‘Dissociation’ as a central ‘defence’ against stress and trauma

What does it mean when children “space out,” do not “remember” what they have done, act in very opposite ways? These behaviours - spacing out, not remembering, and having opposite behaviours – may indicate dissociation.

Dissociation occurs when some part of the child’s mind and behaviour becomes separated (dissociated) from the child’s awareness as a whole. Some forms of dissociation are ‘normal’ and are, at times, part of everyone’s experience. Other forms of dissociation are problematic.

‘Normal’ Dissociation: Dissociation can be considered ‘normal’ or ‘non-problematic’ when it doesn’t interfere with the child’s sense of self, his emotional, social and academic development, and their awareness of the world around them. The following are some examples:

- A child is completely absorbed into an activity and is not aware of what is around him, e.g. when playing a video game.
- A child can have creative, fantasy thinking or ‘be in a make-believe world’ but when asked, the child knows the difference between what is fantasy and what is real.
- A child can read to the end of a page and not know what he has read because his mind is occupied with other thoughts.
- A child may block out something unpleasant at the time of it happening (for example, a painful injury), without harming his overall functioning.

As long as these experiences do not continue and interfere with their success,

‘Problematic Dissociation’: Dissociation beyond the ‘normal’ experience occurs when a child has to cope with an overwhelming/frightening event, with multiple frightening events, or with a frightening and neglectful living situation. In this situation the separation of thought and behaviour being experienced protects the child from his frightening world. It is a separation over which he does not have the control that exists with the creative absorption described above. Like other problematic experiences, there is a continuum or a degree of seriousness of dissociation. Problematic dissociation can be considered **mild, moderate or severe**, depending on many factors described below:

‘Mild’ Dissociation: When a child is at school and without intention reacts to reminders of the trauma (perhaps a negative comment, an unexpected touch) and ‘spaces out’ or shuts down this is called mild dissociation. Because of this spacing out, the child is unable to hear the teacher or attend to what is happening around him.

This child is able within a short period of time to reengage with classroom activity, e.g. school work, changing classes, listening to the teacher.

‘Moderate’ Dissociation: When a child has developed the skill to not feel his body as a response to his body being hurt, (e.g. during physical or sexual abuse, or painful medical interventions) this is called **“depersonalization**.” He may block out other senses too, like hearing, tasting, and seeing, which can affect his ability to learn. This continued use of dissociation can keep him from being aware of his bodily senses.

Some examples are:

- Child when playing a sport, falls, badly skins, bleeds, or even breaks his arm, but may not feel the level of pain expected.
- Child, because he is not aware of the pain that may be incurred, may become involved in reckless activities.
- Child may also hurt his body deliberately, (e.g, cutting or burning) and not feel the pain.

Another moderate form of dissociation happens when a child must mentally separate from his surroundings to avoid experiencing the terrifying event. He therefore develops the skill to not be aware of what is going on around him and make what is happening feel unreal. This is called “**derealization”** -- present surroundings are blocked off or seem unfamiliar. This may happen not only during the terrifying event but can reoccur when things remind the child of the original scary situation.

Compile by David Murray. (C.Psychol. AFBPsS) Educational Psychologist. EMDR Europe accredited Consultant and Child and Adolescent Consultant.

Some examples are:

- A child who sees someone (familiar or unfamiliar) similar to his abuser in some way may suddenly no longer have a clear awareness of his surroundings, may feel that he is far away from the classroom, or may have a tunnel vision of the person.
- A child who is touched accidentally in the hallway may suddenly see the place where he was abused and not be aware that he is in the school hallway.
- Child who is triggered may bump into furniture, trip frequently, and appear generally clumsy because he is unaware of his body and his surroundings.

'Severe' Dissociation: The most serious end of the dissociation continuum happens when the child, in order to escape the terrifying event, has to separate so completely from himself that it feels as if separate selves hold the awful feelings, thoughts and memories. These are called "dissociative parts" (also referred to as "dissociative states") and mean that the child is still one individual but has separate parts of the self with separate awareness or "consciousness." These parts of the child's mind can hold the unwanted and unacceptable feelings, thoughts, and frightening memories away from the child's ongoing awareness, so he doesn't need to experience them. Otherwise, it would be too hard for him to go about his daily life and do what is expected of him.

This type of dissociation can be referred to as a disturbance or disruption in his identity (not a unified self): having separate parts or states of awareness rather than one state of awareness for all of the feelings, thoughts and behaviours. A child's dissociative parts can influence the way the child behaves, feels or thinks, including thoughts and behaviours the child does not want to have happen. Sometimes he may not truly be aware of what he has done. To others, it may look like the child is lying. This is called "amnesia," which means an inability to recall important information about present or past behaviour or events. The child may hear voices inside his head, such as an "angry part" yelling at him, or a "helper part" telling him how to behave. He may or may not give the voices names of people, animals, toys, or moods that have some meaning to him.

When these parts do not take total control over the child's behaviour and do not present themselves to others, this is called **"Dissociative Disorder Not Otherwise Specified.**" The parts remain 'inside' the child's mind, but influence the way the child behaves, thinks and feels.

- An example of this in school may be when the child suddenly hits another child or yells without apparent reason. The child may be responding from an internal part that holds a memory of being hit or yelled at and feels some danger in the present moment.

The most extreme form of dissociation occurs if these dissociative parts take complete control of the behaviour. This is called "**Dissociative Identity Disorder**" (formerly known as "Multiple Personality Disorder"). The child presents to others as if he is different people. This happens when the separate parts control both his behaviour and his awareness. These shifting parts are very confusing to him and to those around him. The child may have considerable periods of amnesia during these times.

- For example, the child may hit, swear, or yell at another child and that part of him the teacher is talking to may not know that he did that the hitting, swearing, yelling. He might adamantly deny what he did, even though it has been witnessed by others. This is perplexing to the school personnel who may think the child is simply lying and denying what he did to avoid responsibility for misbehaving.

It is important to keep in mind that ***dissociation is an adaptive response to an abnormal situation***. It is creative and helpful when a child cannot physically escape a terrifying, painful situation. However, it can become a pattern of responding that continues even when it is no longer necessary. Such a pattern of response can cause serious problems for the child at home and school, as well as with relationships.

Compile by David Murray. (C.Psychol. AFBPsS) Educational Psychologist. EMDR Europe accredited Consultant and Child and Adolescent Consultant.

Important note: Developing a comprehensive picture of a child's behaviour with the help of a knowledgeable professional will determine if the child has dissociation or if his behaviour is due to some other reason. See below for further symptoms that relate to dissociation.

Why do children dissociate?

Dissociation is creative and helpful when a child is in the middle of a traumatic and/or overwhelming situation and cannot escape it or receive comfort. It is an effective way to manage intense overwhelming feelings of fear, betrayal, and threat to survival. Thus, dissociation is an adaptive response to an abnormal situation and allows a child to maintain a relationship with abusers on whom she is dependent. When, however, dissociation continues past the event itself, it can create numerous problems for a child if early and accurate intervention does not occur. Dissociation has been documented following a variety of childhood traumas and overwhelming situations:

Stress Response

Children dissociate not only during and following the frightening event itself but also with reminders of the event (triggers). For example, if a child was exposed to sexual abuse when small, the sound / smell / movement of some unconnected person may trigger a trauma response. They may freeze, 'space out,' or become agitated. If such dissociation becomes a pattern of responding, even minor reminders to the overwhelming event (whether the child does or does not know what the reminders are or why he is behaving or feeling the way he is) can cause the child to dissociate. This disrupts the child's normal abilities to respond appropriately and to learn.

Hyperarousal Continuum	REST	VIGILANCE	RESISTANCE Crying	DEFIANCE Tantrums	AGGRESSION
Dissociative Continuum	REST	AVOIDANCE	COMPLIANCE Robotic detached	DISSOCIATION Foetal Rocking	FAINTING
Regulating Brain Region	Human brain Neocortex	Human brain Limbic	Mammalian brain Limbic Midbrain	Reptilian brain Brainstem	Reptilian brain Brainstem and cerebellum
Cognitive Style	ABSTRACT	CONCRETE	EMOTIONAL	REACTIVE	REFLEXIVE
Internal State	CALM	AROUSEAL	ALARM	FEAR	TERROR

These children tend to behaviorally reenact their traumas unconsciously either as perpetrators, in aggressive or sexual acting out against other children, or in frozen avoidance reactions. Their physiological dysregulation may lead to multiple somatic problems, such as headaches and stomachaches in response to fearful and helpless emotions. Persistent sensitivity to conscious or unconscious reminders interferes with the development of emotion regulation and causes long-term emotional dysregulation and precipitous behavior changes. Their hypo and/or hyper reactivity are manifested on multiple levels: emotional, physical, behavioral, cognitive and relational:

- They have fearful, enraged, or avoidant emotional reactions to minor stimuli that would have no significant impact on secure children.
- After having become aroused these children have a great deal of difficulty restoring homeostasis and returning to the resilient zone as their baseline may vary greatly.

Compile by David Murray. (C.Psychol. AFBPsS) Educational Psychologist. EMDR Europe accredited Consultant and Child and Adolescent Consultant.

Insight and understanding about the origins of their reactions seems to have little effect.
In addition to the conditioned physiological and emotional responses to reminders characteristic of Post-Traumatic Stress Disorder (PTSD), complexly traumatized children develop a view of the world that incorporates their betrayal and hurt:

- They anticipate and expect the trauma to recur and respond with hyperactivity, aggression, defeat or freeze responses to minor stresses.
- Reminders affect their cognitions: they tend to become confused, dissociated and disoriented when faced with stressful stimuli and respond from their 'reptilian brain'.
- They easily misinterpret events in the direction of a return of trauma and helplessness, which causes them to be constantly on guard, frightened and over or under - reactive.
- Expectations of a return of the trauma permeate their relationships. This is expressed as negative self-attributions; loss of trust in caretakers and loss of the belief that some somebody will look after them and making feel safe. They tend to lose the expectation that they will be protected and act accordingly.
- As a result, they organize their relationships around the expectation or prevention of abandonment or victimization.
- This is expressed as excessive clinging, compliance, oppositional defiance and distrustful behavior, and they may be preoccupied with retribution and revenge.

Despite having potentially high levels of resilience all of these problems may be expressed in multiple areas of functioning: educational, familial, peer relationships, problems with the legal system, and maintaining jobs.

How do I recognise dissociation in a child?

Dissociation can take many forms and can mimic other common problems (e.g., Bipolar Disorder, Attention Deficit Disorder with or without Hyperactivity, Conduct disorders, Oppositional Defiant disorder). Also, many of the symptoms can reflect situations other than dissociation. It is the combination of several symptoms in one child, and especially an abrupt shift in thoughts, feelings or behaviours that raises the possibility of dissociation. These shifts may occur within a relatively short period of time or less frequently, depending on the prevalence of a dissociative state. Some dissociative behaviours can be disruptive to the classroom. Others aren't disruptive to the classroom as a whole but nonetheless affect the dissociative child's ability to learn. Remember, these indicators can occur without any apparent reason or provocation by others. Also, the child may or may not remember what he did (amnesia).

Unusual Behaviours:

- Inconsistent or sporadic, sudden changes in compliance
- Shifts in maturity levels (e.g. from older than chronological age to babyish, and then to age level)
- Refusal to answer to own name and demanding to be addressed by another name
- Denial of misconduct even with clear evidence of fault (child appears to be brazenly lying)
- Shift from liking a favourite activity to not liking it at all
- Sudden change in type of friends or peer groups
- Sudden fearfulness even though nothing frightening happened in the classroom
- Sudden excessive sleepiness
- Unexplainable sad/teary/whiney/babyish behaviour

Acting out:

- Abrupt onset of extreme aggressiveness toward peers, teacher, and/or objects with minimal or no provocation
- Switches in language to baby-talk or a sudden use of foul language
- Rapid and intense emotional shifts (Child is calm one moment and raging the next which can lead to a misdiagnosis of Bipolar Disorder.)

Compile by David Murray. (C.Psychol. AFBPsS) Educational Psychologist. EMDR Europe accredited Consultant and Child and Adolescent Consultant.

Hyper-activity:

- Abrupt shifts in activity levels—from very calm to very hyperactive—within the same time span, or from day to day or situation to situation. These shifts may also occur with a hyper- aroused child with posttraumatic stress disorder. (Dissociative activity shifts can lead to a misdiagnosis of ADHD or bipolar disorder).

Learning issues:

- Uneven learning: the child knows how to complete a particular assignment quite well one day, doesn't know how to do it the next day and then later when it has not been re-taught can successfully complete the task. Children might also be able to do math one day and the next day they might be totally unable to do the same math with no recollection that they have been able to do it the previous day. This can be very confusing to the teacher who might interpret this behaviour as manipulative, careless, or lying.
- Inability to recall significant events (e.g. birthdays, holidays, class trip the day before)
- Atypical learning difficulties (e.g. 'mirror writing' without spelling mistakes; difficulties in ability to generate personal narrative compared to non-personal narrative)
- Atypical reasoning or responses to situation or story, unusual emotional responses (e.g. the child might claim a birthday is a sad event, or getting a present as scary)

Spacing-out/Inattentiveness:

- Excessive staring into space and appearing to be 'someplace else'
- Not responding when called several times
- Appearing disoriented or confused about what is asked of him (as if just 'woke up' even though the child wasn't sleeping)
- Answers that are completely out of context (as if still replying to a question that was asked a while back and unaware that the class moved on)
- May appear to be very forgetful and need to be told things again and again.

No awareness of social boundaries:

- Intense staring at the teacher to a point where the teacher can become uncomfortable with the child's staring.
- Inappropriate touching of the teacher and other children without any discomfort or awareness to the child that this behaviour is socially unacceptable.
- Withdrawn or isolated during periods of social interaction.
- Hiding in cupboards, corners or tables without any awareness that this is socially incorrect behaviour.
- Making sounds of animals like barking like a dog and/or behaving like an animal in the class when the behaviour is not required or part of a game.

It is the extreme, unusual, and/or abrupt shifts in the above noted behaviours that can alert the teacher of the possibility of dissociation.

What kind of actions and situations might increase dissociation in the classroom?

There may be actions and situations that can increase a child's need to dissociate or remain dissociated while in the classroom.

Possible classroom or playground triggers for dissociation:

- A teacher or other child grabbing or physically restraining the child (especially if the child has experienced or witnessed physical abuse)
- A teacher labelling the child (rather than a particular behaviour) as "bad", "lazy", "manipulative" (especially if the child has experienced or witnessed emotional abuse)
- A teacher yelling beyond a raised voice
- The child experiencing or witnessing bullying

- The child seeing something reminiscent of a trauma (e.g., seeing the flame of a Bunsen burner in the science class if the child experienced a traumatic house fire.

Dissociative responses increase when triggers occur. A trigger might be closely related to the event (e.g. seeing an object similar to the one used to hurt the child) or more distantly related to it (e.g. a sound, time of day, or tone of voice).
To better understand what a potential trigger for a particular child may be, it is helpful if the teacher, request basic information regarding the child's trauma background. For example, knowing the child survived a car accident can explain why every time there's a screech of car breaks outside, she freezes and spaces out.

Teacher responses that may prolong situations of dissociation

- Confronting or blaming a child when she is experiencing dissociation (e.g. If a child dissociated because a loud voice scared her, raising a voice in an attempt to 'get through to her' can scare her further.)
- Expecting a child to immediately respond to directions or resume classroom activity when the child has "zoned out."

There may be cases where you may be wondering whether a child is dissociating or just being difficult. As a rule of thumb, and especially for children with known **trauma histories**, it can be helpful to consider dissociation as the first possible explanation for a behavioural issue. This approach can help you understand the child's responses and take appropriate action.

Helpful responses when a child dissociates:

- Reassuring the child that he is safe (remember dissociative behaviours stem from fear, rage, shame, helplessness, loss, confusion, and other difficult feelings; not wilful manipulation or laziness)
- Responding empathically (e.g. "You look scared, I'm sorry the siren scared you")
- Suspending confrontation until a child is more present
- Allowing the child to quietly go to a 'designated safe space' within the classroom (e.g. reading corner) Accepting the child's feelings even if they do not make sense to you by letting the child know that all his feelings are accepted by you (even if you don't understand why the child is responding the way he is at a given situation)
- Encouraging the child to utilize more appropriate ways to express difficult feelings (for example, scribble or draw, put feelings into words in a journal, squeeze a squeeze-ball, go for a run in the gym or engage in some other physical activity which safely discharges intense feelings)
- Avoiding telling or asking for the 'positive part' of the child
- Allowing the child to visit the counsellor or sit in the HT's office to calm down, and calling the supportive caregiver
- Presenting consequences for undesirable behaviour only after the child has calmed down.

Helpful responses for working with a child at a time when the dissociation is not happening:

Ideas for decreasing the child's need to dissociate.

- developing a cue word (e.g. "Get it together") with the dissociative child that can be used to bring the child back to the present
- Developing agreed upon hand signals to use in front of the child to warn her that she is drifting off in order to bring her back to the here and now
- Learning to recognize, and when possible eliminate, the triggers (i.e. unexpected touch, harsh voice) that cause the child to dissociate
- Letting the child know ahead of time when a trigger is unavoidable (e.g. if leaving the classroom results in aggressive or immature behaviour, it can help to remind the child of an upcoming transition before the class is to leave, and reassure him he is safe)

Compile by David Murray. (C.Psychol. AFBPsS) Educational Psychologist. EMDR Europe accredited Consultant and Child and Adolescent Consultant.

- Letting the child have a safe object in his desk to help him 'pull it together' if he is feeling overwhelmed (often times simply knowing the option is available already helps the child feel safer and feeling safer reduces the need to dissociate)
- Limiting surprises
- Creating a predictable routine
- Pairing the child with a supportive, caring peer for activities which raise the child's anxiety (e.g. class trip, recess, a trip to the bathroom)
- Playing music, the child associates with safety

While these responses may seem at first glance as 'coddling' or 'rewarding bad behaviour,' they will help the child reorient to the present situation faster, handle himself better in the classroom, and accept responsibility for his behaviour.

At the moment of dissociating:

Grounding (a term that refers to orienting the child to the present)

- Speak calmly and breathe evenly while suggesting that the child, too, take a deep breath.
- As soon as you notice a dissociative episode, let the child know where she is and remind her who you are—don't assume she knows. Tell her the day, the time, and her location. For example: *"This is Mr. B and you are in the classroom with your classmates, and it is Tuesday afternoon and we just came back upstairs from having lunch."* If possible, it is helpful to do this in a way that won't call attention to the child in class (i.e. gently approach the child, talk to her separately)

Reassuring

- Let the child know she is safe. She may not be aware that she is. Let her know no one is being hurt, that *she* is not being hurt, that nothing bad is happening right now, and that she is okay. Remind her to breathe and keep reassuring her that she is safe.
- Provide prearranged items (e.g. a small stuffed animal, a squeeze-ball, the child's journal) that the child associates with safety
- Use subtle agreed upon hand-gestures and agreed phrases between you and the child to reorient to the present (i.e. hands clasped together or words such as "Get it together")

Checking in

- Once the child seems more present, ask her if she is okay. Does she know where she is? Who you are? Then you can move to reassure her further by offering something that she has at school and which brings her comfort: a stuffed animal, a special keychain, a squeeze-ball, a journal, a symbolic stone she can hold or keep in her pocket. Help her get more grounded by offering a drink of water or, if there's a sink in the classroom, to wash her face.

Narrating/describing/putting in context

- Rather than ask the child what she thinks happened; tell her. Dissociation causes a disruption in awareness and the child may not remember what happened, or she may have a hard time putting it into words. Narrate what is going on. Depending on the child's age you might say: *"An ambulance drove by,"* or to a younger child: *"An ambulance drove by with a loud siren, but it is gone now to help people. Everything is okay here."* If something happened within the school, describe it simply: *"There's a child crying in the hallway, and she is being helped"* or *"So and so bumped into you and maybe that startled you and you got upset."*

Deferring blame/investigation until the child is oriented to the present

- Refrain from using interrogative questions such as: "Why did you do that?" or "What got into you?" The child may well not know why she did what she did or what got into her. Even after the child is completely present and calm,

reiterate what took place. What you said a little while earlier while the child was still struggling to reorient may not have 'stuck' in her memory. Stating it again can be very helpful.

- If misbehaviour occurred that requires consequences, wait until the child is oriented to the present and calmly explain the cause and effect. For example, you might say: *"You pushed so and so, and when someone in our classroom pushes, they get a ten-minute time out. So, you need to go sit in the time-out chair now."*
- It is best not to argue with the child if he disagrees with your explanation that he is responsible for his actions even if he doesn't remember doing something. Maybe explain the difference between responsibility and blame by saying: *"Whoever caused something to happen is responsible even if he does not remember doing so."* If the child is in therapy, this will be an important issue to discuss with the therapist and to seek support for handling such situations.

Providing safety

- Safety for everyone in the classroom including yourself is paramount. The importance of safety needs to be stated and that you, the teacher, will provide safety (e.g., carefully and gently take the child by the arm and leave the room). **A back-up plan should always be established if there is a possibility of violent behaviour.**

Avoiding trigger possibilities

- Find out more about the child's earlier experiences so that you can avoid words or situations that may be triggers for the child.
- If a child is already receiving trauma-counselling, collaborating with the therapist with regards to how to help the child in the classroom

While these steps may seem time consuming, they need not take much time, in that they can deescalate, rather than escalate, a problem, they may save time. In addition, they often take even less time as the 'routine' becomes more familiar (to both of you) and the child learns to associate your voice and words with reorienting.

You may worry that such 'coddling' may make it worth it for the child to act out in order to get that special attention. With dissociation, however; these phrases have a different effect—they increase safety and thus help the child not to become overwhelmed and need to dissociate. This will most likely serve to reassure the child that you care, that she is safe with you and can trust you to help her when she feels overwhelmed, agitated, shut down or 'spaced out'.

You may worry that other children in the class will resent the 'special treatment' that the child will be getting. However (and especially if a child is aggressive or explosive), classmates often welcome less drama and a calmer classroom. Moreover, classmates often follow the teacher's modelling of offering support and compassion if the child gets 'upset.'

Classroom intervention cannot and should not take the place of specialized assessment by a professional knowledgeable in the area of trauma and dissociation (and, if needed, trauma therapy where the child can be helped to deal with the issues that underlie the dissociation). Nonetheless, simple steps can assist both you and the child in feeling more in control and can help make school experience a safer one for the child.

Possible Interventions:

How to avoid becoming a lizard https://youtu.be/n1oolOMoFts

'Belly Breathing'. https://youtu.be/mb0g-z9g8eQ

Strategy to process distress https://www.youtube.com/watch?v=mpPeQq4kxo4

Same strategy but for children and young people https://www.youtube.com/watch?v=8xH3nkWj7lU

Childhood Trauma and the Brain | UK Trauma Council https://www.youtube.com/watch?v=xYBUY1kZpf8

Compile by David Murray. (C.Psychol. AFBPsS) Educational Psychologist. EMDR Europe accredited Consultant and Child and Adolescent Consultant.