Dissociation Fundamentals for Clinical Care

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24 years of experience working in social services and counseling; includes three years in civilian humanitarian (Bosnia-Herzegovina)

Author of *EMDR Made Simple*, *Trauma and the 12 Steps*, *Trauma Made Simple*, *Process Not Perfection: Expressive Arts Solutions in Trauma Recovery*; *Transforming Trauma with Jiu-Jitsu*; co-author of *EMDR Therapy & Mindfulness for Trauma-Focused Care and Healing Addiction with EMDR Therapy*

Creator of the Dancing Mindfulness practice and author of *Dancing Mindfulness: A Creative Path to Healing and Transformation*

Author of *Dissociation Made Simple: A Stigma-Free Guide to Embracing Your Dissociative Mind and Navigating Life* (2023) and *You Lied to Me About God: A Memoir* (2024)

Purpose Statement

To give learners an opportunity to confront their own biases, misconceptions, and fears about working with dissociation in clinical settings.

Purpose Statement

This course seeks to equip learners with the basic education that they need to work in this field; to begin or continue to build a practical set of clinical tools for navigating dissociation when it shows up in therapy; and to help the people we serve be able to better appreciate their dissociative minds and responses.

Objectives

1. Define dissociation in a comprehensive manner.
2. Identify three of the most common myths and misconceptions about conducting trauma therapy with people who have dissociative identities (DID) and other dissociative responses.
3. Describe how stigma in both the media and the psychological professions has created a hesitancy or fear of addressing dissociation clinically.
4. Explain how phenomenology, or listening to the lived experiences of people with dissociative disorders, can help clinicians build more effective treatment plans and strategies
5. Develop a treatment plan that is both trauma-informed and dissociation-responsive

What is your working understanding of *dissociation* coming into this course?

Dissociation comes from a Latin root meaning *to sever* or *to divide*.

What is it that we are severing or separating from when we dissociate?

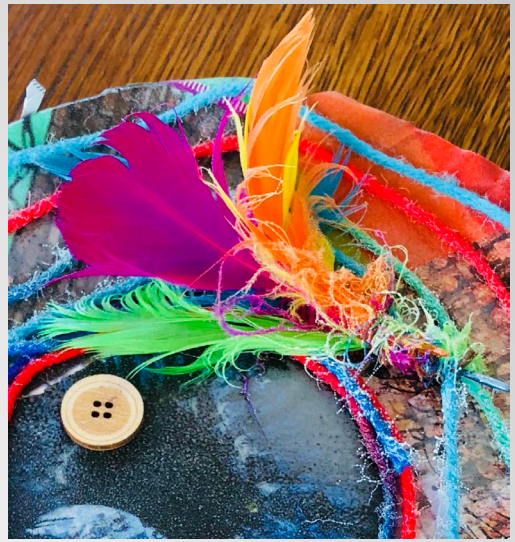
Dr. Dan Siegel Definition

Dissociation: The process by which usually associated processes are dis-associated or compartmentalized from one another. Clinical dissociation can result in blocked access to memory and emotions, bodily numbness, or impairments to the continuity of consciousness across states of mind.

(Siegel 2012)

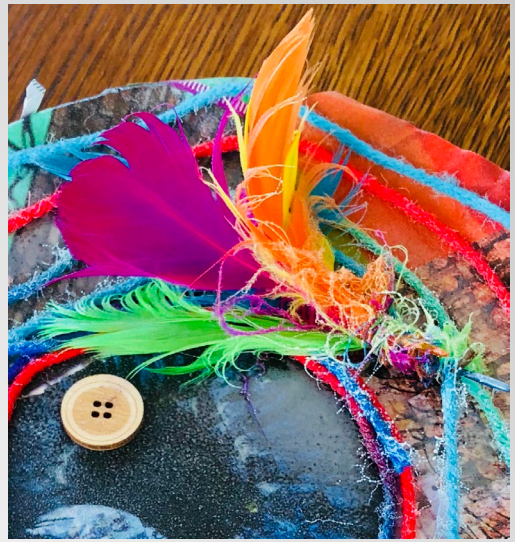
Dissociation: Keeping it Simple (Marich, 2023)

- To sever/divide from the present moment or present experience
- To sever/divide from parts of the self and/or parts of experience
- Many neurological functions and protections contribute to the existence of dissociation.
- Dissociation generally happens *to protect* or *to meet a need.*



Dissociation: Keeping it Simple (Marich, 2023)

- Dissociation can be *adaptive* or *maladaptive,* or sometimes both, depending on the context.
- Some prefer to think of it more on a continuum, as in *helpful* → *less helpful.*
- Healing can take many shapes and textures on the journey to a working wholeness.



To review basic, plain-language presentation of the terminology and DSM-5 diagnostic criteria, let's go to:

https://www.aninfinitemind.org/dissociation-information

Parts and Systems: Language Matters

- selves
- defenders
- people
- personalities
- faces
- family members
- dimensions
- aspects
- expressions
- sides
- voices (internal)
- crewmembers
- team members
- warriors
- ego states
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- roles
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- “our people”
- multi-dimensional
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Others?

Voice of Lived Experience

- “What I want people to understand is that, as with other illnesses, with this “illness” there is a wide range of functioning, and the treatment can take a general medical, alternative, or traditional psychiatric approach. For me, it was a combination of all three. However, people like me who live with dissociative identity disorder often live in fear, and so I am trying to be open about my experience. I have lived in fear about being open about my diagnosis even in my own profession, which is supposed to be accepting of mental health–related concerns, and I have felt ostracized and alone.”

  – Dr. Adrian Fletcher (2022), a psychologist living with DID, from a first-person account published in the *Psychiatric Services* journal

Myths, Misconceptions, and Horror Stories (Marich, 2018)

- People with clinically significant dissociation, especially those with DID, do not respond to treatment.
- People with clinically significant dissociation, especially those with DID, are more susceptible to putting others at risk.
- People with clinically significant dissociation, especially those with DID, cannot hope to live a fully functional or thriving life.
- DID is extremely rare.
- “Integration of alters” is the ideal treatment goal for those with DID.

Myths, Misconceptions, and Horror Stories (Marich, 2018)

- There is a risk that the clinician won't be able to "bring patients back" or that one of the parts will cause serious harm, causing clinicians to turn people away from treatment after they show signs of more severe dissociation.
- A certain number on the Dissociative Experiences Scale "rules out" advanced forms of trauma therapy.
- An inpatient hospital facility is the best place for people with DID or other dissociative disorder.

For more, please visit *Separating Fact from Fiction: An Empirical Examination of Six Myths About Dissociative Identity Disorder*, Brand, et al. (2016), available freely online.

The Dr. Frank Anderson (2021) Passage – ORIGINAL

> “Many therapists get easily overwhelmed by clients who struggle with DID because they are masters of deception who are often extremely confusing at first and overly dramatic in presentation, and they frequently present with what seems to be one unsolvable dilemma after another. It’s important to stay steady with the IFS principles and not get too caught up in the drama; some parts protect, some parts carry wounds, and somewhere deep inside, Self-energy helps heal the pain.”

Page 14 from the book *Transcending Trauma* (Anderson, 2021)

The Dr. Frank Anderson Passage – CHANGE

"Many therapists get easily overwhelmed by clients who struggle with DID because they can have parts in their system that appear disruptive, are confusing, and often extreme in presentation. They sometimes present with one unsolvable dilemma after another but know this is all in the service of protection. It's important to stay steady with IFS principles and not get too caught up in the drama; some parts protect, some parts carry wounds, and somewhere deep inside, Self-energy helps heal the pain."

Modification of passage on page 14 of the book *Transcending Trauma* (Anderson, 2021)

Voice of Lived Experience

> “Our stories have been told by people who know nothing about us.”
>
> – Melissas Parker (in Marich, 2023)

Voice of Lived Experience

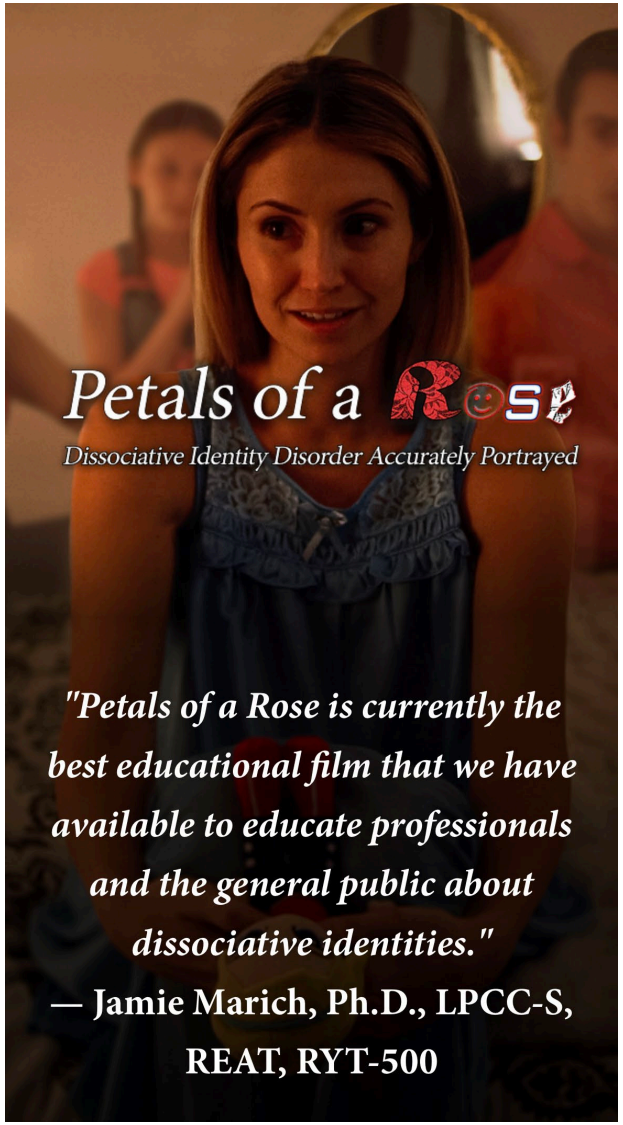
- “The media's continued portrayal of people with DID as men who are serial killers who are faking DID does thousands of traumatized women, like myself, a huge disservice. DID is not what people think it is. It's not overt and dramatic switches or a get out of jail free card. The majority of DID sufferers are women who have been so severely traumatized that we don't even remember it consciously. Can't remember. DID is finding a used hair accessory (presumably off the ground) that I've never seen before on the floor of my locked car after a shop at Wal-Mart and feeling a rush of terror because I have no memory of it but it must have been me. It's needing a system of post its and alarms to make sure everything is remembered. DID is being terrified of my 6'5" tall boss, even though he's the absolute nicest guy. DID is setting my tea on the roof of my car and a second later waking from a 'nap' in the parking lot at my work. It's disorienting and confusing and extremely painful. It's having different ways of being that are all a part of myself and yet strangely separate and compartmentalized.”

– Cheryl (in Marich, 2023)

Film Resource

- https://www.dylancrumpler.com/

- *A full bibliography is also available at Dylan Crumpler's website, including Snyder et al. 2024 on media stigma.*



Major Thematic Areas (Marich, 2023)

- While dissociation, or specifically the traumatic roots of it, can cause problems in daily living or in societal systems—problems that need to be addressed—dissociation is the skill that has allowed so many of us to survive and, in many ways, to thrive. ***Dissociation is a superpower.***

- Even the more responsible portrayals of dissociative disorders in media are still highly problematic because they can focus on the most dramatic aspects of dissociative disorders. ***I am not Sybil.***

Major Thematic Areas (Marich, 2023)

- Many people in the clinical professions, even if they accept that dissociation exists and tout that they are trauma-informed, are not listening to the voices of people with lived experience of dissociative experiences of life. ***I am not a science project/ I am science's "@#$%ed up failure."***

- Healing is not one-size-fits all; many different approaches to healing and many different definitions of what healing looks like can exist. ***Throw your textbook out the window.***

Major Thematic Areas (Marich, 2023)

- The therapeutic relationship and therapeutic attunement is imperative in the healing process. ***I/we recognize when you are scared of us and don't do your own work.***

- Widespread recognition of addiction and eating disorders as dissociative phenomenon (e.g., Addiction as Dissociation). ***That whole "here but not here" feeling will be much easier with a little bit of chemical assistance.***

Areas to Consider in Treatment

- Relational
- Preparation-stabilization-grounding
- Various modalities available for processing and healing trauma
- Other lifestyle issues

Key Word: Transparency

- Closely connected to consistency and vulnerability.
- Fundamentally allows for vulnerability with appropriate boundaries *and* flexibility.
- A working example of this is letting clients know early on what you can/cannot or will/will not do while being open to exploring dynamics as the relationship grows.
- Comes from the Latin root “showing through.”

On Screening and Assessment

- Any contributors who spoke to it felt that giving the DES-III (or II) ought to be a universal best screening practice.

- “The MID was actually a confirming experience for me. But then I saw the blood run out of my therapist’s face when she saw how high the score was. That was the traumatic part.”– Amy Wagner

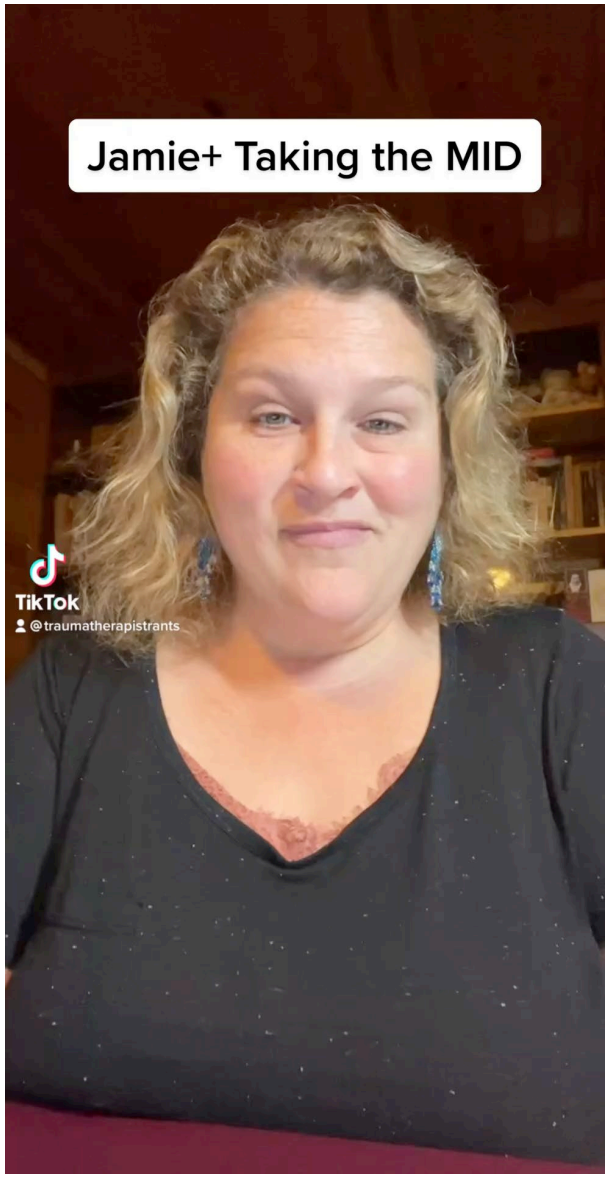
For more on the Dissociative Experiences Scale-II, go to:
https://traumadissociation.com/des.html

For more on the Multidimensional Inventory of Dissociation (MID), go to:
https://www.mid-assessment.com/

OPTIONAL EXERCISE: Pause the recording and take the DES-II.

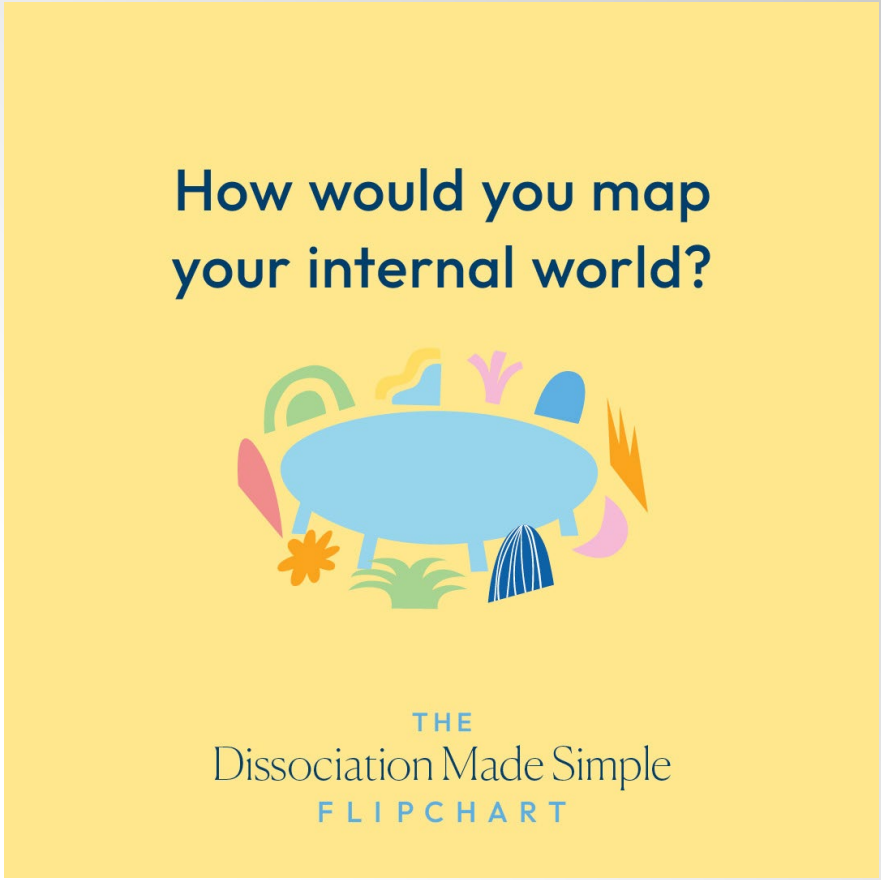
Even more than worrying about the number, what did you notice in taking it?

Just for Fun (Hopefully With a Point)



Exercise

- Rooms of a house
- Car/van
- Opening circle
- Balloons
- Mosaics
- Hindu gods
- Gathering of saints
- The elements
- Movie references
- Other pop culture references
- ???



Cautionary Tales with EMDR Therapy, Trauma Power Therapies, and Dissociative Disorders

- Risk of flooding and too many/too intense flashbacks
- Improper closure procedures and an in-between session plan
- May need more direction than “go with that,” otherwise, it can be an invitation to dissociate problematically
- Sometimes people who tout that they are “experts” in DID are problematically cautious to the point where it comes across as not trusting the client

(Marich, 2023)

Cautionary Tales with EMDR Therapy, Trauma Power Therapies, and Dissociative Disorders

- One of our contributors were told that they could never be a candidate for EMDR Therapy because of their DID; that same contributor is now a skillful EMDR Therapist and EMDRIA Consultant-in-Training

(Marich, 2023)

Categories of Skills for Preparation Work

- Connecting with the senses
- Activities of daily living
- Expressive arts
- Yoga, emboiment, breathing, and energy skills
- Being in nature
- Connecting with pets and animals

Categories of Skills for Preparation Work

- Spiritual and energetic practices
- Education, self-study, and support
- Withdrawing from external stimuli
- Guided visualizations

Which of these categories of skills do you and your clients find most helpful?

Self-Assessment Question

Dissociation comes from a Latin root meaning _____.

A. to traumatize/wound.
B. to become psychotic.
C. to sever/divide.
D. to hurt/heal.

Self-Assessment Question

Dissociation comes from a Latin root meaning _____.

C. to sever/divide.

The word dissociation means to sever or divide. Trauma means to wound, and some of the symptoms of dissociation are often confused with psychosis. Dissociation is also discussed as something that can lead people to healing after hurt. But the word dissociation means to sever or to divide.

The Gifts of Dissociation

- “I’m not hurt by dissociation; I’m hurt by other people and how they talk to me when I am dissociating.” – Katarina Lundgren

- “Strategies like dissociation can have costs, yet whatever helped you to survive we are grateful for.” – Thomas Zimmerman

- “I’m a funny person in general but my parts are even funnier! I think my brain is awesome. It’s helped me come as far as I have today and have beaten a lot of odds. Having DID isn’t a death sentence. You need to respect your brain.” – Alexis

(Marich, 2023)

The Gifts of Dissociation

- “Having many different characters to pull from and say—that’s part of me, but that’s not all of me. That helps me to reduce shame.” – sunnEe Hope

- “I wouldn’t be alive without dissociation. I’m so appreciative that I was able to create parts, so indebted for the parts that helped me survive.” – Olga Trujillo

(Marich, 2023)


Plural Therapists Speak
TikTok
@traumatherapistrants
Dr. Jamie+ Kilson (she/they)
H LS Scarboro
Katharine Fertig (she/her)
Melissa Parker They/Them

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Organizations and Websites

A Couple of Multiples Podcast & Community	www.acoupleofmultiples.com
An Infinite Mind	www.aninfinitemind.com
Adrian Fletcher, Psy.D.	https://www.drfletch.com/
Beauty After Bruises	www.beautyafterbruises.org
Dylan Crumpler- Petals of a Rose	www.dylancrumpler.com
Mad in America	www.madinamerica.com

Organizations and Websites

The Mighty	www.themighty.com
Hearing Voices Network	www.hearing-voices.org
The Plural Association	www.powertotheplurals.com
Multiplied by One	https://multipliedbyone.org/
System Speak Podcast	www.systemspeak.org

Thank You!

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You have completed the course:
Dissociation Fundamentals for Clinical Care

Thank you!