

# DISSOCIATIVE IDENTITY DISORDER (MULTIPLE PERSONALITY) TREATMENT WITH RESOURCE THERAPY

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## PRESENTATION AGENDA OVERVIEW

- Understanding Dissociative Identity Disorder (DID) and its Causes
- Foundations of Resource Therapy
- Resource Therapy Techniques for DID
- Application of the Techniques

## DISSOCIATION

The APA defines dissociation as a disruption, interruption, and/or discontinuity of the normal, subjective integration of behavior, memory, identity, consciousness, emotion, perception. (DSM-5)

## DISSOCIATION DISORDERS

1. Dissociative Amnesia (including Dissociative Fugue),

2. Dissociative Identity Disorder (DID),

3. Depersonalization Disorder body representation/Derealization Disorder, and

4. Other (Specified or Unspecified). (The 'American Psychiatric Association' agrees on the first 3, The APA adds the 'other'.)

## THE CAUSE OF DID ACCORDING TO RT THEORY

To cope with chronic trauma in early childhood there is a prolonged effort to “not think about” what happened last night.

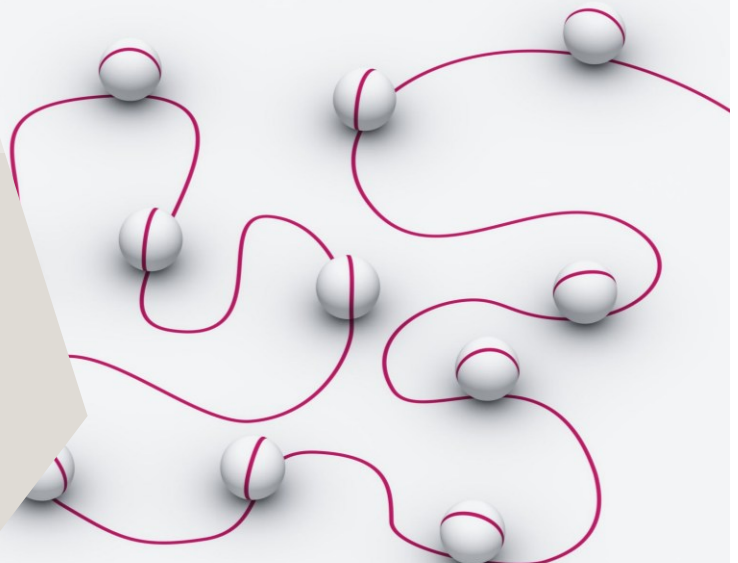
Over time this coping skill can work so well that the synaptic communication links between states atrophies so it is easier to cope while trauma is not happening.

States that would have reflected and preserved memory and communication links become isolated.

Isolated states are the Alters in DID.

## DISSOCIATION IN RESOURCE THERAPY

- In Resource Therapy, Dissociation is viewed as a disruption in the memory and communication between states. The synaptic linkages between states have atrophied resulting in the loss of a normal transfer of information.



## PERSONAL TOLL OF DID



DID often leads to intense internal turmoil, as individuals experience involuntary "switches" between identities, each with potentially different memories, behaviors, and perceptions.



The unpredictable nature of DID severely disrupts interpersonal connections.



DID impairs routine life and productivity.



Despite these challenges, Resource Therapy can help respond to symptoms and address the underlying causes of this disorder.

## UNDERSTANDING DISSOCIATIVE IDENTITY DISORDER

## DISSOCIATIVE IDENTITY DISORDER

- Dissociative Identity Disorder is a complex mental health condition characterized by the presence of two or more distinct personality states or identities that recurrently take control of a person's behavior, often accompanied by memory gaps and dissociation from reality.
- This disorder typically stems from severe, repetitive childhood trauma, such as physical, sexual, or emotional abuse, as a coping mechanism to detach from overwhelming experiences.

## EMOTIONAL AND PSYCHOLOGICAL TOLL

**Chronic anxiety, depression, and hypervigilance:** Constant fear of switching and losing control fosters a state of emotional exhaustion, where individuals live in "survival mode," struggling with numbness or overwhelming panic.

**High risk of self-harm and suicide:** More than 70% of people with DID attempt suicide or engage in self-injurious behaviors, driven by unresolved trauma, guilt, shame, and feelings of isolation.

**Identity confusion and dissociation:** Sufferers may feel detached from their own actions, body, or memories, leading to self-doubt, repressed memories resurfacing painfully, and a fragmented sense of self that erodes personal identity over time.

**Co-occurring conditions:** DID frequently overlaps with post-traumatic stress disorder (PTSD), eating disorders, sleep disturbances (e.g., nightmares, insomnia), and substance use issues, compounding emotional strain.



## SOCIAL AND RELATIONAL TOLL

**Strained relationships:** Memory gaps, sudden behavioral shifts, and trust issues from past abuse can lead to conflicts, isolation, or withdrawal from loved ones. Individuals may struggle with intimacy, feeling "possessed" or detached during interactions without a memory of past interactions.

**Social isolation and stigma:** Shame or fear of judgment often causes people with DID to hide their symptoms, exacerbating loneliness and making it hard to form or maintain bonds.

**Difficulty in forming long-term relationships:** DID impedes or destroys the ability to form lasting relationships, leaving individuals haunted by past traumas and hesitant to open up.

## DAILY FUNCTIONING AND OCCUPATIONAL TOLL

**Memory and cognitive disruptions:** Amnesia for events, personal information, or time periods can interfere with work, school, or basic responsibilities, leading to "confused wandering" or inability to cope with stress.

**Occupational challenges:** Functional impairment varies but often includes significant problems at work or school due to switches, leading to job loss, academic failure, or chronic underperformance.

**Long-term developmental delays:** Trauma in childhood can "freeze" personal growth, stealing opportunities for exploration and self-discovery in young adulthood

## PHYSICAL AND LONG-TERM TOLL

Beyond mental effects, DID can manifest physically through stress-related symptoms like headaches, non-epileptic seizures, or immune system strain from prolonged hypervigilance.

Up to 10% of people worldwide may experience a dissociative disorder in their lifetime.

Long-term DID can lead to chronic mental health struggles (affecting up to 90% of cases in Western countries). Full recovery is rare.

## OVERVIEW OF PERSONAL TOLL OF DID

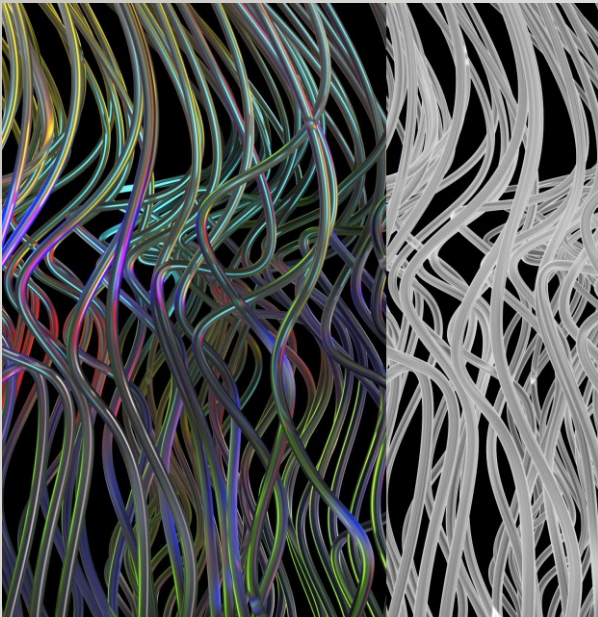
Aspect of Toll	Key Impacts	
Emotional	Hypervigilance, depression, OPIs.	Constant exhaustion and numbness
Relational	Isolation, trust issues, strained bonds	Loss of closure in grief, betrayal scars
Daily/Occupational	Memory gaps, stress, intolerance	Job/school disruptions, paused growth
Physical	Sleep disorders, immune strain -More than 70% of people with DID attempt suicide or engage in self-injurious behaviors	Headaches, heart issues from chronic stress

## PERSONAL TOLL OF DID

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DID often leads to intense internal turmoil, as individuals experience involuntary "switches" between identities, each with potentially different memories, behaviors, and perceptions.

Despite these challenges, Resource Therapy can help respond to symptoms and address the underlying causes of this disorder.



## COMMON CAUSES AND RISK FACTORS

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### Prolonged Trauma Causes

Dissociation often develops from extended periods of abuse, neglect, or repeated traumatic incidents.

### Ongoing Stress Factors

Continuous stressors complicate healing and management of Dissociation symptoms.



# SYMPTOMS AND CHALLENGES IN TREATMENT

## Emotional Dysregulation

PTSD, depression, anxiety, OPIs, suicidal behaviors.

## Dissociation Symptoms

Multiple identities, memory gaps, dissociation. Identity Confusion and Internal Conflict.

## Trust and Self-esteem Issues

Hearing voices of alters and/or OPIs, either as internal dialogue or perceived externally, which may argue, comment, or give instructions.

## Therapeutic Challenges

Treatment requires flexible, individualized approaches to effectively address complex symptoms.



# CAUSES OF DID

Severe and Prolonged Childhood Trauma

Prolonged captivity (e.g., human trafficking, prisoner-of-war type situations in early childhood).

Developmental Window: DID typically develops in early childhood. After this period, DID is less likely to develop even in response to severe trauma.

# FOUNDATIONS OF RESOURCE THERAPY



## ORIGINS AND DEVELOPMENT OF RESOURCE THERAPY

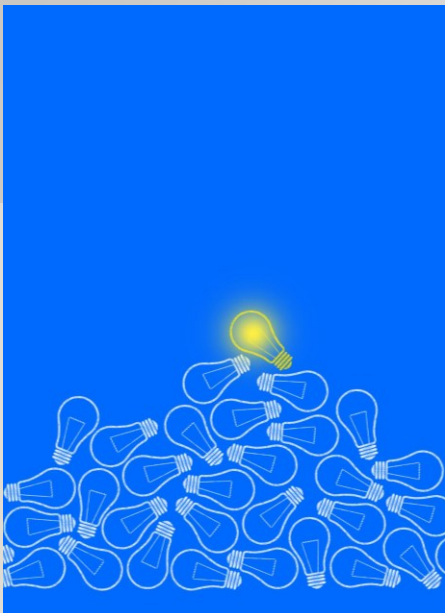
Resource Therapy was developed by expanding on existing ego state therapy to improve trauma healing methods.

### Core concepts

We each are a mosaic of parts, and each part can be normal, or can be in one of eight pathological states. Our parts are termed **Resource States** because they each are one of our unique resources.

### Activation of Healthy Resource States

All our parts can achieve a positive role in the personality, and there are RT Actions to assist parts to move to their positive, non-pathological role.



## CORE PRINCIPLES AND THEORETICAL FRAMEWORK



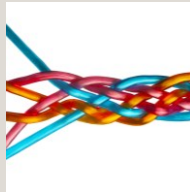
### **Distinct Internal Parts**

Resource Therapy views individuals as having multiple parts, each with unique roles and functions.



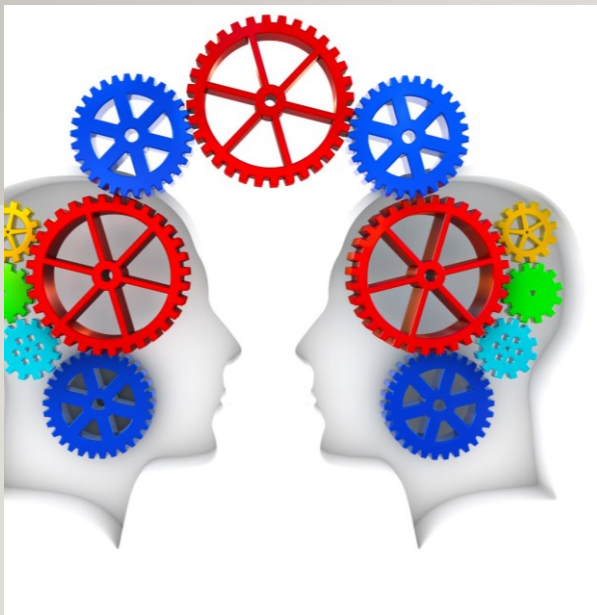
### **Resolving Internal Conflicts**

Traumatized parts hold the illusion that the past is still happening, so a goal is to break that illusion.



### **Moving from pathological to normal**

The ultimate goal is for all states to become normal functioning, each taking up its role in the mosaic of the personality.



## COMPARISON WITH OTHER PARTS-BASED THERAPIES

### **The personality is seen as a mosaic of parts.**

Everyone's parts are different, according to their nature and nurture.

### **Introjects are not personality parts**

Resource Therapy emphasizes that introjects are impressions, not parts.

### **Awareness, not conflict**

Inner peace is achieved through awareness, not internally fighting.


## DIAGNOSIS OF THE EIGHT PATHOLOGIES

1. What is the presenting concern?	3. When Conscious it feels	4. Has been noticed since Childhood?	5. Diagnostic Classification
Unwanted Behavior	Feels competent	Yes →	Retro Original
		No →	Retro Avoiding
Unwanted Emotion (Vaded)	Feels incompetent →		Dissonant
	Fear →		Vaded w Fear
	Not good enough →		Vaded w Rejection
	Low Energy →		Vaded w Disappointment
Internal Conflict	Ruminates →		Vaded w Confusion
	Two states conflicted with each other →		Conflicted

## Resource Therapy Intervention Matrix

With Permission from:

Barbara Fischer-Bartelmann, Heidelberg, Germany

 <p><b>Resource Therapy</b> International Synopsis</p> <p>↑ Therapeutic Actions</p> <p>↓ Pathologies</p>	1. Diagnose	2. Vivify Specific	3. Bridging	4. Expression	5. Introject Speak	6. Removal	7. Relief	8. Find Resource	9. Changing Chairs Introject	10. Retro State Negotiation	11. Conflicted State Negotiation	12. Imagery Check	13. Resistance Allinancing	14. The Separation Sieve	15. Anchoring
	Vaded w. Fear	x	x	x	x	x	x	x				x			
	Vaded w. Rejection	x	x	x	x	x	x	x				x			
	Vaded w. Confusion	x	x						x			x			
	Vaded w. Disappointment	x	1					2 x		x		2			
	Retro Original	x	x					x		x		x			
	Retro Avoiding	x	x	x	x	x	x	x <sup>3</sup>		x		x			
	Conflicted States	x	x								x	x			
	Dissonant State	x	x					x				x			

1 not necessary

2 not in same session, takes longer until the two resource states bear fruit

3 if necessary

## GOALS IN DISSOCIATION WORK

### 1. Confirm that alters are good and can stay

A first step is to ensure that states trust that you are not trying to get rid of them or meld them together.

### 2. Practice memory and communication between alters

Encourage alter to alter positive communication and understanding.

### 3. Work with trauma when the state is conscious

DID is caused by trauma and there will be traumatized states, although they may not present at first.

### 4. Attend to non-related issues normally

DID clients will, like any client, have normal issues.

## I. CONFIRM THAT ALTERS ARE GOOD AND CAN STAY

Lack of trust is a common impediment in working with Dissociation

- Alters often distrust other alters and they often feel tenuous in their attempt to fight for a place in the personality.
- They often have to fight for the conscious against other alters.

A common fear is that you will attempt to get rid of them or that you will try to meld them with other parts where they no longer have an identity

- This is not possible and not desirable.
- It is good for every alter to know there is a positive role for them in the personality.



## 2. PRACTICE MEMORY AND COMMUNICATION BETWEEN ALTERS

DID clients have varying degrees of memory and communication between alters.

Alters sometimes are aware of other alters only from information from other people who have observed them.

A first step in working with DID is to help alters gain more appreciation of each other along with improving communication.

- Ask an alter to speak to another alter in an empty chair, calling it by name and then saying something about it that is positive.
- Ask the client to change chairs and as they are sitting call out the name of the other alter loudly and ask it how it feels about what was just said. At first you may need to use verbatim notes to repeat what was said.
- Ask it to reply and continue the back and forth to renew synaptic linkages.

## CONNECTION BUILDING FOR DID

1. Get a name for the Alter you are speaking with.
2. Call it by name and ask it what it feels about a different Alter.
3. Show understanding for its feelings but make a case to it how important and useful the other alter can be.
4. Ask the alter to say something positive to the other alter, take verbatim notes, then ask the client to stand and switch chairs then as the client is sitting call the other alter by name.
5. The second alter may or may not have any memory of what the first alter said. Tell it exactly what the first alter just said. Call it by name and ask it what it feels about the other alter, and encourage it to say something positive. Take verbatim notes.
6. Continue to have the client switch chairs encouraging each alter to say positive things to the other saying how it understands the other's importance.
7. Show appreciation to both alters while the synaptic connections are nurtured.

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### 3. WORK WITH TRAUMA WHEN THE STATE IS CONSCIOUS

All DID clients have states holding trauma.

Presenting states may not be aware of this due to the atrophied communication links between states.

While the first steps are trust building and improved communication traumatized states will become evident and when one holds the conscious there is an opportunity to help it become aware that the past is not still happening and it is now safe and can be supported.

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### 4. ATTEND TO NON-RELATED ISSUES NORMALLY

As with any client there will be issues that are difficult to handle.

These issues should not be conflated with DID and should be responded to in a normal therapeutic manner.

TO RESOLVE TRAUMA BRIDGING IS NECESSARY  
THIS MUST START WHEN THE TRAUMATIZED STATE IS CONSCIOUS

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You **MUST** preserve the emotions of the state or bridging will not work. You can only bridge when the state is conscious.

Only when you observe the state is upset can bridging begin.

## BRIDGING INSTRUCTIONS

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1. Repeat the feelings of the state like, "Being afraid that you will be in trouble if you say something wrong," or "Finding it hard to breathe."
2. Right now, what part of the body do you feel this "hard to breathe" feeling the most?
3. Just imagine sitting on the edge of that "hard to breathe" area dangling your child feet in that area. How old are those feet as they dangle back and forth in that "hard to breathe" area?
4. Being about 5 now, feeling like it is "hard to breathe", are you inside or outside in the open air? Are you alone or is there someone else there? What is happening?
5. What can I call you here, being 5, where it is hard to breathe? What name or term fits you?

## AFTER BRIDGING

- After bridging if you don't already have a name for that state, get one so you will be able to talk with that state directly and call it back at a later time.
- It is important for the state to name itself or agree with a name that fits it.
- Trauma Resolution is the next step.

## WHY IS IT IMPORTANT TO RESOLVE THE VADED STATE?

- When trauma is the cause of the presenting concern the trauma that the client has experienced has not been processed.
- It is necessary for that trauma to be processed so the client will be able to eliminate the neurotic behaviour that has been associated with that trauma.

## THE EXPRESSION, REMOVAL AND RELIEF METHOD TO RESOLVE TRAUMA

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- This method provides an understanding that the past is not still happening.
- It gives the client an experience of empowerment.
- It frees a vaded state so it can resume its normal role.

## EXPRESSION

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- When the vaded state is able to rise above fear and say what it would like to say.
- By rising above fear, rising above what had in the past seemed too big to face, the fear is disempowered, and the client is empowered.
- Example: He is not really here. We are in a therapy room. So lets just shrink him to 1 cm tall, with a squeaky little voice. Be careful and don't step on him because I want you to be able to tell him what you think of him. Go ahead and tell him now.



## REMOVAL

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- Removal is a further step in empowerment.
- Following expression, the client will understand that the past is not happening now and that the provocateur has no power.
- Example: That was really good what you said. This is your space. Do you want him here or do you want him away? (if away) Great. Swoosh. He's gone.

## RELIEF

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- When the previously traumatized state becomes comfortable and happy.
- This is helped by asking a stronger or nurturing state to assist the state that had been vaded.
- This helper state can stay with the freed state to assist in relief.
- Example: (Call the client by name and ask) Kate, if there was a little girl about 5 who had been through something really hard, How would you help her Kate? Would you put your arm around her? What can I call you, part? Just go to her now and do that.

## IMAGERY TO CHECK SUCCESS

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- Have the client to return to the image where negative feelings were recently felt and see if they still occur.

## PRACTICE

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1. Interview and discover two states, the one talking and another one it knows.
2. Ask the first state how the other state can be useful.
3. Ask the first state to directly acknowledge appreciation to the other state.
4. Ask the client to change chairs or put head down and back up.
5. Make sure the second state is aware of what the first state has said about it.
6. Have it to reply with an appreciation to the qualities of the first state.

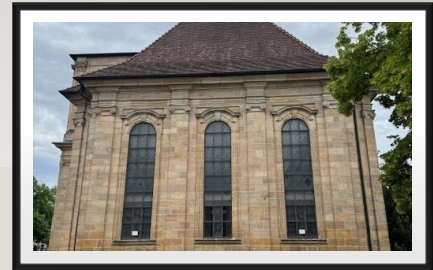
This early phase of working with DIDs begins building communication links and trust.

# JOIN US: RESOURCE THERAPY WORLD CONFERENCE

ERLANGEN GERMANY 16 – 19 JUNE 2027

**Venue** [Huguenot Church](#)

[www.ResourceTherapyInternational.com](http://www.ResourceTherapyInternational.com)



## FOR INFORMATION ON COURSES OR ON HOW TO BECOME A RESOURCE THERAPIST SEE:

[www.ResourceTherapyInternational.com](http://www.ResourceTherapyInternational.com)

or in **Germany** contact

Christiane Essing at [praxis@christiane-essing.de](mailto:praxis@christiane-essing.de)

<https://www.ressourcen-therapie-zentrum-deutschland.de/ueber-uns/>

## TOOLS NEEDED TO WORK WITH THESE PRESENTATIONS

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- |                          |                  |
|--------------------------|------------------|
| • Diagnosis              | Action 1         |
| • Vivify Specific        | Action 2         |
| • Bridging               | Action 3         |
| • Empowering Actions     | Actions 4 thru 8 |
| • Changing Chairs Action | Action 9         |

## VIVIFY SPECIFIC

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1. Find one single, specific time the desired state was in the Conscious. This cannot be a general time, such as, "Often with my wife."
2. Ask the Client to allow his or her eyes to close.
3. Begin speaking in the present tense and ask a number of questions to vivify a continuing number of aspects about being in this event, e.g., "As she is looking at you right now, what expression is on her face?"
4. Continue vivifying until you notice that the state you want to speak with is obviously in the Conscious.
5. Ask this Conscious State, "What can I call you, right now, as you are having this experience?"

## EMPOWERING ACTIONS: AFTER BRIDGING OR CRISIS VIVIFICATION.

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- **Expression:** Expression is when, at the ISE, the vaded state says what it would like to say to the provocateur.
- **Introject Speak:** The purpose of this action is to help the state vaded with rejection understand that it was not the fault of an unlovable child, rather it was another person who was not able to demonstrate unconditional love. The introject that speaks during this action is the person who is responsible for the vaded state feeling rejected at the ISE.
- **Removal:** Removal is a step that asks the vaded state if it wants the provocateur to remain in its space. It is especially important for states vaded with fear.
- **Relief:** The purpose of the Relief action is to help previously vaded states to feel positive about themselves, to help them feel connected, safe and loved. In Relief, a nurturing part of the client is found to come to the previously vaded state and give it love and support.

