

Dr Emma Černis
University of Oxford
Oxford Health NHS

emma.cernis@psych.ox.ac.uk

 @ECernis

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DEMYSTIFYING DISSOCIATION & DEPERSONALISATION



UNIVERSITY OF
OXFORD



wellcome

What is it?

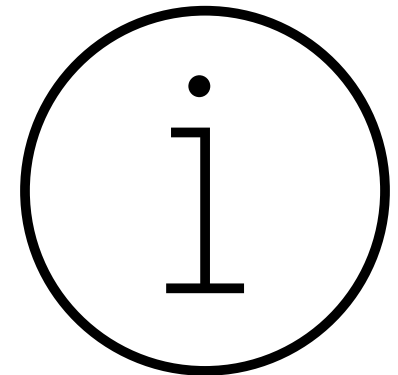
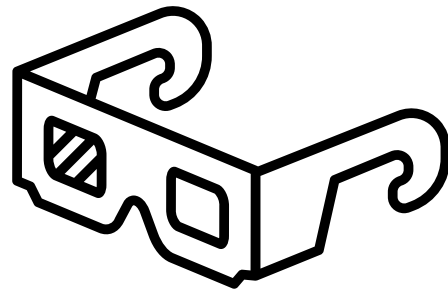
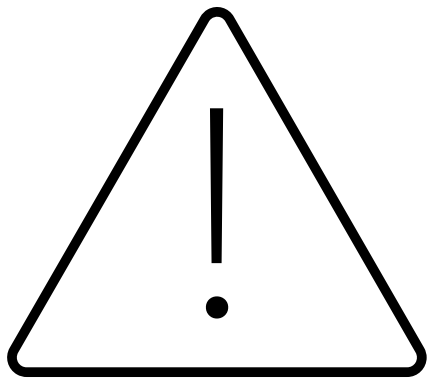
- Introduction and outline
- Why think about dissociation?
- What *is* dissociation?

What to do about it?

- Recognising and assessing dissociation
- Clues for formulation and intervention
- Questions & discussion

AGENDA

WHY THINK ABOUT DISSOCIATION?



"A lot of people that I've come across [...] when you're talking to them, you're going "yeah, I get that". I never really knew what it was called [...] But the amount of people that experience it is massive. It's massive. And for the system to have no real understanding of it is quite shocking because you only have to sit on the ward, or in the day hospital, and it's like: "There. There. There." You know? **But if they don't understand it enough to explain it, then the patient's never going to understand it."**

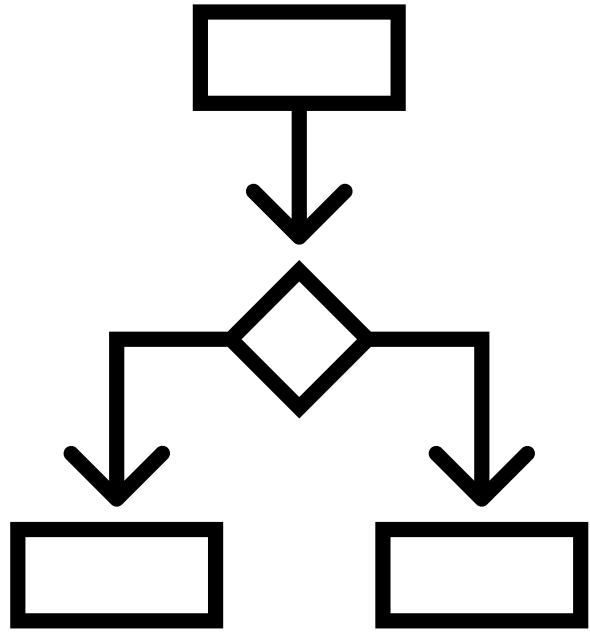
Symptoms **OVERLAP**

WHY PSYCHOSIS?

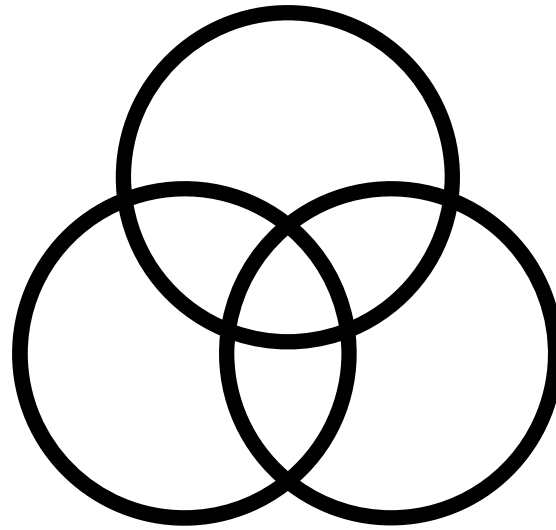


Rates are **HIGH**

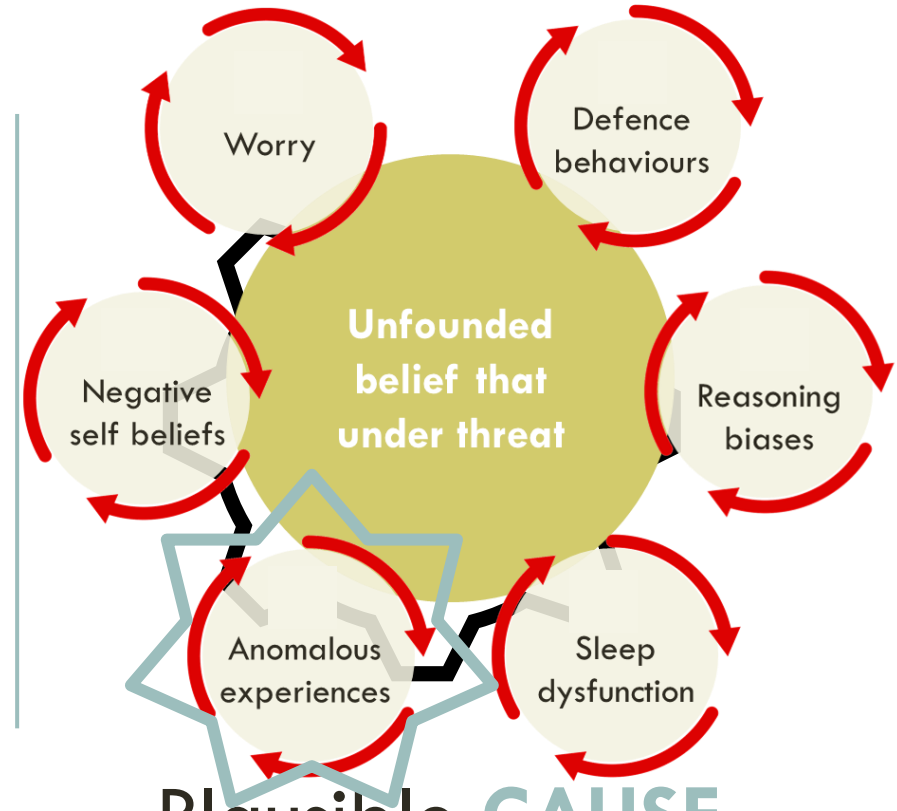
Robustly **ASSOCIATED**



Results of **TRAUMA**



False **DISTINCTION**



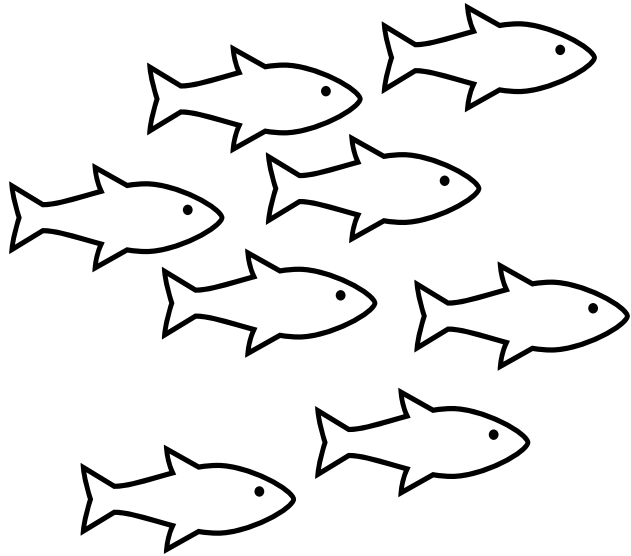
Plausible **CAUSE**

THE ROLE OF DISSOCIATION IN PSYCHOSIS

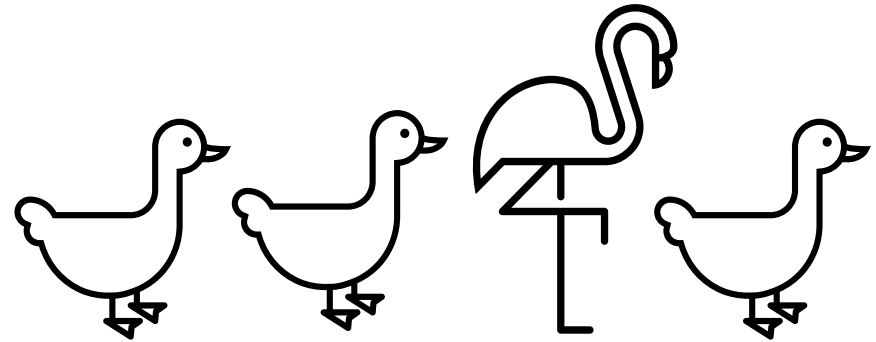
WHAT IS DISSOCIATION?



WHAT IS DISSOCIATION?



Uni- vs. multi-DIMENSIONAL



Continuum vs. TAXON

DSM-5

The ‘disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behaviour’

WHAT CAN MEASURES OF DISSOCIATION TELL US?

Dissociative Experiences Scale

Adolescent Dissociative Experiences Scale

Peritraumatic Dissociative Experiences Questionnaire

Somatoform Dissociation Questionnaire

Cambridge Depersonalisation Scale

Multidimensional Inventory of Dissociation

Curious Experiences Survey

Questionnaire of Experiences of Dissociation

Clinician-Administered Dissociative States Scale

Perceptual Anomalies Scale

Wessex Dissociation Scale

Dissociation Questionnaire

... and more

WHAT'S IN THE BOX?

It's just one thing:
dissociation

Attention

distractibility, vigilance,
trance, altered
awareness

Depersonalization / Derealization

alienation from
surroundings, body
detachment

Memory

memory disturbances,
amnesia, anomalous
recall

Sensorimotor

perceptual alterations,
sensory neglect, physical
numbing

Identity

amnesic fragmentation
of identity, different
selves

Absorption, Imagination or Fantasy

absorption, detachment,
fantasy, vivid internal
world

Reasons to Dissociate

defence, denial

Sense of Agency

automatic pilot, loss of
control, passive influence

WHAT IS IT?

“It is like you're in a bubble, and everything else is muffled around you, but you're kind of away from things; that's how it feels, like you're kind of at a distance from everything around you.”

“It sort of feels like I can't trust my own head”

“People will be talking about something that happened and I was there but it doesn't feel like I was quite there.”

“It just doesn't feel like me”

“I wouldn't say weightless, but you don't... there's no sensation.”

“It almost felt a bit like falling, the numbness, and then it's a bit overwhelming, everything, emotionally”

“You try and get control of it, but it's like a bar of soap or something, it just keeps slipping out of your hands”

“Suddenly, I feel a bit outside of myself. Dizzy, and kind of disoriented.”

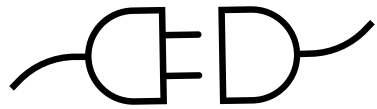
FELT SENSE OF ANOMALY

A highly subjective ‘felt sense’ of strangeness or peculiarity.

Whilst this may be verbally expressed as an appraisal, FSA is a ‘feeling’ or sensation that is physically or emotionally experienced, rather than entirely cognitive.

Clinician note: very difficult to put into words!

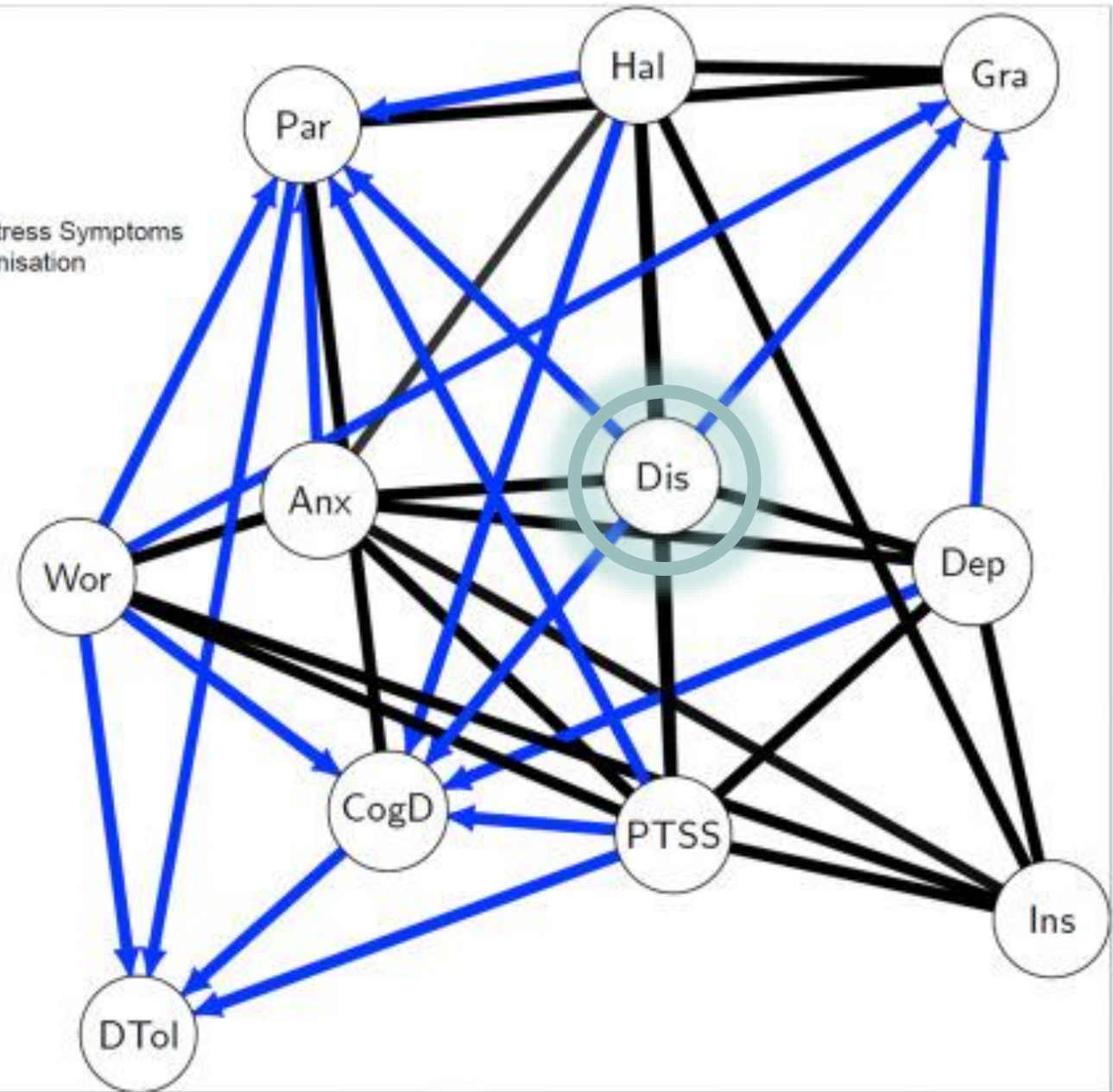
A NOTE ON FSA-DISSOCIATION, BROADER MENTAL HEALTH, & PSYCHOSIS



Key

Dis: Dissociation
Hal: Hallucinations
PTSS: Post-Traumatic Stress Symptoms
CogD: Cognitive Disorganisation
Dep: Depression
Par: Paranoia
Anx: Anxiety
Wor: Worry
Gra: Grandiosity
Ins: Insomnia
DTol: Distress Tolerance

directed one way
< 90% of the time
—————
≥ 90% of the time
—————>



RECOGNISING & ASSESSING
(IN THE CONTEXT OF PSYCHOSIS)



RECOGNISING & ASSESSING

Q1 - What is it like to experience dissociation?

Disconnected

External: "*in a bubble*"

Internal: "*dead to feelings*"

Lose time

Go through the motions

Strange

Not under my control

Not me

Unreal

I am / the world is unreal

The world does not exist

Changes in perception

Overwhelming intensity

Lack of sensation

Lightness / heaviness

Negative experience

Fear

Frustration

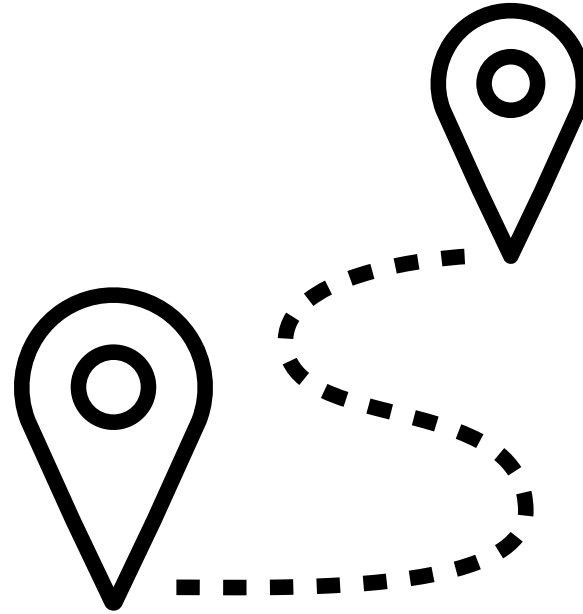
Unpleasantness

Some elements not wholly negative

A highly subjective 'felt sense' of strangeness or peculiarity.

TYPES

unreal
unfamiliar
automatic
disconnected
absent



DOMAINS

mind
emotion
body
perception
identity
behaviour
world
other people

WHAT KIND OF 'STRANGE'?

		Types of Anomaly				
		Unreal	Unfamiliar	Automatic	Disconnected	Absent
Domains	Mind	My thoughts don't seem real.	Some of the things in my head don't seem to be mine.	I can't access my thoughts or memories at will.	I feel detached from my own mind.	My mind goes completely empty.
	Emotion	My emotions don't seem real	I have emotions that don't feel like they're mine.	My emotional reactions don't fit with the situation I am in.	I feel disconnected from my emotions.	I can't feel emotions.
	Body	My body (or parts of it) feels unreal or strange.	My body (or parts of it) feels like it doesn't belong to me.	My body (or parts of it) feels like it has a mind of its own.	I feel disconnected from the sensations in my body.	My body feels numb.
	Perception	The things happening around me seem unreal to me – like a dream or a movie.	One or more of my senses seem strange, distorted, or odd to me.	My sense of sight, touch, hearing (etc.) don't respond to me.	I feel as if I'm experiencing life from very far away.	I don't notice how much time passes.
	Identity	I feel that I'm not a real person.	I don't recognize myself.	I act like someone else without meaning to.	I feel disconnected from who I really am.	I feel like I don't exist.
	Behaviour	My actions feel fake or unreal.	Things I've done many times before seem new or unfamiliar.	I feel like I'm on automatic pilot.	I feel disconnected from my own actions.	I freeze, unable to do anything.
	World	The world around me seems unreal.	Places that I know seem unfamiliar.	-	I feel that I'm not part of the world around me.	I am absorbed in my own world and do not notice what is happening around me.
	Others	Other people seem unreal.	People I know seem unfamiliar.	-	I feel detached from the people I am close to.	Other people stop existing when I can't see them.

7 KEY WAYS – ČERNIS FELT SENSE OF ANOMALY (ČEFSA) SCALE

Anomalous Experience of the **Self**
Anomalous Experience of the **Body**
Anomalous Experience of **Emotion**
Altered Sense of **Familiarity**
Altered Sense of **Connection**
Altered Sense of **Agency**
Altered Sense of **Reality**

+ Global FSA Scale:

Things seem strange.

I feel odd.

Things seem weird.

I feel surreal.

My experiences seem peculiar.

RECOGNISING & ASSESSING

Q2 - What is the impact of dissociation?

Functioning

"It's just hard"

Communication

Memory

Relationships

Absence of emotional connection

Loneliness

Impact on mental health

Drives worry and anxiety

Leads to paranoia

Interacts with voices

Serious mental illness

Behavioural Responses

Withdrawal

Avoidance

Distraction

Monitoring / Checking

"I don't know how to explain it"

Feel misunderstood

"Don't talk about it"

Inappropriate treatment



FORMULATING & INTERVENING
(IN THE CONTEXT OF PSYCHOSIS)



CLUES FOR FORMULATION & INTERVENTION

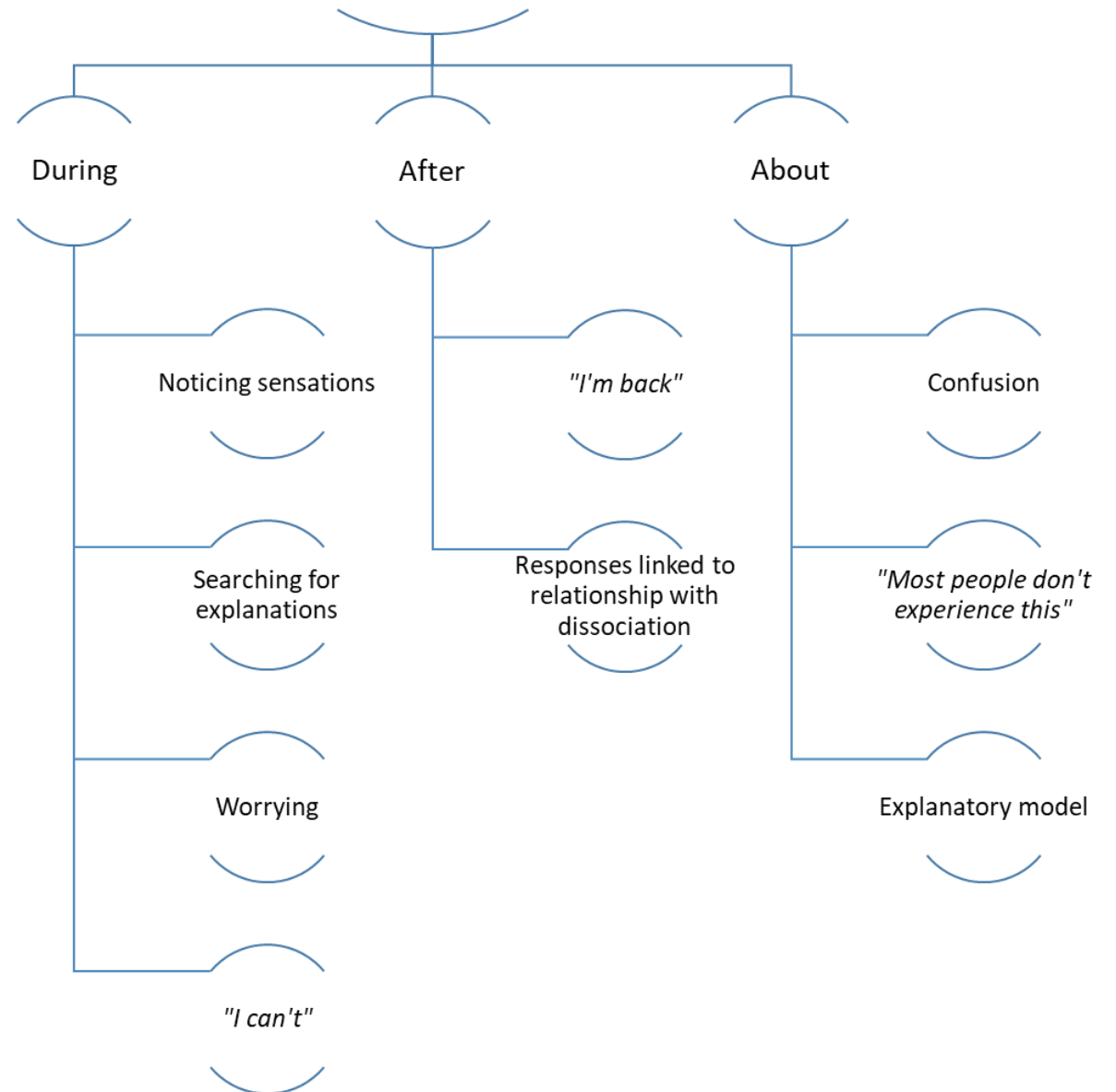
- NO** thoroughly-tested evidence-based cognitive model in this context
- NO** translational cognitive treatment



FORMULATION & INTERVENTION

- Psychoeducation
- Reappraising unhelpful thoughts & beliefs
- Addressing unhelpful behavioural responses
- Anxiety & worry management techniques

Q4 - What thoughts and beliefs do people have about dissociation?



COGNITIVE APPRAISALS

COGNITIVE APPRAISALS OF DISSOCIATION IN PSYCHOSIS (CAD-P) SCALE



I can't trust my own mind.

Someone has done something to me.

Something is terribly wrong.

I'm losing my mind.

I'm not really "me".

I am all alone.

I don't look right to other people right now.

I must be sick.

I'm not in the same world as everyone else.

This is because I am evil.

Now I won't be able to do the things I wanted.

It's not me in control right now.

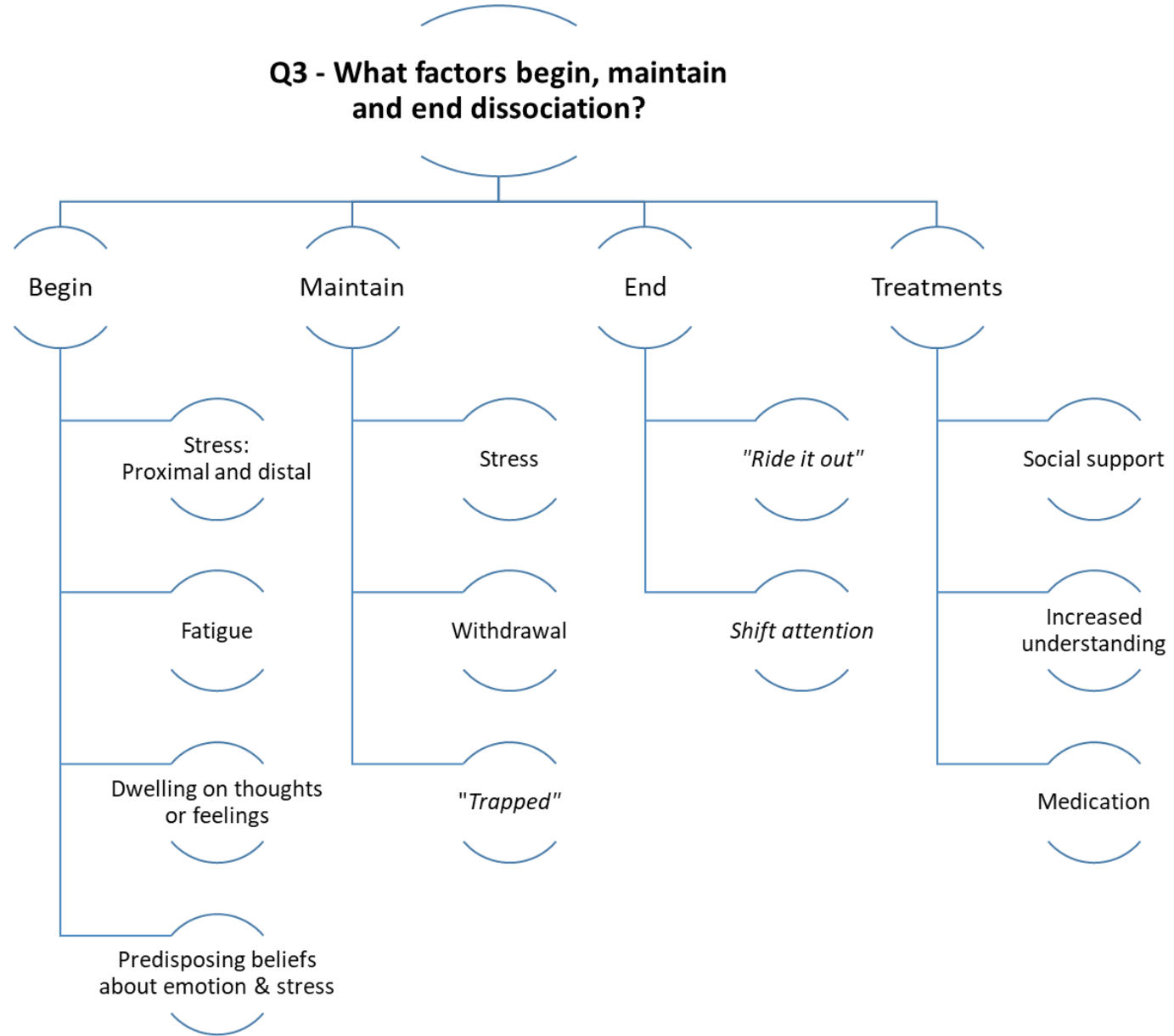
This might last forever.



FORMULATION & INTERVENTION

- Psychoeducation
- Reappraising unhelpful thoughts & beliefs
- Addressing unhelpful behavioural responses
- Anxiety & worry management techniques
- Addressing low energy levels: behavioural activation, sleep
- Distraction or attentional control techniques
- Extending this learning to the wider system
- Peer support groups

Q3 - What factors begin, maintain and end dissociation?



QUESTIONS & DISCUSSION

Dr Emma Černis

Clinical Psychologist



emma.cernis@psych.ox.ac.uk



[@ECernis](https://twitter.com/ECernis)



o-cap
OXFORD COGNITIVE
APPROACHES TO PSYCHOSIS

THANK YOU

NEW: Černis, Molodynski, et al. (2022), [Schizophr Res.](#)

KEY REFERENCES



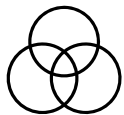
Černis, Dunn, et al. (2014), [JNMD](#).
Lyssenko, Schmahl, et al. (2018), [Am J Psych.](#)



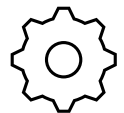
Renard, Huntjens, et al. (2017), [Schizophr Bull.](#)



Longden, Branitsky, et al. (2020), [Schizophr Bull.](#)



Moskowitz & Corsten (2008), [J Psy Trauma](#).



Garety, Kuipers, et al. (2001), [Psy Med](#).
Freeman (2016), [Lancet Psych.](#)
McCartney, Douglas, et al. (2019), [Cog Behav Th.](#)
Varese, Douglas, et al. (2020), [PAPTRAP](#).



Bernstein, Ellason, et al. (2001), [J Trauma Diss.](#)
Holmes, Brown, et al. (2005), [Clin Psy Rev.](#)



Davis Merrit & You (2008), [J Pers Assess.](#)
Waller, Putnam & Carlson (1996), [Psy Methods](#).



Černis, Beierl, et al. (2021), [PLOS ONE](#).



Černis, Freeman & Ehlers (2020), [PLOS ONE](#).



Černis, Evans, et al. (2020), [J Psych Res.](#)



Černis, Bird, et al. (2020), [Behav Cog Psychother.](#)



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