

Exploring the Relationship Between Manageability and Dissociative Experiences: A Focus on Depersonalization and Derealization

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ABSTRACT

This study investigates how our fundamental sense of control in life shapes our experience of reality—specifically, how feeling capable of managing stressors might protect against the unsettling experiences of depersonalization and derealization. We examine whether individuals with a stronger sense of coherence (SOC)—particularly its manageability component—are less likely to experience those distressing moments where the self or world feels unreal.

Building on psychodynamic insights about how fragmentation occurs when we feel powerless, and research on resilience, we asked participants to reflect on their coping abilities and dissociative experiences through validated measures (the Sense of Coherence Scale and the Dissociative Experiences Scale-II). The findings tell a clear story: people who reported greater confidence in their ability to handle life's challenges (manageability) also described fewer episodes of feeling detached from themselves or their surroundings ($r = -0.42, p < 0.001$).

By helping clients cultivate a stronger sense of control and problem-solving confidence—whether through therapy, community support, or skill-building—we might reduce their vulnerability to these dissociative experiences. While more research is needed to explore causality, this study highlights manageability in the fight against dissociation, especially for those navigating trauma or overwhelming stress.

Keywords: *depersonalization, derealization, manageability, sense of coherence, trauma, coping*

INTRODUCTION

Depersonalization-derealization disorder (DPDR) represents one of the most intriguing yet distressing dissociative phenomena in clinical psychology. Recognized as a distinct diagnostic category in DSM-5 (American Psychiatric Association, 2013), DPDR represents a profound disruption in subjective experience where individuals feel detached from their own being (depersonalization) or perceive their environment as strangely artificial (derealization). These symptoms frequently emerge alongside trauma-related disorders and anxiety conditions, creating significant impairments in daily functioning through their disruptive effects on memory, concentration, and emotional processing (Lambert et al., 2001; Vannikov-Lugassi & Soffer-Dudek, 2018).

Understanding these dissociative phenomena requires examining how the human psyche responds to overwhelming stress. The psychodynamic tradition offers crucial insights through the concept of splitting - a primitive defense mechanism first described by Kernberg (1975) and later elaborated by Rinsley (1985). When confronted with situations that surpass their coping capacity, individuals may unconsciously compartmentalize experience into rigid dichotomies, creating psychological distance from unbearable realities. While momentarily protective, this fragmentation of consciousness can become maladaptive when sustained, evolving into the chronic detachment characteristic of DPDR (Van der Hart et al., 2006). Judith

Herman's seminal work on trauma (1992) further illuminates this process, showing how prolonged helplessness can force the mind to "disconnect" from reality as a survival strategy.

At the heart of this dynamic lies the concept of manageability from Antonovsky's (1987) salutogenic model. Manageability represents more than simple coping - it encompasses the fundamental belief that life's challenges can be met through available resources, whether internal capacities or external supports. Neurobiological research by Lanius and colleagues (2010) suggests this sense of control may prevent the brain's defensive "shutdown" response that underlies dissociative symptoms. When people maintain confidence in their ability to navigate difficulties, they appear less likely to psychologically withdraw from reality when confronted with stress.

The current study bridges these theoretical perspectives by examining whether manageability, as operationalized in the Sense of Coherence framework, serves as a protective factor against DPDR symptoms. Our investigation addresses a crucial gap in understanding how this specific component of psychological resilience might buffer against the fragmentation of conscious experience that characterizes dissociative disorders.

Methodology

Participants:

The study involved 100 participants recruited through online platforms, with a focus on diverse demographics. Participants consisted of 71 females (71%) and 29 males (29%). Age distribution varied, with the highest frequency of participants falling within the 21-30 age range (58%), while the lowest frequency was observed among participants over the age of 50 (2%).

Materials:

1. *Depersonalization/Derealization Subscale of the Dissociative Experiences Scale-II (DES-II)*
For this study, we specifically analyzed the depersonalization/derealization subscale (items [list item numbers if applicable]), which measures:
Feelings of detachment from self (e.g., "Feeling as though you were standing next to yourself or watching yourself as if you were another person")
Perceptions of unreality regarding one's surroundings (e.g., "Finding yourself in a place and having no idea how you got there")
2. *Manageability Subscale of the Sense of Coherence Scale (SOC)*
This subscale assesses individuals' perceptions of their ability to cope with stressors using available resources.

Procedure:

Data Collection Participants completed the full DES-II and full SOC scale questionnaires through an online survey platform. The survey concluded with debriefing information and resources for mental health support.

Data Analysis:

We extracted scores for The DES-II depersonalization/derealization subscale and the SOC manageability subscale. Statistical analyses included Pearson's correlation to examine the relationship between manageability and depersonalization/derealization and all analyses were conducted using SPSS.

Ethical Considerations:

Participants provided informed consent electronically, could withdraw at any time, and all data were anonymized.

Results

In this section, descriptive findings related to the studied variables are presented.

Table 1. Status of research participants based on gender in terms of frequency and frequency percentage

Gender	Frequency	Percentage (%)
Female	71	71%
Male	29	29%

Table 1 shows the status of the participants in the research based on gender in terms of frequency and percentage. As the results in Table 1 show, the highest frequency is related to female subjects with the number of 71 people (equivalent to 71%) and the lowest frequency is related to male subjects with the number of 29 people (equivalent to 29%).

Table 2. Status of the participants in the research based on age in the form of frequency and frequency percentage

Age Range	Frequency	Percentage (%)
18-20	12	12%
21-30	58	58%
31-40	20	20%
41-50	8	8%
51+	2	2%
sum	100	100%

Table 2 shows the status of the participants in the research based on age in terms of frequency and percentage.

As the results shown in Table 2 show, the highest frequency is related to subjects aged 21-30 with a number of 58 people (equivalent to 58%) and the lowest frequency is related to subjects over 50 years old with a number of 2 people (equivalent to 2%).

Table 3. Descriptive findings related to research variables

Variable	n	Mea	Standar d Deviation	Minimu m	Maximu m
Dissociative Experiences Involvement	1	31.5	24.74	0	100
Dissociative Amnesia		6.86	7.30	0	20
Depersonalization/Derealizat ion		7.02	6.82	0	20
Absorption/Imaginative	3	17.6	13.57	0	50
Sense of Coherence	9	53.6	12.57	29	79
Comprehensibility	2	20.3	5.61	10	30
Manageability	4	20.0	5.48	10	30
Meaningfulness	3	13.3	3.60	5	20

As can be seen in Table 3, the mean and standard deviation of the research variables are respectively 31.51 and 24.74 in the variables of dissociative experiences, Dissociative Amnesia 6.86 and 7.30, Depersonalization/ Derealization 7.02 and 6.82, Absorption/Imaginative Involvement 17.63 and 13.57, sense of coherence 53.69 and 12.57, Comprehensibility 20.32 and 5.61, Manageability 20.04 and 5.48 and meaningfulness 13.33 and 3.60.

Correlation Analysis

Pearson's correlation coefficient was used to examine the relationship between Manageability and depersonalization/derealization. Results indicated significant correlations, as outlined in Table 4.

Table 4: Correlation Coefficients Between Research Variables

Variable	Pearson Correlation	p-value
Manageability and depersonalization/derealization	-0.42	< 0.001

Discussion

The significant negative correlation we observed between manageability and DPDR symptoms ($r = -0.42$, $p < 0.001$) offers compelling evidence for the protective role of perceived control in maintaining psychological integration. These findings resonate deeply with multiple theoretical frameworks while advancing our understanding of dissociation's underpinnings.

From a psychodynamic standpoint, the inverse relationship between manageability and dissociation supports Kernberg's (1975) and Rinsley's (1985) propositions about the origins of splitting mechanisms. When individuals perceive themselves as unable to manage life's challenges - when their sense of control is compromised - they appear more likely to employ extreme defensive operations that can culminate in dissociative symptoms. Herman's (1992) observations about trauma survivors provide a clinical context for these findings, illustrating how chronic helplessness can force the psyche into fragmented states of being.

The salutogenic perspective, particularly Antonovsky's (1987) concept of manageability, helps explain why some individuals maintain integration despite significant stress. Our results suggest that the belief in one's ability to access and utilize coping resources - whether personal strengths or social supports - may prevent the neurological and psychological disintegration that manifests as DPDR. This aligns with Lanius et al.'s (2010) neurobiological model of dissociation as a stress response mechanism.

These converging insights have important clinical implications. Chu's (2011) work on treating complex trauma demonstrates that therapeutic interventions aimed at enhancing clients' sense of control and coping efficacy can reduce dissociative symptoms. Our findings suggest that specifically targeting manageability - through problem-solving training, resource-building, or other means - could represent an effective preventive and treatment approach for DPDR.

Several limitations warrant consideration. While our use of validated measures like the DES-II (Carlson & Putnam, 1993) strengthens reliability, the cross-sectional design prevents definitive causal conclusions. Future research should employ longitudinal designs to establish whether manageability deficits precede dissociative symptoms, as our theoretical framework suggests. Incorporating physiological measures of stress response could further reduce reliance on self-report data.

This study advances our understanding of DPDR by demonstrating how manageability - as a specific component of psychological resilience - may protect against dissociative symptoms. By integrating psychodynamic concepts of defense mechanisms with salutogenic principles of coping and neurobiological models of stress response, we offer a more comprehensive framework for understanding and addressing these challenging clinical phenomena.

Manageability can act as a Buffer Against Dissociation. The inverse relationship between manageability and depersonalization/derealization symptoms suggests that individuals who perceive themselves as capable of navigating challenges (e.g., through problem-solving or accessing social support) are less likely to experience detachment from reality. This aligns with Antonovsky's (1987) theory that a strong SOC fosters resilience by enabling adaptive stress management. When manageability is compromised—due to trauma, chronic stress,

or inadequate resources—individuals may resort to maladaptive defenses like splitting (Kernberg, 1984), which can escalate into dissociative symptoms as a means of psychological escape.

Limitations and Future Directions:

While we identified a correlation, longitudinal studies are needed to establish causality (e.g., whether low manageability precedes dissociation).

Self-Report Bias: DES-II and SOC scales rely on subjective recall; future work could incorporate behavioral or physiological measures (e.g., heart rate variability during stress tasks).

In Conclusion this study highlights manageability as a potential protective factor against depersonalization/derealization, bridging psychodynamic perspectives. By addressing coping deficits early, clinicians may mitigate dissociation risk—a crucial step toward improving outcomes for trauma-related and stress-sensitive populations.

List of Symbols:

SOC: Sense of Coherence

DES-II: Dissociative Experiences Scale II

DPDR: Depersonalization-Derealization Disorder

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