Dissociative Identity Disorder, or DID, is an increasingly recognized result of severe early childhood trauma. This condition, formerly known as Multiple Personality Disorder (MPD), is marked by a person having more than one identity state that recurrently takes executive control of the body. In addition to the primary presenting self, any number of alter-identities, or alters, may be present.

Because these individuals need extensive inner healing and deliverance, you are very apt to encounter some of them in your ministry work. While working with the dissociative dynamics involved in these cases can be complex and require the attention of a more highly trained individual, you nevertheless need to know how to recognize these individuals and how to respond in an appropriate manner when you do.

I. How do I recognize an alter-identity?

   A. Obvious indicators
      1. An abrupt interruption in the conversation, often with a distinctly different voice interjecting a different opinion or even resisting the process
      2. A sudden expression of confusion about where the person is and why or who you are
      3. A sudden shift to a very child-like voice and mannerisms or even to a non-verbal and infant-like state
      4. An abrupt, unexpected change in emotions, such as the sudden emergence of anger, fear, or overwhelming sadness

   B. Subtle indicators
      1. A shift in the perspective or demeanor of the person
      2. A change in posture, body language, or voice characteristics
      3. Slight changes in the facial appearance

II. What do I do when I encounter an alter-identity?

   If you feel that your client has switched into an alter-identity, try to take it in stride as much as possible. By preparing yourself ahead of time for this possibility, the less startled you will be by it, should it happen. Your being able to demonstrate a degree of comfort and confidence in responding will help to give reassurance to the alter and to maintain calm in the situation.

   A. Try to determine why the alter-identity has emerged and address this issue.
      Your goal is to get the primary presenting self to come back, but often you will need to address the issue that brought the alter-identity forward before this will be successful.
      1. You can begin by asking simple questions, such as:
         a. “And who are you?”
b. “Why have you come?”
c. “Do you have something you want to tell me?”

2. If the part is belligerent, you can usually calm it down by saying such things as:
   a. “I’m glad to hear your perspective, and I’m sure you have a good reason for seeing things that way.”
   b. “Now that I know about you, I won’t do anything further without your permission.”
   c. “In light of your difference of opinion, I think that it is best for us to wait to resolve this issue at a later time.”
   d. “I want you to know that I am completely devoted to working for the good of the true [use the person’s birth name], just like you are.”
   e. “In the name of the true Lord Jesus Christ I command anything demonic to be separated from your humanity.”
      1) This is the action to take if you are not getting a favorable response and suspect that the animosity is possibly demonically driven. You can always temporarily separate a demon from an alter in this manner even when free will bonds have not been renounced or permission granted to cast it out permanently.
      2) If this produces a dramatic, positive change, you know that a demon was involved. You can now address the human alter with the assurances given above.

3. Address the alter’s concern.
   a. If the alter is carrying part of a memory that you are processing, proceed with the memory work, as described below.
   b. If the alter has emerged to stop what you are doing, take the objection seriously. If you cannot quickly reverse the objection, be willing to change your plans and relinquish your immediate goal if it is not detrimental to the client.
   c. If the alter wants to warn you of a danger, express gratitude for the information given and give assurance that you will take whatever precautions are necessary.
   d. If the alter wants information or a question answered, do your best to provide the information.

4. Once you have addressed the issue, ask the alter, “May I talk to [client’s given name] now?”

**B. If you are working on bringing healing to a memory, try to finish the process.**

Leaving a memory unhealed can be destabilizing to the person, especially if it has been newly exposed or is carried by an alter-identity, as this indicates that it contains material that is overwhelming to the true self. However, if too many alters are switching in and out or too much opposition to looking at the memory is being expressed, these are reasons to forego the memory work at this time, but this is the exception rather than the rule.

1. Proceed in working with the alter-identity to bring healing to the memory just as you would do for someone who is not dissociated.
2. When that is completed, ask if you can talk to [client’s given name].
3. When he has returned, ask if he is aware of what just happened.
   In DID, the parts are sometimes aware of each other and sometimes not.
   a. If he is not, you can proceed to section III below.

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1 For greater ease in reading, the male gender will be used alone in this document. Obviously, both males and females can potentially have DID.
b. If he is aware of what happened:
   1) Ask, “Are you comfortable with accepting this memory?”
   2) If he is not, ask, “What would it mean to you if this memory is true?”
      Usually this will bring to the surface any beliefs that make the memory overwhelming
      and potentially destabilizing to the presenting self.
   3) Bring truth to any beliefs that are expressed about the meaning of the event.
      Doing this will usually make the memory no longer overwhelming and potentially de-
      stabilizing to the person. In simple cases, spontaneous integration may occur after
      successfully completing this step. Your general aim, however, is not to bring integration
      of the separate parts at this point but just to keep the primary self from being
      overwhelmed by a new memory.

C. If you are in the midst of doing deliverance, stop the process.
   If you do not have an in-depth understanding about how to deal with the dynamics of dissociation,
   you should not proceed with deliverance. The presence of DID completely alters the way that
   deliverance must be done.
   In order to bring successful deliverance to a person with DID, you need to be able to:
   1. Distinguish clearly between alter-identities, demons, and demonized alters.
      Treating an alter-identity as a demon can be very damaging to the person and detrimental to the
      healing process.
   2. Identify the specific alter-identity to which a demon is attached.
      a. The renunciations of the presenting self are not sufficient to break the free will bonds in the
         person’s life when other identities are involved. Each one has a will of its own that must be
         considered. Renunciation must always come from the specific part of the person that made
         the free will bond.
      b. Some alter-identities may actually view demons as helpers and want to keep them.
         1) Any alter choosing to hold onto a demon will make complete deliverance impossible.
         2) This hidden allegiance to a demon is what makes unrecognized dissociation a frequent
            cause of failed deliverance attempts.
   3. Work with any resistant alter-identity to resolve the conflicts and beliefs it carries that
      make it want to keep the demon.
   4. Lead the alter-identity to renounce whatever free will bonds it made to bring the
      attachment to the demon or higher entity.
      Generally, every demonized alter must be treated individually, although at times, if cooperation is
      achieved, groups can be worked with together.

III. How do I communicate what I suspect with the person?

   A. Ask if he is aware of what happened.
      1. If he appears to be unaware of what just happened, give him a brief explanation without
         disclosing the content of any memories that were disclosed.
      2. If he is aware of what happened, ask if he has known that he has other parts to himself or
         whether this is new to him.
B. Ask if he is has heard of Dissociative Identity Disorder, or DID.

1. Give a brief description of dissociation.
   a. Dissociation occurs when a young child experiences a traumatic event that is too overwhelming for them to process. In these cases an alternate-identity is formed to handle the traumatic event and to contain the traumatic memory so the primary self does not have to know about it or feel its effects.
   b. The alter-identities that are formed can remain completely inside a person, or they can sometimes emerge to take full control of the body.
   c. When alter-identities periodically emerge to take full control of the body during everyday life, the condition is called Dissociative Identity Disorder, or DID.

2. Explain that some level of dissociation seems to have occurred in her life.
   Be careful not to tell him that he has DID, as you are not qualified to give this diagnosis. You can, however, talk about dissociation, which is a symptom, not a diagnosis.

3. Ask him what he thinks about this and help him try to adjust to what may be major, new information.
   a. Explain that this is nothing to be alarmed about but that it adds an increased complexity to his case and requires someone with more expertise in dealing with dissociation than you have to facilitate her healing process.
      If the person is a well-established client of yours, you will have to be gentle in broaching the subject of needing a new facilitator.
   b. Try to answer as many of his questions as possible and make sure he is not being overwhelmed by a false conception of his condition.
      1) He is not mentally ill.
      2) His condition is purely a coping mechanism designed by God to allow small children to survive what is psychologically overwhelming to them.
   c. Suggest some resources to help him get acquainted with her condition, such as those available from Restoration in Christ Ministries at www.rcm-usa.org.

IV. How do I pass the person on to another more knowledgeable facilitator?

A. Help the person find another facilitator.

1. Try to be prepared for this possibility ahead of time by exploring who works with DID in your area.
   Ideally, this should be someone approaching the process from a Christian perspective, as God can make a significant difference in the healing process.

2. Contact Christian ministries specializing in working with DID, as they often maintain a list of facilitators working in various areas of the country.

3. Prepare the client that seeing a specialist in this area may require traveling outside of one’s own town.
   a. When distance prevents weekly sessions, some facilitators are willing to do periodic “intensives,” which are generally several day-long sessions in a row.
   b. In these cases the client should ideally have someone to serve as a support person locally.
B. Help the person through the transition process.

This is especially helpful when the client has an established relationship with you and is less necessary if the DID is discovered in an early session.

1. Have some form of short-term, follow-up contact with the client.
   a. If permitted and feasible, consider offering to go to the first session with the person.
   b. Consider having a follow-up session with him after the transition is made.
   c. Make a phone call to check on him.
      1) Did he get connected to another suitable counselor?
      2) Is he making the transition successfully?

2. If the option selected is to see a secular therapist in the area, consider the possibility of supplementing this person’s work by learning how to facilitate any deliverance needing to be done.

   Further instruction on doing deliverance in a person with DID is given in Chapter 8 of *Multiple Identities: Understanding and Supporting the Severely Abused* by Diane Hawkins (2009); [www.rcm-usa.org/BOOKS.htm](http://www.rcm-usa.org/BOOKS.htm)