



# Working with Dissociation

*SOME POWERFUL PRACTICAL TIPS*

By Dr. Russ Harris

# DISSOCIATION

Dissociation is a poorly-defined term that refers to detachment, separation or ‘splitting off’ from aspects of reality – from the inner world of thoughts and feelings, from the external world, or both.

Probably the most common dissociative behaviours we encounter in therapy are emotional numbing: limited awareness of and ability to contact feelings, emotions, sensations. This is commonly associated with a sense of numbness, “emptiness” or “deadness” in the body.

## MORE SEVERE PRESENTATIONS

Less commonly, we encounter:

**Derealisation:** a sense that the external world is unreal, or lacking in emotional colour or depth

**Depersonalization:** a sense of estrangement from one’s own body, thoughts and feelings

**Dissociative identity disorder:** two or more distinct and relatively enduring “identities” (i.e. dissociative personality states) are experienced as controlling someone’s behaviour, accompanied by significant memory impairment. (This was formerly known as “multiple personality disorder”.)



## DISSOCIATION - WHAT IS IT?

In ACT terms, dissociation is a type of “experiential avoidance” (i.e. the ongoing attempt to avoid or get rid of unwanted private experiences, such as thoughts, feelings, memories, etc).

Dissociative behaviours generally serve at least one common purpose – to escape, avoid or get rid of unwanted

private experiences, such as fear, terror, anxiety, dread, painful memories, unpleasant thoughts, painful sensations etc.

Dissociative behaviours may also serve other purposes, of course.

# NORMALISE & VALIDATE

We aim to always normalise and validate dissociative behaviour; to explain it is “a normal response to abnormal situations”.

We aim to clarify: people don't choose to dissociate. It is an automatic, unconscious, involuntary response.

We might say something like: “It is your mind & body trying to protect you from the fear and horror and pain of harmful, dangerous or intensely painful events.”

We link this to the client's history of trauma, abuse, neglect, etc. We help him to see how dissociation helped him to survive these difficult events.

## IS IT STILL HELPFUL?

Having validated and normalised dissociation, and explained its main purpose, we can go on to explore:

**a)** In the past it was helpful to dissociate; it protected you from the horror/terror/pain/hurt of whatever was happening in your life. This helped you to survive. This was your nervous system protecting you!

**b)** In the present, dissociation still helps you to escape painful thoughts and feelings, emotions and memories. But what does it cost you? Is it making your life richer in the long term, or poorer?

# WORKABILITY

Remember the core ACT theme of “workability”?

This entails asking (in many different ways) the question: Is this working to give you a rich, and meaningful life?

If the answer is “yes”, it’s workable. If the answer is “no” it’s unworkable.

Unfortunately, what works in the short term to help us avoid pain often doesn’t work long term to make our lives rich and full.

If client says dissociation **DOES** work to make her life richer, fuller, more meaningful, then as an ACT therapist we would accept that, at least for the time being. Rather than debating the issue or trying to convince the client, we would instead get clear about what the client wants from therapy.

To download a help sheet on how to do this: [click here](#)

If as therapy progresses, it is evident to the therapist but not to the client, that dissociative behaviour is creating problems in the client’s life directly related to what the client wants from therapy, the therapist should compassionately and respectfully share this with the client, and draw out the connection. The therapist should be crystal clear about how dissociative behaviour is interfering with the client’s therapy goals.

If and when the client recognizes dissociative behaviour as a problem – i.e. that it is getting in the way of creating a rich and full life (even though it helps to escape pain in the short term) – the therapist and client can begin to overtly and explicitly work on it in session.

There are many ways to do this. The following ideas are to give you food for thought. Please come up with your own ideas, and modify all suggestions to suit your clients and your way of working.

# MINDFULNESS VS DISSOCIATION

Dissociation involves a “turning away” from unpleasant aspects of reality in order to avoid pain. It is an inflexible, automatic, involuntary behaviour.

At the top of the ACT hexaflex or triflex is “contacting the present moment”. This process at the heart of all mindfulness, & the first step in defusion and acceptance. It involves “turning towards” some aspect of reality with openness and curiosity – whether it is pleasant or painful. Unlike dissociation, this is a flexible, conscious, voluntary behaviour.



## INFORMATION WE NEED

- a)** What does the client do when dissociating? What does it look & sound like on a camera?
- b)** When and where does she dissociate? What thoughts, feelings and situations ‘trigger’ it?
- c)** How does she “come out of it”?
- d)** Is he ever able to notice it “coming on”, and/or able to prevent it? If so, how?
- e)** Does anything else (apart from escaping pain) reinforce it? E.g. does she get extra care or attention from others? Does he get certain needs met?

# GET PRESENT

Dissociation = “turning away” or “splitting off” from aspects of reality for the primary purpose of avoiding pain. It is automatic, unconscious, inflexible.

Contacting the present moment = “turning toward” aspects of reality - whether they are painful or pleasant - with flexibility, openness and curiosity. It is the opposite of dissociation: consciously chosen, voluntary, and flexible.

So begin building your client’s capacity to contact the present: to turn towards reality with flexibility, openness and curiosity. In other words: help him to “get present”.



## GOLDEN OPPORTUNITY

If your client exhibits dissociative behaviour in session, that is a golden opportunity for you to model, instigate, and reinforce relevant ACT processes.

If your aim is to help your client develop new skills, to handle dissociation more effectively, then obviously it’s far more useful to actively work with dissociative behaviour as it happens in the session, than to chat about what happens outside the therapy room.

# FOR SEVERE DISSOCIATION FIRST THINGS FIRST!

Do you work with clients who have severe or extreme dissociative reactions? If so, right from the word go, agree with such clients on a strategy you can use to “bring them back into the room” if they should ever go into a dissociative state where they completely lose contact with you.

For example, with a few severe cases, I have had to use smelling salts under the nose to “bring the client back”. With other clients I have arranged to gently tap their knee with a rolled up magazine, or to gently kick the side of their chair, or to wave a hand in front of their face, or to shout their name.



## MINDFULNESS OF THE EXTERNAL WORLD

How can we build our clients capacity to turn towards aspects of reality with openness and curiosity?

For more severe dissociative states, (and more experientially avoidant clients in general), it is easier to start with mindfulness of the external world, outside the skin. We can ask our clients to notice their environment using the five senses: **What can you see, hear, touch, taste, smell?**

For example, we can practice activities in session such as: mindfulness of sounds in the room, mindfully drinking a glass of water, mindfully looking out of the window, mindfully touching the material of your jacket, mindfully smelling a flower, mindfully going for a walk outside the building and noticing all the different things you can see & hear & touch & taste & smell.

## MINDFULNESS OF THE BODY-WORLD JUNCTURE

It is also very often useful to do mindfulness of the body at its juncture with the external world (as opposed to going inside the body to the confronting world of thoughts and feelings).

E.g. We might ask a client to, “Push your feet into the floor, and notice them touching.”

We might ask a client to: “Touch the chair beneath you or touch the clothing on your body... and feel the texture of the surface... and feel your hand touching it.”

# MINDFULNESS OF THE BODY'S SURFACE

Clients that are “numb” inside the body are often able to notice changes at the surface of their body: tears on their face, hotness in their cheeks, coldness or tingling or pallor in their

fingers, sweatiness in their palms, the movements of their ribcage.

We can ask the client to mindfully notice these things.



## TURNING AWAY, TURNING TOWARDS

Dissociative clients typically “turn away” from the feared emotions, feelings, urges and sensations that show up inside their body, but often they are able and willing to “turn towards” harmless physical sensations in the body, such as those created by stretching or tensing muscles.

Thus it’s often useful to ask clients to stretch, and mindfully notice the feelings of stretching.

Or to push their feet hard into the floor, and notice the tension in their thigh muscles, as well as their feet against the floor.

Or to firmly push their palms together, and as they do so, to feel the muscles tensing in their forearms, upper arms, shoulders, etc

## POSTURE & MOVEMENT

It’s also often useful to practise noticing body posture and physical movements.

We can ask the client to experiment with sitting in different ways – e.g. slouched versus upright, or legs crossed versus uncrossed – and to

notice their posture and notice any effects of changing it.

We can also ask the client to move – stretch, walk, stand, sit, stamp feet, rub hands together – and to mindfully notice these movements.

# EXPAND CONTACT WITH THE PRESENT

The idea of “Dropping Anchor” is to expand contact with the present moment. There is pain here, so let’s acknowledge it; and there’s plenty of other stuff here aside from pain, so let’s acknowledge that too.

NB: If we don’t first acknowledge the pain that is present, the exercise probably won’t serve it’s intended purpose; it will likely just function as a distraction technique (trying to forget about the pain that is here).

Expect to have the conversation with clients about the difference between distraction (turning away from something, to reduce or avoid pain) and mindfulness (turning toward something, so you can be more present, engaged and connected, with a lot more choice over how you behave).

We need to be very clear in our own mind about this distinction, or we will likely send mixed messages to our clients.

## DROPPING ANCHOR

The “Dropping Anchor” exercise is an excellent first step for switching out of dissociative mode into mindfulness mode.

To download a copy of the exercise: [click here](#)

NB: MODIFY THIS SCRIPT AS DESIRED.

Remember: you can ask the client to focus attention on anything you like – her breathing, the view out of the window, the sound of the air conditioning, etc. Pause liberally, and make the exercise as long as it needs to be, in order to ground or center the client. In cases of extreme dissociation, this could go for ten minutes or even more!

# MINDFUL BREATHING

What of mindful breathing? Some clients find it very helpful; others don't. Some clients hate any exercise that focuses on the breath. Indeed, for some clients, focusing on the breath actually triggers high anxiety.

Therefore, I rarely if ever use mindful breathing early on in therapy with dissociative clients. Our safest and

most effective options for mindfulness in early sessions are generally mindfulness of the external world, mindfulness of changes at the 'surface' of the body, mindfulness of body posture and movement, and mindfulness of strong but harmless physical sensations, such as stretching, or controlled tensing and releasing of muscles.



# MOVEMENT

When clients “freeze up” (become speechless and/or immobile) in session, it’s useful to get them moving. We can ask them to move their arms and legs, to stretch their arms, to stamp their feet, to nod their head, etc.

This builds behavioural flexibility. When we witness the client “freeze” in the presence of a difficult thought/feeling/emotion, what we are seeing, in other words, is their behaviour becoming rigid: in ACT- speak, a narrow, inflexible repertoire of behaviour. We can help the client learn that he can still move; he can take control of his arms and legs even in the presence of this painful private experience. In doing so, his behaviour becomes broader and more flexible. And of course we can ask him to mindfully notice his movement, and the effects it has.

## NEXT STEPS

Once the client is adept at turning towards less-confronting aspects of the present moment, as in the previous examples, we can then turn towards some more confronting aspects of the present moment. We can help her to start noticing - with flexibility, openness and curiosity - the difficult thoughts, feelings, emotions, images, sensations, urges, or memories that they have been turning away from, and to respond more flexibly in the presence of these private experiences.

You may recognise what we are doing here: “exposure”.

## GRADED EXPOSURE

ACT is an exposure-based model. (We look at exposure in depth in the [ACT & Mindfulness for Trauma](#) course).

When we mindfully turn towards difficult thoughts, feelings, emotions and memories, which normally narrow our behavioural repertoires in unhelpful ways – and we do so in a conscious, deliberate, organized way,

with the primary aim of increasing our psychological and behavioural flexibility – the technical name for this is “interoceptive exposure”.

“Graded exposure” means we take the exposure in steps: starting with stimuli that are less challenging, and then stepping up to stimuli that are progressively more challenging.

## VALUES-GUIDED EXPOSURE

In ACT, we do values-guided exposure. We’d never encourage clients to expose themselves to repertoire-narrowing stimuli unless it were in the service of living their values.

We should keep this in mind when working with any client high in experiential avoidance. If the client doesn’t see how the scary or painful work of “turning towards” those difficult

thoughts and feelings (that they usually try so hard to avoid) will help them to build a richer, fuller life.... well, naturally she will resist the work. (Wouldn’t you?)

The “pushing away paper exercise” helps make this connection very powerfully.

To download the exercise: [click here](#)

# THE FEARED INNER WORLD

So once the client is adept at mindfulness of less-confronting aspects of reality, we can then turn towards more-confronting aspects of reality: the thoughts/feelings/emotions/memories they are turning away from.

For clients who tend to 'go numb' a useful next step then is ultra-quick body scans, focusing on some or all of the body. We could start with 30 seconds, and build up gradually to as long as desired. Over time, as the client's mindfulness skills develop, we may even build up to 20 or 30 minute long body scans - if it seems helpful and desirable.

If a client scanning her body reports only 'numbness', then we could ask her to mindfully notice the numbness, just as for any other sensation. We might also consider creating sensations for her to feel, by stretching or contracting muscles, etc.



# NAMING FEELINGS

Many clients with high levels of experiential avoidance also have 'alexithymia': the inability to name their feelings/emotions. This is a significant skill-deficit.

So we want to help the client not only notice, but also name his emotions, feelings. We can do this in much the same way as we would teach this skill to a child. We might say, "So right now, your voice is raised, and your fists are clenched. What do you feel like doing right now? Okay, so you want to shout, yell, lash out? Okay, so what you're feeling right now is 'anger'."

A useful approach is to teach the client some basic emotions first – sadness, anger, fear, guilt, joy, love – and then over time, expand their repertoire.

## RECOGNISE TRIGGERS

While developing these skills, we also aim to help clients become more mindful to "triggers" for dissociation – both in session and outside of sessions.

The "triggers" (technically called the "antecedents") can vary enormously. They can be external triggers - people, places, events, situations – or internal triggers, such as thoughts, feelings, sensations and memories.

We can help clients to practise mindfully contacting the present – dropping anchor, expanding awareness - as a useful first response to such triggers.

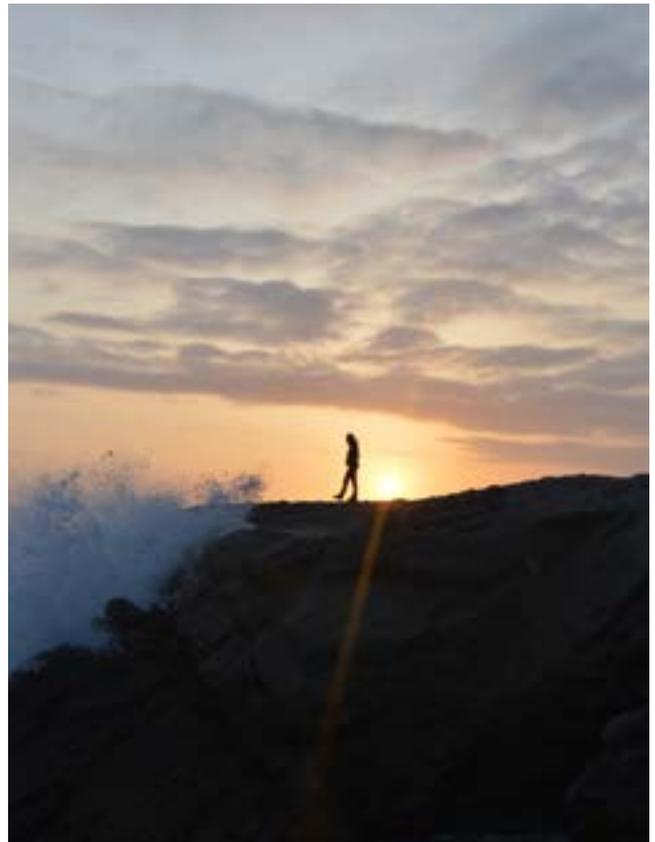
## NEXT STAGE

The next stage is to gradually elicit feared private experiences in session – thoughts, feelings, emotions – and practice noticing and naming them.

(Remember noticing and naming is the first stage in both defusion and acceptance.)

If the client goes ‘numb’, we can help her to notice and name the numbness; to observe it mindfully; to accept the numbness, and be self-compassionate.

And of course, if the client ever dissociates, we can quickly bring him back to the present moment with the grounding and centering skills we helped him to develop at the outset of therapy.



# ACT & MINDFULNESS FOR TRAUMA

To heal from any kind of trauma requires incredible courage and commitment, and ACT is the perfect model to help your clients along on their journey of post-traumatic growth.

So if you'd like to know more about any of the topics covered in this eBook, you may like to enroll in my new online course, [ACT & Mindfulness for Trauma](#). There you'll see a diverse range of therapy sessions, and we'll go step-by-step through all these processes, exploring them in depth.

I hope you've found these tips helpful, and I'd love to hear about creative ways you apply them with your clients.

Good luck with it all,  
Cheers,  
**Russ Harris**

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

