

## CHAPTER TWO

# Symptoms of Dissociation

### AGENDA

- Welcome and reflections on the previous session
- Exercise: Learning to Be Present
- Topic: Symptoms of Dissociation
  - Introduction
  - Problems With Identity or Sense of Self
  - Experiencing Too Little: Dissociative Symptoms Involving Apparent Loss of Function
  - Experiencing Too Much: Dissociative Symptoms Involving Intrusions
  - Other Changes in Awareness
  - Expansion of the Learning to Be Present Exercise: Finding Your Own Anchors to the Present
- Homework
  - Reread the chapter.
  - Complete Homework Sheet 2.1, Recognizing Dissociative Symptoms.
  - Continue to practice the Learning to Be Present exercise twice a day, morning and evening (see [chapter 1](#)).
  - Complete Homework Sheet 2.2, List of Safe Anchors to the Present.

## Introduction

Dissociation involves a wide array of symptoms, from mild to severe, from temporary to chronic. For those with dissociative disorders, symptoms are generally chronic and interfere with daily life, at least to a degree. Some dissociative symptoms are not only

found in dissociative disorders but also in other psychiatric disorders. Among professionals there is an ongoing discussion about which symptoms should be considered dissociative, and which may be other, more common, symptoms related to changes in awareness and consciousness that everyone experiences to some degree. In this and the following chapter, we will describe the most important symptoms of dissociation.

## **Problems With Identity or Sense of Self**

The majority of people with a dissociative disorder do not come to therapy with complaints about their identity or sense of self. Instead, they seek help for other problems, such as depression, anxiety, sleep problems, or relationship problems. But they also experience what seem to be strange and frightening symptoms that do not make sense, and which often lead them to fear they are “crazy.” They often have few words to describe these inner experiences and may not share them unless asked because they are ashamed. In fact, these symptoms are usually related to the disowned actions of other parts of the personality or self. Once people understand their dissociative symptoms, they usually begin to feel more comfortable.

One of the major symptoms of dissociation is a *sense of involuntariness*, that is, a person is aware of thoughts, feelings, behaviors, memories, and events, and so forth, but these experiences do not seem to belong to him or her. These experiences have a quality of “not me.” Some people have a sense of being “more than one person” or of having different “voices” or identities, some of which may have their own name, age, and other characteristics that are different from the person’s experience of his or her own identity.

Each dissociative part of the personality has the potential to develop a relatively individual view of self, others, and the world, often with diverse thoughts, predictions, feelings and behavior from other parts, even if very limited. As a result, individuals with a dissociative disorder can be very confused about who they really are, what they think, feel, do, wish, or experience in their body. *Dissociative parts of the personality are not actually separate identities or personalities in one body, but rather parts of a single individual that are not yet functioning together in a smooth,*

*coordinated, and flexible way.* In the next chapter we will describe dissociative parts of the personality in more detail.

The inner division of the personality can manifest in a range of symptoms that can be described in terms of experiencing “too little” or “too much.”

## **Experiencing Too Little: Dissociative Symptoms Involving Apparent Loss of Functions**

Some dissociative symptoms involve apparent loss of certain functions or experiences that, in principle, you should be able to own. Thus, you experience “too little.” For example, you may have amnesia, the loss of (“too little”) memory for important events or segments of your life. Or perhaps you may suddenly seem to lose a skill or knowledge that otherwise is a natural part of your life, such as being able to drive or manage money. Commonly, people who dissociate report that they suddenly are unable to feel an emotion or sensation in their body: They become emotionally or physically numb. These losses are not permanent or due to medical conditions, such as dementia or neurological problems. They are due to the activity of other parts of the personality that are rather separate from you.

These losses are only “apparent” because the function or experience that tends not to be available to you may actually be available to another part of yourself. For example, although you may not remember being afraid as a child, another part feels fear or terror whenever certain reminders of childhood events are evoked. You can see from this example that while you may experience too little (emotional numbness), another part of you may be experiencing too much, for example, overwhelming feelings. We will discuss symptoms of experiencing “too much” later in the chapter.

### *Dissociative Amnesia (Loss of Memory)*

Everyone has natural amnesia for most of life prior to the age of 3 years because of immaturity of the brain, and people may not recall too much about the years before school. Of course, no one remembers everything that has happened to him or her, and everyone has a degree of normal forgetfulness and memory distortion. But generally people should have a fairly consistent

recollection of their lives and the major events in their lives by the time they start elementary school, enough to be able to tell a flowing narrative about themselves.

Amnesia goes far beyond normal forgetfulness. It involves serious memory problems that are not caused by illness or extreme fatigue, by alcohol or other mind-altering substances, or normal forgetting. Amnesia falls on a continuum. People with a dissociative disorder may recall some aspects of an event but not other essential parts of it. In some cases all memory for certain events is unavailable for conscious recall. Some people with a dissociative disorder describe their memory as being like “Swiss cheese holes,” “foggy,” or “full of black holes.” They may suspect that something happened, or may have even been told by others that something happened to them, but have no personal recollection of events and often feel afraid to think about them. People may have amnesia for longer periods of time during which normal life events took place, for example, a person may report being unable to remember anything from the fifth grade, or from ages 9–12.

People may not only have amnesia for the past but also for the present. This is called “time loss” and is a hallmark symptom of DIDs. People may find themselves in a place and have no idea how they got there, or they may report that there are hours or even days when they do not know what they have been doing. Or they discover that they have evidently done something (such as shopping or going to the library) but have no memory of doing so. They may meet others who recognize them, but have no recollection of ever meeting the other person. Some people find that others talk to them about a topic as though there had been some previous conversations about it, but they do not recall any conversations, and the topic does not seem familiar.

These symptoms, when they are not due to stressful inattention, are often related to the fact that one part is engaging in a behavior of which another part has limited or no awareness. Thus, there are parts that go shopping or to the library, while other parts are unaware of these actions, or in more extreme cases, parts that may have their own friends while other parts have never met these people. Frequent or prolonged time loss is much more common in DID than in DDNOS.

### *Time Distortions*

People with a dissociative disorder often have related problems of *time distortion* (Van der Hart & Steele, 1997). They experience time passing by much too slow or fast; perhaps more time has passed than they thought, or an hour seems like an entire day. Some parts of the personality are often quite confused about where they are in space and time, believing they are still in the past.

### *Alienation or Estrangement From Yourself or Your Body (Depersonalization)*

Many people normally experience temporary forms of depersonalization when tired or stressed, and it is a common symptom in many mental disorders. There is some discussion among professionals about whether some depersonalization symptoms are dissociative or whether they might be better categorized as other kinds of changes in awareness (Boon & Draijer, 1993, 1995; Steele, Dorahy, Van der Hart, & Nijenhuis, 2009; Van der Hart et al., 2006). We describe these other changes of awareness in the last paragraph of this chapter.

Feeling estranged from yourself often involves dissociative parts of the personality, for example, one part of you may feel numb, blank, or foggy, but there may be another part that likely is overwhelmed. Or you may have the experience of watching yourself from outside your body, and see another part of yourself doing things as if you are watching someone else.

Some people with a dissociative disorder are able to know and recall what has happened in a situation, that is, they do not have amnesia, but they feel as if it did not really happen to them personally, as if it was a movie or a dream they were watching. Or they may know it happened, but they do not realize it happened to them, as though they were watching it happen to another person. In this way, they are able to continue to distance themselves from overwhelming experiences. Disconnection from emotions can make people feel as if they exist solely “in their head,” as if they are dead inside, or like they are “wrapped in cotton,” or feel like “cardboard” or “one dimensional.” It seems as though they are not really in the present; they feel unreal, like they do not really exist or have any control over their actions. Some people also report a sense of being on automatic pilot or like a robot.

When people with a dissociative disorder are alienated from their body, they may be insensitive to physical pain or lack

sensation in parts of their body. Some people report that they do not always properly register heat and cold, cannot feel whether they are hungry or tired, or feel numb in their body. Again, it is typically the case that other parts of the self do feel the physical pain, the hunger, or other bodily sensations.

There are many different symptoms of depersonalization, but in every case it seems to be a way of avoiding or attempting to regulate overwhelming feelings or experiences. Depersonalization symptoms may be temporary or chronic.

### *Alienation or Estrangement From Your Surroundings (Derealization)*

In addition to alienation from yourself, you may also have the unsettling experience that your surroundings or people around you seem unreal. For example, your own house may appear to be unfamiliar, strange, or unreal, as though you are visiting someone else's house. Or a person you know well may seem strange and unfamiliar. The world may feel unreal as though you are in a dream or a play. Sometimes your surroundings may appear hazy, foggy, or distant. People's voices may sound very far away, as if down a long tunnel, even though they are close, or they seem far away visually even though they are right next to you. In people with a dissociative disorder, these symptoms of unfamiliarity or unreality may, at least some of the time, be related to parts of the personality that are living in trauma time, that is, they confuse the present with the past and thus do not experience the present as real or familiar. These parts may influence your perception of the reality to such an extent that you can become confused.

## **Experiencing Too Much: Dissociative Symptoms Involving Intrusions**

Dissociative intrusions are those symptoms that occur when one dissociative part intrudes into the experience of another. Intrusions may happen in any arena of experience: memories, thoughts, feelings, perceptions, ideas, wishes, needs, movements, or behaviors. That is why so many different symptoms have a dissociative underpinning.

Possible dissociative intrusions include flashbacks of past traumatic events; sudden feelings, thoughts, impulses, or behaviors

that come “out of the blue;” unexplained pain or other sensations that have no known medical cause; a sense of being physically controlled by someone else or other forces beyond your control; hearing voices commenting, arguing, criticizing, crying, or speaking in the background; or other jarring inner experiences that do not feel like your own. These experiences occur when a dissociative part of yourself enters your conscious awareness and you are privy to at least some aspects of what that part of you is experiencing. Such symptoms may wax and wane, depending on the circumstances and how much stress you are under.

At least in the beginning of therapy, it is often hard to know whether a symptom is dissociative, that is, related to a dissociative part of the personality. It is important for you to take your time in understanding the origin and meaning of your symptoms. One difficulty in recognizing dissociation is that people sometimes do not have words to describe their symptoms. It is important for you to practice being aware of and describing inner experiences, whether dissociative or not. This awareness will allow you to make more sense out of all of your experiences, and it will gradually help you cope more effectively with your inner experiences. The homework exercises at the end of the chapter are designed to help you become more aware of and more able to describe your dissociative experiences.

## **Other Changes in Awareness**

Dissociation is strongly associated with other changes in awareness that are common in everyone and are also found in other mental disorders; thus, they are not unique to dissociative disorders. These symptoms may be easily produced by fatigue, illness and stress, and drugs or alcohol, and they are often only temporary. They include not feeling present; spacing out; being very forgetful and losing track of time; inability to concentrate or pay attention; being so absorbed in an activity (for instance, reading a book or watching a movie) that you do not notice what is going on around you; daydreaming; imaginative involvement; trance-like behavior, including “highway hypnosis”—driving so automatically that you do not recall much of your trip and sometimes miss your exit; time distortions; and low mental energy.

These symptoms may range from mild to severe, may be merely

an aggravation, or may seriously impair a person's function, and they may be more temporary or more chronic (Steele et al., 2009; Van der Hart et al., 2006). People who have a dissociative disorder often suffer from many of these changes in awareness to a serious degree, in addition to symptoms related to dissociative parts of the personality or self. In fact, each dissociative part may experience variations of these problems with awareness, and the intrusion or interference of dissociative parts may also result in some changes in awareness.

## **EXPANSION OF THE LEARNING TO BE PRESENT EXERCISE: FINDING YOUR OWN ANCHORS TO THE PRESENT**

You can expand the exercise from [chapter 1](#), to be present in the here and now, and tailor it to your specific needs. Practice this exercise in your own home, finding anchors to the present in each room. Always begin this exercise when you are rested, preferably during the day, as light helps you stay more present. In fact, all new exercises should be practiced at times when you are at your best, because this is when you are most able to learn from them. Once you become more practiced, it will be easier to employ them when you are stressed.

Walk around your home and in each room concentrate on the various things you can see, the sounds you hear, the smells you can smell, the things you might taste in the kitchen, the things you can touch or hold. What is important is that you find things that are neutral or pleasing to experience, that is, to see, hear, touch, and that connect you to the present. For example, look at a picture or poster on the wall, listen to music that you like, taste something pleasant from the kitchen, and so on. For each room, choose three things you can see, hear, feel, or touch. Consider whether you might want to make a written list of these anchors to have available when you need them, because people often forget to use their anchors when they are under stress. You may even ask someone to record a list of these things for you on audiotape, so you can listen to them when you feel stressed. The point is for you to concentrate on objects that help you to realize that you are in the present, and for you to have these available when you need to ground and orient yourself in the present in your home. Thus, every room of your home should now have anchors, familiar places or objects that ground you and remind you to be present. When you are



having a hard time, use these anchors repeatedly to help keep you, and all parts of you, in the safe present.

You might even want to buy a little something for yourself that reminds you of being in the present and give it a special place in your home, for example, a photo, a stone, a statue, anything that may help you or parts inside to connect to the present. Every time you look at it or pick it up, you remind yourself that this object is from the present and you are here and now with it. Some parts of your personality may find different items more important or helpful for grounding than you do. And some may not like something you choose. For example, some parts who experience themselves as younger may want to have something that adult parts may believe is childish. Yet it is often these young parts that have the most trouble staying present and need help in doing so. Try to be inclusive and respectful, so that all parts of yourself get what you need to feel safe and comfortable.

*Note:* As you search for anchors to the present in your home, you may come across items that remind you of painful experiences in the past. For the time being, put these away if you are able. You can find specific suggestions about how to avoid or reduce these traumatic reminders in [chapter 15](#). Some objects may trigger painful experiences for one part of you, but not for another; thus, it is important to take into account the needs and feelings of all parts as best you can when deciding whether to remove or avoid certain items.

## **Homework Sheet 2.1**

### **Recognizing Dissociative Symptoms**

1. What was it like for you to read about dissociative symptoms?
  - a. Describe your thoughts, emotions, and/or physical sensations as you read about the symptoms. For example, did you feel relief, confusion, fear, shame?
  - b. Describe whether and how some of these symptoms may fit your experience.
  
2. Circle any two dissociative symptoms that you may have noticed in the past week:
  - Sense of fragmentation or division of self or personality (may include some awareness of dissociative parts)
  - Amnesia in the present
  - Alienation from yourself or your body
  - Alienation from your surroundings
  - Experiencing too little: loss of functions
  - Experiencing too much: intrusions
  - Other changes in awareness
  
3. Describe your experience of each of these two symptoms and how they affected your functioning at the time.
  
4. What have you done in the past that has helped you deal with these dissociative experiences?
  
5. What dissociative symptoms would you most like help with?

## **Homework Sheet 2.2**

### **List of Safe Anchors to the Present**

Reread the instructions for finding anchors in your home.

1. Make a list below of anchors in each room of your home (for example, bedroom, bathroom, living room, and kitchen). Notice your experience when you think of these anchors.

2. Make a list of anchors in other places where it is important for you to stay present, for example, in the car, in your therapist's office, or at work or school.