

Do You Dissociate (or Disconnect) from Yourself?

Objective

To help you identify the causes of dissociative episodes where you feel confused about yourself and your identity, and to develop ways to cope with the stress that might trigger these episodes.

You Should Know

Sometimes when people are under extreme stress or have experienced a significant trauma, they go through periods of something called *dissociation*. Dissociation has been defined as disruptions in aspects of consciousness, identity, memory, physical actions, and/or the environment. They may space out, “lose time,” or find themselves in unusual places and don’t know how they got there. They may even be unsure of who they really are.

Most everyone spaces out or daydreams sometimes. They usually quickly return to the present moment. Dissociation can last a moment too but it can also last for hours or days or even years. Dissociation is not the same as losing touch with reality entirely, as in psychosis. It involves a temporary *detachment* from reality, which can vary in frequency and intensity.

Dissociation is usually caused by trauma, often extended trauma, such as sexual or physical abuse, in childhood. War or catastrophic experiences such as accidents or natural disasters may also cause dissociation. Dissociation can be considered a coping mechanism that helps the person separate from the traumatic event(s) and related memories. Understanding the nature of trauma and learning to cope better with stress can be of great help.

It is important to note that dissociative symptoms can also happen as a side effect of certain medications or following a head injury. It is essential that any physical cause of such episodes be ruled out by a physician, after which psychological explanations should be explored.

What to Do

Below are some typical signs and symptoms of dissociation. Put a checkmark next to each item that you have or are currently experiencing and, for the checked items, describe briefly and note their frequency on the lines below.

_____ Feeling disconnected from yourself or outside yourself, observing your actions, feelings, thoughts as if from a distance, or as if watching a movie (“depersonalization”)

_____ Feeling as though the world is distorted or not real (called “derealization”)

_____ Feeling that other people are automated and inhuman

_____ Feeling as if a “darkness” is enveloping you

_____ No longer hearing what is being said

_____ Significant memory lapses such as forgetting important personal information or seeing bills for purchases you don’t remember buying (not linked to physical injury or medical condition)

_____ “Losing time” on an hourly, daily, or even weekly basis—unexplained gaps in memory or sense of the passage of time

_____ Flashbacks or intrusive mental images of past traumatic events or experiences

_____ Finding yourself in an unfamiliar environment without knowing how you got there, wandering episodes (“dissociative fugue”)

____ Sense of confusion, feeling dazed, spaced out, floating, glazed look, staring

____ Noticing the presence of multiple people talking or living in your head, or a feeling of possession by another identity or identities

____ Significant stress or problems in relationships, work, school, or family

____ Sudden and unexpected shifts in mood—for example, feeling very sad for no reason

____ Other cognitive (thought-related) problems such as concentration problems

____ Ongoing depression or anxiety problems, or both

____ Other (signs and symptoms not described above)

If you have experienced any or many of the above signs and symptoms, it is recommended that you seek an evaluation by a qualified mental health professional familiar with dissociation.

Psychotherapy is usually the treatment of choice—it can involve talking with a counselor or therapist about the problem to learn about the cause and to learn new coping strategies for stress and trauma.

Talking in detail about any history trauma might not be recommended right away, as that might be too stressful. It is OK to take it slowly. Medication can also be helpful for people with dissociation.

Some therapists might recommend a recent technique called EMDR (Eye Movement Desensitization and Reprocessing), which is specifically geared toward helping people with trauma histories. Hypnosis has also been shown to be helpful with trauma recovery.

Therapists might offer strategies to feel more present in the moment, especially grounding techniques. (See also a Between Sessions worksheet on grounding here):

https://www.betweenessions.com/pdf/Grounding_Technique_121114.pdf.

Some examples of grounding techniques include:

- Saying out loud what you see and hear in your immediate environment
- Snapping a rubber band on your wrist
- Deep breathing while counting to up to 5 and back down to 1
- Inhaling a calming scent such as lavender on a cotton ball
- Pushing feet into ground
- Holding an object that is warm or cold
- Tuning in to textures or the weight of an object
- Standing up and moving; jumping jacks, arm swings
- Listening to soothing music
- Looking at an image that makes you feel safe and calm
- Learning statements to tell yourself when you notice you are “gone,” such as “I’m here,” “Stay in the present,” “I know what this is about,” “I’m going to be fine,” and so on.

You might also enroll in a yoga class or download meditation or relaxation apps that are geared toward grounding yourself in your body and mind.

Reflections on This Exercise

1. Have you ever talked with anyone about your dissociative experiences? If so, what was that like? If not, what do you think about doing so now?

2. What did you learn from reviewing this worksheet that you didn't know before?

3. What would you like to do as your next step in exploring your concerns about dissociative experiences?

How helpful was this exercise? _____
(1 = not very helpful, 5 = moderately helpful, 10 = extremely helpful)

What else could you do differently to make progress in this area?
