for the psychotherapy of dissociative identity disorder. Alliance with alter personalities is an important issue in TBAMT model. TBAMT, which is specific to dissociative identity disorder, was structured based on professional experiences of Öztürk, who has been working intensively and only with this psychiatric diagnosis group for long years in order to shorten the duration of the treatment period. Thus, it can also be considered as short-term psychotherapy of dissociative identity disorder. TBAMT is also recognized as the "alter personality alliance model". TBAMT is generally a trauma centered, strategic, both crisis intervention and an integrated psychotherapy method focused on the processing of trauma following the alliance of the host and alter personalities in dissociative identity disorder. TBAMT is based on eight main phases linked to each other; "multifocal therapeutic alliance", "short-term and efficient trauma practice", "integrative intervention and control for crises", "missions and strategic functions of host and alter personalities", "solution-oriented approaches towards insecure attachment and psychopathogenic family dynamics", "correction of different time perceptions and cognitive distortions of host and alter personalities", "integration; fusions made via the host" and "post-integrative psychotherapy providing autonomy". Every basic phase has three-week periods and the treatment of dissociative identity disorder is completed nearly in six months.

Keywords: Trauma based alliance model therapy; psychotherapy of dissociative identity disorder; crisis intervention psychotherapy; short-term psychotherapy; trauma based psychotherapy; dissociative disorders; post-traumatic stress disorder; psychotraumatology; therapeutic reciprocity

"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 cognition system which has been fragmented during or right after traumatic experiences. Rather than a fragmentation, dissociative disorders, especially the dissociative identity disorder signify a strong desire for both fusion and integration. Dissociative identity disorder is the effort that developed against chronic childhood traumas to regain the identity of an individual. This unintentional effort to regain one's identity originally occurs as an unconscious defense system against traumas. Over time, this defense system transforms into an encompassing psychiatric disorder environed with psychopathologies that inherently refer to disintegration and denial in a cycle of revictimization in which the frequency, severity and chronicity of traumas increase. The dissociation experienced by the individual is actually an extremely sharp and hard way of traumatic struggle against the family, society and the system which he or she lives in and enslaved him or her and took away his or her "subjectivity", as well as against the everlasting abuse and control by others. Öztürk [1,2] refers to self-mutilating behaviors and suicide attempts as "individuals' last-ditch cry for help not only against themselves, but also their abusers due to the fact that they were unable to take traumas into consideration as a solid possibility and thus they were left in the lurch".

There are apparent forms of relationships and transmissions of functions between self-mutilating behaviors, suicide attempts and childhood traumas in dissociative disorders. Considering the hundreds of cases of dissociative disorder that he has treated, Öztürk underlines the fact that self-mutilating behaviors that

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develop in the nature of a dissociogenic psychopathology, are in fact efforts to prevent suicide attempts. Ross and Halpern express similar thoughts [1-3]. Öztürk also pointedly claims that traumatic memories that are not enunciable by the individual underlie the self-mutilating behaviors that require a crisis intervention psychotherapy in both post-traumatic stress disorder and dissociative disorders. As well as unexpressed traumatic experiences, dual emotions and thoughts on these unexpressed traumatic experiences, especially shame and denial also constitute the main causes of self-mutilating behaviors and suicide attempts. Self-mutilating behaviors that are observed in the majority of trauma-related psychiatric disorders step in as an ineffectual solution seeking towards the numbness existing in a dissociogenic nature. During this process, people tend to desire to experience the emotions they were unable to feel and to control their traumas. Suicide attempts that are observed in the majority of trauma-related psychiatric disorders, on the other hand, ground on the redirection of the rage of an individual towards himself or herself rather than their abusers in the process of "psychological arrest" during or right after traumatic experiences [1].

In the "Trauma Based Alliance Model Therapy" (TBAMT), developed by Öztürk, dissociative disorders are handled based upon modern psychotraumatology paradigms [1,2]. A great majority of dissociative identity disorder cases tend to face problems in comprehension of the importance and necessity of dichotomies such as feeling "secure vs. insecure" or being "good vs. bad" owing to their traumatization by their parents or immediate surroundings. Psychotherapists need to make an endeavor to ensure that their patients comprehend the fact that they possess more control than they imagine in order to assist to eliminate their indecisiveness experienced as a result of traumatic memories [1,2,4]. Öztürk pointedly emphasizes the necessity of contacting with a patient's "healthy" parts for a psychotherapist for all trauma-related psychiatric diagnoses, notably for dissociative disorders, in order to provide their active participation in the treatment process and to provide them awareness of their healthy parts that exist in spite of all psychopathologies developed in the wake of a trauma [2].

Psychotherapists are faced with trauma-related dissociative disorders during psychotherapeutical processes as 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-term mental dynamics in young adults and adults in order to be able to accommodate [1,5]. It is a highly significant professional requirement in the name of the treatment to prioritize the diagnosis of dissociative disorder as a base without neglecting the other diagnoses during trauma-based psychotherapies of this mental illness that frequently exists with comorbid disorders. The suicidal and amnesic lives, ruptured consciousnesses and unstable affects of patients diagnosed with dissociative disorders which are characterized by chronic compelling traumatic events that precisely threaten their identities, are under the ascendancy of a both external and internal and repetitive pscyhotraumatological process along with its psychopathogenic nature before, during or after the diagnosis. In a dissociative disorder case, in that, traumatic experiences are handled within a dissociative internal system in every possible period of time (i.e. past, present and future) in order to neutralize these traumatic events by both the host personality and the alter personalities [2].

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

Therapeutic alliance, focused on the accommodation and collaboration between a therapist and a patient, is a phenomenon conceptualized by Zetzel precisely in the psychoanalytic tradition in order to explain the nature of the relationship between the therapist and the patient. Therapeutic alliance refers to a process of vital importance in the psychotherapy of dissociative identity disorder. In case of an initial lack or subsequent strains of this therapeutic alliance in the psychotherapy of dissociative disorder patients, serious resistances and problems are to be expected in the treatment [2,6]. A rupture or strain in the therapeutic alliance is defined as imbalances or interruptions in the relationship between a therapist and a patient [7]. According to Bordin, therapeutic alliance consists of three structures as (i) the agreement stating the duties between the therapist and the patient or implementation of a specific technique, (ii) the agreement on the goals or predicted consequences of the treatment, and (iii) the affective bond between a therapist and a patient that includes a reciprocal trust and acceptance [8,9]. Ross and Halpern, on the other hand, frequently make mention of the necessity of the therapeutic alliance precisely with the persecutor alter personality in dissociative identity disorder [3].

The formation of the therapeutic alliance is of great importance in all trauma-related psychiatric disorders. In dissociative identity disorder specifically, Öztürk pointedly highlights the necessity of the therapeutic alliance between the host personality and all alter personalities. The realization of the therapeutic alliance, or more comprehensively the "therapeutic reciprocity" that is the "alter personality alliance", requires trauma based treatment approaches specifically structured for dissociative identity disorder. According to the TBAMT, the therapeutic reciprocity in dissociative identity disorder, that is characterized by host and alter personalities, needs to be formed specifically for the very nature of this diagnosis group [1,2,10,11]. It is essential to form a therapeutic reciprocity with all alter personalities as well as the host personality in cases of dissociative identity disorder [1,2,12].

From Therapeutic Alliance to Therapeutic Reciprocity in Dissociative Identity Disorder

As "therapeutic reciprocity" developed by Öztürk instead of the notion of therapeutic alliance has a more comprehensive nature, it is regarded as the most basic cornerstone of the process of the treatment in cases of trauma-related dissociative disorders. As much as an experience of an intellectual and affective bonding to be formed between a psychotherapist and a patient that occurs within basic ethical limitations and possesses both stable and dynamic qualities, therapeutic reciprocity is also a treatment reconciliation according to Öztürk. A mere therapeutic alliance between the host personality and the therapist is not sufficient for the treatment of dissociative identity disorder. This collaboration or reciprocity requires to be constructed on a multitude of fundamental axes. In TBAMT and in the guidance of the psychotherapist, a trilateral therapeutic reciprocity between the psychotherapist, the host and the alter personalities is especially prerequisite and it forms the

base of the treatment. This trilateral therapeutic reciprocity is the primary alliance process of the TBAMT. The secondary alliance process of this therapy technique consists of the therapeutic reciprocity in terms of temporality and integration [1,2].

As reemphasized by the TBAMT developed and structured by Öztürk for the treatment of dissociative identity disorder, it is possible to build an alliance with all apparently or practically negative alter personalities in the psychotherapy. Within the scope of this disorder that has multitudes of alter personalities, therapeutic reciprocity refers to a more comprehensive and multidirectional therapeutic collaboration. TBAMT is a clinically oriented, trauma based, structured and strategic method of short-term crisis intervention and integrative psychotherapy that generally focuses on the neutralization of trauma after the alliance or "therapeutic reciprocity" of the host and alter personalities in dissociative identity disorder [1,2,10].

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 consciousness system for integration". In order to reintegrate the functions of consciousness, memory, identity and the perception of the environment that were fragmented in the wake of traumatic experiences, individuals strive to have a more "holistic" perspective towards themselves and the external world as well as a more "dynamic" balance. Dissociative identity disorder, which can be defined as the most clinical form of traumatic memory repellent ordinary life experiences, chronic dissociative reactions or trauma-related dissociative disorders, is a chronic and complicated psychiatric state (that is characterized by early and repetitive childhood traumas, ruptures in consciousness, bursts of anger, dissociative amnesias, dissociative flashbacks, dissociative angoisses, dissociative narcissism, dissociative depression, identity confusions, identity complexes, identity alterations, experiences of possession, regressions in terms of age, self-mutilating behaviors, lack of anger management and suicide attempts) of which sufferers with multiple victimizations present to psychotherapy due to these psychopathogenic natured comorbid symptoms and psychiatric complaints [1,2,13].

In order to better perceive the chronic complex dissociative disorders, namely the dissociative identity disorder, it is necessary to present a more comprehensible and clear definition of dissociation which at present has innumerable definitions [2,12]. As for me, the most clinically convenient and comprehensive 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 to themselves, to their environments and to the time by losing the feeling of belonging and possessing towards one's own identity before, during or after repetitive and distressing traumatic events as well as negative child-rearing styles; reconnecting with the individual's own and multiple realities as well as multiple selves by focusing on their trauma self without breaking their connection with the absolute reality [2].

Another yet more simple definition of dissociation by myself is:

"The body of experiences that individuals face in the wake of traumatic events and negative child-rearing styles in which the singular consciousness, in an attempt to adapt by 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 memories that were once witnessed" [2].

Hilgard claims that the singularity of the consciousness is nothing but an illusion and that there is a dissociative spectrum among normal mental functions [14-16]. Hilgard's idea of the singular consciousness as illusion and a dissociative spectrum among normal mental functions is still valid; it may be even told to be normalizing dissociation. In modern approaches to psychotherapy and personality theories, therefore, dual or multiple paradigms and modalities have commenced to prevail. The "multiple consciousness system" is perhaps a state that is present in everyone; the dissociation that occurs as a result of chronic traumatization, however, disrupts the functionality of this multiple consciousness system and enables a psychopathological disorder to arise [2].

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

Dissociative disorders that occur as a result of dissociative reactions to minimal traumas in actual life, dissociative experiences that develop in the face of negative child-rearing styles, and repetitive traumas that started at an early age, are quite ordinary life experiences that continue to manifest their adaptive as well as psychopathogenic psychological effects that have been parallel to each other in a wide spectrum throughout human history, in a complicated and chaotic process [2]. Traumatic experiences and dissociative reactions manifest the closest relationship and connection forms, which may be lifelong in psychopathological terms, with identity. The comprehension of the notions of identity, trauma and dissociation; to be able to observe the relational dynamics and transmissions of functions between these, and the ability to come up with a psychotherapeutic solution during or right after a life crisis, therefore, requires a psychotraumatologically oriented theoretical and clinical approach as well as an objective psychotherapeutical evaluation with a wide reasoning. Working with traumatic dissociation or chronic dissociative disorder that is characterized by repetitive suicide attempts and self-mutilating behaviors, thus, necessitates a clinical accumulation of psychotraumatologically and suicidologically oriented knowledge specific to this field, cumulative professional experience and an upper-level professional vision [2,10,17].

The most fundamental properties of the identity, which has been operationally defined hundreds of times, are that it is human-specific, differentiating from the other(s) and unique. Identity is the state in which individuals realize who they are both before their own eyes as well as the perspective of the society in a psychological and social integrity as an integrative and clear knowledge [18,19]. Trauma and dissociation damages the feelings of authority and possession towards the identity and the self with a maladaptive influence in a longitudinal period of time. Because individuals' traumatic experiences that manifest a functionality

parallel to their psychological integration, create a disintegration in their identities in a dissociogenic psychological process. This disintegration pluralizes the identity which tends to be perceived as singular on a psychological and social ground, disrupts the harmonic relationship of individuals with their internal as well as external worlds, namely their adaptation; blocks their capacity to build associations, blurs their sense of reality for a period of time, causes identity confusions and identity transmissions as a result of internal projections of traumatic events with the effects of ruptures in consciousness [12,20,21]. One's psychopathology tends to take precedence over their identity in their own internal communication with himself or herself as well as their external communication with others; this psychopathology also alienates individuals from their identities and others as well as pushing them towards a self-directed, plural solitude [2].

Trauma and dissociation function as a dual and dominant power that disturbs individuals' interpersonal relationship dynamics, suspends the integrative functions of the identity and the self, crashes the subjectivity and subjective effectivity power, forces individuals to obey in the presence of oppression, 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 actual agent, which generates a "psychic impact" by creating ruptures in consciousness in the wake of traumatic experiences, is the dissociation itself. As nontraumatic events and identifications contribute positively to the integrative part of the identity, so the traumatic events and identifications contribute negatively to the dissociative part of the identity; alienate it from its identity. This may lead from bonding (attachment) to identifying with the abuser when the purposes and demands of the perpetrator replaces those of the person himself or herself [1,3,12,22-24]. Individual, societal and communal traumas are made in order to construct a way of control at the abusive person or group's disposal; so to say that by being dissociated, individuals and societies are ruled or controlled by their traumas, [2-25].

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

It is not possible to conduct modern psychotraumatology studies without including dissociative disorders which refer to the whole of short and long-term effects of chronic childhood traumas. Post-traumatic stress disorder and dissociative disorders are psychopathologies that have transmissing functions; it is even possible to assert that post-traumatic stress disorder consists of psychiatric symptoms which point out to a mere subset of dissociative disorders. Post-traumatic stress disorder and dissociative disorders, which show the closest relation with traumatic experiences, make up the fundamental topics of psychotraumatology studies [2,17,26].

Recent clinical studies tend to give thought to relationships between the neutralization of trauma, which is a psychotherapeutic headstone of vital importance, post-traumatic growth and revictimization. In the TBAMT model which is also known as the "alter personality alliance" developed by Öztürk, it is asserted that the notion of "therapeutic alliance" functions as a basic process in order to shorten the duration of the psychotherapy process, to prevent revictimization and to enable the individuals actively participate in their own psychotherapies and that this process with a basic function progresses in a nature that supports post-traumatic growth [1,2].

In fact, working with self-mutilating behaviors and suicide attempts of traumatized patients refers to a complete crisis intervention psychotherapy. As these crises are dissolved, the process of psychotherapy progresses positively that the individual remains in the treatment with a more active participation with his or her healthy side [1,2]. Öztürk pays equal importance to the metabolization and neutralization processes of trauma as well as psychotherapeutic reciprocity in psychotherapies of individuals with dissociative disorders. Neutralization of trauma is a process that is to be worked after the psychotherapeutic reciprocity and encapsules the metabolization of trauma. Öztürk defines the neutralization process of trauma as a psychotherapeutic procedure that enables individuals to continue their actual lives in spite of traumatic events with their "healthy side" in a way that is as functional as possible although they are dissociated at present [1,2].

Even though post-traumatic stress disorder and dissociative disorders that develop in the wake of traumatic events generate psychopathological and maladaptive results on consciousness, memory and identity, these individuals may switch to their healthy sides in their actual lives, albeit up to a minimal degree. In more clear words, it is not possible to claim that traumatized individuals will practically always be in a completely unhealthy mental state. In TBAMT, accordingly, the direction of traumatized individuals towards their healthy sides during the psychotherapy process is a significant and fundamental necessity in terms of their accommodation to their actual lives. What lies in the core of dissociation is that the traumatic experiences and their consequences have not been integrated. In TBAMT, it is ensured that the dissociated individual comprehends his or her memories as well as synthesizing them [1,2]. Dissociation prevents the metabolization and neutralization of trauma by collapsing coping mechanisms with trauma. This increases the risk of revictimization and over the long-term, causes the emergence of dissociogenic psychopathology [1,2,27-29].

As a result, the formation of therapeutic reciprocity and the neutralization of trauma play the primary role in terminating the self-mutilating behaviors and suicide attempts in the psychotherapy of dissociative disorders. Termination of self-mutilating behaviors and suicide attempts that are the basic psychopathologic and dissociogenic characteristics of all trauma-related psychiatric diagnostic groups, requires the development of short-term and trauma-based psychotherapy methods to be constructed within the frame of modern psychotraumatology paradigms [1-3].

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

According to the TBAMT, each traumatic event includes at least bidirectional multiple strategic elements that are not only opposing, but also phobically oriented in dimensions of thought, emotion

and action. It is the reason that a traumatic event justifiably might not be psychically adopted, neutralized or that it might be denied. In order to be able to neutralize a trauma, a single perception of reality during the traumatic event is prerequisite; the perceptions of reality, however, pluralize against traumatic events. This pluralization not only blocks the necessary defensive reactions that individuals should show in moments of destructive events experienced in the face of multiple reality alternatives, it may also lead them to obedience and reactionlessness. Dissociation, which emerges as a defense in the nature of traumatic experiences and memories repellence, causes various and multiple internal and external realities within traumatized individuals by transforming into a reflective and encompassing psychopathology that hinders the integration of negative life experiences and their consequences. From that point on, individuals begin to perceive their selves in the direction of the versions of this various and multiple reality. This process of perception, on one hand, might create a chance to elude in a certain field such as post-traumatic growth; it might, on the other and psychopathological hand, trigger the emergence of novel dead ends and negative cognitive schemas. Individuals that face a dissociative experience that is reflectively and dialectically oriented in the face of traumas, are able to make this psychopathogenic process completely turn out to their advantage as long as they are able to take the necessary integrative steps on behalf of themselves through trauma-based psychotherapy models [2].

Individuals' perceptions of time transform into a traumatic and dissociative perception of time in the wake of chronic childhood traumas. Dissociative flashbacks intrusively continue to penetrate one's memory even after the incident terminates when it comes to a cycle of traumatization and revictimization. The traumatic situation, thus, does not come to an end when the traumatic event ends [12,30,31]. This negative-natured event, which might not 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 daily life but also in their psychotherapy sessions, is "present" according to the individual. In the traumatic and dissociative perception of time, there is a single time perception where the past and future merge into "present"; which imprisons the individual (who was under the protection of the very individual himself or herself) in a world of inner reality. Dissociated individuals record "copies of the initial time" of traumatic memories in their deep memories. As every single traumatic event is repetitively tried to be processed for neutralization, there are various temporal copies of them. These temporal copies related to the traumatic event are identical to each other. The oldest temporal copy, however, includes the widest details about the traumatic event. It is thus symptomatically less severe to work with this temporal copy in comparison to the others as it is relatively former [1].

Individuals begin to manifest dissociative reactions repellent to traumatic experiences in the process of traumatization and when they enter into a cycle of revictimization, they turn into cases diagnosed with dissociative disorder during which the process alienates them over time. Detemporalization is defined as the alienation of the subject that was detached from the present time. The subject that was alienated in time, starts to be alienated from everything and repelled from its own self due in no small 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 alienate individuals from time perception, causing a traumatic perception of time, namely the perception of a single feeling of time which the past, present and future merged into. According to Öztürk, the lost time perception consists of one of the fundamental causes of dissociative flashbacks and dissociative angoisse. Dissociative flashbacks, on the other hand, trigger visual and audial hallucinations in traumatized individuals. Dissociative angoisse, which constitutes the main reason of suicide attempts, begins to prevail after the hallucinated individual start to lose his or her functionality as much as the ability to control and adapt [2,12,31-33].

Under no condition does a traumatic situation terminate in 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 solution and are generally in vain. In spite of the great desire to do so, the subject fails to process the trauma. In contravention of the various layers of these new versions, the original perception of the traumatic event can not be distorted due to the fact that these perceptions are kept in one's deep memory. Öztürk underlines that it is essential to work on the original form (in the deep memory) of perception of the traumatic event, namely the perceived reality, as focusing on the intermediate forms in the process of trauma during psychotherapies would impoverish the psychotherapeutic work. Personal perceptions altered due to traumatic experiences distort the reciprocity that was normally set between internal world and external reality. Changes in attention, awareness, control and concentration accompany the alterations of the self and the perception of reality. From this point of view, "depersonalization in a wide sense" in the level of a clinical psychopathology is the fundamental sign of dissociation. Depersonalization is the partial or temporary loss of one's control over their thoughts, affects, behaviors or bodies [2,12,30,31,34].

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. The treatment of acute or especially chronic childhood traumas and psychological problems caused by negative child-rearing strategies is only to be successfully and effectively conducted taking theoretical and empirical knowledge provided by psychotraumatology into consideration. From this orientation, it is clearly possible to underline that non-psychotraumatologically-based treatment methods are no longer effectual or valid. The Trauma Based Alliance Model Therapy (TBAMT), developed by Öztürk within modern psychotraumatology paradigms, is considered as the short-term psychotherapy of the dissociative

identity disorder [1,10,25,35,36].

All fusions with the alter personalities of a dissociative identity disorder case are separately made through the host personalities in the TBAMT. Fusions in which the host personality, which is among the alter personalities, is not included, fail to succeed. In such a process, even the slightest frustrations that would not leave a traumatic effect on the dissociated individual would cause these fused alter personalities to reseparate. The basic criterion for a fusion is the therapeutic alliances between the host personality and the alter personality to be fused not only within the psychotherapy, but also the case's own actual and inner life. Öztürk asserts that what follows this phase is to work on the "process of the neutralization of the trauma" after the construction of the therapeutic reciprocity with these alter personalities. The imaginative way of fusion through the host personality, the integrative intervention towards dissociative experiences and crises, and solution-oriented approaches towards attachment problems and psychopathogenic family dynamics are basic topics of the TBAMT [1,2,10]. The initiating fusions in the TBAMT are usually conducted with helper alter personalities in order to provide an active participation by the case with all his or her alter personalities in the treatment. The early fusions with persecutor alter personalities, on the other hand, would significantly shorten the length of the psychotherapy. This initial fusion with the persecutor alter personality requires a long-standing clinical experience in dissociative identity disorders. It is necessary to construct the therapeutic alliance and to turn the persecutor alter personality into the position of a helper personality, i.e. its original form [1,10,11].

Within the scope of this model, the fusion of alter personalities during the psychotherapy of the dissociative identity disorder occurs in three possible ways. The first, called the "therapeutic fusion" is defined as occurring in the guidance of the therapist according to the model structured within the dissociative identity disorder specific psychotherapy. Therapeutic fusion is generally used in all psychotherapy processes in dissociative identity disorder cases. Imaginative techniques that were found upon the reconciliation with the case are adopted. Öztürk defines the second form, "seminatural fusion" as the immediate and spontaneous form developed after the alliance between the alter personalities and through the knowledge, experience and integrative questions originating from the professional therapeutic approach of the therapist without adopting imaginative techniques. This most 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 their own lives, outside the psychotherapy process, in dissociative identity disorder cases in which there are less crisis experiences and a long-term co-consciousness already provided [1,2,10,11].

Even though the persecutor alter personalities might be perceived as hostile towards the host personality by their nature by psychotherapists, they must be transformed into helpers of the host in a period of time as short as possible. Persecutor alter personalities are in fact helper alter personalities that were generated to be able to tolerate the abuse. In time, however, in the wake of the lack of sufficient effort of the host personality for self-defense, they had transformed into a destructive and aggressive structure by identifying with the aggressor. Once these persecutor alter personalities were transferred back to their original forms, dissociative chaoses and crises in the internal system decrease significantly. In the majority of the cases, the initial aid provided by the persecutor alter personalities had fallen into oblivion by the host personality. Once these forgotten memories were collected from other alter personalities and ensured to be realized to the whole of the structure, the persecutor alter personalities transform into helper alter personalities and a positive period in the psychotherapy commences; due to the fact that this realization simplifies the collaboration between the alter personalities and the host personality. These persecutor alter personalities, who are well outrageous, energetic, unifocal and protected against traumatic events bear the energy and powerful emotions that the host lacks. When the persecutor alter personality were transformed back into their original position, namely turned into "helper alter personalities", they might be useful to persuade the other alter personalities for fusion. The fusion of the host with this outrageous, energetic, unifocal and well-protected helper, who was formerly a "persecutor alter personality", makes him or her much more powerful than before. From this point on, the individual would regain the ability to struggle and strive which in return would protect him or her from revictimization [1,10].

These persecutor alter personalities, who are well outrageous, energetic, unifocal and protected against traumatic events bear the energy and powerful emotions that the host lacks. When the persecutor alter personality were transformed back into their original position, namely turned into "helper alter personalities", they might be useful to persuade the other alters to fuse as well. From this point of view, a convenient work with persecutor alter personalities in dissociative identity disorder cases would significantly decrease crises as well as shortening the length of the psychotherapy. The fusion of the host with this "now helper, then persecutor alter personality", makes him or her much more powerful than before. From this point on, the individual would regain the ability to struggle and strive [1,2,10].

Child alter personalities in the cases of dissociative identity disorder are, according to Öztürk, the representations of the individuals just before they were traumatized. These alter personalities, who are to be raised with idiosyncratic imaginative techniques of the TBAMT before the integration, are protected against the effects of the traumatized form. In other words, the dissociative identity disorder case, yet unwittingly, carries an untouched copy within; and this child alter personality is the final form in complete integration before the initial split, namely the traumatic milestone. The child alter personality does not remember this destructive trauma or this trauma has not poisoned or dissociated them, yet. Accordingly, this child alter personality manifests no difference from a psychically healthy child and according to the TBAMT, needs to be well protected in the internal system without being traumatized. These child alter personalities provide rich insights on the "integrative self", moreover the "natural self" both of which are at that particular time unobservable in the individual. Child alter personalities play a vital role in the construction of the psychotherapy process. In this regard, child alter personalities can be considered "milestones" in the psychotherapy of dissociative identity disorder [1,10,11,31]. According to the TBAMT, an

integration is considered as successful as the post-integrative form is close to the adult version of the child alter personality. In case of multiple child alter personalities, the nontraumatized one, namely the child alter who dissolved from the original whole at the moment the traumatic event has started will be the one whose adulthood will be taken into consideration as the model. In other words, the adult version of the child alter personality that is nontraumatized, the youngest or that has the minimal traumatization will be modelled [1].

Child alter personalities in the TBAMT will be raised up to the same age as the host personality via the systematic working methods and imaginative techniques adopted by the psychotherapist. Adult versions of these alter personalities are equally open to development, positive, lively, and psychologically healthy as their former versions once were. As the greatest role in suicide attempts in dissociative identity disorder cases is played by the persecutor alter personality, the child alter personality must definitely be fused after the persecutor alter personality in order to be and stay cautious; as child alter personalities might sometimes inform the therapists about suicide attempts by other alter personalities. When the host personality is fused with the child alter personality, the former depressive and numb spirit is replaced with a more vivid and frolic one. The fusion of the host personality and the gay/lesbian alter personalities that actually serve as a shield with their extremely jovial, amusing and dynamic characteristics against the depressive and numb nature of the host, might sometimes be prioritized in order to reduce the depressive nature of the host as well as to prevent intercourses that the case might possibly be uncomfortable with. The fusion of the host personality and the gay/lesbian alter personalities would contribute greatly to the struggle with depression precisely in dissociative identity disorder cases going through dissociative depression. The fusion of the host personality and this extremely social and communicative helper alter personality can be undertaken in any stage. After this fusion, the host personality would gain a more communicative and social position as well as getting rid of their isolated living style [1,10,37].

Alter personalities constitute the most concrete field of study in the psychotherapy of the dissociative identity disorder. Although only one dimension of the treatment, alter personalities are the basic key elements of the psychotherapy of the dissociative identity disorder. A successful fusion of an alter personality with the host during the psychotherapy process relies greatly on the knowledge of that specific alter's missions and functions. The shared knowledge of hosts as well as all the other alters by themselves would decrease phobic aversions and misperceptions in every one of them. Each alter personality, along with their correctly perceived psychological mission by other alter personalities, contributes to the active participation of the patient in terms of the fusion with the host. This is only possible after the definition of the mission of the alter personality. Treatment resistance is generally caused by misperceptions or lack of information by the host personality on the purposes and functions about the alter personalities. The first step of the psychotherapy in the TBAMT is to inform the host personality on the missions and functions of the alter personalities. The second step, thus, is the explanation of these missions and functions of each alter personality and the host personality to every existing alter personality. This would be helpful to solve the lack of harmony between not only the host and alter personalities, but also between various alter personalities. This method makes the fusion more acceptable for every one of them, shortens the length of treatment and decreases the number of crisis situations [1,10,20,31].

According to the TBAMT, knowing why a certain alter personality was needed at a certain point in time would help the therapist determine the clinical seriousness of the dissociative identity disorder case. In accordance with this, knowing which alter personality took control with what purpose in a specific time in actual life or precisely during psychotherapy, gives significant insights on convenient psychotherapeutic strategies for fusion as well as the ability to intervention directly to the internal system. Even when the types of host personality and alter personalities are more or less the same in all dissociative identity disorder cases, their number and diversity depend on the severity, frequency and duration of the traumatic events. The dominance of persecutor alter personalities in the internal system refers to the gap between the host personality and alter personalities. Once this gap is realized by the psychotherapist, suicide attempts and self-mutilating behaviors of the dissociated individuals become more predictable. In the early period of the dissociative identity disorder, control taken over by the helper alter personalities usually decreases the number of crises in the internal system and actual life [1,2,10].

Trauma related memories and hallucinations are generally re-experienced repetitively from varying points of view of various alter personalities in dissociative identity disorder cases. This process might from time to time become a short-term psychosis for the dissociated individual. On the other hand, flashbacks are more common in the host personality and with this aspect, the diagnosis of dissociative identity disorder encompasses the symptoms of the post-traumatic stress disorder. Trauma-related, apparently psychotic hallucinations occur during communication with another alter personality. If two or more alter personalities try to take over control simultaneously, this pathogenic process intensifies which may even lead the individual to suffer dissociative psychosis. In order to frighten or revictimize the host personality, the persecutor alter personality may show trauma-related or psychotic hallucinations. Such trauma-related hallucinations might also be experienced by an alter personality that has witness the trauma. If the missions and functions of all alter personalities are defined and perceived by the whole body of the system during psychotherapy, this hallucinogenic state comes to an end [1,2,10,20].

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

Dissociative identity disorder is characterized by a disorganized existence of the host personality and alter personalities as well as their limited and dysfunctional communication with each other [2]. The host personality as considered the personality who takes control for the great majority of time. In some dissociative identity disorder cases, however, alter personalities taking control for the majority of time can also be observed, the "potent female" being one example of them [1,38]. Putnam [16] conceptualizes the alter personalities as "highly discrete states of consciousness organized around a prevailing affect and a sense of self with a limited

repertoire of behaviors and a set of state dependent memories". Dominant alter personalities might deactivate or replace the host by effecting him or her; both of which might be extremely difficult to differentiate for mental healthcare professionals especially in the early stages of the therapy [1,2].

Öztürk underlines that a dissociative identity disorder case has transformed into another one or even into others by failing to protect himself or herself against traumas, by pluralizing during and after the trauma as a way of coping or even by being traumatized. The juvenile form before the traumatization, the child alter personality, however, endures inside them as an alter personality as "somebody else". Individuals that alternately observe themselves as victims with their other alter personalities begin to criticize themselves violently. Not only the host, but also all alter personalities direct such criticism which as a consequence increases the severity of dissociative crises. Prolonging due to lack of professional experience of psychotherapists in psychotherapies of dissociative identity disorder cases leads to extremely serious psychological consequences with regards to these trauma-originating cases [2,13,39].

Present definitions on the alter personalities in dissociative identity disorder rely on the hypothesis that they constitute separate senses of self and self representations along with varying states of mind [40]. Alter personalities, which are the most extreme form of traumatic memories repellent experiences, have been scientifically defined in the field of trauma and dissociation for a period of more than a century [2,16,41]. In spite of the 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 of clinical psychology and psychiatry. I, hereby, present a current and clinical-based definition of alter personality developed by myself:

"Alter personalities are simultaneous experiences of the self that gain their existence when parts of the self, which become independent by being detached from the integrative control system under the influence of traumatic experiences or negative child-rearing styles, with or without co-consciousness, continue their functions with each other and with people in their actual lives" [2].

Host and Alter Personalities in Trauma Based Alliance Model Therapy

In the TBAMT, besides the host personality, 13 strategically important alter personalities in dissociative identity disorder cases have been identified as the apparently natural, helper, persecutor, child, gay/lesbian, messenger, abuser (perpetrator), leader (guide, wise), objective (neutral), reversible, talented, suicidal-depressive and potent female alter personalities, all of whom are vitally significant to be determined during psychotherapy. Along with the defined alter personalities, there might also be apparently different alter personalities but they most probably share a common ground with at least one of the defined ones. In psychotherapies, these alter personality types need to be considered in terms of "balance between alters" (which refers to the ratio of the negative and positive alter personalities within the whole) as well as detecting their functions and missions [1,2].

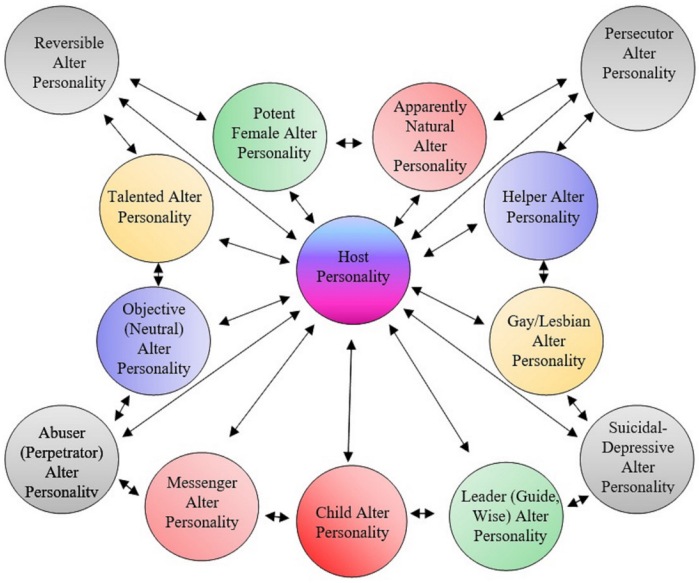

Figure 1. Host and Alter Personalities in the Trauma Based Alliance Model Therapy

Alter personalities in a dissociative identity disorder case's personality system might have awareness of each other to varying degrees. The host personality, who continues his or her psychotherapeutic process, is generally partially aware of these alter personalities. There are three basic forms of awareness of these alter personalities by the host personality, namely the "mutual amnesic", "unidirectional amnesic" and "co-conscious". The awareness degree of the traumatic memories, on the other hand, functions as dissociative barriers that separate alter personalities from each other. In many cases, most alter personalities may show a surprisingly indifferent attitude towards the safety and wellbeing of the body they share. It's no doubt that the "delusion of separateness" underlined by Putnam and the "inner reality 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 in the majority of dissociative identity disorder cases and bear a strategic significance in the integration process of the disorder in the TBAMT [1,2,10].

Host Personality

The three respectively most frequent types of host personalities in dissociative identity disorder are the "typical depressive host personality", "semi-depressive host personality" and the rare "atypical (numb or expressive) host personality". There might also be host personalities with "obsessive" and "paranoid" tendencies. During the treatment of dissociative identity disorder, psychotherapists' first encounter and communication happen to be with the host personality. The host personality is generally of depressive nature, has a low voice and limited eye contact. The host personality is essentially in a state of deficiency, insufficiency or inadequacy as he or she is a detached piece of the original personality. That deficient side of the host personality determines the degree of the psychopathology in the case of dissociative identity disorder. In such cases, host personalities share a similar nature. Self-resilience prevails in host personalities whereas self-certainty remains at the forefront of alter personalities. With respect to this, alter personalities tend to make unifocal inferences

meanwhile the host personality happens to make multifocal inferences [1,2].

Depressive host personalities are extremely common in cases of dissociative identity disorder. On the other hand, host personalities with obsessive or paranoid tendencies on a depressive psychopathological ground are also encountered. The host personality is generally anxious in the face of authority and oppression, unable to enjoy life, rigid, cold, distanced and has obsessive tendencies as well as various somatic symptoms, precisely headaches [10,16,31]. Control of the body and mind is mostly taken by the host personality. Hosts are, on the other hand, easily manipulated by the potent female, persecutor and suicidal-depressive alter personalities and when one of these alters are in control, it may go unnoticed by some psychotherapists. This neglect, thus, provokes psychopathogenic crises in the psychotherapy process [1,2,16,42].

Host personality has a rather dim, colorless and silent spirit in comparison to alter personalities. Due to this, host personalities have a quality of being a "resistance" in psychotherapy as they are generally a cause of hostility for alter personalities. This resistance is in fact an intense desire for integration. They mostly forget to come to the treatment or think of dropping out, thus playing an unmotivating and enraging role on alter personalities. Even if they agree to be treated, they never tend to participate in the psychotherapy actively as long as a trauma-based method is not adopted; they might even cause reaction from alter personalities as they provide very little effort to the struggle, thus leading to a phobic aversion between alter personalities and themselves. In cases of dissociative identity disorder, the fact that alter personalities deliberately conceal themselves from the host personality and that the host personality actively denies evidence on the existence of alters are significant factors in this phobic aversion [1,2,10,16]. As the active participation of the host personality in psychotherapy via trauma-based methods, it will constitute a major step by the whole of the dissociated inner system towards integration [1,2,10,16,31].

Basic functions of the host personality might be summarized as: Host personality is able to reflect himself or herself in a better way in the psychotherapy process due to his or her ability to think in a multifocal manner, in comparison to the alter personalities who tend to think in a unifocal manner. They are more flexible, less self-certain and more liable to integrate when compared to alter 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 personality helps the autobiographic memory refunction, thus enabling a better comprehension of the chronological stream of the individual's past. Host personality usually manifest numbness and depressive feelings. They remember their personal qualities before the dissociation via dissociative flashbacks. In general, they are socially isolated and tend to communicate with their own family 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 identity disorder case, who are in fact helpers. These alter personalities develop hostility towards the host personality as he or she is constantly revictimized, fails to conform to the persecutor's advises and lack of (or the ability of) self-protection. Persecutor alter personalities have a quite crucial role and significance in the psychotherapy of dissociative identity disorder [10,16,37]. After the therapeutic alliance with the persecutor alter personality is constructed, he or she contributes greatly to the decrease of traumatic effects as well as to the processing of the trauma. They tend to possess coping skills which could not be used during the traumatic experience [1].

Persecutor alter personalities tend to have an enraged, critical, punitive and controlling nature and are abusers. They might verbally command to commit suicide, abuse child alter personalities, hurt the body (which they tend to considered as different from their own) of the host personality or punish other alter personalities. They might be introjections of one's parents. Both the persecutor alter personalities and the host personalities, on the other hand, might take the abusive, critical, denying and neglecting parent as a model. Although it is possible to observe multiple persecutor alter personalities, one of them is usually much more dominant. The way to the formation of the therapeutic alliance with persecutor alter personalities is to free the host of his or her beliefs and prejudgments towards this alter personality. According to the TBAMT, the therapist must remain to have a neutral yet guiding tendency [1,3].

Persecutor alter personalities are generally known to sabotage the lives of the cases. They might cause serious wounds on the body due to their intimidation strategies or attempts to kill the host and other alter personalities (except for the potent female alter personality). Kluft [43], defines the "so-called delusion" as the belief of these alter personalities that they are able to kill other alter personalities without hurting themselves. In spite of their generally sadistic and merciless attitude towards the host personality and other alter personalities and the quite resisting and negative reactions to the psychotherapy, persecutor alter personalities might be transformed into helper alter personalities by conducting the collaboration between them and the dissociative system or the dissociative life forms. It is due to the fact that persecutor alter personalities tend to possess the power and energy to a great degree which the individual needs in order to integrate and survive [1,16,43].

The severity of the negative nature of these alter personalities later adopt predicts the bad progress of the dissociated inner system. The initial alter personalities in the development of the dissociative identity disorder are in fact helpers, just like the persecutor alter personality, and they originally aim to protect the host personality against new psychological traumas. Though implicitly, persecutor alter personalities are actually willing to return to the pre-dissociative state, namely to "fuse". They, however, change their attitude in the face of the fact that the host personality is unable to break his or her connection with abusive people and systems; becoming completely separated and independent which increases crises in the inner life as well as suicide attempts in the actual life. Persecutor alter personalities are willing to transform other alter personalities they can control into themselves, which they most of the times succeed. According to Öztürk, the wavering of the transformed alter personalities between their former and present forms creates a "dissociative inner chaos". This inner chaos would mostly necessitate the hospitalization of the individual. In the

TBAMT, persecutor alter personalities are prepared for the fusion with the host by being returned to the moment when they were helper alter personalities [1,10].

Basic functions of the persecutor alter personality might be summarized as: They are unifocal and they act on this singular point of focus within the inner system. One of these points of focus is the effort of trying to stop the communication between the host personality and his or her abusers in the actual life. They possess all defense and coping mechanisms that may be a solution against traumatic events. They remember the traumatic experiences and try to come up with a solution by the use of an authoritarian style. Their intention is to destroy the abusers whereas the host personality lets them victimize the subject. The persecutor alter personality who possesses emotions related to anger and rage is not interested in the host personality's character. The persecutor alter personality solely considers the host as an obedient personality, mocking him or her. Persecutor alter personality is self-focused; representing the strengths of the individual before the dissociation. Persecutor alter personality is affected by those that look powerful and tries to build relationships with them. Actions of the persecutor alter personalities are caused by their traumatic experiences and emotions of shame and rage related to their abusers. This once helper alter personality transforms into a persecutor alter personality after observing that the host fails to cope with the trauma and become revictimized. The main intention of this transformation is to protect the host personality, other alter personalities and the inner system as a whole. Although this transformation emerges a risk for the inner system, the persecutor alter personality reacts better to threats coming from the external world.

The persecutor blames the host of being inadequate to process the trauma and lacking to protect himself or herself against the traumatic event. This blaming process creates a distancing between the persecutor alter personality and the host personality which decreases after the reconciliation between them. The dissociated individual generally communicates with the host personality and his or her social environment whereas the communication with the abusers is done via the persecutor alter personality that has combative characteristics. Persecutor alter personality functions as a shield against new traumatic events. The lack or failure of reconciliation in psychotherapy might lead to self-mutilating behaviors conducted in the control of persecutor alter personalities [1,2,20].

Suicidal-Depressive Alter Personalities

The suicidal-depressive alter personalities are usually the perpetrators of the suicide attempts that are quite common in cases of dissociative identity disorder. The suicidal-depressive alter personalities have false beliefs that their mission is to commit suicide, which in turn frequently finds its way into action. It is very difficult to lead these alter personalities controlled by the urge to kill themselves to think logically. After the processing of the trauma, these suicidal-depressive alter personalities that carry the traumatic memories on themselves to a great extent begin to manifest a more positive nature [1,2,16,44].

Many dissoanalyst contact with the suicidal-depressive alter personalities as the alter balance is in a negative state. These alter personalities would never think in a rational manner as long as the alter balance remains negative. If the alter balance get transformed into a positive degree, a therapeutic alliance can be built with these alter personalities as well. After the alliance was built, most alter personalities leave their single-minded construction, leading them to enter a process of multifocal thinking. This not only shortens the length of the treatment, but also renders the possibility to minimize the probable crises as well as providing the stabilization [1,2].

Child Alter Personalities

In many dissociative identity disorder cases, there are one or multiple child alter personalities. These alter personalities have wide functions and missions for the dissociated individual. Inexperienced therapists might not be willing to work with or concentrate on these personalities due to their energy-absorbing and exhausting sides. This would constitute one of the biggest mistakes in the psychotherapy process; causing a serious crisis and chaos before the eyes of the cases who already at that juncture of time came from a life encompassed with traumas and neglect. This neglected and belittled child alter personalities would either be abused by the persecutor alter personalities within the system or identify with them, thus becoming much more aggressive and destructive than any of them in the later stages of the psychotherapy [1,2,16].

Child alter personalities are liable to the harmony and therapeutic alliance. The cooperative nature of the child alter personality in psychotherapy is a guide for the therapist, and as long as the functions and missions of the child alter personality are known, this alter personality helps the therapist like a handbook on the internal working dynamics of the dissociative identity disorder case. Child alter personalities provide clues about the premorbid, post-integrative character of the dissociative identity disorder case (with the host personality) and the ideal composition of the integrative self. According to Öztürk, the post-integrative state resembles a mature version of the youngest child alter personality, and this rate of similarity determines the success of the integration [1,10,11].

Child alter personalities, except for the youngest one, are alter personalities that carry the burden of traumatic memories, often frozen in time, and must be brought to approximately the same age as the host personality before integration or fusion. Child alter personalities are always in search of love in their communications with all internal and external systems. They have an exaggerated positive nature and see everything wonderful, idealizing even their abusers. They maintain to have the innocence of childhood which was already destroyed by abusers in other alters. They often lack the necessary judgment and ability to cope with their abuse-oriented crisis situations. According to the TBAMT, child alter personalities have a function of neutralizing or compensating emotions created by old traumatic memories [1,10,16,45].

In fact, when a good communication is established with child alter personalities, they can provide very important information to the psychotherapist about the functioning of the dissociated internal system. By informing the therapists about the suicide attempts planned by the host personality or alter personalities, they ensure that the necessary precautions are taken in psychotherapy. Therefore, child alter personalities in psychotherapy processes

are in fact helper alter personalities. When the child alter personality is brought to the same age as the host personality in the psychotherapy, this helpful nature of them continues, as long as they are not abused by the persecutor alter personalities in the internal system. In the TBAMT, adult helper alter personalities and especially potent female alter personalities are assigned by therapists for ensuring the protection of child alter personalities in the internal system [1,10].

One risk factor, other than the therapist, regarding child alter personalities is the persecutor alter and host personalities. If the therapist continues to neglect these personalities, they, without the protection of the host personality, will disrupt the "alter balance" by identifying with persecutor alter personalities. In dissociative identity disorder cases, if the number of negative-natured alter personalities are greater than that of positive-natured alter personalities, the alter balance is "negative", if the negative-natured alter personalities are equal with the positive-natured alter personalities in number, the alter balance is "neutral"; if the number of positive-natured alter personalities excesses that of the negative-natured alters, the alter balance is considered to be "positive" [10,46]. In the psychotherapy of dissociative identity disorder, negative alter balance is extremely significant as a factor that increases psychopathogenic crises, and this alter balance should be turned into a positive direction immediately. In this respect, child alter personalities should never transform into persecutor alter personalities. When the alter balance is disturbed, the acute crises in the case increase, the "alter personality conflicts" in the internal system of the dissociated person reach their peak, and this devastating struggle can lead to very serious suicide attempts, where negative alter balance usually requires the case to be treated in a closed psychiatric ward. These frequent and prolonged hospitalizations, on the other hand, may also cause the dissociative identity disorder cases to become more chronic [1,2,10].

According to Öztürk, child alter personalities in dissociative identity disorder cases are representations of the individuals' state before the traumatization. These alter personalities, which will be raised with imaginative techniques specific to the model for the integration, are protected from the effects of the traumatized version. In fact, as mentioned earlier, the cases of dissociative identity disorder unwittingly involve a "psychologically healthy child copy" within, which is the last state of the child alter personality before the traumatic milestone, namely the first split. Child alter personalities do not remember this destructive trauma, and this trauma has not yet poisoned or dissociated them. Therefore, this child alter personality is not different from a psychologically healthy child and according to the TBAMT, the child alter personality needs to be protected in the best way without traumatizing him or her in the internal system. These child personalities provide comprehensive information about the "integrative self" or moreover the "natural self" that are not observable in the individual at that moment. They play a vital role in structuring psychotherapies. In this respect, in the psychotherapy of dissociative identity disorder, child alter personalities might be seen to beat the characteristics as "corner stones" [10,31,47]. According to the TBAMT, the closer is this post-integrative state to the adult version of the child alter personality, the more successful psychotherapy is considered. In case of multiple child alter personalities, the adulthood of the youngest child alter with no or least traumas will be modelled [1].

Helper Alter Personalities

Helper alter personalities have "balancing roles" on behalf of the internal system, especially against alter personalities who are hostile and suicidal-depressive. Helper alter personalities, who are in a protective nature towards the host personality in dissociative identity disorder, is a great advantage for both psychotherapy and the actual life of the case in terms of adaptation. Helper personalities claim the host personality and child alter personalities and so to speak, "protect" them. Not only do they protect them from external abusers, they also try to protect them from persecutor alter personalities in the dissociative internal system. As the psychotherapy progresses effectively, as the inner communication and cooperation increase, the helper or protector alter personalities gain more influence and power of control [1,10,16].

In fact, helper personalities are allies of the host personality that has been abused and tried to be transformed by abusers, the oppressive society, and the coercive system to obey. These alter personalities, which are quite communicative and social, are almost the only ones to whom the social phobic and depressive host personality communicates or prefers to communicate. Helper personalities step in and take control with their protective nature when the host and child alter personalities encounter a traumatic, external danger or are threatened. In other words, they function as dissociogenic parts of an internal control and balancing system both in the case of an external danger and in the face of destructive-natured alter personality actions. They are alter personalities with significant functions and missions in terms of integration [1,2,10,16].

The benevolent attitude of the helper alter personalities towards the host is due to the host personality's ability to look at himself or herself from the future and the present. The distant stance of the host personality is actually a defensive reaction against the whole internal system, especially the persecutor alter personalities. Because in most cases of dissociative identity disorder, the host personality wants to ignore or even deny the fragmentation. In the TBAMT, these defensive reactions are overcome after co-consciousness and therapeutic alliance are achieved, and the host personality takes on apparently helper alter personality. Helper personalities also want to collaborate with persecutor alter personalities in line with a desire for integration. However, these alter personalities generally come under the control of the persecutor alter personalities in order to feel safe in the face of a new trauma. Although this process initially serves the purpose of protecting itself, it often turns into a negative clinical picture. Helper alter personalities who collaborate with potent female alter personalities are more resistant to coming under the control of persecutor alter personalities. In cases of dissociative identity disorder, this crucial strategic issue should not be forgotten and helper personalities should be directed towards collaboration with the potent female alter personality [1,10,11,20].

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, abuse, and control. Being a feminine and dominant force, these alter personalities never ally with the oppressive system under any circumstances. Potent female alter personalities, who have

all kinds of strength and equipment to fight against traumatic experiences and abusers, have an activist nature, also being fond of their freedom. They are the alter personalities who can take the control whenever they want for the longest period of time and intervene in the internal system in dissociative identity disorder cases with their struggling, unyielding and energetic structures. The potent female alter personality can manage and control the whole dissociated internal system on her own. This ruling and control draws the reaction of other alter personalities, especially the persecutor alter personality, against whom the potent female is the only alter personality that can stand the most, who is also capable of defeating the persecutor in every power struggle. For this reason, therapeutic alliance established in psychotherapies with potent female alter personalities are very crucial. The potent female alter personality is the most effective alter that can be successful in persuading all other alters to collaborate in psychotherapy as well 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 [1,10,11].

It is one of the alter personalities most frequently encountered in cases of dissociative identity disorder and which psychotherapists fear the most. In rare cases, cases of dissociative identity disorder may make an emotional or sexually oriented male partner choice under the control of these alter personalities or when they are in control. The host personality is often amnesic to these actions in actual life. As with gay/lesbian alter personalities, cases of dissociative identity disorder do not repeat such experiences after the achievement of the integration. The potent female alter personality is extremely full of emotion and excitement, and one of her main missions and functions is to compensate for the numb nature of the host personality. She also carries the ability to cope and defend against abusive people or systems [1,2,10].

According to the TBAMT, potent female alter personality is very important in terms of reconciliation in psychotherapy with persecutor alter personalities. Because persecutor alter personalities can not control the "potent female" alter personality. The fact that this pivot is unknown to most experts causes serious problems and crises in treatment. “Potent female alter personality” is actually much more dominant than persecutor alter personalities and has an independent and relatively autonomous structure. They do not 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 battle. According to Öztürk, in this respect, the potent female alter personality has the characteristic of being the "locomotive alter personality" in cases of dissociative identity disorder [10]. From time to time, psychotherapists may perform misleading psychotherapy attempts by mistaking these alter personalities for persecutor alter personalities. In cases of dissociative identity disorder, the distinction between persecutor alter personalities and potent female alter personalities is of vital importance. Generally, in psychotherapies, the potent female alter personality is mistakenly thought to be a persecutor alter personality. Although the potent female alter personality has similarities to the persecutor alter personality, under no circumstances does she turn into an abuser (perpetrator) alter personality, and she is the alter personality that fights the most against the abusers [1].

Gay/Lesbian Alter Personalities

In the majority of dissociative identity disorder cases, at least one of the homosexual, bisexual, asexual, transvestite and transsexual alter personalities is present. Almost half of the female cases diagnosed with dissociative identity disorder have short hair and they can easily take on the appearance of the male alter personality they have. The same is true for male cases with dissociative identity disorder. This situation is experienced as alter personality activities in cases of dissociative identity disorder. Generally, dissociative identity disorder cases in both genders adopt a unisex appearance in actual life, but the proportion of cases that highly emphasize their sexual identity in outer appearance is also not rare. In psychotherapies, dissociative identity disorder cases report that they often feel that their body image is distorted dramatically 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 in about half of dissociative identity disorder cases, there are alter personalities of the opposite sex. In the face of traumatic experiences, especially as a defense against sexual traumas, individuals can turn to their own gender to a degree that cannot be underestimated. Hypotheses such as the individual's distancing from the opposite sex and orientation towards his own gender after abuse are largely refuted in cases of dissociative identity disorder. Because none of the dissociative identity disorder cases who have homosexual or bisexual relationships after their traumatic experiences repeat such experiences after integration. These alter personalities, with their very cheerful, playful, active and vivacious characteristics, actually have a buffer role and mission in the face of the depressive and numb nature of the host personality. Other than that, gay/lesbian alter personalities do not have a function determining the sexual orientation of the case [1,10].

For female cases of dissociative identity disorders, male alter personalities are in the role of physical protection and undertaking the errands usually done by the male gender. In male cases, on the other hand, guiding “elderly female alter personalities” are encountered [1,42]. As can be seen, the opposite sex alter personalities in both male and female dissociative identity disorder cases are associated with the traumatic experiences, and they are in an extreme effort to compensate for these traumatized sides in the dissociative process. After being integrated, without the need for this effort or compensation, each individual continues in harmony with the current life with the choices his or her gender has to make [1,2].

Messenger Alter Personalities

Messenger alter personalities usually keep the entire life history of the dissociated individual in their memory. Important anamnesis regarding the host and other alter personalities who are simultaneous to both past and present, can be taken during the psychotherapy process thanks to this alter personality. According to Öztürk, messenger alter personalities can therefore also be defined as "chronological alter personalities". Messenger

or chronological alter personalities are more self-centered, having partial communication with the host personality and negligible communication with alter personalities. Since these alter personalities possess characteristics of a helper nature, they are considered as one of the locomotive alter personalities in the TBAMT. However, since messenger alter personalities live in a hidden nature in the internal system and are self-centered, it is very important for dissoanalysts to recognize this alter personality and especially to communicate with them. Messenger alter personalities should not be confused with child alter personalities who tend to report suicide attempts [1,16,45].

Abuser (Perpetrator) Alter Personalities

Almost all cases of dissociative identity disorder have abuser (perpetrator) alter personalities who show phobic avoidance to host personality and alter personalities and have activities and functions opposed to these alter personalities. These alter personalities, also known as the "inner abusers (perpetrators)" are responsible for dissociative inner suicide. They constantly try to kill other alter personalities with their identity as the "inner persecutor". Inner persecutors are defined as the "inner projections of the original abusers (perpetrators)" by Kluft [45]. Abuser (perpetrator) alter personalities are in an over-looking, humiliating, and condescending attitude towards both all alter personalities and the psychotherapist; and if necessary precautions are failed to be taken, they succeed in their effort to reduce the efficacy of the therapy in an enraged, resistant, activist and continuous manner. When these alter personalities are freed from an abusive structure during the psychotherapy process, the quality of the common inner life of the dissociated individual improves positively. Because in their angry, resilient and activist structures, dissociated individuals have much of the strength and energy they need to sustain, change and develop their lives. Since the helper alter personalities are unable to break the revictimization cycle of the host personality, they can turn into abusive and persecutor alter personalities during an interruption in communication [1,16].

Leader (Guide, Wise) Alter Personalities

Leader, guide or wise alter personalities are especially encountered in all dissociative disorder cases with more than five (5) alters. They become involved in psychotherapies and in the actual lives of the dissociated individual in times of crisis and offer effective and applicable solutions to the internal system. When psychotherapists and other alter personalities first communicate with this leader alter personality, they may perceive him as of a callous, activist or dominant nature. In the leader alter personality (guide, wise), logic and absolute reality are more dominant than feelings. The "inner leader (guide, wise)" personalities, first described by Öztürk and play a significant role in the alter balance, provide information and insight to the psychotherapist about the functioning and functions of the dissociated internal system. Inner leader alter personalities (guide, wise) have the ability to persuade other alter personalities in the name of alter balance. In the crisis intervention psychotherapy in the TBAMT, the treatment process progresses with the active participation of these leader alter personalities (guide, wise) and the most effective and most appropriate solution proposals are brought by these alter personalities. Leader alter personalities (guide, wise) provide logical guidance to both the host personality and alter personalities in the actual life [1,16,45].

Objective (Neutral) Alter Personalities

Objective or neutral alter personalities function as stabilizers in a nature parallel to the destructive functions of the persecutor, abuser (perpetrator), and suicidal-depressive alter personalities. As the co-consciousness and the simultaneous coexistence processes between alter personalities augment, the influence and control powers of the objective alter personalities increase as well. Since objective or neutral alter personalities have limited expressions of emotion, they enable the dissociated individual to continue their usual activities in their business or social life. In any case, in a traumatic past and time perception, the actual life can only be continued with an objective or neutral alter personality. These alter personalities, who are highly skilled professionally, perform an additional internal function in organizing the work and social lives of the dissociative individual. Colleagues and social friends of the dissociated individual usually communicate with this alter personality. Objective or neutral alter personalities have an authoritarian, cold, and distant perception, which is very important in terms of restoring the integrity of the integrative self in its formation stage [1,2,16,45].

Reversible Alter Personalities

Reversible alter personalities are alter personalities with complex, complicated and chaotic functions and dynamics in the psychotherapy of dissociative identity disorder. These alter personalities can embrace a value or idea and then easily abandon that value or thought and easily own another value or thought that is unrelated. They can adopt different beliefs and life philosophies consecutively in short time lapses. These alter personalities are the architects of the asymmetrical and turbulent relationship dynamics in dissociative identity disorder. They draw the hatred and anger of other alter personalities, as traumatization and revictimization processes also play a major role along with the host personality. They are one of the alter personalities that harbor traumatic memories in the most vivid way and can be involved in complex and dependent relationships related to sexual life. Reversible alter personalities have little or no capacity to cope with traumatic experiences and play a major role in the emergence of dissociative crisis experiences. Sometimes they may mislead the psychotherapist by imitating other alter personalities. Reversible alter personalities can also engage in prostitution, after which dissociative crises become even more psychopathological. They are the alter personalities who are most likely to communicate with people they do not know and sabotage both themselves and other alter personalities [1,10,16,45].

Talented Alter Personalities

Talented alter personalities are encountered in most cases of dissociative identity disorder. Talented alter personalities may have many skills or abilities that are not in the host personality. They can have a wide variety of skills, such as playing an instrument, speaking a different language, showing a high level of performance in a sport, writing a novel or poetry. Talented alter personalities, who usually admire people in their business or social environment with their abilities, leave the control to other alter personalities after displaying these abilities. They act as a counterweight to suicidal-depressive alter personalities. When

psychotherapy is completed, some of these abilities remain in the integrative self, while others may be lost. According to Öztürk, this process indicates the existence of another alter personality that is deactivated and that the fusion of the alter personality, the talented alter personality who were lost, has not been fused yet; meaning the integration phase has not yet been completed [1,2,10,16,45].

Apparently Natural Alter Personalities

"Apparently natural alter personalities" are alter personalities that are present in all cases of dissociative identity disorder, but barely noticed by psychotherapists due to their intermittent communicative nature. In fact, the process at work here is the effort of some alter personalities to identify with the natural self, which in psychotherapy can be perceived as an apparently natural alter personality. The natural self, which was first defined by Öztürk, is not the same even though it is perceived as similar to the "original personality" in Kluft's definition, as mentioned before. In psychotherapy, most inexperienced therapists interfere with the natural self as if it were an alter personality. This apparently natural alter personality is actually the natural self. The original personality is often inactive and is often portrayed as "asleep", "frozen" or "inadequate" at a much earlier point in time because the trauma could not be coped with. Original personality does not exist until traumatic experiences are metabolized. Again, according to Kluft, the host personality is not the original personality in many cases of dissociative identity disorder [10,16,44,45]. According to Öztürk, the natural self has a rudimentary structure due to traumatic experiences and should not be considered as an alter personality. Because the natural self in a normal individual transforms developmentally into the integrative self. In the TBAMT, the natural self in the dissociated individual is reactivated and transformed into an integrative self; the integrative self must be close to the developmentally transformed self, the natural self, in a normal psychological process. The integrative self is substantially identical to the adulthood of the mentally healthy child alter personality [1,2,10].

Trauma Based Alliance Model Therapy as a Crisis Intervention Psychotherapy

The TBAMT is considered as both a "short-term psychotherapy" and "crisis intervention psychotherapy" for dissociative identity disorder characterized by self-mutilating behaviors and suicide attempts. The most important feature of the TBAMT is that it enables both host personality and alter personalities to actively participate in the psychotherapy process. Active participation of host personalities and alter personalities in the psychotherapy of dissociative identity disorder shortens the treatment period and enables the crisis experiences to be more easily neutralized [1].

In dissociative identity disorder, all unifications or fusions with alter personalities should be done separately through the host personality. Fusions between alter personalities without the inclusion of the host personality do not succeed and increase crises as well as suicide attempts. Generally, fusions should be commenced from the helper alter personalities to facilitate the full participation of the case in the treatment. However, the fusions that occur with the persecutor alter personalities after the therapeutic alliance is established before the fusions with other alter personalities will significantly shorten the duration of psychotherapy. Long-term psychotherapies of dissociative identity disorder increase crisis experiences [1,10].

Since the persecutor alter personality plays the biggest role in suicide attempts in cases of dissociative identity disorder, it is necessary to fuse the child alter personality after the persecutor alter personality in order to act cautiously. As stated before, child alter personalities can inform the therapist about suicide attempts of alter personalities. When the host personality is fused with the child alter personality, his or her hopeless nature disappears, taking on a much more lively structure than before; the dissociative defenses begin to be replaced by healthier ones, and the intensity of the clinical picture decreases. Child alter personalities are very important and essential alter personalities for the crisis intervention psychotherapy of dissociative identity disorder [1,10].

In cases of dissociative identity disorder, the crises and psychopathologies experienced in the family in the past are usually identical to the current crises and psychopathologies of the case [48]. When necessary, interviews can be made with family members for a solution-oriented treatment process with the approval of all alter personalities and the host personality. The psychotherapy of dissociative disorder cases is actually a complete crisis intervention treatment. With appropriate crisis intervention treatment, all the self-mutilating behaviors and suicide attempts of the case will end [1,10]. Crises in dissociative identity disorder occur due to the efforts of alter personalities to take control and the inability of these alter personalities to engage with each other in psychotherapy. According to Öztürk, the main features of crises in dissociative identity disorder cases are as follows:

In cases of dissociative identity disorder, crises occur unexpectedly and suddenly. Very often these crises cannot be predicted by the case or even the psychotherapist. During the experiences of crisis, the dissociated individual enters a more affectively unstable process. Meanwhile, the case is hypersensitive to internal and external stimuli and is more fragile. Suicidal thoughts that exist in every crisis period easily turn into suicide attempts. Negative minor factors in both psychotherapy and family life of the case may cause major and tragic consequences. Inadequate or delayed crisis intervention in psychotherapy for the case in crisis situations increases the severity of psychopathology by turning it chronic. Thus, this inadequate and delayed crisis intervention renders the dissociative identity disorder case resistant to psychotherapy, damaging his or her belief in psychotherapy. For this reason, a psychotherapy method without crisis intervention cannot be used in both dissociative identity disorder and other dissociative disorders. Psychotherapy methods that are effective in dissociative disorders and contain a multi-axial alliance (including the family) prevent the dissociated case from becoming chronic, and reduce psychopathology, crises and suicide attempts [1,10].

Dissociative cases are very open to providing information about 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. In cases of dissociative identity disorder, "hiding tendencies" are quite high. There are relationship dynamics between hidden information and dissociative crises. In fact, information about the traumatic experiences of most cases of dissociative identity disorder is reached after these crises through alter personalities other than the host personality. For this reason, it is very important

to use methods that allow psychotherapeutic approaches after the physical health is protected in emergency psychiatry wards after the crisis of dissociative identity disorder in order to reveal this hidden or concealed information [1,2,10].

Crises in TBAMT, especially in cases of dissociative identity disorder continuing their psychotherapy, require certain predictions and conclusions on behalf of the psychotherapist. First of all, these crises that occur during the psychotherapy process indicate that the psychotherapist can not establish the therapeutic alliance with the dissociative identity disorder case. It may also indicate the psychotherapist's lack of professional knowledge. The psychotherapist is either inexperienced in this diagnostic group or his psychotherapy method is not suitable for the psychotherapy of dissociative disorders. Therefore it is necessary to seek supervision by a dissoanalyst or if the crises of the dissociative identity disorder case can not be stopped, to transfer this case to a more experienced professional therapist, namely a dissoanalyst [1,10].

The ongoing actual traumatic experiences of dissociative identity disorder may also cause these crises. In these cases, refusal of diagnosis and treatment may be encountered from time to time, both as a resistance and a factor that increases crises. The fact that dissociated cases lack family and close friend support to a certain extent also triggers crises. In dissociative identity disorder, the psychotherapist's prejudices against this diagnostic group can also trigger crisis experiences. Excessive attention to this plurality phenomenon, as well as prejudices against dissociative disorders, have negative consequences for the cases. Not sparing enough time for psychotherapy of dissociative identity disorder cases and making early confrontations about traumatic life experiences can also trigger these crisis experiences and even lead the case to serious suicide attempts [1,10,42].

In the TBAMT, the therapeutic alliance should be re-established with cases of dissociative identity disorder after the crisis. The main problems that were neglected and especially the nonverbalized experiences should be studied within psychotherapy. The time required for psychotherapy should be allocated to cases of dissociative identity disorder. This period is usually recommended as one hour and its implementation is a basic requirement. Psychotherapy of dissociative identity disorder progresses with resolution of crises. These crisis experiences are also a basic predictor of the disruptions experienced in psychotherapy. If appropriate crisis intervention is not made, the dissociative experiences of the individual will increase and the case will become more chronic. The negative crisis process can only be transformed into a positive process with the therapeutic alliance established with host personality and alter personalities. Trauma study should be done after the therapeutic alliance is achieved with all alter personalities. Trauma studies in dissociative individuals without establishing or being able to establish therapeutic alliance trigger both self-mutilating behaviors and suicide attempts in these cases [1,10].

According to Öztürk, long-term trauma studies in dissociative identity disorder can also cause an increase in dissociogenic crises and suicide attempts in this diagnosis group. Therefore, in psychotherapy of dissociative identity disorder cases, the process of correcting cognitive distortions related to trauma and processing all traumas should be completed with an integrative approach as soon as possible. Due to the mobile dynamics of many alter personalities and the presence of a fragile internal system, long-term trauma studies trigger possible crises in dissociative identity disorder. In order to perform an effective crisis intervention in the TBAMT, the therapeutic alliance, or more accurately, "therapeutic reciprocity" should be achieved, and the fusions should not be commenced before that. Prior to this, it is important to clearly perceive the functions of all alter personalities in cases of dissociative identity disorder. An effective crisis intervention will shorten the duration of the treatment as it will ensure the desire and active participation of the case in his or her own psychotherapy [1,10].

Trauma Based Alliance Model Therapy: “Alter Personality Alliance”

According to Öztürk, current theoretical and clinical approaches in dissociative identity disorder which is characterized by multiple victimization experiences and defined as the most extreme clinical form of the experience of transformation of the defenses keeping individuals away from traumatic memories that were witnessed by them as well as ordinary life experiences into a psychopathological process, can only explain the individuals’ dissociated nature. In particular, classical long-term treatment approaches of dissociative identity disorder can drag these cases to a more resistant structure in the name of psychotherapy. In this respect, "short-term psychotherapy" approaches have gained importance in the treatment of dissociative identity disorder, both for these cases and for professionals working in this field. Because the treatment of dissociative identity disorder as well as any trauma-based psychiatric disorder should be done in the shortest time possible without harming the existing limited psychological integrity in order to cope with the trauma of the case, to restore its functionality and to restore harmony with the environment [1,2].

In psychotherapy of dissociative disorder cases subjected to long-term dysfunctional, stagnant and unsuccessful psychological help attempts of traditional psychotherapy approaches, both the usual resistance of traumatized individuals to treatment and the amateurism, inadequacies, prejudices, negligence of psychotherapists in this field, which requires a significant professional specialization in dissociation, hesitations to diagnose and the cycles of belief-disbelief in the diagnosis of dissociative disorder have created justifications for the emergence of a new trauma-centered paradigm and short-term psychotherapy methods [1,2].

The most basic and functional feature of the "Trauma Based Alliance Model Therapy" method, which is also recognized as the "Alter Personality Alliance" and accepted as a short-term psychotherapy of dissociative identity disorder at the clinical level, is the active participation of the dissociated individual in psychotherapy with all alter personalities. The pioneering mission of the psychotherapist in the TBAMT is to reintegrate the dissociated individual after negative child-rearing styles and in the face of traumatic experiences by both guiding the traumatized individual with the highest level of clinical guidance and by carrying out the process of neutralizing his traumas as well as providing the reciprocity, that is, the alliance, the psychological repair and reconstruction of the identity, whose original nature is preserved, with a psychotraumatological treatment orientation in a period

of time as short as possible. In the TBAMT, the psychotherapy of dissociative identity disorder cases is provided and completed by adopting and working the traumatic experiences or memories denied by the traumatized individual with an orientation of a perspective of a reflective perception by the integrative self [1,2].

Eight Stages of the Trauma Based Alliance Model Therapy

The TBAMT is based on eight main phases (stages) that are connected to each other on behalf of the construction of the psychotherapies of dissociative identity disorder cases: “Multifocal therapeutic alliance”, “short-term and efficient trauma practice”, “integrative intervention and control for crises”, “missions and strategic functions of host and alter personalities”, “solution-oriented approaches towards insecure attachment and psychopathogenic family dynamics”, "correction of different time perceptions and cognitive distortions of host and alter personalities", “integration; fusions made via the host” ve “post-integrative psychotherapy providing autonomy”. As well as the alliance established between the therapist and the host personality and between the alter personalities in all stages up to the integration stage, the alliance that alter personalities will establish with each other and with the host personality, that is, the "therapeutic reciprocity", constitutes the basis of the treatment. Each major phase consists of periods of approximately three weeks, and the psychotherapy of dissociative identity disorder is thus completed in about six months [1,2].

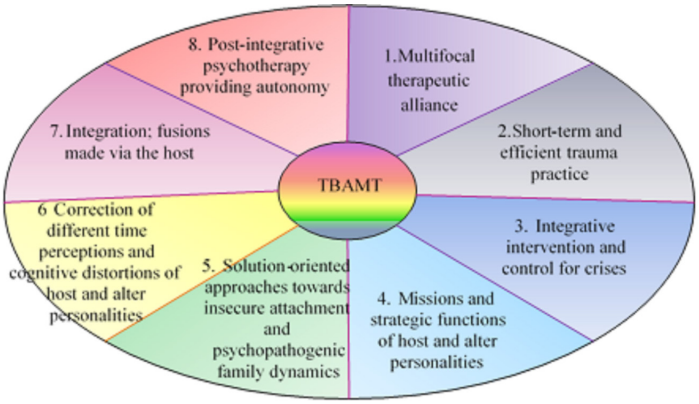

Figure 2. Eight Stages of the Trauma Based Alliance Model Therapy (TBAMT)

The first stage in the TBAMT is the “multifocal therapeutic alliance”. In the first stage, the alliance of host personality and alter personalities with both the therapist and each other should be achieved in a period of time as short as possible. As mentioned earlier, in cases of dissociative identity disorder, the therapeutic alliance only between host personality and therapist is not sufficient. In the TBAMT, primarily under the guidance of a psychotherapist, a triple therapeutic alliance/reciprocity between both host personality and alter personalities and the psychotherapist, between alter personalities and between alter personalities and host personality is particularly essential [1,2].

In the therapeutic reciprocity orientation, there are different dynamics between host personality and alter personalities. Since the host personality can think multifocal during the psychotherapy process, it is easier to establish an alliance with the psychotherapist, no matter how depressed. Alter personalities, on the other hand, are highly resistant to alliance in psychotherapy since they have a unifocal thinking structure. Once the therapeutic alliance is established, these alter personalities show a shift towards multifocal thinking. The basic structure of this disorder, which is misunderstood or misperceived in the internal system, should be noticed by the host personality and alter personalities, and a cooperation should be established in this regard. At this stage, information about integration, the importance and necessity of integration should be shared with all alter personalities. When the importance and necessity of integration with host personality and alter personalities are explained in an appropriate and comprehensible therapeutic language, active participation of host personality and alter personalities in psychotherapy increases [1,10].

Recognizing and knowing the functions of alter personalities, which have a prominent and strategic importance in the psychotherapy of dissociative identity disorder, which is the most extreme form of defenses that distract the individual from traumatic memories and of the transformation of usual life experiences into psychopathology, is one of the biggest factors that accelerate the treatment. Each alter personality is perceived as the opposite of the structure that other alter personalities have, especially from the eyes of the host personality. Changing this perception is the most necessary condition for psychotherapy. Because both host personality and alter personalities are not what they see. All alter personalities have specific significance, meanings and functions within the "inner system". When these are noticed in the internal system, the avoidance and conflict between alter personalities spontaneously disappear and the suicide attempts and all acute and chronic crises in the case of dissociative identity disorder gradually begin to fade. Most therapists contact persecutor, paranoid-obsessive, and suicidal-depressive alter personalities in dissociative identity disorder when the alter balance is in a negative state. As long as the alter balance is negative, these alter personalities are not able to think rationally. In the TBAMT, the work with the dissociated individual is conducted when the alter balance is in a positive state in all eight stages [1,2,39,49].

Alter balance is a preliminary determinant for both psychopathology and treatment process. In the TBAMT, if the alter balance is converted to positive as soon as possible, alliances can be made quite well with all alter personalities. The alliance of the host personality and alter personalities with both the therapist and each other will provide clinical stabilization as soon as possible. The alliance of alter personalities with strategic importance turns into a driving force in both neutralizing and processing trauma. The host personality can think multifocally, therefore, in a dissociated process, it can easily enter into the suggestion of alter personalities with a dominant nature who think unifocally. This suggestive structure should be brought to a nature that can cooperate with alter personalities who think unifocally. But after the therapeutic alliance, the tendency of alter personalities to make unifocal inferences begins to disappear [1,10].

The second stage in the TBAMT is the “short-term and efficient trauma practice”. In cases of dissociative identity disorder, trauma work, that is, the neutralization of trauma, should be carried out as soon as possible, just like an operation, with great care and with psychological integrity, as these cases have repetitive traumatic experiences, dissociative flashbacks, self-mutilating behaviors, suicidal thoughts and attempts. Trauma work can

be started, provided that an alliance is established with all alter personalities. In dissociative identity disorder characterized by chronic childhood traumas, memories related to traumatic life are kept by the "deep memory". This deep memory includes memories of “traumatic experiences”, other memories that cause intense guilt and shame, and memories of “psychopathogenic family dynamics”. These memories in deep memory can be preserved without any cognitive distortion or contamination. Information or expressions of trauma cases that may be perceived as contradictory at times by inexperienced mental health professionals are actually only “apparently contradictory”. Psychotherapists who work with deep memory and can make contact can easily eliminate the "hiding tendencies" that is a resistance of trauma cases. Memories related to traumatic experiences in deep memory can be studied in psychotherapy at any required stage before integration. A reliable therapeutic atmosphere should be created in order to construct a common integrative memory with the host personality and alter personalities in the face of traumatic memories with dominant and reflective triggers. While working on the neutralization of trauma, safe spaces should be created in the internal system where alter personalities can shelter imaginatively in moments of crisis [1,2,20,46,49].

Dissociative crises and suicide attempts in the case may increase when the host personality is included in the trauma study. In dissociative identity disorder cases with high traumatic experiences, suicidal-depressive, abuser (perpetrator) and persecutor alter personalities and host personality should be taken into account. The host personality can be left out if he or she will trigger suicide attempts. When the host personality is integrated with an alter personality that is aware of traumatic experiences, the trauma study will progress in a more positive process. According to Öztürk, in the TBAMT, it is extremely important to neutralize dissociogenic psychopathology after the traumatic memories experienced by different alter personalities are shared in the present as a whole, recovering from the fixated past in the internal system after providing safe conditions suitable for dissociative nature. Especially after the therapeutic alliance is achieved with potent female alter personality, the trauma study gives a more effective result in the treatment process [1].

In the TBAMT, after the trauma is neutralized, the feelings of shame and guilt associated with traumatic experiences in dissociated individuals disappear. In this model, the dissociated individual should be made aware of the failure of the case itself, interrupted or unfinished, repetitive defensive actions and traumatic obsessions in the face of trauma in order to metabolize their traumatic experiences. In order to control the current effects of past traumatic experiences, these experiences must be neutralized in the psychotherapy process. All dissociated individuals have the capacity to cope with different levels of trauma. Since traumatic lives and memories are only tolerated by dissociative defenses, the functionality of these coping capacities decreases to a major degree. The dissociative angoisse experienced in this process, on the other hand, completely disables the coping capacity and forms the basis of the experiences of obedience. Whether they function implicitly or explicitly, every person has "fawn or freeze behaviors" with this parallel coping capacity activated in the face of traumatic experiences. What needs to be done in psychotherapy is to reactivate the deactivated coping capacity. By confronting traumatic memories in psychotherapy and integrating fragmented memories, these coping capacities are automatically reactivated and this time, "fawn or freeze behaviors" are disabled [1,2].

The third stage in the TBAMT is the “integrative intervention and control for crises”. The fourth stage is the “missions and strategic functions of host and alter personalities”. These two stages are usually worked simultaneously in the TBAMT. The way the host personality and alter personalities perceive both themselves and other alter personalities are different and more negatively oriented than they actually are. All alter personalities have significance, meaning, function, and reality within the dissociative internal system. As a matter of fact, when these dynamics are noticed in the internal system during the psychotherapy process, the avoidance and conflict between alter personalities spontaneously fade or end. In the psychotherapy of dissociative identity disorder, which continues with possible crises, noticing prominent alter personalities and perceiving their functions and duties to the whole of the internal system is one of the biggest factors that accelerate the treatment. These alter personalities, especially in the eyes of the host personality, are perceived and misrecognized largely as the opposite of their structure. In psychotherapy, this perception should be changed in a period of time as short as possible [1,2,10].

In cases of dissociative identity disorder, a multitude of alter personalities in widely varying characteristics and sexes might be encountered. There might be many alter personality types such as special skills, autistic and disabled, substance addicts, executive and obsessive, imitator (joker, stunt), original and creative, analgesic, homosexual and bisexual [2,50]. In the TBAMT, apart from the host personality in cases of dissociative identity disorder, a total of 13 strategically important alter personalities have been identified: apparently natural alter personalities, helper alter personalities, persecutor alter personalities, child alter personalities, gay-lesbian alter personalities, messenger alter personalities, abuser (perpetrator) alter personalities, leader (guide, wise) alter personalities, objective (neutral) alter personalities, reversible alter personalities, talented alter personalities, suicidal-depressive alter personalities, and potent female alter personalities; and to be able to clearly recognize these personalities is important. Apart from the defined alter personalities, there may be alter personalities that appear to be of different nature, but they are most likely in a structure similar to one of them. All these alter types should be handled in terms of "balance between alters" (the ratio of negative and positive alter personalities in the whole), their functions and duties should be determined as in "persecutor", "child" and "helper" alter personalities, and their psychotherapies should be arranged accordingly [1,2,10].

The fifth stage in the TBAMT is the “solution-oriented approaches towards insecure attachment and psychopathogenic family dynamics”. In both individual psychotherapies and family interviews, it is observed that the families of trauma-based dissociative identity disorder cases that cause childhood trauma and neglect are dysfunctional compared to normal families and there are some distinct psychopathogenic relationship dynamics prevailing in these families. When the families of dissociative disorder cases are clinically evaluated, the apparent psychopathogenic relationship dynamics of these dysfunctional families, which progress with subthreshold diagnostic criteria and

named as "Apparently Normal Family", should be treated within the scope of family psychotherapies. Insecure attachment is one of the apparently normal family dynamics and can often go as far as being attached to the abuser (perpetrator). According to Ross and Halpern, working with abused individuals means dealing with the powerful and pervasive dynamics of attachment to the abuser (perpetrator) [1-3,39].

The sixth stage in the TBAMT is the “correction of different time perceptions and cognitive distortions of host and alter personalities”. In cases of dissociative identity disorder, both alter personalities and host personality usually live in the past due to traumatic processes, they have no hope for the future, and the past has now become the present and has turned into a “singular traumatic time perception” covering all times. It is very difficult for alter personalities to distinguish the present from the past. In this respect, the alliance on time realized after the trauma study has been done, the alter balance has been turned positively and the alliance has fully achieved with the alter personalities will facilitate the shift of all alter personalities to the present time period. Because the penetration of the past into the present and the future prevents correcting the cognitive distortions of the case [2,10].

The seventh stage is the “integration; fusions made via the host”. The therapeutic alliance established with host personality and alter personalities in cases of dissociative identity disorder becomes very important at this stage. The correct basic structure of the dissociation process, which is perceived as wrong by the internal system, should be grasped objectively by the therapist to the host personality and alter personalities, and an alliance should be achieved in this regard. This alliance process will easily ensure active participation of alter personalities in psychotherapies. The alliance, which expresses informing about integration and sharing the importance and necessity of integration with all alter personalities, is the alliance on integration. After these stages, integration can be done effectively. Integration is achieved by combining alter personalities through the host personality. In dissociative identity disorder, as Öztürk constantly and strongly emphasizes, all fusions with alter personalities must be done separately over the host personality. Fusion between alter personalities that do not include the host personality will not succeed. Even in the slightest frustration one experiences without any traumatic content, this unified alter structure will separate again [1,10].

The eighth stage in the TBAMT is the “post-integrative psychotherapy providing autonomy”. In this phase, the post-integration psychotherapy for at least three months, which will be carried out in order to get used to the harmony and singular life process after integration between the integrated personality and the therapist, focuses on the alliance established between the remaining "integrated person" and the therapist. Usually, the adaptation of the case to single life and actual life events are studied. For cases of dissociative identity disorder, which is a chronic and complex post-traumatic psychopathology, starting a singular life from a multiple internal system characterized by the presence of alter personalities will have both advantages and difficulties. The main task of the eighth phase is to strengthen the adaptation to this singular life. Dissociative identity disorder cases, most of which have been integrated, can easily adapt to this singular life from the very first minute. After the last fusion, all psychodissociogenic processes associated with traumatic experiences disappear spontaneously and the individual continues his life as a completely psychologically normal person. Cases of dissociative identity disorder state that they are quite tired, a little confused, but very peaceful after their fusion with each alter personality. This psychological process or moment of integration defined by the dissociated individual is the most basic evidence that the fusion in psychotherapy is clearly achieved [1].

In dissociative identity disorder, there are four main periods after integration, each of which can take a few weeks. Cases of dissociative identity disorder often experience a mourning after integration, as they move from multiple lives to singular lives. However, this is not an intense depressive process. This statement is a basic predictor of fusion happening anyway. Dissociative identity disorder cases describe the moment of integration after all alter personalities have fused as an intense feeling of peace (tranquility) and happiness they have never experienced before. The process characterized by this intense feeling of peace and happiness and a mild level of mourning after integration; that is, the "period of mourning and tranquility" is the first period of the dissociative identity disorder case after integration [1,2,10].

The second period after integration is the "anger period" experienced with feelings of anger. This period of anger occurred after the breaking of bonds with the abusers (perpetrators) and the complete exiting from the victim role. The individual who reaches his singularity questions himself, his relationships and his life with a very harsh and ruthless approach on an anger-laden psychological ground and confronts his mistake. Many therapists are afraid of this process, which is characterized by intense anger in the cases towards their newly-developed singular lives. The intense anger experienced in this period does not turn into action, it is only felt as an emotion and passes by itself within a few weeks and the integrated individual enters a period that can control their emotions [1,2,10].

The third period after integration is defined as the "ideal (perfect) person period". The individual, whose treatment of dissociative identity disorder has been completed to a large extent, does not want to make any mistakes and does not make any mistakes. He has almost transformed into a "perfect" person during this few weeks. In fact, this extremely perfect nature can surprise even psychotherapists. Most cases in the post-integrative period notice this almost perfect behaving obsession by themselves and become more normal within a few weeks by showing a little less than perfection. In the process of "period of normality", which is the last period after integration, the individual continues his current life with this normal and mental health and leaves all the dissociogenic psychopathologies in his past [1,2,10].

In the TBAMT, in cases of dissociative identity disorder, the integration is completed when the last alter personality is fused or united with the host personality where the cumulative associations are made with the field-specific psychotherapies lasting an average of 6 months. According to Öztürk, the more resemblance does the integrative self share with the youngest and psychologically healthy child alter personality or his or her adult form, the more successful was the process of psychotherapy. The integrative

self and the adulthood of the healthy child alter personality are both identical to each other and confirm each other. The number of psychotherapy sessions after integration should be decided together by the individual and the psychotherapist whose treatment is completed, which is recommended as 5-6 sessions in the TBAMT. Post-integrative psychotherapies in the TBAMT focus on understanding life as a whole, socializing, adapting to the new situation with "one person", "subject" and searching for integrated solutions for problems previously solved by dissociative defense mechanisms [1,2,10].

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

Dissociation, which is roughly the life experiences that keep individuals away from traumatic memories, refers to dual and ordinary reactions that include both harmony and psychopathology. If an individual has sufficient mental equipment or structuring to react to traumatic experiences at an integrative level, he or she can have the opportunity to continue his or her life without dissociation. This possibility of hosting can lead him to a complex and progressive adaptation process that forms the basis of a singular identity perception in the process of individual evolution. Dissociative reactions and dissociative experiences can turn into a dissociative disorder as a result of individuals losing control over their identities after or during acute and chronic traumatic experiences and negative child-rearing styles. Dissociative disorders caused by chronic childhood traumas and negative child-rearing styles that start at an early age are actually psychotraumatology itself. It should be the most noble duty of all of us to teach all people that traumatic experiences and negative child-rearing styles destroy people's childhood, youth, adulthood and senectitude, i.e. their entire lifespan; even peace and nature. I want to make the finale of this article with the sentences of a dissociative identity disorder case that I have successfully treated by completing the psychotherapy process:

"Being a child meant being defeated again and again in cruel wars that you had already known you'd lose, waged by people who made you who you are. Being a defeated child meant suffering everything without being able to cry. They have never let me grow and set all their authority to ensure that I'd always stay a kid. Because they were able to control me easily as long as I stayed a kid. I have, therefore, always been an adult kid, I was very deficient and I could never grow up or develop. Staying a kid meant more trauma and more control. From that point on, forgiveness was a strange word for me and to live was equivalent to die. Nightmares have become the sole reality. The pain would never, ever seem to be coming to an end. On one hand, being a kid meant to be able to easily forget and get away from pain. Remaining hung in the childhood, on the other hand, meant being left alone all the time. You enabled me to reach not only for my childhood (which I was unable to live) but also for my adulthood; I became complete and I grew up…" [2].

Conflict of interests
There is no conflict of interest.

Financial Disclosure
There is no financial support

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