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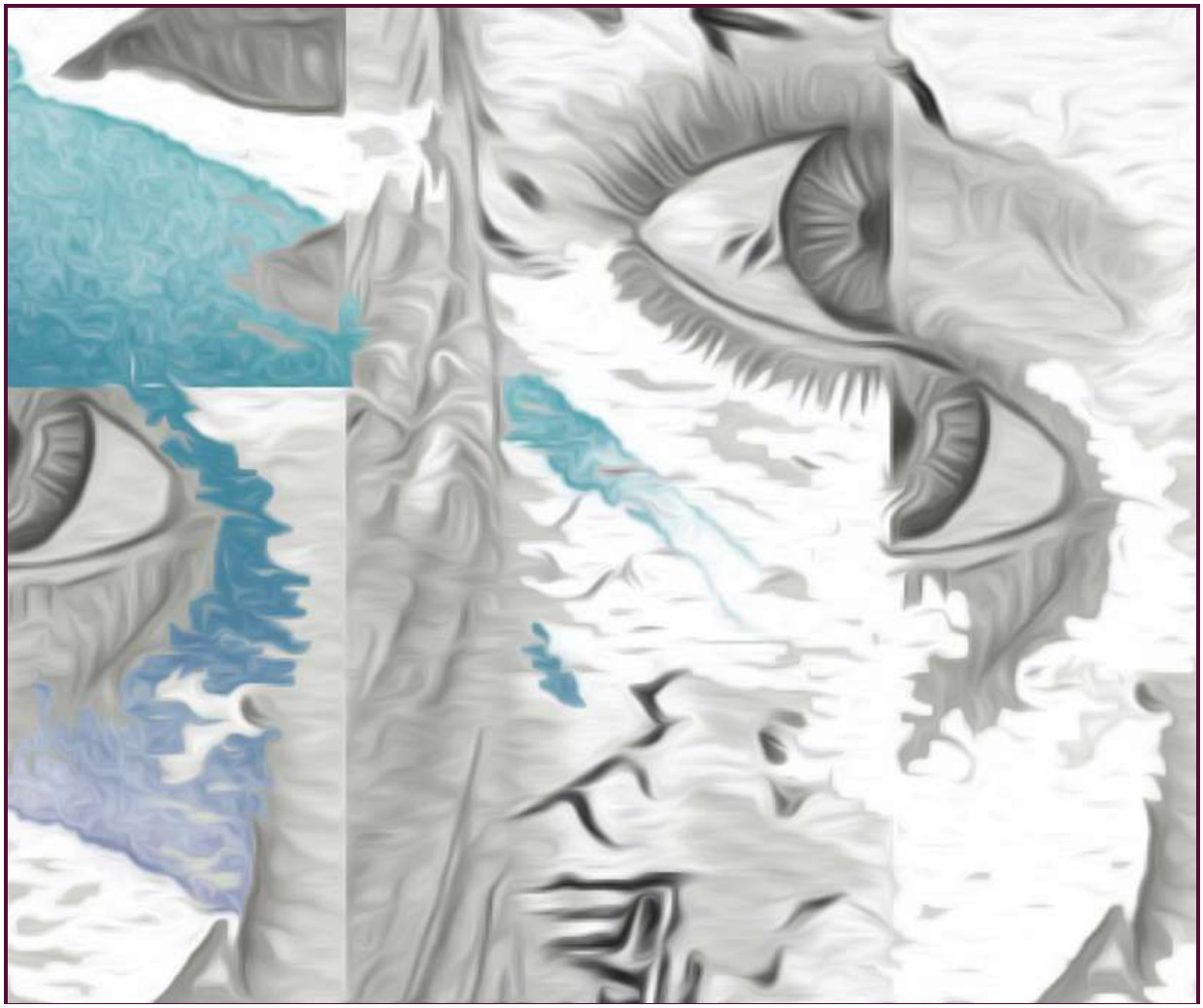
Dissociation
in children and teens



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www.beaconhouse.org.uk/useful-resources/

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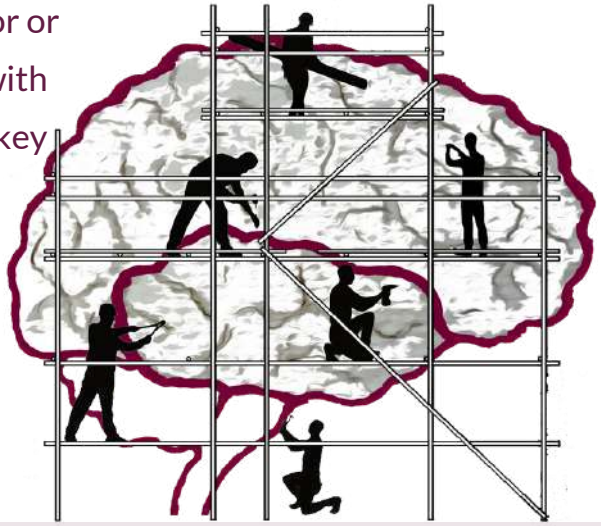
Who is this resource for?

This resource is for any adult supporting, teaching, caring for or parenting a child who uses dissociation as a way of coping with overwhelming experience. We aim to share with you some key ideas about:



- What dissociation is and why it develops
- How to spot dissociation
- How to help a dissociative child
- How to find out more

What is dissociation?

Children who have survived experiences which were frightening, or experiences where their basic needs for survival and connection were not met, are vulnerable to dissociating as a way of coping.

Dissociation is a survival mechanism, and one that is so often overlooked in traumatised children. Imagine a child who is being physically abused by a parent – in that moment of violence they cannot fight back and nor can they physically run away, but they can escape in their mind. All humans have a natural ability to mentally 'leave the room' when their trauma is utterly unbearable. Babies and toddlers dissociate when they are in danger or when their experience is intolerable. Dissociation is vital for infants and children who are suffering frightening things, it enables them to **keep going in the face of overwhelming fear.**

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What is dissociation? *(cont)*

A child often continues to dissociate **even when they are no longer in danger.** Their brain cannot turn the coping strategy off. Because memories are fragmented into lots of little pieces by dissociation, children can often have a flashback to a memory, a feeling, a behaviour or a physical pain with no understanding of why or what triggered it. This can feel disorienting and confusing for the child – all they know is that they feel in immediate danger.

The more frightening the child's traumas were, the more likely they are to dissociate; and children in ongoing danger will develop more and more sophisticated ways to dissociate.

Dissociation is a separation or disconnection between thoughts, feelings and behaviours; and a separation between the mind and body. It is the mind's way of putting unbearable experiences and memories into different compartments.

For example – a child may remember a traumatic event but have no feelings attached to the memory; or may show challenging behaviour but have no memory behind the behaviour; or suffer a stomach ache but feel no anxiety underneath it.

These different parts of the child's experiences are of course connected, but they learn to survive by becoming unaware of the connections.

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What is dissociation? *(cont)*

Children are usually not aware that they dissociate or 'zone out', and they cannot put into words what is happening. From their perspective, their experiences are the same as everyone else's. Dissociation leads to a range of behaviours which can often be misunderstood by adults as day-dreamy, being a liar, or problems with concentration. In fact, dissociation is the child's brain keeping them safe by **momentarily removing them from perceived threat in their day to day life.**

Dissociation is, in many ways, to be celebrated! When it was needed, it helped the child survive unbearable moments of pain and fear.

Dissociation is very often one part of a complex array of difficulties seen in Developmental Trauma. For more information about Developmental Trauma please see our comprehensive article here www.beaconhouse.org.uk/useful-resources/.

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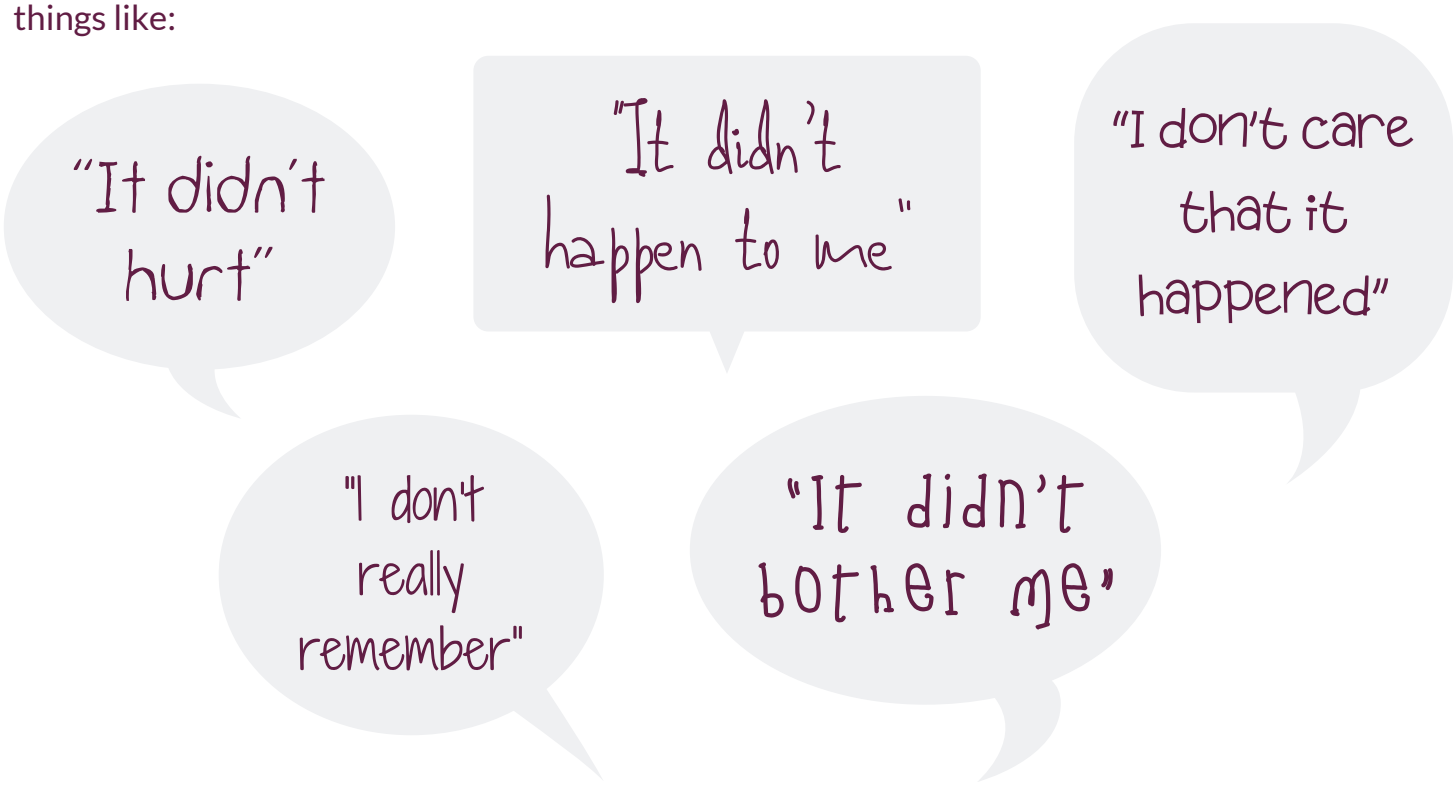
Are there different types of dissociation?

Yes, psychologists have found that there are different types of dissociation, and each one gives the child unique experiences. Here are some examples:

Amnesia	• No memory of long periods of time in their childhood • In day to day life, the child may have memory lapses for seconds, minutes or hours of time
Derealisation	• A feeling that everything around them is unreal, like they are in a dream • Feeling as if other people are not real, or that they are like robots.
Depersonalisation	• Having an out of body experience and looking down on themselves from above • Feeling disconnected from their body as if their body belongs to someone else • Feeling as if they are floating away
Identity Confusion	• Speaking in different voices with different ages • Feeling as if they are losing control to 'someone else' inside them • Acting like different people from moment to moment • Feeling as if there are different people inside them

What do children and young people tell us about how it feels to dissociate?

When children and young people **recall traumatic memories**, they might dissociate from the feelings or the extent of the threat at the time, and say (or show you through their behaviour) things like:



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What do children and young people tell us about how it feels to dissociate? *(cont)*

Here are some quotes from children and teens which give us a clue about **how it feels to dissociate:**

"It's like you are drowning, you cannot control your body, you cannot see and you cannot hear"

"It's like a part of me that I can never reach or get to. I know it's always there and it can take over my body any time, and there's nothing I can do about it"

"When I go, I'm gone. I like it there. I'm safe"

"The voices are always there. They chatter, they decide things for me, they make me say and do things and they tell me who I can trust"

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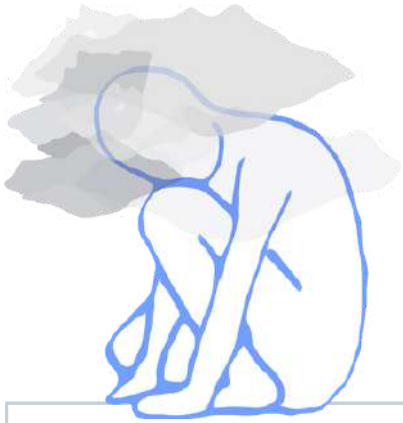
What to look out for – how can you spot dissociation?

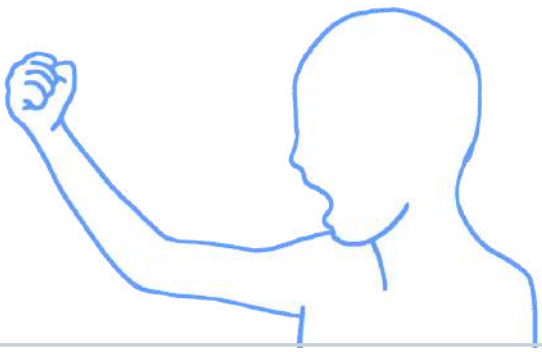


Unable to do tasks and follow instructions – like a learning exercise at school, or getting ready to leave the house at home. They might appear slowed down, physically still, unsure of themselves.

A glazed look in their eyes or a blanking out (this can look like a daydream, zoning out or sometimes even a 'pseudo-seizure')

Extreme mood changes without any obvious trigger. One minute they might appear safe and calm, the next minute they might appear frightened, angry, sad or any other emotion.

Depersonalisation – the child may have an out of body experience, yet not think anything of it. They might express that something that happened "was not me", or that their body is not their own: "my legs did it, it wasn't me". This may also lead to behaviours such as wetting and soiling, because their brain and body are not talking to each other.



Feeling numb and dead inside – children might be present and aware of their surroundings, but feel completely numb on the inside; emotionally cut off, disconnected and empty. They can feel 'hard to reach' to adults when they are in this zone.

Extreme behavioural or appearance changes without any obvious trigger. There might be changes in their voice, dress, handwriting, hair, or facial expression.

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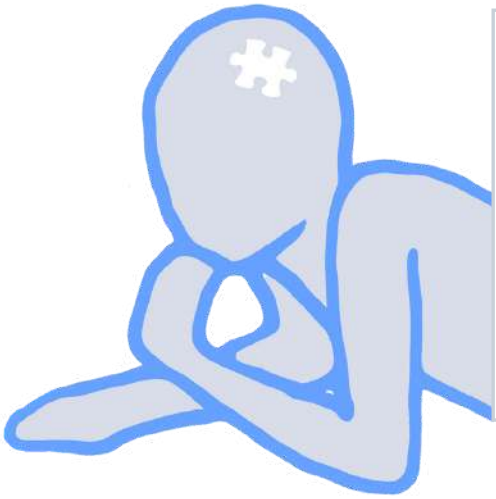
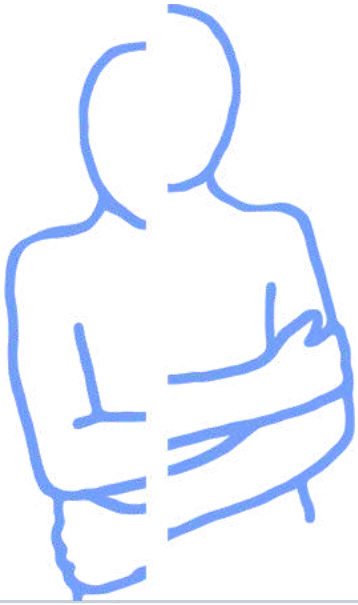
What to look out for – how can you spot dissociation?

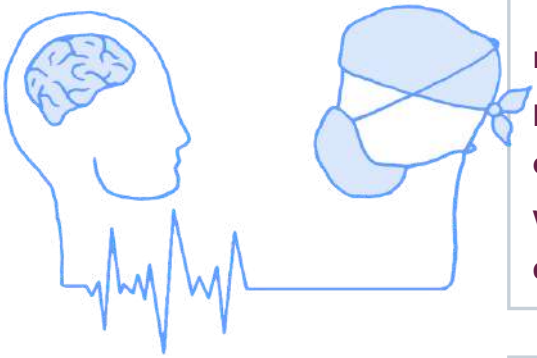
Regressed behaviour – the child might suddenly start to act much younger than they are through their voice, language and behaviour. You might have the sense that they 'look and feel' younger all of a sudden.



Memory loss – the child might lose memory for things they have said or done; they might also lose memory for certain skills, such as doing up their laces or doing joined up handwriting.

Denial of misdemeanours – children might sincerely deny that they have done or said something wrong because they have no memory of it, even if you saw it with your own eyes.





There may be a history of medically unexplained physical symptoms, which come and go over time and which cause real pain or distress.

Saying "we" or "they" – dissociative children feel as if they are 'multiple'. They might say spontaneously "we don't like that" or "they said no", which is a way of referring to themselves as multiple

The eyes roll or flutter as they switch from being in the 'here and now' to being in a dissociative mode.

Many children who dissociate self-harm as a way of 'waking themselves up' or 'calming themselves down'. Self-harm can be a form of self-regulation.

Confusion and disorientation – the child may appear confused about the time, day, where they are and who they are.

The child might seem distracted by internal voices, or you might notice that they are having a conversation with a voice that nobody else can hear.

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Dissociative parts

Children who dissociate tend to have different dissociative 'parts' within them. You can imagine this like a mobile phone with lots of apps, and each app does something useful and a little different yet it is their collective abilities which make up the overall functioning of the phone.

There are lots of other metaphors for multiplicity, a couple of ideas are:

Nesting Dolls

Masks

Rainbows

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Dissociative parts *(cont)*

Dissociative parts can be seen as helpful, because each one serves a purpose in the fight for survival. Some parts, might, for example:

Sometimes, children who are dissociative don't know about all of their parts and it can feel like the parts have a mind of their own. One role that supportive adults have is to help children see that their parts were once useful, and should be welcomed, celebrated and accepted – even if some of them are no longer needed. Over time, those parts that are not needed anymore can be helped to settle.

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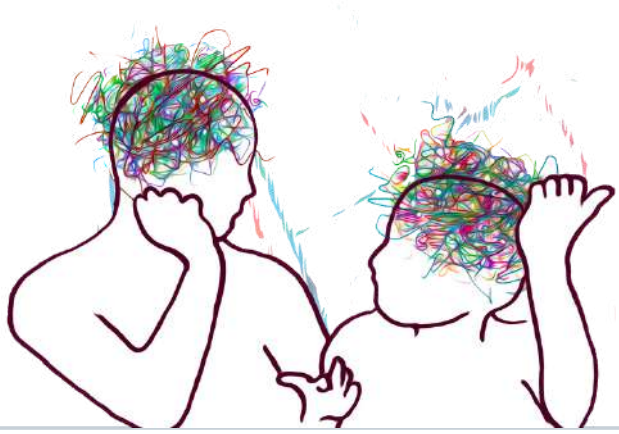
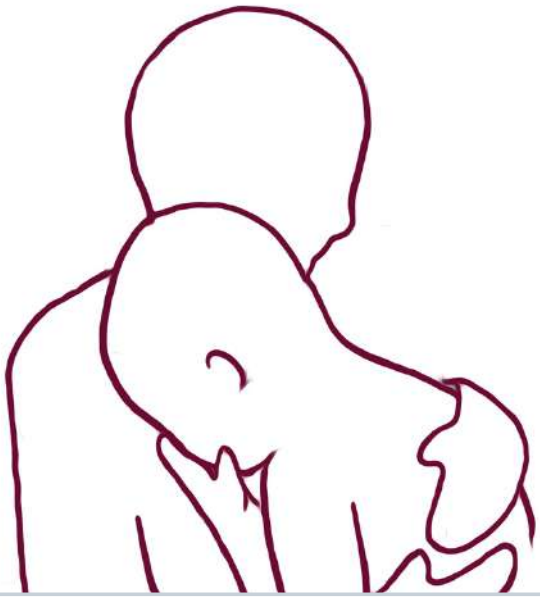
How adults can support dissociative children and young people

GENERAL PRINCIPLES FOR HOW TO SUPPORT A CHILD WHO DISSOCIATES

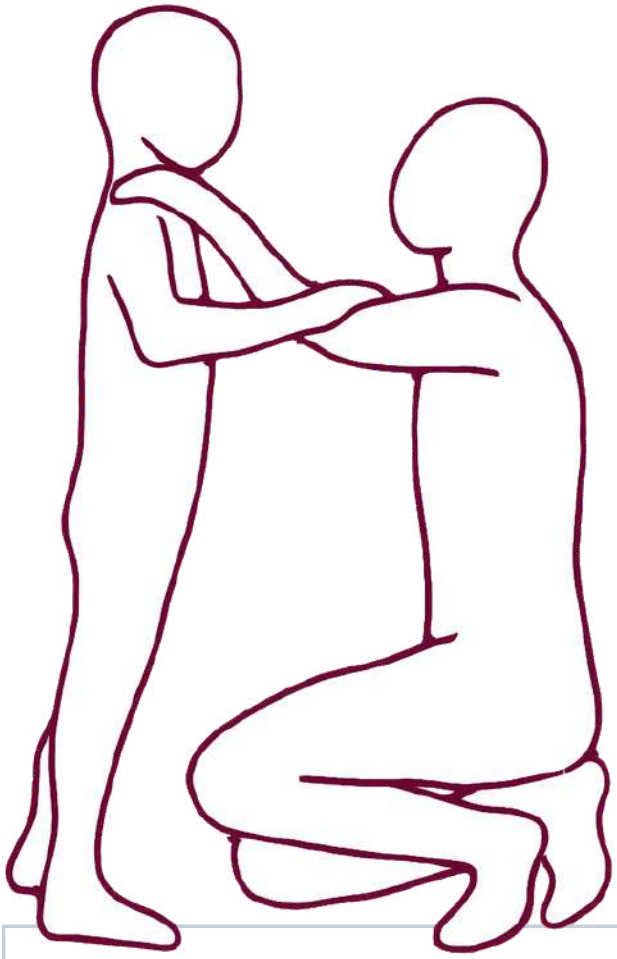


Let them know, in many different creative ways, that they are safe now.

Help them to see that while they needed their strategies in the past, they can now learn to let them go because they are safe. Let them know that they can't do this alone, and that they will be helped to do this by the adults around them.



Children do need to be held accountable for their actions when they are dissociated, however, try to avoid punishment and shame inducing adult responses (these only increase the child's dissociation)



Use language which accepts and celebrates their different dissociative parts and the way in which they have learnt to cope.

Give them gentle feedback about what they did and said when they are dissociated, but do so in a non-shaming, non-blaming way.

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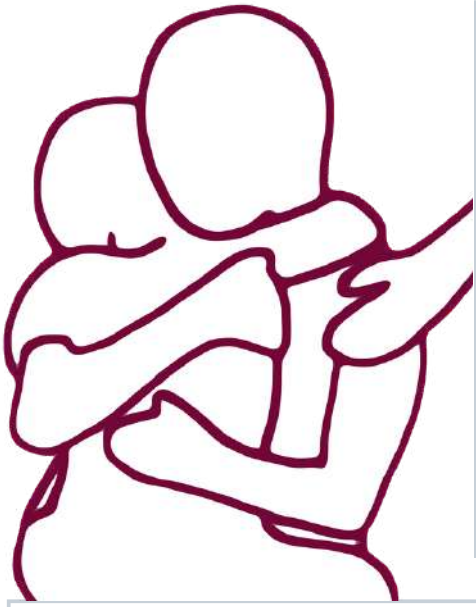
How adults can support dissociative children and young people *(cont)*

GENERAL PRINCIPLES FOR HOW TO SUPPORT A CHILD WHO DISSOCIATES (*CONT)*



Help the child's important adults to understand what they are seeing, this includes parents/carers, teachers, extended family and trusted friends. Share this resource if that would help.

Try not to feel paralysed by the absence of obvious triggers. Dissociative children are often triggered by internal feelings and sensations which are hidden to the outside. Just know that there is a trigger, and that they need help to feel safe again.

If you can spot triggers, do what you can to prevent or reduce them. If they cannot be avoided, give the child some information so that they can understand what will happen and why.

We can often worry that talking about dissociation with young people might make it worse. However, young people tell us that they feel relieved and better for talking about it. They need help to understand what is going on, and to find words to express their experiences. Download our dissociation cards from www.beaconhouse.org.uk/resources to help you have conversations with young people about their experiences of dissociation.

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How adults can support dissociative children and young people *(cont)*

TOP TIPS FOR HELPING A CHILD WHO HAS DISSOCIATED

Your main goal when helping a dissociated child is to ground the child back to the 'here and now' and help them to feel safe. You can do this in many different ways, here are a few ideas:

- Use eye contact
- Use a calm, low, slow voice.
- Use their name, remind them they are safe and where they are ("Sarah, you are at home, it's me – mum")
- Use gentle, simple grounding questions ("Sarah, can you tell me where you are? What is your name? How old are you?")
- Use gentle touch (such as placing your hand on their knee or their hand)
- Use potent smell
- Turn on some music
- Give them something to eat or chew, or something to drink
- Get them moving. E.g. help them to stand up and walk around, throw a cushion to and fro.
- Ask them questions about their surroundings ("Sarah, what can you see? what can you hear? what can you smell?)
- Take them outside and walk on the grass - preferably in bare feet
- If you have a pet, ask them to stroke it

For teens, a mobile phone can be the connective bridge between a dissociative moment ('then and there') and the present (the 'here and now'). If your young person has a mobile and you know they have been triggered or are feeling vulnerable, send them regular grounding messages to help them stay present. You can download some free grounding text messages from www.beaconhouse.org.uk/useful-resources/ .

Remember: The nervous system works in a sequence. Young people often move into fight/flight/freeze as they transition back to being fully present. If they start 'fighting you away' or 'wanting to avoid' what just happened…**you are on the right path**. If you can bring in playfulness, humour and laughter then you have turned on their social engagement system and they will be back in the room with you.

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How adults can support dissociative children and young people *(cont)*

THE ROLE OF ASSESSMENT AND THERAPY

If you suspect a child uses dissociation, it is important to seek out a full psychological assessment with a practitioner who is a specialist in trauma. The practitioner will be able to confirm whether the child is dissociating, and they will also be able to map out the interaction between the dissociation and other aspects of their complex trauma. It is only through a robust assessment that a child's therapeutic needs can be identified.

Therapy for dissociative children can be very helpful, if they are living in a safe and stable home. There are useful guides written by the ESTD for the assessment and treatment of children and adolescents with dissociative symptoms and dissociative disorders (2015).

Therapy goals might include:

- To establish safety for the child, and to reduce the likelihood of the re-enactment of trauma
- To teach them about dissociation, and how they have learnt to survive. Download our dissociation cards from www.beaconhouse.org.uk/useful-resources/ to help you have conversations with young people about their experiences of dissociation.
- To help them develop skills in managing their emotions without turning to dissociation as regularly or as severely.
- To help them communicate their needs, and to identify when they are dissociating so that they can stay grounded more and more over time.
- To process and make sense of any explicit or body memories they have about their trauma

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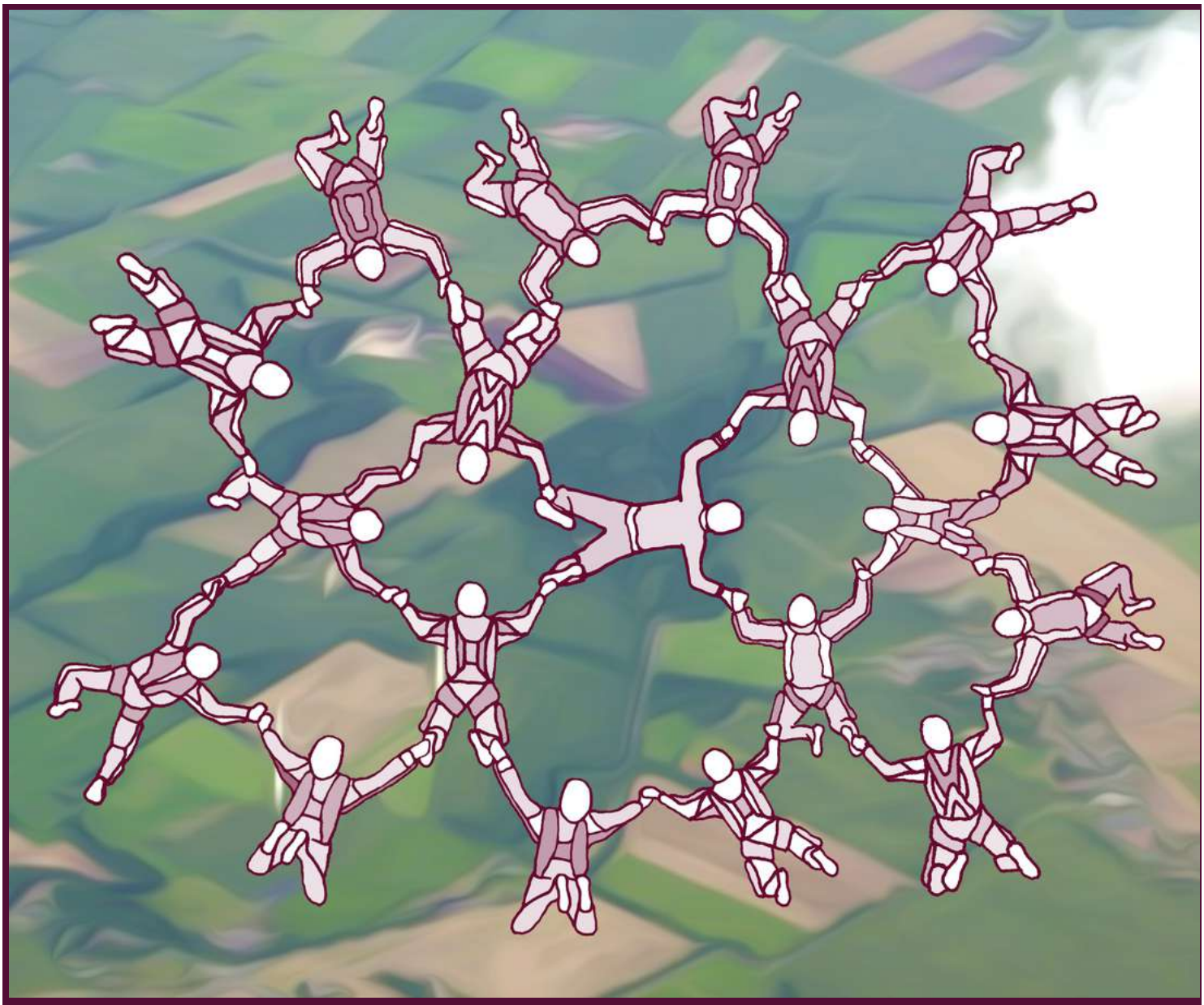
THE ROLE OF ASSESSMENT AND THERAPY *(CONT)*



Therapy tends to integrate a range of therapeutic approaches (there is no 'one size fits all'); and is phased and long-term. Including the parents/carers and extended network is an important part of developing a therapeutic web around the child.

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About the authors

If you would like to reference this resource, please use the following credit:

Dr Shoshanah Lyons, Beacon House Therapeutic Services and Trauma Team (www.beaconhouse.org.uk/useful-resources) February 2020

You are welcome to contact the author on: **s.lyons@beaconhouse.org.uk**

Finding out more

BOOKS

- The Simple Guide to Complex Trauma and Dissociation: What It Is and How to Help (Simple Guides) by Betsy de Thierry, 2020
- Dissociation in Traumatized Children and Adolescents by Sandra Wieland, 2015
- EMDR Therapy and Adjunct Approaches with Children: Complex Trauma, Attachment, and Dissociation by Ana M. Gomez, 2012
- Treating Chronically Traumatized Children: Don't let sleeping dogs lie! By Arianne Struik, 2019
- The body keeps the score, by Van der Kolk, 2015

WEBSITES

- www.pods-online.org.uk - PODS has a wealth of information about dissociation and its treatment
- www.isst-d.org - International society for the study of trauma and dissociation
- www.estd.org - European society for trauma and dissociation
- www.childtrauma.org - Dr Bruce Perry's research about developmental trauma

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