

Dissociation and Trauma: Understanding the Psychological Disconnect

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ABSTRACT:

Dissociation is a complex psychological phenomenon often linked to trauma, characterized by disruptions in memory, consciousness, identity, and perception. This paper explores the underlying mechanisms and manifestations of dissociation as a coping strategy in response to traumatic experiences. Drawing from current psychological theories and clinical studies, the discussion highlights the ways in which dissociation serves as both a protective function and a potential barrier to emotional processing and recovery.

KEYWORDS: Dissociation, Psychological trauma, Coping mechanisms.

INTRODUCTION

Trauma has a profound impact on the human psyche, often leading to long-lasting effects that manifest in various forms. One of the most significant yet misunderstood psychological responses to trauma is dissociation. In the context of trauma, dissociation refers to a disconnection between a person's thoughts, feelings, memories, or sense of identity. This phenomenon can be distressing, confusing, and deeply disruptive to an individual's life. To understand dissociation in trauma, it is important to explore its causes, manifestations, and implications for healing. Dissociation is a defense mechanism that the mind employs when it is overwhelmed by traumatic events (Bornstein RF, 2005). It acts as a psychological buffer to protect the individual from the full emotional and cognitive impact of the traumatic experience. In a state of dissociation, a person might feel detached from their surroundings, their body, or even their sense of self. The experience can range from mild forms of daydreaming or "spacing out" to more severe dissociative states where the person may not recognize themselves or the world around them. There are various forms of dissociation, and its intensity can differ greatly among individuals. Some people may experience brief periods of dissociation in response to stress, while others may develop more chronic and severe forms of dissociative disorders, such as Dissociative Identity Disorder (DID), previously known as Multiple Personality Disorder. In DID, a person may experience two or more distinct identities, each with its own

patterns of behavior, memories, and ways of interacting with the world (Kesebir S, 2017).

Trauma, particularly early childhood trauma, plays a significant role in the development of dissociative symptoms. When a person undergoes a traumatic event, such as physical, emotional, or sexual abuse, they may experience intense feelings of fear, helplessness, or powerlessness. In these instances, the mind may separate itself from the traumatic experience to preserve the individual's psychological integrity. By disconnecting from the overwhelming emotions and memories of the event, dissociation offers temporary relief (Klussman K, 2021). However, this coping mechanism can become maladaptive when the individual continues to dissociate in response to everyday stressors, long after the trauma has passed. Chronic dissociation can impair a person's ability to form healthy relationships, maintain stable emotions, and fully engage with life. Over time, it can create a fragmented sense of self, where the individual may struggle to integrate their traumatic experiences with their current identity (Krran D, 2024). The symptoms of dissociation can vary widely depending on the individual and the severity of their dissociative experiences. Common signs. A feeling of being disconnected from one's body or self. The individual may feel as if they are watching themselves from outside their body. A sense that the external world is unreal, distorted, or dreamlike. An inability to recall significant periods of time or specific details of traumatic events. This is often seen in cases of DID, where an individual may have "lost time" and not remember certain aspects of their life. A lack of clarity about who they are, often resulting in feelings of being disconnected from their true self. In severe cases, a person may adopt different identities or personas, as in DID. Difficulty experiencing emotions, both positive and negative, often as a result of the mind's efforts to distance itself from pain (Krrane D, 2020).

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While dissociation can be protective in the short term, prolonged dissociation can complicate the healing process from trauma. Individuals may find themselves trapped in a cycle of avoidance and numbing, making it difficult to address the root causes of their distress. From a neurobiological perspective, trauma and dissociation are closely linked to changes in brain function. When an individual experiences trauma, particularly chronic or severe trauma, the brain's stress response system becomes activated (Lee RM, 2001). This system involves the release of stress hormones such as cortisol, which, if produced in excessive amounts over a long period, can impair brain function. Research has shown that trauma can affect areas of the brain involved in memory, emotion regulation, and self-awareness, such as the hippocampus and prefrontal cortex. The hippocampus plays a crucial role in processing memories, while the prefrontal cortex is responsible for higher cognitive functions, including emotional regulation and self-awareness. When trauma overwhelms the brain's capacity to process information, dissociation may arise as a way to protect the individual from further emotional overload (Sheldon KM, 2011).

Additionally, trauma can lead to alterations in brain chemistry and neural connectivity, further complicating the individual's ability to integrate traumatic memories into their sense of self. This neurobiological impact contributes to the development of dissociative symptoms, which may persist even in the absence of further traumatic events. Healing from dissociation requires a multifaceted approach that addresses both the symptoms and the underlying trauma (Sonnentag S, 2012). Trauma-focused therapies are particularly effective in helping individuals process their experiences and reintegrate fragmented parts of themselves. CBT is often used to help individuals identify and challenge the negative thought patterns that contribute to dissociation. By teaching coping skills and stress management techniques, CBT aims to reduce the frequency and intensity of dissociative episodes (Vega G, 2000).

EMDR is a therapeutic approach that helps individuals process traumatic memories by using bilateral stimulation (such as guided eye movements) to facilitate the reprocessing of traumatic memories. This technique has shown effectiveness in reducing the emotional charge associated with trauma and promoting integration. DBT is particularly useful for individuals with chronic dissociation, as it helps individuals regulate intense emotions, improve interpersonal relationships, and develop mindfulness skills to stay grounded in the present moment. This body-focused therapy helps individuals release the physical tension associated with trauma. By focusing on bodily

sensations and helping individuals reconnect with their physical experience, somatic therapy aims to help the person reintegrate their body and mind after trauma. In addition to therapy, building a strong support system and engaging in self-care practices such as mindfulness, meditation, and grounding exercises can help individuals reduce dissociative symptoms and promote healing (Walker S, 2015).

CONCLUSION

Dissociation is a complex and often misunderstood response to trauma, acting as a protective mechanism to shield individuals from overwhelming emotional pain. However, when dissociation becomes chronic or severe, it can impede healing and complicate recovery. Understanding the neurobiological and psychological aspects of dissociation allows for more effective treatment approaches, providing individuals with the tools they need to reintegrate their fragmented sense of self. With appropriate therapeutic intervention and support, individuals can heal from trauma and regain a more grounded, cohesive sense of identity.

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