

Working with Dissociation in Trauma Treatment

A Quick Guide Synthesizing insights from leading trauma specialists including Ruth Lanius, Kathy Steele, Stephen Porges, Bethany Brand, Onno van der Hart, and Ellert Nijenhuis.

Understanding Dissociation: The Tectonic Plate Metaphor

Just as Earth's surface appears solid but actually consists of moving tectonic plates that can create earthquakes when they conflict, the human mind contains multiple internal systems that can create psychological "earthquakes" when they clash. ...According to Kathy Steele, MN, CS: When our internal systems conflict—much like tectonic plates—there's a tug-of-war, and something has to give way. This is where dissociation emerges as a protective response.

Identifying the Five Types of Dissociation

1. Depersonalization

- **Definition:** Disconnection from body and emotion
- **Client Experience:** "Out-of-body" sensations
- **Clinical Indicator:** Looking in mirror and finding their own face unfamiliar
- **What to Listen For:** "I felt like I was watching myself from outside my body"

2. Derealization

- **Definition:** Sense that the external world isn't real
- **Client Experience:** Seeing through fog or haze
- **Clinical Indicator:** Colors appearing too bright, "like a badly edited movie"
- **What to Listen For:** "Everything felt fake" or "like I was in a dream"

3. Identity Disturbance

- **Definition:** Sense of being a different person or confusion about self
- **Client Experience:** Acting contrary to core values without awareness
- **Clinical Indicator:** Morally opposed person drinking alcohol and enjoying it
- **What to Listen For:** "I don't know why I did that—it's not like me"

4. Identity Alteration

- **Definition:** More extreme personality variation without conscious control
- **Client Experience:** Complete personality shifts
- **Clinical Indicator:** Reverting to child-state without adult awareness
- **What to Listen For:** Reports from others about dramatic personality changes

5. Dissociative Amnesia

- **Definition:** Extensive inability to recall important information
- **Client Experience:** "Losing time"
- **Clinical Indicator:** Cannot remember why they were driving before an accident
- **What to Listen For:** "I lost hours" or "I can't remember how I got here"

 **Key Insight:** Clients may experience one or multiple types simultaneously. Some dissociative responses may still serve adaptive functions.



Dissociation as Adaptive Defense

The Heroic Response

Dissociation often represents a **heroic psychological survival mechanism**. In cases of chronic abuse, it allows the mind to "leave" when the body cannot escape. ...Stephen Porges, PhD explains: "This act of dissociation has this wonderful function of preserving the individual sense of self while not corrupting it by the acts that are being perpetrated on the body."

Polyvagal Theory Perspective

- **Mechanism:** Dorsal vagal reaction
- **Function:** Similar to death-feigning collapse but maintains oxygen flow
- **Target:** Shuts down neural circuits rather than bodily functions



Working with Dissociation as Threat Response

The Lowered Threshold Effect

The more dissociation proves adaptive, the lower a client's threshold becomes for triggering it—even minor threats can activate dissociative responses.

Dissociation + Freeze Response Combination

Clinical Presentation

- **Trigger:** Hurt/exiled part begins to surface
- **Protector Response:** Freeze reaction to anticipated shame
- **Client Experience:** Appears to "freeze out of nowhere"

Intervention Strategy

1.  **Grounding**
 - Use grounding techniques to return client to window of tolerance
 - Essential before continuing therapeutic work
2.  **Backtracking**
 - Identify freeze response origin
 - Ask: "What were you aware of? What did this remind you of?"
 - Distinguish between fear-based vs. shame-based responses
3.  **Parts Work**
 - Determine if single part or multiple parts reacted
 - Let client naturally describe their parts
 - Example response: "*A part of me felt like that little girl watching my parents fight*"
 - Follow-up: "*Do you feel frozen, or does the little girl feel frozen?*"
4.  **Psychoeducation**
 - Explain adaptive nature of parts creation
 - Reduce shame around responses
 - Get permission to address specific parts
 - Always address protector parts before exiled parts

The Structural Dissociation Model

The Fundamental Conflict

Developed by: Kathy Steele, Onno van der Hart, and Ellert Nijenhuis

Core Concept: Dissociation emerges from the fault line between two incompatible systems:

Attachment System	Defense System
Drives us closer	Keeps us away
Seeks connection	Ensures protection
Biologically incompatible when simultaneously activated	

Case Example: Disorganized Attachment

Scenario: Child with loving but absent mother and needs-meeting but abusive father

Internal Conflict:

- **Attachment drive:** Get closer to caregivers for survival
- **Defense drive:** Protect against same caregivers who pose threat
- **Result:** Dysregulated nervous system → Mind splits into dissociated parts

Screening for Dissociative Identity Disorder (DID)

Key Diagnostic Question

Ruth Lanius, MD, PhD asks: "*Do you ever hear voices?*"

Statistic: 70%+ of DID clients hear voices (but often withhold this information due to fear of being labeled psychotic)

DID vs. Schizophrenia: Critical Differences

Factor	DID	Schizophrenia
Cause	Highly trauma-associated	Possible genetic factors
Onset	Soon after trauma (often childhood)	Late 20s/early 30s
Number of Voices	Often more than 3	Rarely more than 3
Age of Voices	Child voices common	Adult voices typical

Complete DID Assessment

Bethany Brand, PhD suggests: For accurate DID diagnosis, clients likely experience **all five types of dissociation**.

Treatment Principles and Moving Forward

Core Treatment Approach

1. **Patient-Centered Pacing:** Dissociation treatment requires exceptional patience
2. **Parts-Informed Therapy:** Address protector parts before exiled parts
3. **Trauma-Specific Interventions:** Target underlying trauma, not just symptoms
4. **Grounding-First Approach:** Establish safety before processing

Practical Intervention: Time-Tracking for Amnesia

Ruth Lanius recommendation for dissociative amnesia:

- Set manageable alarms (30 minutes to 3 hours)
- Have client write down experiences during each interval
- Review previous entries to reduce "lost time"
- Maintain present-moment grounding



Quick Reference: Clinical Red Flags for Dissociation

-  Client describes "watching themselves" from outside
-  Reports feeling like world is "unreal" or "foggy"
-  Acts contrary to stated values without awareness
-  Others report dramatic personality changes
-  Frequent "lost time" experiences
-  Hearing multiple internal voices (especially child voices)
-  Childhood trauma history
-  Freeze responses that seem to come from nowhere