Guide US English Trauma and Dissociation





Trauma and dissociation

When something traumatic happens, it's common to *dissociate*. Dissociation can make you feel numb, unreal or detached, or you may have a type of unwanted memory called a flashback. Psychologists think of it as a *survival response* that can kick in when you're faced with threats to your life, and when you're feeling helpless ^[1].

If you are struggling with symptoms of dissociation, and especially if you have experienced trauma, this guide is designed for you. It will help you understand:

- What trauma is, and how you react while it's happening.
- How you react to dissociation that happens after a trauma.
- Practical things you can do to manage dissociation.

Trauma, and how you react while it is happening

What is trauma?

A traumatic experience is one which is overwhelming, threatening, frightening, or out of your control. Some traumas are isolated one-off events that are unexpected and happen 'out of the blue'. These can be frightening because of how shocking and unpredictable they are. Other traumas are frightening in different ways: they might be expected, anticipated, or dreaded. Common types of traumas include:

- Being in an accident, such as a car crash, or being injured at work.
- Being the victim of violence or abuse, whether physical, sexual, or emotional. Being imprisoned or tortured are also examples of this.
- Witnessing a trauma, such as violence towards another person, or death.
- Being in a life-threatening situation, such as a war, a natural disaster, or a health emergency.
- Your job might expose you to trauma. For example military or emergency service personnel might frequently experience or witness distressing events.

Children experience trauma too. Like adults, they sometimes learn ways to deal with the trauma that stay with them for many years.

What is dissociation?

Sometimes your best chance of surviving a traumatic situation is to stay still. Have you ever heard of animals 'playing dead' to escape predators? For example, if a mouse is unable to escape a cat, it will sometimes stop moving and pretend to be dead, in the hope that the cat might lose interest in it. With a bit of luck it will get the chance to scurry off when the coast is clear.

Like the mouse, you may have been in a dangerous situation where your best chance of survival was to act in the same way: moving or speaking might have provoked an opponent who was stronger than you. But how could you stay still when something terrifying is happening? If you are fully conscious, it's not easy. The 'conscious you' will want get away from the danger, and you might try to escape or fight instead.

In certain dangerous situations dissociation works as an 'off switch' or 'safety valve' for your conscious mind – a way to keep you still despite feeling scared. Psychologists Maggie Schauer and Thomas Elbert say that:

"These situations require physiological adaptation including immobility, pain tolerance, and with it 'switches' in consciousness, information processing, and behavior that are perceived as strange because they are outside the range of ordinary experiences."

In other words, to give you the best chance of surviving a dangerous situation, your body can sometimes makes choices on your behalf about what you are aware of and what you feel. The result is *dissociation*. This can involve:

- Feeling remote and detached from what is going on.
- Feeling unreal.
- Having unwanted memories and flashbacks.
- Not being aware of things around you.
- Feeling emotionally numb.
- Not feeling pain, even when you've been injured.

What is it like to dissociate?

Haider was hurt during a workplace accident in which his arm was trapped in machinery:

"It was strange. I stood there, trapped, and I remember feeling oddly calm. I saw blood and knew immediately that it was probably a really bad injury but I didn't feel any pain. My colleague told me later that I was talking and even making jokes while they got me out! It wasn't until I got to the hospital and realized I was going to be OK that it hit me and I started to feel pain."

Fiona was at work when she was sexually assaulted by a colleague. She described her dissociation:

"At first I felt confused because I couldn't really believe he was doing that. When I realized what he was going to do, I felt terrified. I remember groaning "no" and the music that was playing on the stereo, but I couldn't move my body at all, like it was frozen. I wanted to fight back but I couldn't. I felt detached and confused about what was happening."

Farah was sexually abused by her brother, who was seven years older than her:

"It happened a few times a week for years, until I was thirteen. I tried to stop it by putting things in front of my door, but since he always got in, I learned that it was better to get it over with. Sometimes I tried to fight, but it never worked because he was bigger than me. I felt so helpless. I would pretend to be on a swing at the park while it was happening, and I wouldn't really be aware of my body."

George got bad news:

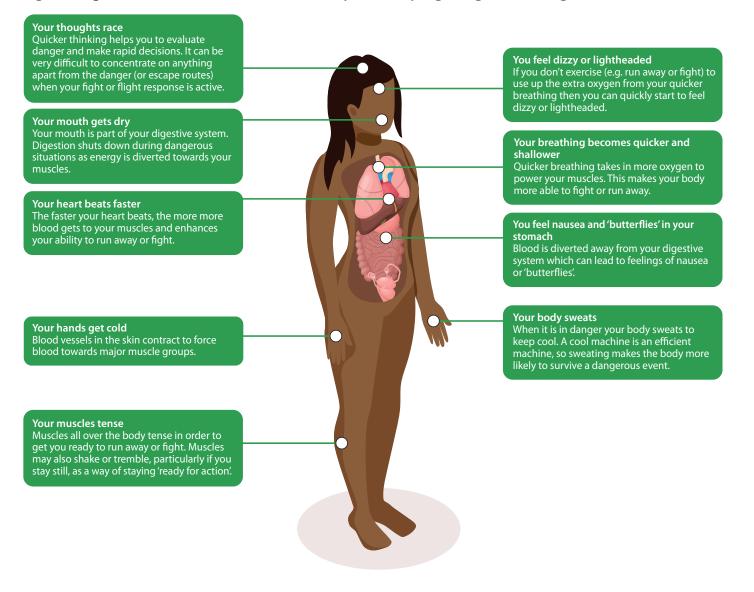
"I remember suddenly being told that my son had died. The police had come to my door, and once I had invited them in, they told me. I felt a rush of heat spreading up my body and I ran to the toilet to vomit. After that, I remember feeling a bit unreal. I zoned out and I didn't really hear what they were saying. I'm not sure where I was, and I can't remember much of the rest of that day."

Do any of these reactions sound familiar to you? If they do, it's not your fault: the way you react to traumatic events is automatic, and influenced by many different factors.

How your body reacts to threat: the fight or flight response

American doctor Walter Cannon originally coined the term *fight or flight response* to describe how animals respond to threats, but it has since then proved useful for understanding human responses as well. His experiments showed that when an animal detects a threat, its body releases epinephrine, which helps it to respond to danger by fighting or taking flight (running away).

You have a similar *threat system*, designed to keep you alive by detecting dangers and setting off helpful responses. When it detects a danger, it tells your adrenal glands to release epinephrine, which helps to prepare other parts of your body to fight or escape. For example, you heart will start beating faster to carry blood to your muscles, you will start breathing more quickly so that your blood is more richly oxygenated, and you might start sweating so that your body will stay at the right temperature even if it has to work very hard (by fighting or running).



Dissociation: beyond the fight or flight response

Some people experience reactions during trauma that seem to go beyond the typical fight or flight responses.

The *defense cascade* describes a sequence of automatic survival responses that people in lifethreatening situations can go through ^[1]. Any of these responses can involve dissociation, but the chances of dissociating get higher with each stage.

Since each response can happen automatically, the conscious part of you can't choose whether they happen or not. Try looking through the parts of the defense cascade listed below: are any of them similar to your experiences of dissociation?

Freeze		
When it happens	What your body and mind does	Why this reaction is helpful
The freeze response is often an initial response to something scary.	You stay very still. You feel watchful, on guard, or ready to respond. Your heart rate decreases.	Freezing can help you to survive a dangerous situation, because it reduces your chances of being seen, and gives you more time to assess a situation.

Flight		
When it happens	What your body and mind does	Why this reaction is helpful
The flight response includes any attempt to flee, escape, avoid, or run away. It happens when you believe something is a major threat.	Your body tries to help you escape. Your heart beats faster, and your breathing becomes quicker – both help to get more blood and oxygen around your body, which helps your muscles work more effectively.	If you are able to escape from danger, it can save your life at very little cost.

Fight		
When it happens	What your body and mind does	Why this reaction is helpful
The fight response consists of trying to confront or overcome an opponent. It might involve an actual physical confrontation, but sometimes just making noise and looking aggressive can be enough to convince an opponent to back down.	To prepare for a fight, your heart beats faster, and your breathing becomes quicker – the extra blood and oxygen that this moves around your body will help your muscles work better.	Winning the fight can reduce the danger you are in. At other times fighting might be pointless, or could put you in more danger.

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When it happens	What your body and mind does	Why this reaction is helpful
The fright response usually happens in situations where it is not possible to escape from the danger. This might be because the attacker is very close or more powerful than you, such as during physical or sexual assault.	Your body is very active: your breathing or heartbeat might get faster. Your awareness of pain and feelings like anger might also be suppressed. You're not doing this on purpose – your body is doing it for you automatically.	 Fright can help you to survive very dangerous situations: Submitting or not fighting back sometimes reduces how violently your attacker behaves (so it's helpful that your body has 'blunted' how mad you might otherwise feel). Holding still can reduce the risk of you being physically injured (so it's helpful that your body has 'turned down' your perception of pain). Playing dead can increase your chances to escape if an opportunity appears.

When it happens	What your body and mind does	Why this reaction is helpful	
If a trauma is prolonged and there are no immediate opportunities to escape, it is difficult and costly for your body and mind to stay in a state of high alert. If your trauma goes on for a long time, you might flag (be unresponsive and immobile) or faint (lose consciousness).	Physically, your body might become unresponsive and immobile. Mentally, the world might 'fade' or feel unreal, and your emotional reactions might also fade.	When you're a long way in to a terrifying and dangerous situation, there might not be any good options, and partially or wholly losing consciousness could be the least-worst option. It may also protect against heart failure during an attack you can't escape.	

Dissociation that happens after trauma

During a trauma, dissociation is like an 'off switch' for parts of your consciousness, designed to maximize your chances of surviving a difficult experience.

After a trauma, you might still have symptoms you find problematic or disturbing, such as:

- Having unwanted memories of your trauma which feel emotionally intense.
- Dissociating to stressful but not life-threatening events.

Have you ever experienced anything like this? These symptoms are forms of dissociation, and they can be frustrating when they happen unexpectedly, as this can make you feel out of control. They are often *triggered*: something in the world – or in your own mind – starts a process which makes you dissociate.

Unwanted memories and flashbacks

It's common to be troubled by intrusive or unwanted memories after a trauma. They can be experienced in any of your senses: you might see, hear, smell, or taste the events happening again. You might re-experience sensations of touch or pain, and or other emotions or sensations that you felt at the time. When these memories are very strong, it can feel like the trauma is happening again right now in the present moment. These are called flashbacks.

Sandra's husband had been physically abusive throughout their marriage, and on one occasion strangled her so severely that she thought she would die:

If I wore clothing with a tight neck, I would get a memory of his hands around my throat and I would 'see' his face, and the mad look in his eyes as he did it. It was so frightening that I would think I was going crazy.

Rose woke up during surgery:

I woke up during surgery because my anaesthetist was negligent and wasn't watching me carefully. I could hear the surgeon talking to the nurses, and some of the machines beeping. I couldn't see anything because my eyes had been closed with surgical tape to protect them, but I could feel the surgeon moving things about in my abdomen. When I realized I was awake, I was terrified and tried to scream and move, but I couldn't because they had given me muscle relaxants. For years afterwards *I* would have these awful experiences where *I* could feel the tugging sensations in my abdomen – it was always worst when *I* was lying in bed trying to sleep.

David's parents were both violent:

When I was a child, my parents used to fight a lot. As an adult, if I hear people arguing, I go straight back to my childhood. I used to hide in my wardrobe, and I can feel the wall behind me and the smell of the clothes around me. Sometimes my body feels really small.

When I was fourteen, I was assaulted in a park by an older boy. I was terrified and while it was happening, I felt frozen, like I couldn't move. I remember feeling separate from what was happening to my body, as if I was watching it happen to someone else. Afterwards I'd sometimes feel the same frozen and separate again. It was worse if I saw someone that looked like him – I would get this rush of fear and just be frozen.

Marsha's ex-husband had been violent and controlling. Being around men with certain mannerisms, alcohol, and raised voices could trigger memories that made her feel unsafe:

One day, when I was catching the bus home from work, a man got on and swaggered down the aisle to sit behind me. He smelled of alcohol and was talking loudly on his phone. I immediately felt terrified, and had a strong memory of a time when I'd hidden in the bathroom as my ex-husband raged about the house shouting. My fear only went away when he got off the bus, and I realized that I'd missed my stop.

Flashbacks are 'unmixed' memories

Psychologists think that intrusive memories are a form of dissociation because when you 'tune in' to the memories, your attention is taken away from the present moment. The memory tricks you into thinking that you are in the past (when the trauma happened) instead of safe in the present.

This doesn't mean you are losing control or going crazy, it's just a problem of misfiled memory. Normally the part of your brain that records and categorizes memories (called the hippocampus) 'mixes together' all the parts of a memory, like a chef combining the ingredients of a recipe. It stirs facts about what happened (such as the date, time, and location) in with information about what it was like (such as your thoughts, emotions, and what you felt in your body). When these ingredients are mixed properly, we experience our memories normally. Can you think of something that happened a long time ago, such as one of your birthdays when you were a child? What can you remember of it? If the ingredients have been mixed together enough, the memory will probably feel somewhat distant and 'old' – as if it's been blended into a smooth sauce, in which no single ingredient is intense enough to overpower the others.



In very threatening situations, on the other hand, the hippocampus doesn't work as well. It seems to store memories as separate fragments of fact and 'raw sensation' – as though the chef serves a plate of raw ingredients instead of a finished meal. These fragments are easily triggered by sights, sounds, and smells in the world around you, or by other thoughts or memories that you have. Because the date and time aren't correctly 'mixed in', when the memory is triggered, your mind is tricked into thinking that the events are happening again right now.



If the ingredients of your memory are not properly mixed and 'baked', your memory might not feel like a memory. When you are triggered it can feel as though the trauma is happening all over again.



Dissociation as a learned response

If dissociating during a trauma helps you to survive, your threat system learns that dissociation is a useful strategy. Especially if you had multiple traumatic experiences when you were younger, you might have developed a threat system which uses dissociation as a kind of 'survival habit'. This can make life difficult: just because dissociation helped you to survive in the past, it doesn't mean that it is still the most appropriate strategy. You might find that you dissociate in response to stressful events – or ones that your threat system 'decides' are stressful – and not just to immediately life-threatening ones.

When David was a child, his father was often violent when he drank:

Dad was terrifying when he was drunk. He would hit my Mum, my brother, and me. Since we couldn't escape, I would 'switch off' in my mind: it was like I wasn't there. This happened a lot when I was younger. Whenever something stressful happens now, like a disagreement or an argument, my mind does the same thing. People tell me I blank out, and it's been causing me problems in my relationship and at work. I wish I could stop it, but I don't know how.

Roshi was sexually abused by her grandfather from the age of five to eight:

I don't have many clear memories of my abuse. I know it happened, but I don't like to think about it. When I'm intimate with my partner now, I feel numb and disconnected from my body. My trauma therapist has been helping me process my memories from when I was younger, and I've realized that I'm having some of the same feelings and reactions that I did when I was abused.

Thinking about your dissociation can make it worse

Dissociation can be very powerful and frightening, and it's normal to wonder – and worry – what it is. People who experience dissociation often come to some quite frightening conclusions about what it means:



Have you had any similar thoughts or worries about your experiences of dissociation? Dissociation is a normal response to an unusual situation – your body and mind are doing what they were designed to do.

Worrying what dissociation means can make things worse. You might think about your dissociation more – even when you aren't experiencing it – and having catastrophic thoughts about it can make you feel terribly anxious, and might lead people you to cope with your dissociation in unhelpful ways ^[2]. Many people who experience dissociation feel quite relieved when they finally talk to someone who understands it.

Things you can do to manage dissociation

Have any of the symptoms and experiences in this guide sounded familiar? If they have, it might be worth meeting with a psychologist or other mental health professional who can explore what has happened to you, how you responded, and what you are experiencing now. There are many very effective psychological treatments for dissociation and the effects of trauma.

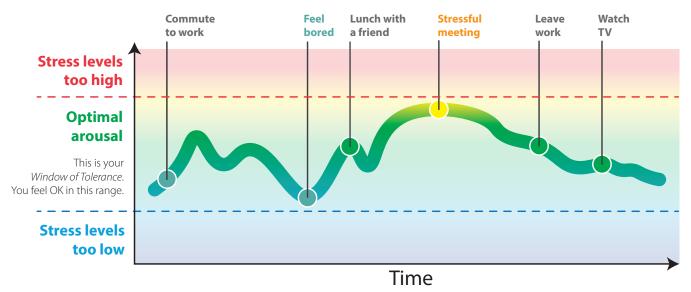
There are also a lot of things you can do to manage dissociation yourself. The strategies covered in the rest of this guide include:

- Learning more about your window of tolerance.
- Recognizing your triggers. You can feel more in control of your dissociation by understanding what your triggers are, and how you dissociate.
- Practicing grounding exercises. Grounding techniques are about bringing your awareness back to the present moment, where you are safe. You can do this using your senses (sensory grounding using sight, sound, smell, taste, or touch) or by giving yourself the right messages at the right times (cognitive grounding).

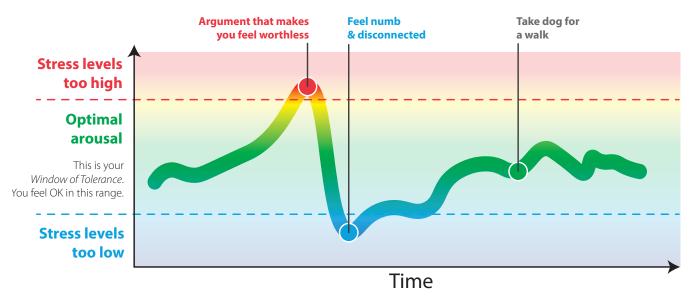
Dissociation and your window of tolerance

Your *window of tolerance* ^[3] explains why dissociation can be a problem after trauma, and learning about it can show you a way to overcome dissociation.

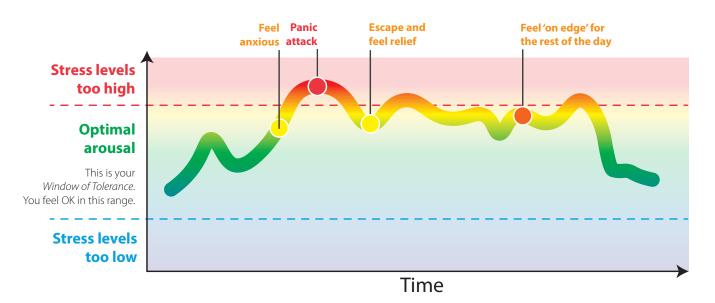
A window of tolerance is a zone or range of stress levels where you feel comfortable. When you're in this window, you feel stimulated and energetic enough to concentrate and engage with what is happening. You might still feel worried, anxious, sad or bored, but you can cope with these feelings.



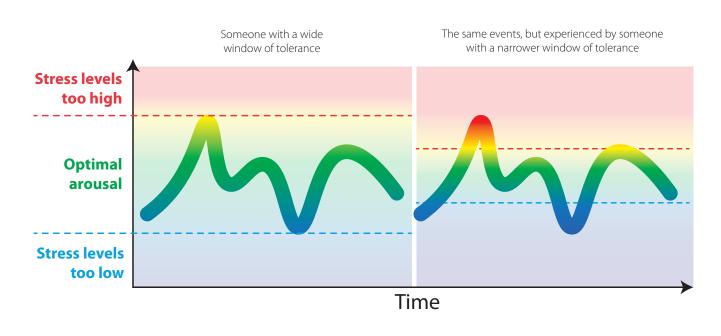
Below your window of tolerance – in the *hypoarousal* zone – you feel bored, under-stimulated, numb, or disconnected. Your mind may wander, or you might be aware of nothing at all. If you have experienced trauma where you have had *flag* or *faint* experiences, you might go here automatically.



Above your window of tolerance – in the *hyperarousal* zone – you feel very anxious and might try to escape. If you can't escape you might respond by dissociating. At these times you might be *triggered*, or reminded of other times you felt this way.



If you've experienced trauma, your window of tolerance may be narrower than other people's. You might be more difficult to be in noisy or crowded places without getting triggered into the *hyper-arousal* zone, or there might be fewer places where you feel comfortable. Because you find it harder to stay in the narrow window, you are more likely to dissociate.



Does this fit with your experiences? If it does, don't despair – thankfully it is possible to widen your window of tolerance. Widening your window of tolerance is an important part of therapy for people who have been affected by trauma, and the techniques in the rest of this guide can help you start to do this. Some ways of widening your window of tolerance include:

Get support from friends

Having people in your life who you can trust helps you to face things that you find difficult. They can help to bring you back to the present when you dissociate.

Use grounding techniques

Grounding techniques (which you will practice later in this guide) can help bring you back to the present moment. They can help you tolerate more of what distresses or triggers you.

Understand your dissociation and recognize your triggers

Understanding what causes you to dissociate, and being able to anticipate it, can give you some control over your dissociation. You can enter situations more confidently.

Practice facing situations that you have been avoiding

Avoiding things can feel good – it's often a relief not to have to do something that makes you nervous. Avoidance rarely works in the long-term though. Facing and overcoming your fears can help to broaden your horizons.

Process your trauma memories

This is often done with the help of a therapist who specializes in treating people who have experienced trauma. Once your memories are 'processed', they are less likely to make you dissociate. Therapies which include elements of 'processing' include CBT, EMDR, and Prolonged Exposure.

Managing dissociation by recognizing your triggers

A great way of learning more about how you dissociate, and what takes you outside your window of tolerance, is to practice self-monitoring. A self-monitoring record is like a diary that lets you record when a problem occurs, and any important details which could help you understand more about how it works and what triggers it. Once you know what your triggers are, you can learn to manage them. In the short-term you may find it helpful to avoid these triggers. In the longer-term, you could retrain your brain to understand that these triggers are no longer signs of danger, and that there is no need to dissociate – therapists specializing in trauma will be able to help you with this.

Carry a copy of the *Dissociation – Self-Monitoring Record* with you and record your dissociation for at least a week, filling in the record as soon as possible after each episode of dissociation. There is an example below, and you can use the prompts and the form on the next pages to help you to decide what to record.

Situation What was happening just before you started to dissociate?	Dissociation What kind of dissociation did you experience?	Thoughts What did you think about the dissociation (during and after)?	Emotions & body feelings What did you feel (or not feel)? How strong was that feeling? (0–100%)	Responses What did you do? How did you cope with those feelings?
Monday evening. At home with my partner. I was watching a TV show about the police — there was a scene about abuse.	I had unwanted memories of my abuse.	During: I was sort of lost in the memories. After: I thought that I must be losing my mind.	Terrified. Frozen. 1 felt small, as if 1 were a. child.	I sat there and didn't tell my partner how I was feeling. I didn't do anything. Eventually I realized the TV was showing something else.
Tuesday II:00am. In town shopping and saw a man who walked in the same way that my attacker did.	At first I felt frozen. I felt detached from what was happening.	At the time I wasn't really thinking about it, but afterwards I told myself that I was pathetic for reacting like this, and for letting him get to me.	I felt really scared at the time. Afterwards I felt really stupid for reacting like that.	I hid — I went into a store and Kept a lookout for him. I had to Keep telling myself it wasn't him, and he doesn't Know where I am. Told myself I was pathetic for reacting like this.
Friday 3:00pm. At work. I was walking down the stairs and there was a man behind me.	I had a memory of when my ex-husband pushed me down the stairs.	For a moment it made me doubt where I was. I thought this man behind me was going to push me. I know it's just a memory but when it's present it feels very real.	It felt scary, like I was back in my ex-husband's house again. I could smell my ex-husband's smell. I could feel pain in my arm where it got broken. It was only for a moment.	I went to the restroom and splashed my face with water and reminded myself that my ex is dead now. Reminded myself that it's just a memory.
Contextual triggers: • Who were you with? What were you doing? When was this? Where were you? Sensory triggers: • Sight, sound, touch, smell, taste.	Examples of dissociation include: • Intrusive (unwanted) memories or flashbacks. • An old feeling 'replaying' in your body. • Feeling 'detached' or 'spaced out'.	What sense did you make of the dissociation?	 How did you feel beforehand, during, and afterwards? Did these feelings remind you of anything? Have you ever felt this way before? 	 What helped you to notice that you had dissociated? What helped you to return to the present moment?

Dissociation – Self-Monitoring Record

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Step 1: Choose a focus for your self-monitoring

Decide what kind of dissociation you would like to monitor. This might include:

- Times when you notice that you have dissociated.
- Times when you have a flashback or unwanted memory of your trauma.
- Times when feel strong feelings that remind you of your trauma.

Step 2: Situations and triggers

Record information about what was happening when you started to dissociate. Remember that triggers can be things in the world outside yourself (like people, places, noises, smells), but also your thoughts, feelings and memories.

- Were you aware of any triggers being present when you started to dissociate?
- Was anything happening which reminded you even slightly of your trauma?
- What were you thinking about and feeling emotionally before you started to dissociate?

Step 3: Dissociation

Describe how it felt when you dissociated. Ask yourself:

- What were you aware of?
- Did you experience any memories? What did you notice?
- On a scale from 0 to 10, where 0 is "I was completely present in the moment" and 10 is "I was entirely somewhere else", where would you rate that experience?

Step 4: Thoughts

The thoughts you have about your dissociation matter. You might have thoughts like "This means I'm dangerous and out of control" or "I'm losing my mind", which can make you feel more anxious.

- What sense did you make of the dissociation (while it was happening, and afterwards)?
- What did you think was happening to you when you had that feeling of unreality, disconnection, or unfamiliarity?
- What do you think it means that you react in this way?

Step 5: Emotions and body feelings

Dissociation can make you feel many things, or none all. Record how you felt when you dissociated.

- Feelings are usually best described with just one word, whereas thoughts often take a few words to described. Which word best describes how you felt in that moment?
- How strong was that feeling at that moment? Could you rate it on a scale from 0 to 100?

Step 6: Responses

How did you respond to your experience of dissociation? Describe how you reacted, and any strategies you used to cope with or manage your feelings.

- What happened next?
- What did you do to cope, or manage how you were feeling, when you dissociated?
- Do you always react like that? Have you ever coped differently when faced with a similar situation?
- Did anything help to 'ground' you back in the present moment?

Step 7: Review

At the end of the week, review your record and look for any triggers that seem to be associated with your dissociation. In the short-term you might choose to avoid triggers like these. In the longer-term, therapies for trauma can help you to manage triggers without dissociating.

Sensory triggers: Who were you with? What were Contextual triggers: Sight, sound, touch, smell, taste. Where were you? you doing? When was this? What was happening just before you started to dissociate? Situation Intrusive (unwanted) memories Examples of dissociation include: or flashbacks. An old feeling 'replaying' in your Feeling 'detached' or 'spaced out'. body. What kind of dissociation did you Dissociation experience? dissociation? What sense did you make of the dissociation (during and after)? What did you think about the Thoughts How did you feel beforehand, Emotions & body feelings What did you feel (or not feel)? Have you ever felt this way Did these feelings remind you of anything? during, and afterwards? before? How strong was that feeling? (0-100%) Copyright @ 2022 Psychology Tools Limited. All rights reserved. What helped you to notice that How did you cope with those feelings? What helped you to return to the you had dissociated? present moment? What did you do? Responses

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Dissociation – Self-Monitoring Record

Managing dissociation with grounding

Dissociation takes your mind away from the present moment: often to places which feel scary or uncomfortable. *Grounding techniques* counteract dissociation by bringing your awareness back to the safety of the present moment. They are a way getting your bearings or distracting yourself, and they can help you to widen the window of situations which you find tolerable. On the next pages are a wide variety of grounding techniques. The more you practice them, the more effective they will become. Try all of them, and see which ones work best for you.

Grouding tips

- Use grounding whenever you confront a trigger, dissociate, or have an urge or craving.
- You can use grounding techniques any time, wherever you are.
- Try to focus on the present moment, even if your memories, feelings, or worries try to pull your attention into the past or future.
- Practice for as long as it takes; don't give up if you don't feel it working immediately. You may need to keep going for longer than you expect.
- Feel free to combine techniques and find what works for you.
- Teach grounding techniques to people close to you, so that they can help you ground yourself.

Come back to your senses	Using your senses of sight, sound, touch, smell, and taste is a quick and powerful way of bringing your attention back to the moment at hand.
	 5-4-3-2-1 technique: name 5 things you can see, 4 things you can hear, 3 things you can touch, 2 things you can smell, and 1 thing you can taste.
	• Water: splash your face with cold water, run water over your hands, or have a bath or shower.
	• Smells: smell a strong smell (e.g., chewing gum, essential oils).
	 Grounding object: carry an object with pleasing sensory properties (e.g., a smooth pebble, a beaded bracelet).
Use your body	If you feel distressed, you can use your body to help you to come back to the present moment.
	Change position: stand up if you were sitting down.
	• Exercise: do some star jumps, go for a run, or swim.
SP	• Stretch your body: reach up and try to touch the sky with your fingertips, then bend down and try to touch the ground.
Ro	Dance: move your body to your favorite song.
	• Ground yourself: press your feet into the floor and literally 'ground' yourself.
	Hands or feet: curl your fingers or toes, then release them.

Distract yourself	 Dissociation and unwanted thoughts can be persistent. If your mind keeps going to unhelpful places, use distraction to gently bring it back to the present. Nature: go for a walk outside, watch the clouds, or feel the wind on your face. Other people: call someone, go somewhere else, talk about something different, or go people watching. Watch & read: watch a funny video or read a book. Listen: use music or a podcast to change your mood. Slow down: walk somewhere slowly and mindfully, concentrating on each step.
Calm yourself physically	 Your body and mind are connected. Use physical soothing techniques to help you to relax. Breathing: try a relaxed breathing exercise to calm yourself by slowing and deepening your breathing. Muscles: try a progressive muscle relaxation exercise to calm yourself and release tension, or clench and release your fists, allowing tension to drain away as you release. Yoga: practice yoga or stretching. Exercise: use physical exercise to release pent-up energy. Connection: ask someone for a hug, give yourself a butterfly hug, or stroke a pet.
Remind yourself that you are safe	 Unwanted memories from the past can make you feel unsafe. Remind yourself that you are safe now. Proof: carry something that proves you survived (e.g., a photo of something good that has happened since your trauma). Letter: write a letter reminding yourself of why you are safe now, and carry it with you. Coping statements: "I survived", "This too shall pass", "This is just a memory", "I am safe now". Then vs. now: focus on what's different now compared to the time of your trauma.
Orient yourself	 Dissociation can make you forget where and when you are. Use grounding to orient yourself in space and time. In space: remind yourself of where you are right now. In time: remind yourself of when it is right now. Relative to your trauma: remind yourself of where you are now, and how it is different to where and when your trauma happened, or remind yourself of what has happened since your trauma happened.

PSYCHOLOGY**TØ&LS**

Offer yourself compassion
 You're already feeling bad, so there is no point in making things worse by criticizing yourself. Try offering yourself kindness instead.
 Be understanding: "It's no wonder you're feeling frightened because you have just had unwanted memories of the past. You are safe now."
 Be kind: what would you say and how you would act towards someone else who was suffering like this?

Use your imagination



- Your mind can respond to imagined things as powerfully as it does to real things. Regular practice of the exercises below can help when you need it.
- **Safe place:** do a 'calm place' or 'safe place' exercise, where you imagine being in a soothing place.
- Compassionate other: try a 'compassionate other' exercise, where you imagine being in the presence of a perfectly compassionate being who accepts you without judgement.
- **Positive memories:** deliberately think about happier times, places where you felt safe, or people you felt safe with.

References

- [1] Schauer, M., & Elbert, T. (2010). Dissociation following traumatic stress. Journal of Psychology, 218, 109-127.
- [2] Černis, E., Ehlers, A., & Freeman, D. (2022). Psychological mechanisms connected to dissociation: Generating hypotheses using network analyses. *Journal of Psychiatric Research*, 148, 165-173.
- [3] Siegel, D. J. (1999). The developing mind: Toward a neurobiology of interpersonal experience. Guilford Press.

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