UNDERSTANDING DISSOCIATION

A guide for family & loved ones | Space to Breathe Therapy

What dissociation actually means

Dissociation is a change in how a person experiences awareness, memory, emotion, identity, their body or the world around them. It may feel like a brief drifting away, or like a profound loss of connection. It is not a choice, a character flaw or proof that someone is ignoring you. A person can appear calm while feeling deeply frightened or confused inside.

Different ways it can present

Depersonalisation can feel like watching yourself from a distance, being on autopilot or feeling detached from your voice, thoughts or body. Derealisation can make familiar rooms or people seem dreamlike, flat, distant or unreal. Some people feel emotionally numb, disconnected from time, or unable to recall parts of an event. Others remain aware of what is happening but struggle to respond. Not everyone experiences all these features.

What the person might say

“I know this is my house, but it does not feel familiar.” “I can hear you, but your words are not going in.” “I feel behind glass.” “I cannot find my words.” These descriptions are attempts to explain an unusual experience, not statements to debate. Ask which words fit for them and accept that they may not be able to describe it clearly in the moment.

What loved ones may notice

A person may become unusually quiet, stare ahead, lose the thread of a conversation, seem distant, speak slowly or struggle to make decisions. Their face may look blank although they are distressed. Some episodes are subtle and can be mistaken for distraction or disinterest. Instead of saying “You never listen,” try “You seem a little far away; would a pause help?”

Why it may happen

Dissociation can occur with intense stress, fear, trauma reminders, anxiety, sensory overload or exhaustion. It can also accompany some mental health conditions. It is not always related to trauma, and similar experiences can arise from sleep loss, substances, medication effects or physical illness. Avoid making assumptions about the cause. A healthcare professional should assess new, severe or unexplained symptoms.

The impact on everyday life

Someone may find shopping, driving, conversations, work, family gatherings or appointments difficult when they feel disconnected. They may worry about losing time, not remembering what was said, or being judged. Anticipatory fear can make ordinary plans feel exhausting. Practical kindness matters: allow extra processing time, share key information in writing and offer choices rather than making demands.

Example: a family gathering

At a noisy celebration, a person stops talking and looks towards the floor. A relative assumes they are sulking. In fact, the person feels detached and cannot keep up with several voices. A supportive response might be: “Would you like to step somewhere quieter? I can come with you, or give you space.” The aim is not to force them back into the conversation.

The most useful starting point

Believe the person’s account of how it feels, even when it is unfamiliar to you. You do not need to diagnose the experience or fix it immediately. Ask what helps, what makes it worse and whether they would like you nearby. Their preferences may vary across different situations. Understanding begins with curiosity, not correction.

SUPPORTING SOMEONE IN THE MOMENT

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How to respond during an episode

Keep your voice calm, your sentences short and your movements predictable. Allow pauses after questions. Offer a seat or a quieter environment, and reduce demands where possible. If they are safe, there is no need to rush them to speak, explain or "return to normal." Ask one question at a time: "Would you like me to stay?" or "Would less noise help?"

Safety before conversation

If someone appears disoriented, first check whether the surroundings are safe. Help them move away from traffic, stairs, hot surfaces or other hazards if needed, without grabbing them unexpectedly. If they are driving or operating machinery, encourage them to stop safely and seek appropriate help. Do not assume that all unresponsiveness is dissociation: sudden collapse, seizures, injury or new neurological symptoms need urgent assessment.

Grounding should be optional

Some people benefit from feeling their feet against the floor, holding a familiar object, noticing a comfortable texture, sipping water or naming a few objects nearby. Others dislike sensory prompts or find them overwhelming. Ask permission: "Would you like to try something grounding, or would quiet be better?" Never turn grounding into a test of whether the person is cooperating.

Helpful words to use

"I am here, and we can take our time." "You do not have to explain anything right now." "Would you like quiet, or would a little conversation help?" "Would you prefer I sit nearby or give you space?" "We can talk about what happened later if you want." The most reassuring words communicate patience, predictability and choice.

What to avoid

Do not say "Snap out of it," "Stop being dramatic," "You are embarrassing me," or "Just concentrate." Avoid shaking, shouting, sudden touch, repeated rapid questions, demands for eye contact or pressure to recount traumatic memories. Trying to argue someone out of feeling unreal rarely helps. You can acknowledge that the sensation is frightening without confirming an inaccurate belief about danger.

When touch or reassurance is complicated

A hug, hand on the shoulder or physical guidance can feel comforting to one person and frightening to another. Ask before touching, and respect "no." Some people prefer a familiar phrase; others need minimal talking. A previously agreed support plan can reduce guesswork, but always check what is wanted in that moment.

Example: during a conversation

A parent asks several questions and their adult child stops responding. Rather than increasing the volume or repeating the questions, the parent says, "I can see this is difficult. I will pause. We can pick it up later." They offer a glass of water and a quieter room. The person is given time to reconnect without feeling criticised.

Afterwards: repair rather than interrogation

When the person feels more settled, ask whether they want to talk. They may feel tired, embarrassed or have patchy memories. You might say, "I am glad you are here. Is there anything I did that helped, or anything I should do differently?" If a plan was interrupted, discuss it gently and practically. Avoid making them justify the episode.

EVERYDAY SUPPORT & NEXT STEPS

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Plan together before difficulties arise

Choose a calm time to agree on early signs, preferred support and what to avoid. Write down whether the person wants company or space, any helpful phrases, and whether they consent to touch. Decide what to do if they cannot answer. Keep the plan flexible: a response that helps one day may not help another. The person experiencing dissociation should lead wherever possible.

Reducing avoidable overload

Consider predictable routines, quiet breaks, manageable social plans and permission to leave early. At appointments, ask for written summaries and time to process information. In busy environments, identify a quieter place in advance. These adjustments do not eliminate dissociation, but they can reduce extra pressure and make everyday participation more manageable.

Supporting children and young people

Use simple, age-appropriate language without frightening explanations. A child may describe feeling floaty, far away or like they are dreaming. Stay calm, help them feel safe and avoid demanding a detailed account. Tell them they are not in trouble. Repeated or concerning episodes should be discussed with an appropriate healthcare professional; school staff may also need a clear, respectful support plan.

When professional support matters

Seek advice from a GP or qualified mental health professional when episodes are recurrent, distressing, linked to memory gaps or affecting daily life. A clinician can explore physical and psychological causes and discuss suitable support. Treatment depends on the person and may involve trauma-informed therapy, approaches to anxiety or stress, and attention to sleep and health needs. Loved ones can offer support without becoming the person’s therapist.

When to seek urgent help

Get urgent medical assessment for a first episode of marked confusion, loss of consciousness, seizure-like activity, new weakness, severe headache, head injury or other sudden physical changes. If the person is at immediate risk of harming themselves or someone else, call emergency services. In the UK, call 999 for an immediate emergency; NHS 111 can advise when urgent but non-emergency help is needed.

Caring for yourself without withdrawing support

It can be unsettling to see someone become disconnected. You may feel frightened, helpless or unsure what to do. Learn about their experience, agree boundaries and seek support for your own worries. Avoid taking their reduced responsiveness personally. Being supportive does not require being available every moment; sustainable care includes rest and realistic expectations.

A shared support agreement

We may notice: silence, slower replies, confusion or a change in expression. Helpful first steps: pause, speak softly, reduce stimulation and ask permission before touching. Choices to offer: company, quiet, a familiar object, a drink or time alone. Things to avoid: repeated questioning, forced grounding or criticism. Afterwards: check what worked and revise the plan together. Keep a copy accessible to trusted people only with the person’s consent.

The message to remember

Dissociation is a real and sometimes frightening experience. The person is not failing you when they cannot respond as usual. A calm presence, clear communication, respect for autonomy and appropriate professional support can make a meaningful difference. Connection is built through trust and choice, not through pressure to perform or explain.