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ON DEPERSONALIZATION DISORDER: STATE DECENTERING AND STATE DISSOCIATION

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Abstract

This study aimed to look at the correlations between depersonalization, mindfulness, and specifically the decentering aspect of mindfulness. This study is a correlational design, where 144 participants completed the Mindfulness Attention Awareness Scale (MAAS), Cambridge Depersonalization Scale (CDS), the Clinician Administered Dissociative State Scale (CADSS), and the Toronto Mindfulness Scale's subscale for state decentering (TMS-D) on an online Qualtrics survey. It was predicted those higher in depersonalization would also be higher in state decentering. A Pearson's r was conducted. In line with the hypothesis, both trait, and state depersonalization positively correlated with state decentering. Results also replicate the overall negative relationship between mindfulness and depersonalization. This implies mindfulness is multi-faceted, with many positives for those that experience depersonalization; however, a focus on decentering may not be the best course of treatment. Future studies should continue to examine the effects of mindfulness-based interventions (MBIs) on depersonalization and the effects excessive decentering could have.

On Depersonalization Disorder: State Decentering and State Dissociation

Mindfulness is becoming a widely used intervention to combat problematic conditions, though not all aspects of this practice may be helpful for those with dissociative disorders. Current literature is beginning to scrutinize the belief that mindfulness is the opposite of depersonalization (DP), as this relationship may not be unidimensional. An aspect of mindfulness, called decentering may even have a positive relationship with DP due to the similarities in psychological distance.

Depersonalization is characterized as an alteration in the perception of the self, causing a feeling of detachment from one's mental processes or body (Sierra & Berrios, 2000). In an explanation by Castillo (1990), the self can split into two aspects. There is the "participating self," which experiences thoughts, feelings, and bodily motions. Then there is the "observing self," which spectates the "participating self," therefore watching all inner and outer experiences from a disconnected viewpoint. In more severe cases, those with depersonalization can feel as if they are not doing their own thinking (Castillo, 1990). Experiences range from short-lasting episodes in healthy individuals to chronic episodes in depersonalization disorder (DPD), which can become a continuous state of functioning (Castillo, 1990). Whether the level of detachment is fleeting or chronic, these experiences can be distressing.

In the majority of literature, DP is seen as the opposite of mindfulness. This is because mindfulness practice aims to increase awareness of inner experiences and one's environment, whereas DP leads to disconnection from both. Mindfulness has no universal definition, as there are disagreements about what it encompasses. The most commonly used definition comes from Kabat-Zinn (2015), who says mindfulness is a moment-to-moment awareness cultivated by paying attention to the present moment as non-judgmentally, non-reactively, and as open-heartedly as possible. Two fundamental skills of mindfulness practice include focusing and releasing, which guides where attention is directed (Mrazek et al., 2017). These skills can be incorporated into meditations or any daily activities to stay grounded in the present moment.

Mindfulness-based interventions (MBIs) using these skills have been shown to mitigate problematic conditions including stress, anxiety, PTSD, chronic pain, depressive relapse, suicidal behavior, disordered eating, and substance abuse (Lau et al., 2006). Similarly, in Hunter et al. (2005), 21 patients with DPD and comorbid anxiety and depression were enrolled into a cognitive behavioral therapy program (average of 13 sessions). At the end of the program, 29% no longer met criteria for DPD. However, more inconclusively, the improvement in DPD was majorly attributed to decreases in anxiety and depression. This illustrates the many mechanisms behind DPD, as long-term treatment may not be as simple as implementing an MBI to target anxiety and depression. Several studies have found a strong inverse relationship

between the severity of trait DP and trait mindfulness in patients with DPD and non-patients (Nestler et al., 2015; Michal et al., 2007). However, this relationship does not mean MBIs are automatically helpful for treating dissociative symptoms (Vancappel et al., 2021).

Decentering is an aspect of mindfulness that can be characterized as having psychological distance from one's experiences, especially thoughts and emotions (Britton, 2019). The practice of decentering is used to change one's relationship with negative thoughts and feelings to be seen as a passing event of the mind rather than an accurate reflection of reality (Lau et al., 2006). Most MBIs aim to increase decentering to teach emotion regulation because low levels of decentering can lead to high emotional reactivity (Britton, 2019). On the other hand, high levels of decentering can potentially lead to dissociation, depersonalization, and out-of-body experiences (Britton, 2019). This leads to the speculation that for those with higher levels of DP, further decentering from thoughts and emotions may not be the best course of treatment. This study will look at the correlations between these measures. This paper aims to replicate the negative correlation between DP and mindfulness in the current literature, while also predicting a positive correlation between DP and decentering. This prediction is based on the foundation that while DP and mindfulness are seen as opposites, they share a component of mental distance, which may be shown in decentering.

Methods

Design

This correlational study measured trait depersonalization, trait mindfulness, state dissociation, and state decentering. This study was approved by the IRB of UCSB Office of Research (protocol #209-23-0250).

Participants

This study had a random sample of 145 participants ($M = 21.0$ years old, $SD = 4.6$) recruited mainly from widespread department emails. There were 120 participants that identified as female (82.76%), 15 identified as male (10.34%), seven identified as non-binary or third gender (4.83%), one identified as both female and non-binary/third gender (0.69%), and two preferred not to say (1.38%). The number of participants identifying with each race is as stated: Asian-31, White-47, Latino or Hispanic-37, Black or African American-1, Other-3, prefer not to say-3, one or more race-23. For a further breakdown of racial demographics, see Appendix A.

Measures and Materials

Cambridge Depersonalization Scale (CDS)

The Cambridge Depersonalization Scale (CDS) is a 29-item questionnaire developed by Sierra & Berrios (2000) that measures trait depersonalization. Each item describes experiences seen in depersonalization, including lack of body ownership, a range of abnormal sensations, the inability to express emotions, heightened self-observation, inability to evoke images, and out of body experiences (Sierra et al., 2005). Each item measures the frequency and duration of a particular experience. Frequency asks how often an experience happens using a Likert scale of 0- 4, (0= never, 1= rarely, 2= often, 3= very often, 4= all the time). Duration asks how long each experience occurs using a Likert scale of 0-6, (0= N/A, 1= a few seconds, 2= a few minutes, 3= a few hours, 4= about a day, 5= more than a day, 6= more than a week). All items are summed together, with the highest possible score at 290. See Appendix B for scale items.

Clinician-Administered Dissociative States Scale (CADSS)

The Clinician-Administered Dissociative States Scale (CADSS) is a 27-item scale developed by Bremner et al. (1998) to measure state dissociative symptoms. The CADSS is made up of three subscales of dissociative symptoms, including depersonalization (items 3-7), amnesia (items 14,15), and derealization (items 1, 2, 8-13, 16-19). The three subscales sum together for a total state dissociation score. Each item is rated on a Likert scale from 0-4, (0= not at all, 1=slightly, 2= moderately, 3= considerably, 4=extremely). Normally, 19 of the items are answered by the subject, and 8 are answered by an observer. However, the observer items were left out in the current study as the participants were not being watched. Also, the wording was changed to "in the last day or so, including now..." instead of, "at this time," to keep the time consistent with the changes made to the TMS-D. See Appendix C for scale items.

Toronto Mindfulness Scale

The Toronto Mindfulness Scale (TMS) is a 13-item scale developed by Lau et al. (2006). It measures state decentering (items 1,2,4,7,8,9,11) and state curiosity (items 3,5,6,10,12,13) using Likert style responses from 0-4, (0= not at all, 1= a little, 2= moderately, 3= quite a bit, 4= very much). Only the decentering subscale was included in this study (TMS-D). This scale is designed to be used after a meditation. Since this study did not include any in-person meditations, the items were asked in relation to "the last day or so" instead. See Appendix D for scale items.

Mindfulness Attention Awareness Scale (MAAS)

The Mindfulness Attention Awareness Scale (MAAS) is a 15-item scale that measures trait mindfulness, developed by Brown & Ryan (2003). Each item is scored on a Likert scale between 1-6 (1= almost always, 2= very frequently, 3= somewhat frequently, 4= somewhat infrequently, 5- very infrequently, 6= almost never). Each person's total is divided by 15 to get an average MAAS score between 1-6. See Appendix E for scale items.

Procedure

Participants were recruited by posters with QR codes on UCSB's campus or by department emails. The department emails contained links to the study survey, but the posters directed to a Google Form to ensure participants had at least 10 minutes to answer the questions carefully in order to avoid incomplete surveys. The link to the survey was anonymous, meaning it did not record participant information that could be linked to the survey answers. Participants answered questions from the CDS, TMS-D, CADSS, and MAAS. At the end of these questionnaires, participants were asked if they would like to receive compensation. If they answered "no," the survey ended. If they answered "yes," they were redirected to another anonymous Qualtrics survey to enter their emails. This way, the survey responses are kept separate from the email addresses. For security reasons, the second survey could only be accessed through the first survey. Participants received a \$5 Amazon gift-code for compensation.

Results

Correlational Data

A Pearson's correlation coefficient test was performed on the CDS, MAAS, CADSS, and the TMS-D to assess linear relationships. The overall negative relationship between mindfulness and DP was replicated by comparing the MAAS with the CDS (trait DP) and the CADSS (state dissociation). In line with the hypothesis, state decentering (TMS-D) was found to be positively correlated with both state dissociation (CADSS) and trait DP (CDS), and negatively correlated with trait mindfulness (MAAS).

	MAAS	TMS-D	CADSS	CADSS-DP	CADSS-DR
CDS	-0.59****	0.42****	0.83****	0.77****	0.77****
MAAS		-0.22**	-0.55****		
TMS-D			0.44****		
CADSS-DR				0.76****	

Table 1. Pearson's *r* correlation coefficients. *Df*= 143. ns= $p>0.05$, * $p<0.05$, ** $p<0.01$, *** $p<0.001$, **** $p<0.0001$.

Descriptive Statistics

Descriptive statistics were also run on the data. It is worth noting the range of scores on the CDS is somewhat high.

Measure	Mean	SD	Median	Range	Possible Range
CDS	60.1	43.4	49.0	0-213	0-290
CADSS	13.7	12.1	10.0	0-55	0-76
TMS-D	9.4	5.1	9.0	0-23	0-28
MAAS	3.4	0.7	3.3	1.3-5.5	1-6

Table 2. Descriptive statistics

Mindfulness and Depersonalization

In the current literature, mindfulness and DP are seen as opposites. However, this may not completely be the case. In this study, it was predicted that there might be a positive relationship between DP and the decentering aspect of mindfulness, due to the mental distance characterized in both. While this study replicated the negative relationship between DP and mindfulness, the results also show a positive correlation between decentering with both trait DP and state dissociation. In line with the hypothesis, these findings imply the disconnection seen in DP is shown to be similar to the psychological distance in decentering. For those with high emotional reactivity, increasing decentering may be helpful to combat high fusion with emotions and thoughts (Britton, 2019). However, separating further is not ideal if one is already disconnected from themselves. As shown with this positive correlation, if decentering from thoughts and emotions is overdone, it can lead to dissociation and depersonalization (Britton, 2019). More research on the relationship between decentering and dissociation is needed, as most MBIs encourage decentering and other types of emotional control, which may potentially be harmful to those with dissociative disorders.

Prevalence of Depersonalization Symptoms

Clinicians are unfamiliar with DP's symptoms and treatments, which can often lead to misdiagnosis of DP as anxiety and depression (Yang et al., 2023; Guralnik et al., 2007). It is indicated that 1-2% of the general population has DPD, though mild experiences have a lifetime prevalence of 26-74% (Yang et al., 2023). Most people have never heard of DP, but will experience varying degrees of symptoms in their lifetime. Adolescents and young adults are especially susceptible to developing DPD (Michal et al., 2007). In this college-aged sample, looking at levels of trait DP is especially important due to the increased susceptibility and underdiagnosing that occurs.

The cutoff score for DPD on the CDS is 70, meaning anyone who scored over 70 is potentially in the range of clinically significant DPD (Sierra et al., 2005). In this study (n=144), 52

participants scored at or above the cutoff score of 70 (36.1%). This means slightly over one third of participants are in the range of clinically significant DPD. In Sierra & Berrios (2000), the median CDS score for DPD patients was 113. The current study's median was much lower than this at 60.1. However, 17 participants scored at or above 113 (11.8%).

In line with previous research, the current results indicate DP experiences can be quite prevalent in young adults. Some of these experiences may not yet be problematic; however, this shows the potential for symptom severity to increase or even develop into DPD, where symptoms can even become continuous. With mindfulness becoming a more widespread practice for this age group, it is important to continue researching these relationships in order to ensure MBIs do not overequip decentering, as it can lead to dissociative tendencies (Britton, 2019). Especially if this age-group is already susceptible to higher levels of DP, decentering may require more caution. For a histogram of the current study's CDS scores, see Appendix F.

Limitations

The overall study has limitations and mistakes. First, changing the use of the TMS-D from a meditation experience to the entire day may have hurt the internal validity of the scale. This study may also have less external validity, as the sample is heavily weighted with female participants, which is not representative of the population at UCSB or globally. Although the samples did not represent the population, this study is still beneficial as young adults are quite susceptible to DP, as shown by the CDS scores.

Conclusions

This study replicated the negative relationship between DP and mindfulness while also showing a positive relationship between DP and decentering. This study furthers the idea that depersonalization and mindfulness are multi-faceted constructs, of which decentering appears to be shared. This demonstrates that mindfulness is not a one-size-fits-all, as increasing decentering in MBIs for those at-risk or diagnosed with dissociative disorders may be counter-productive. More research on depersonalization is needed across the board. However, future studies should continue to look into the relationship between overequipping decentering and depersonalization to prevent the development of DPD, and the effects of MBIs on dissociative disorders.

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Appendix A

Racial Demographics

Number of Participants	Racial Identity
31	Asian
47	White
1	Black or African American
3	Other
37	Latino or Hispanic
3	Prefer not to say
23	More than 1 race

A1. Racial demographics.

Number of Participants	Racial Identity
1	White and Black
1	White and American Indian or Alaska Native
4	White and Asian
9	White and Latino or Hispanic
1	Black and Other
1	Asian and Latino or Hispanic
1	White, American Indian or Alaska Native, and Asian
1	White, Asian, and Latino or Hispanic
2	White, Asian, and Other
1	White, Latino or Hispanic, and Other
1	American Indian or Alaska Native, Asian, and Latino or Hispanic

A2. Further breakdown of the "more than 1 race" category.

Appendix B

Cambridge Depersonalization Scale (CDS)

1. Out of the blue, I feel strange, as if I were not real or as if I were cut off from the world.
2. What I see looks 'flat' or 'lifeless', as if I were looking at a picture.
3. Parts of my body feel as if they didn't belong to me.
4. I have found myself not being frightened at all in situations which normally I would find frightening or distressing.
5. My favorite activities are no longer enjoyable.
6. Whilst doing something I have the feeling of being a "detached observer" of myself.
7. The flavor of meals no longer gives me a feeling of pleasure or distaste.
8. My body feels very light, as if it were floating on air.
9. When I weep or laugh, I do not seem to feel any emotions at all.
10. I have the feeling of not having any thoughts at all, so that when I speak it feels as if my words were being uttered by an 'automaton'.
11. Familiar voices (including my own) sound remote and unreal.
12. I have the feeling that my hands or my feet have become larger or smaller.
13. My surroundings feel detached or unreal, as if there was a veil between me and the outside world.
14. It seems as if things that I have recently done had taken place a long time ago. For example, anything which I have done this morning feels as if it were done weeks ago.
15. Whilst fully awake I have "visions" in which I can see myself outside, as if I were looking my image in a mirror.
16. I feel detached from memories of things that have happened to me - as if I had not been involved in them.
17. When in a new situation, it feels as if I have been through it before.
18. Out of the blue, I find myself not feeling any affection towards my family and close friends.
19. Objects around me seem to look smaller or further away.
20. I cannot feel properly the objects that I touch with my hands for, it feels as if it were not me who were touching it.

21. I do not seem able to picture things in my mind, for example, the face of a close friend or a familiar place.
22. When a part of my body hurts, I feel so detached from the pain that it feels as if it were 'somebody else's' pain.
23. I have the feeling of being outside my body.
24. When I move it doesn't feel as if I were in charge of the movements, so that I feel 'automatic' and mechanical as if I were a 'robot'.
25. The smell of things no longer gives me a feeling of pleasure or dislike.
26. I feel so detached from my thoughts that they seem to have a 'life' of their own.
27. I have to touch myself to make sure that I have a body or a real existence.
28. I seem to have lost some bodily sensations (e.g. of hunger and thirst) so that when I eat or drink, it feels an automatic routine.
29. Previously familiar places look unfamiliar, as if I had never seen them before.

B1. These items are used to measure trait depersonalization. Frequency is measured on a Likert scale from 0-4. Duration is measured on a Likert scale from 0-6.

Appendix C

Clinician-Administered Dissociative States Scale (CADSS)

Subjective Items

(At this time, in this room)

1. Do things seem to be moving in slow motion?
2. Do things seem to be unreal to you, as if you are in a dream?
3. Do you have some experience that separates you from what is happening; for instance, do you feel as if you are in a movie or a play, or as if you are a robot?
4. Do you feel as if you are looking at things from outside of your body?
5. Do you feel as if you are watching the situation as an observer or spectator?
6. Do you feel disconnected from your own body?
7. Does your sense of your own body feel changed: for instance, does your own body feel unusually large or unusually small?
8. Do people seem motionless, dead, or mechanical?
9. Do objects look different than you would expect?
10. Do colors seem to be diminished in intensity?
11. Do you see things as if you were in a tunnel, or looking through a wide angle photographic lens?
12. Does this experience seem to take much longer than you would have expected?
13. Do things seem to be happening very quickly, as if there is a lifetime in a moment?
14. Do things happen that you later cannot account for?
15. Do you space out, or in some other way lose track of what is going on?
16. Do sounds almost disappear or become much stronger than you would have expected?
17. Do things seem to be very real, as if there is a special sense of clarity?
18. Does it seem as if you are looking at the world through a fog, so that people and objects appear far away or unclear?
19. Do colors seem much brighter than you would have expected?

C1. These items are used to measure state dissociation using a Likert scale from 0-4. Items 3-7 measure depersonalization. Items 14 and 15 measure amnesia. Items 1, 2, 8-13, 16-19 measure derealization. These subscales sum together for a total state dissociation score. In this study, participants were asked these questions in relation to "the last day or so, including now."

Appendix D

Toronto Mindfulness Scale (TMS)

1. I experienced myself as separate from my changing thoughts and feelings.
2. I was more concerned with being open to my experiences than controlling or changing them.
3. I was curious about what I might learn about myself by taking notice of how I react to certain thoughts, feelings, or sensations.
4. I experienced my thoughts more as events in my mind than as a necessarily accurate reflection of the way things 'really' are.
5. I was curious to see what my mind was up to from moment to moment.
6. I was curious about each of the thoughts and feelings I was having
7. I was receptive to observing unpleasant thoughts and feelings without interfering with them
8. I was more invested in just watching my experiences as they arose, than in figuring out what they could mean.
9. I approached each experience by trying to accept it, no matter whether it was pleasant or unpleasant
10. I remained curious about the nature of each experience as it arose
11. I was aware of my thoughts and feelings without over-identifying with them.
12. I was curious about my reaction to things
13. I was curious about what I might learn about myself by just taking notice of what my attention gets drawn to.

D1. Each item is scored on a Likert scale from 0-4. Only the decentering items were used (1,2,4,7,8,9,11). All other items are for the curiosity subscale (3,5,6,10,12,13). In this study, participants were asked these questions in relation to the "last day or so."

Appendix E

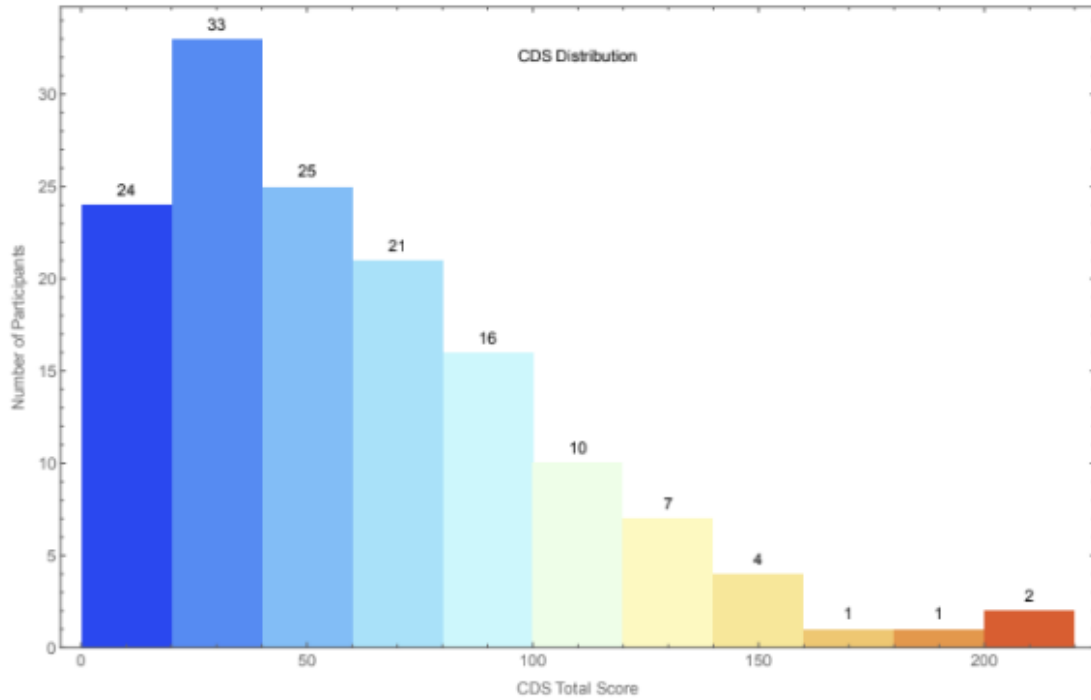
Mindful Attention Awareness Scale (MAAS)

1. I could be experiencing some emotion and not be conscious of it until some time later.
2. I break or spill things because of carelessness, not paying attention, or thinking of something else.
3. I find it difficult to stay focused on what's happening in the present.
4. I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.
5. I tend not to notice feelings of physical tension or discomfort until they really grab my attention.
6. I forget a person's name almost as soon as I've been told it for the first time.
7. It seems I am "running on automatic," without much awareness of what I'm doing.
8. I rush through activities without being really attentive to them.
9. I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there.
10. I do jobs or tasks automatically, without being aware of what I'm doing.
11. I find myself listening to someone with one ear, doing something else at the same time.
12. I drive places on 'automatic pilot' and then wonder why I went there.
13. I find myself preoccupied with the future or the past.
14. I find myself doing things without paying attention.
15. I snack without being aware that I'm eating.

E1. All items were used to measure trait mindfulness. Each item is scored on a Likert scale from 1-6.

Appendix F

Individual Distribution of CDS Scores



F1. Distribution of CDS scores, measuring trait depersonalization. The CDS has 29 items, each scored on frequency (0-4) and duration (0-6). The range of this scale is from 0-290.