THE BALANCE

Dissociation and Trauma-Related Detachment

Private treatment

A guide for individuals and families

Dedicated to one client at a time

MALLORCA / ZURICH

English / September 2026

01 / WHAT TO KNOW BEFORE TREATMENT

What to know before treatment

01 Dissociation can affect awareness, memory, identity, emotion, perception, or bodily experience, but symptoms alone do not establish a dissociative disorder.

02 Assessment considers trauma alongside panic, sleep deprivation, substances, medication, psychosis, and medical or neurological conditions before forming a treatment plan.

03 THE BALANCE offers voluntary one-client residential care in Mallorca and Zurich, prioritizing stabilization, present safety, careful pacing, and coordinated continuing care.

One client

A private residence and a team organized around you.

Coordinated care

Clinical disciplines work within one individual plan.

Continuity

The next steps are considered throughout treatment.

02 / UNDERSTANDING YOUR NEEDS

Understanding your needs

What Dissociation Can Include

Experiences vary widely. Depersonalization can involve feeling detached from one’s body, thoughts, emotions, or actions. Derealization can make surroundings feel unreal, distant, dreamlike, or visually altered. Dissociative amnesia may involve gaps in memory that are not explained by ordinary forgetting.

Trauma-Related Detachment Is a Descriptive Term

“Trauma-related detachment” can describe a pattern in which disconnection or numbing appears linked with traumatic stress. It is not a separate formal diagnosis. The clinician should consider PTSD, complex PTSD, depersonalization-derealization disorder, dissociative identity disorder, panic, depression, and other possibilities.

Treatment should remain open to more than one explanation. A trauma-informed approach means avoiding coercion and recognizing the effects of threat; it does not mean assuming that every unexplained symptom proves hidden trauma.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Seizure disorders, migraine, head injury, vestibular conditions, metabolic disturbance, medication effects, sleep disorders, and other medical or neurological issues can produce altered awareness, memory, perception, or detachment.

Assessment and Treatment Planning considers onset, duration, triggers, loss of consciousness, neurological symptoms, physical health, medication, and previous investigations. Independent neurological or medical review may be required before a psychological formulation is accepted.

Memory gaps and identity-related experiences require particular care. Suggestive interviewing, pressure to recover memories, or certainty about unverified events can be harmful. Clinicians should document what is known, what is reported, and what remains uncertain.

Safety and the appropriate setting

New neurological symptoms, seizure, loss of consciousness, severe confusion, overdose, acute psychosis, inability to remain safe, or immediate suicide risk requires urgent local assessment. A dissociation label should never be used to dismiss a medical emergency. Admission to THE BALANCE depends on voluntary participation, stability, diagnostic needs, risk, and available specialist pathways. See Suitability and Entry Criteria.

04 / CARE BUILT AROUND YOU

Care built around you

Phase-Oriented and Stabilization-Focused Treatment

Professional guidance for complex dissociative disorders often describes phased treatment. Early work may focus on safety, orientation, emotional regulation, sleep, daily functioning, therapeutic trust, and reducing harmful behavior. Trauma processing is considered only when the client has sufficient stability and a clear clinical rationale.

Phases are not rigid boxes, and treatment may move back and forth according to need. Stabilization is not avoidance; it creates the conditions in which later work may be safer and more useful.

Grounding and Present-Moment Orientation

Grounding strategies can help some people reconnect with the present through sensory information, movement, language, time and place, or contact with a trusted person. What helps one client may overwhelm another.

These techniques should be practiced collaboratively and reviewed for effect. Grounding is a support strategy, not a complete treatment and not evidence that a symptom has one particular cause.

Trauma-Focused Therapy and Readiness

Trauma-focused approaches, including EMDR or other structured therapies, may be considered when the diagnosis, goals, readiness, and provider competence support them. A modality should not be selected solely because the client reports dissociation.

From assessment to a shared plan

The recommendation explains the proposed setting, priorities, team and pace, and how the plan will be reviewed with you.

05 / THE EXPERIENCE OF CARE

The experience of care

A calm private setting can create room for treatment, rest and reflection. The residence, schedule and practical support are organized around one client at a time.

A private place to pause

Personal space, discreet coordination and a daily rhythm shaped around clinical needs.

Care with room to recover

Individual appointments are balanced with rest, meals, movement and time to process.

Practical support

A personal care manager helps coordinate the schedule and everyday arrangements.

Care and residence imagery from THE BALANCE admissions guide. The residence is confirmed individually.

Mallorca

Private residential care in a restorative island setting.

Zurich

Private residential care with Swiss clinical coordination.

London

Selected assessment, transition and continuing-care support.

06 / FROM ASSESSMENT TO EVERYDAY LIFE

From assessment to everyday life

01

A confidential conversation

Admissions listens to your circumstances and explains the clinical review process.

02

Assessment and a recommendation

The team considers suitability, priorities, setting and the individual plan.

03

Personalized treatment

Care is reviewed and adjusted as your needs and capacity change.

04

Transition and continuing care

A handover connects treatment with the people, routines and support needed at home.

Preparing for home

Progress may include improved orientation, fewer episodes, reduced fear of symptoms, greater continuity of memory, better emotional awareness, safer behavior, and improved participation in relationships or work. Complete elimination of all detachment should not be promised. Continuing care may involve a therapist experienced in dissociation, psychiatry, medical or neurological follow-up, substance-use treatment, family support, and a crisis plan. The handover should explain the working formulation without overstating certainty.

07 / CONSIDERING THE NEXT STEP

Considering the next step

What is dissociation?

Dissociation is a disruption in the usual integration of awareness, memory, identity, emotion, perception, body experience, or behavior. It describes several possible experiences rather than one single diagnosis.

What is the difference between depersonalization and derealization?

Depersonalization involves feeling detached from oneself, while derealization involves feeling that surroundings are unreal or distant. They can occur together and in several conditions.

Is dissociation always caused by trauma?

No. Trauma can be relevant, but panic, substances, withdrawal, sleep deprivation, neurological illness, medication, psychosis, and other conditions can produce similar symptoms.

Can dissociation be confused with psychosis?

Yes. Reality testing, memory, thought organization, substance use, and the nature of the experience require careful psychiatric assessment.

Begin with a conversation

Speak privately with Admissions about your circumstances and the options available. An enquiry carries no obligation to proceed.

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Full condition page

If you or someone else is in immediate danger, seek local emergency care. Do not wait for routine admission or travel.

General information; individual care follows assessment.