Thoughts & Mind

Dissociation

When thoughts, feelings or surroundings feel distant or unreal

Dissociation describes experiences in which connection with thoughts, feelings, the body, memory, identity or surroundings becomes altered. It can happen briefly during stress, but after trauma it may become a familiar protective response. Some people describe feeling far away, unreal, numb, foggy, detached from their body or as though they are watching life rather than fully participating in it.

Key idea: Dissociation can be an automatic protective response to overwhelm. It is not something a person simply chooses. Grounding should help someone reconnect gradually with the present - not force them to disclose trauma or become fully alert before they are ready.

Different forms of dissociation

Depersonalisation can feel like being detached from yourself or your body. **Derealisation** can make surroundings seem dream-like, distant, flat or unreal. Some people experience emotional numbing, mental fog, shutdown, gaps in recall or periods in which time seems to have passed without a clear sense of what happened.

Why can trauma lead to dissociation?

When fight or flight is unavailable, ineffective or overwhelming, the nervous system may shift toward immobilisation, shutdown or disconnection. This can reduce awareness of pain, fear or sensory overload in the moment. A response that once helped someone survive can later be triggered by reminders, stress, exhaustion, conflict, sensory overload or feeling trapped.

Early signs can be subtle

Words may become harder to find. Sounds can seem far away. Vision may feel strange or unfocused. You might stop noticing hunger, pain or temperature, feel suddenly very tired, lose the thread of a conversation, stare into space, feel emotionally blank or realise that you have been functioning on 'automatic'.

Dissociation is not the same as psychosis

Experiences of unreality can be frightening, but depersonalisation and derealisation are different from losing the ability to distinguish internal experiences from external reality. New, severe or unexplained symptoms should still be assessed appropriately because medical, neurological, substance-related and other mental-health conditions can also affect awareness.

My early signs of disconnection:

Grounding without forcing

There is no single grounding technique that suits everyone. If an exercise increases distress, stop and try something else. The aim is to create enough connection with the present to increase choice.

1. Notice without demanding change

Try naming what is happening: 'I feel far away', 'Things seem unreal', or 'I think I am starting to disconnect'. Recognition itself can be useful.

What tells me I am dissociating?

2. Orient to place and time

Look for neutral information: the room you are in, the date, your current age, a clock, a window, a familiar object or what you were doing immediately beforehand.

What helps me know where and when I am?

3. Use tolerable sensory input

Texture, temperature, scent, sound, a weighted object, a cool drink or noticing colours can help. Strong sensations are not automatically better; choose input that feels steady rather than shocking.

Sensory anchors that suit me:

4. Add gentle movement

Press your feet into the floor, change position, stretch, walk slowly, tap alternate hands or hold something with both hands. Movement can provide information about the body's position in the present.

Movement that helps:

5. Use simple present-day words

Try a believable phrase such as 'I am in my room', 'It is 2026', 'This feeling is happening now but I do not have to solve it all now', or a personalised reminder that distinguishes the present from the past.

My grounding words:

Supporting someone who is dissociating

A calm, predictable response can help. Speak slowly, use the person's name if they are comfortable with it, reduce unnecessary questions and offer simple choices. Ask before touching. If they have an existing grounding plan, follow it rather than introducing many new techniques at once.

Helpful	Avoid where possible
Use short, clear sentences.	Rapid questioning or demanding explanations.
Remind them where they are if this is welcomed.	Telling them to 'snap out of it' or accusing them of ignoring you.
Offer two simple choices.	Taking control of every decision unnecessarily.
Ask before physical contact.	Unexpected touching, shaking or crowding.
Reduce noise, people or sensory load.	Using very intense sensory input without consent.
Allow time after reconnection.	Immediately expecting normal conversation or full productivity.

What about losing time?

Gaps in memory or significant periods of lost time deserve careful professional assessment, particularly if they are new, worsening, place you at risk or cannot clearly be explained. Avoid trying to fill gaps by guessing or pressuring yourself to recover memories. Keep practical safety central: transport, medication, caring responsibilities and other activities may need additional planning if awareness becomes unreliable.

After dissociation

Reconnecting can leave someone tired, emotional, headachy, shaky or confused. Reduce demands where possible. Drink, eat if appropriate, rest, orient again and record only useful information such as the trigger, early signs and what helped. You do not need to analyse the trauma immediately.

My supporter needs to know:

When to seek additional help

Seek professional assessment when dissociation is frequent, worsening, causes memory gaps, affects safety or daily functioning, or occurs alongside significant trauma symptoms. Urgent medical help is appropriate for sudden unexplained changes in awareness, loss of consciousness, serious injury, neurological symptoms, intoxication or other concerns that could have a physical cause.

My interactive Dissociation Plan

Complete this while you feel relatively present. Keep it simple enough that you or a supporter could use it when thinking becomes difficult.

SIGNS - What tells me I am beginning to disconnect?

GROUNDING - Which sensory, orientation or movement strategies help?

PEOPLE - Who can help and what do I want them to do or avoid?

AFTERCARE - What helps after I reconnect?

REMINDER - What words help me recognise the present?

A message from Maggie

Dissociation can be difficult to explain because sometimes the very thing that disappears is your sense of being fully here. You may know something is happening but struggle to find words for it. You do not need to force yourself back all at once. Start with one point of connection - the floor, a familiar object, a trusted voice, the date, or a small movement. Reconnecting can happen gradually, and afterwards you may need recovery time rather than questions.

Books, resources & clinical sources

NICE NG116: Post-traumatic stress disorder. NHS information on dissociative disorders and PTSD. International Society for the Study of Trauma and Dissociation clinical resources. Judith Herman, *Trauma and Recovery*. Babette Rothschild, *The Body Remembers*. Trauma-focused treatment should be individually assessed and paced, particularly when dissociation is prominent.

This resource is educational and does not replace medical or psychological assessment, diagnosis or treatment. Sudden or unexplained changes in consciousness or awareness require appropriate medical assessment.