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Here But Not Present:
When Chronic Stress Disrupts Attention, Perception, and the Sense of Self
Video Course

Wendy D'Andrea, PhD

Video Course
CPD hours: 3

Online video access remains available for 1 year or 3 years from the date you receive the video course, depending on the ticket type.

When the Client Makes Perfect Sense — and Nothing Moves

Maya had been in therapy for two years. Her therapist had believed, until recently, that it was working.

Not that Maya was difficult. She was the opposite of difficult. She arrived on time, engaged seriously, reflected thoughtfully on everything offered to her. She could trace her patterns with impressive precision — the withdrawal, the hyperself-sufficiency, the way intimacy seemed to reach a certain depth and then quietly stop. She understood where it all came from. She said so, regularly, in the measured tones of someone who had done considerable work on herself.

And the therapist had believed her. Had believed, for two years, that this was therapy working.

It was only in a particular session — unremarkable in every outward respect — that something shifted in the room. Maya was mid-sentence, describing something that should have mattered enormously, and the therapist noticed, with sudden and vertiginous clarity, that Maya was not there. Not dissociated. Not distressed. Not absent in any way that could be pointed to or named. Simply — elsewhere. Following the conversation from a slight but consistent remove, as though watching herself in therapy through glass.

The work had been happening. Maya had been doing everything asked of her.
But the part of her that might have been changed by it had never quite arrived.

Most clinical frameworks prepare us for activation: overwhelm, hypervigilance, emotional intensity.

But what happens when chronic stress does the opposite?

When perception softens instead of sharpens.
When emotion flattens rather than floods.
When presence quietly erodes — not through crisis, but through gradual withdrawal.

This training explores that quieter clinical territory: the disruption of attention, perception, and self-governance that can emerge under sustained relational strain — and what clinical research now tells us about how to recognise and address it.

The Hidden Pattern Beneath the Silence

This presentation has a name in the research literature. **Clinicians and researchers working with complex developmental trauma have increasingly identified a distinct profile — characterised not by hyperarousal but by blunted or discordant affect — in which emotional responses appear flattened, delayed, or subtly misaligned with context.** It is well-documented, well-differentiated from acute stress presentations, and clinically significant precisely because standard trauma frameworks were not designed to address it.

Rather than orienting toward perceived threat, the nervous system of someone shaped by chronic relational stress may reflexively move away from it — disengaging attention before conscious awareness has time to register what is happening. This form of dissociative withdrawal can resemble distraction, fatigue, or lack of motivation. It is none of these things. It reflects a deeply adaptive strategy, encoded early, that continues to operate automatically in conditions that no longer require it.

Research documents this pattern with precision: chronic relational stress produces an automatic deflection away from emotionally charged cues, operating below the threshold of conscious control (DePierro, D'Andrea & Pole, 2013; Herzog, D'Andrea & DePierro, 2019). Neuroimaging studies confirm reduced prefrontal engagement and altered threat-processing circuits in complex trauma (Lanius et al., 2010). The client is not choosing to be elsewhere. Their perceptual system has learned to drift — and that learning is structural, not motivational.

Over time, experience begins to organise itself differently.
Signals arrive without coherence.
Perception fragments before meaning consolidates.
Agency becomes less a felt capacity and more a distant idea.

What the therapist came to understand — slowly, and only with considerable discomfort — was that Maya's composure was not equanimity. It was architecture.

Something had been built, very early, to manage the unbearable. Not suppression, not avoidance in any conscious sense — but a structural reorganisation of how experience arrived. By the time anything emotionally significant reached Maya's awareness, it had already been processed through a system designed to soften it, slow it, hold it at a just-manageable distance. She wasn't keeping the therapist out. She simply didn't have full access to herself.

And the most unsettling part: neither of them had known.

The nervous system once learned to manage overwhelming relational experience through disengagement. It does not easily distinguish between the original danger and the present moment of connection, presence, or care.

This is not a fringe observation. Studies on therapeutic outcome in complex trauma consistently show that clients whose primary presentation involves emotional blunting and dissociative disengagement respond poorly to standard exposure-based and insight-oriented approaches — not because those approaches are ineffective, but because they presuppose a degree of perceptual presence that these clients have not yet been able to sustain (D'Andrea & Pole, 2012; Ford et al., 2013). The therapeutic impasse is real, measurable, and addressable — once it is correctly identified.

The clinical question shifts: not how to regulate intensity — but how to recognise and work with absence itself.

A Different Clinical Lens

Drawing on her research at the Trauma and Affective Psychophysiology Lab at The New School, Wendy D'Andrea offers a framework for understanding how chronic stress reshapes the architecture of self-experience — and how that understanding translates into different, more precisely calibrated clinical responses.

Here, experience is not simply remembered — it is reorganised at the level of perception.

Attention deflects away from emotionally charged stimuli. Executive functioning loses continuity under relational pressure. Shame becomes encoded physiologically, shaping how closeness is anticipated long before it is consciously interpreted. What appears as disengagement reveals itself as a structured adaptation — one that once preserved safety but now limits the capacity for presence and connection.

Therapeutic approaches that work with this presentation share certain features: they prioritise embodied safety over cognitive processing, build attentional capacity incrementally rather than pursuing emotional activation, and treat the gradual restoration of perceptual coherence as a clinical goal in its own right. Wendy's research provides the scientific foundation for understanding why these approaches work — and for applying them with greater precision and confidence.

Seen through this lens, the "unreachable" client is no longer a clinical mystery. The work shifts from interpreting behaviour toward restoring the perceptual conditions under which presence and agency can re-emerge.

What This Training Covers

Across two evenings, Wendy D'Andrea draws on psychophysiological research to offer clinicians a refined conceptual and practical framework for working with this underrecognised but well-documented presentation of chronic developmental stress.

The emphasis throughout is on perceptual precision — developing a more exacting clinical lens before moving toward intervention.

Evening One — Mapping the Territory

When chronic stress reshapes attention and perception

- Blunted and discordant affect as a distinct, research-documented clinical presentation
- How attentional deflection and dissociative disengagement develop under relational stress
- The neuroscience of perceptual disruption — introduced with clarity
- Recognising subtle clinical signs that may be misread as resistance or lack of motivation
- Developmental foundations shaping the capacity for sustained presence
- Moving beyond familiar trauma language toward a more precise phenomenology of absence

Participants will begin to recognise how quiet withdrawal reflects not disengagement, but a nervous system organised around survival through non-reaction.

Evening Two — Restoring Self-Governance

Helping the nervous system rediscover presence

- Embodied pathways that support renewed agency and perceptual integration
- Relational processes that stabilise attention without forcing activation
- Therapeutic strategies that help clients remain present without overwhelm
- Working with delayed emotional responses and fragmented processing
- Supporting the gradual return of curiosity, coherence, and self-directed engagement
- Clinical applications grounded in Wendy's psychophysiological research

Rather than pushing for emotional intensity, this work focuses on subtle recalibration — the slow re-emergence of presence as safety becomes lived rather than merely understood.

What Makes This Training Distinctive

This is not a trauma-processing workshop.
It does not centre on hyperarousal, exposure, or overt dysregulation.

It addresses a presentation that the research literature has documented clearly but clinical training has been slow to translate: the client whose nervous system responds to chronic stress not with activation, but with structural withdrawal. The blunting of affect, the drift of attention, the erosion of agency — these are not personality traits or therapeutic resistances. They are neurobiologically grounded adaptations with a well-characterised research profile and, crucially, with established clinical pathways toward resolution.

For clinicians experiencing trauma fatigue, this training offers a rigorous and refreshing lens — one that illuminates the clients who are present in the room but absent from their own experience, and offers precise pathways for helping them gently return.

Wendy D'Andrea occupies an unusual position in the field: a researcher of considerable depth whose work speaks directly to the clinical puzzles practitioners encounter but struggle to articulate.

You'll Leave Able To

- Recognise blunted and discordant affect as a meaningful, research-grounded clinical signal
- Understand how chronic stress alters attention and perceptual processing below conscious awareness
- Differentiate subtle dissociative disengagement from resistance or lack of motivation
- Apply relational and embodied strategies that restore agency without triggering withdrawal
- Work more confidently with clients who feel unreachable despite strong alliances
- Bring a more refined conceptual framework to presentations that resist standard approaches

About Wendy D'Andrea, PhD

Wendy D'Andrea is Associate Professor of Psychology (Clinical) at The New School for Social Research and Director of the Trauma and Affective Psychophysiology Lab. Her research investigates how chronic and interpersonal stress reshape emotional, cognitive, and physiological systems — with a particular focus on the presentations that fall outside standard trauma frameworks.

Her work has made a significant contribution to understanding the distinction between hyperreactive and hypoarousal presentations in complex developmental stress — documenting the neurobiological, attentional, and physiological signatures of blunted affect and dissociative disengagement with a precision that has important implications for clinical practice. It is this quieter terrain — the terrain of attention, perception, and self-governance — that her research has illuminated most distinctively.

Her publications span psychophysiology, attentional processing, shame and autonomic regulation, and the neurobiological underpinnings of developmental stress. She has collaborated with leading figures including

Bessel van der Kolk and Ruth Lanius, and brings to clinical training the rare capacity to translate rigorous experimental science into immediately usable clinical insight.

When Presence Quietly Slips Away

The shift, when it eventually came with Maya, was almost imperceptible.

There was no breakthrough. No moment of cathartic release or sudden insight. Only a session, some months later, in which Maya paused mid-sentence and said, quietly: I just went somewhere. Did you notice?

The therapist had noticed. They had been noticing it for years. But this was the first time Maya had noticed too — had caught the movement, stayed with it, turned toward it with something that was not yet curiosity but was at least its precursor.

It was a small thing. And it was everything.

Presence, it turned out, had not been lost. It had simply never had a clinical language precise enough to find it.

There are moments in therapy when everything appears calm — yet something essential feels absent.

Insight does not reach it.
Interpretation does not shift it.

If you have worked with clients who seem here but not fully present…
If you have sensed that something subtler than dysregulation is shaping the work…
If you are ready for a more precise clinical language for how chronic stress reshapes attention, perception, and the sense of self —
we invite you to join Wendy D'Andrea for two evenings of rigorous, clinically grounded exploration.

Secure your place now to study with one of the most original researchers working at the intersection of psychophysiology and clinical practice.

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