UNDERSTANDING YOUR DIAGNOSIS

# Depersonalization/Derealization Disorder

Also called Depersonalization/Derealization Disorder

Feeling unreal, or watching yourself from outside. It is not going insane and it is not brain damage, and it can get better.

| HOW COMMON | OFTEN STARTS | TREATABLE | LONG TERM |
|---|---|---|---|
| About 1 to 2 in 100 people | Around 16; rare after 25 | Yes - symptoms can settle | Ongoing for about 2 in 3 |

## What this is

- Feeling unreal does not mean you are losing your mind, and it is not brain damage. Your brain has turned the volume down on experience.
- You still know what is real. Saying it feels as if you were unreal is what separates this from losing touch with reality.
- It has a name and it is well described, even though most people have never heard of it and cannot put it into words.
- It can settle. Simply understanding what this is takes away a large share of the suffering all on its own.

## What it can look and feel like

- You watch your own thoughts, body or actions from outside, as though you were the audience rather than the person.
- Emotions feel switched off. You can tell that you should feel something, and the feeling simply does not arrive.
- The world looks flat, foggy, dreamlike or staged, and familiar rooms and faces feel oddly artificial.
- Your own past can feel like it belongs to somebody else, as if you were reading it rather than remembering it.
- Time goes strange, and your memory and concentration feel unreliable even when the tests come back normal.
- You may remember the exact moment it began, often after cannabis, a panic attack, or a stretch of heavy stress.
- You find it nearly impossible to put into words, and you may fear that saying it out loud will make people think you are unwell.

## What is happening in your brain and body

- The thinking part at the front of your brain is clamping down on the feeling parts, which drains the color out of experience.
- Your body reacts less than usual to upsetting things, even while you feel just as anxious on the inside.
- The insula, the part that tracks signals from inside your body, goes quiet, and that is the disembodied feeling.
- Cannabis and ketamine can produce exactly this state, which is why they trigger it and why they keep it running.
- This began as a protection. It dulled feelings that were too much to hold, and then it stayed on past the danger.

## What can make it more likely

- A panic attack, a stretch of heavy stress, or a bad experience with cannabis is the most common starting point.
- Childhood emotional neglect and being spoken to harshly are the backgrounds most consistently linked to it.
- Watching the symptom closely and reading it as a sign of madness is exactly what keeps the cycle turning.
- It sits alongside depression and anxiety for most people, and treating those often helps this at the same time.

## What to expect

- About half of people have this briefly and it passes. For others it runs on, and treatment is what shifts it.
- The fear usually goes before the unreal feeling does, and that alone makes ordinary days much more livable.
- Many people see several clinicians over years before it is named. Having the right name for it is real progress.
- Progress tends to be gradual: more moments of feeling present, then longer stretches, rather than one switch flipping.

## What helps

Treatment works. Most people get better.

### Talking therapies

- **CBT** is the best-supported therapy. It goes after the frightened interpretations rather than the unreal feeling itself.
- Learning what this is cuts a lot of the suffering by itself, because so much of it comes from fearing you are going mad.
- You practice dropping the checking: no more staring in mirrors, no more testing whether you feel real yet today.
- Attention training turns your focus outward, onto tasks and the details around you, instead of inward onto yourself.
- **Mindfulness** approaches teach you to let the unreal feeling be there without fighting it, which loosens its grip.

### Medicines

- Nothing is approved for this, and **antidepressants** on their own did not beat a dummy pill in a controlled trial.
- **Antidepressants** are still worth trying when depression or anxiety is present, and lifting those often helps this.
- **Lamotrigine** added to an antidepressant has the best supporting evidence here, though the studies are small.
- **Naltrexone**, a medicine used for cravings, gave modest benefit in open studies. Doses are set with your prescriber.
- Benzodiazepines tend to deepen the unreal feeling, so they are not a long-term answer even when anxiety runs high.

### Everyday things that help

- Stopping cannabis, stimulants and hallucinogens completely is the single most important step. Use keeps this going.
- Regular exercise, steady sleep and less caffeine leave your body less keyed up, and that measurably eases the intensity.
- Being tired, dehydrated or breathing fast and shallow all sharpen the feeling, and they explain many of the bad days.
- Breathing out for longer than you breathe in settles your body within a few minutes, and you can do it anywhere.
- Meeting other people who have this ends the isolation of a condition you cannot describe to anyone around you.

## Get help right away if

- If you are thinking of ending your life, call or text **988** in the US, or go to the nearest emergency room.
- If you become convinced the unreality is literally true, get seen soon. That is a different problem to treat.
- Sudden unreality alongside headache, weakness or a blackout needs an emergency room the same day.

## Questions to ask your care team

- *Could a medicine or a substance I use be causing this?*
- *Do I need any tests, such as an EEG, to rule other things out?*
- *Which therapy should I try first, and where would I find it?*
- *Is my depression or anxiety driving this, or is it separate?*

# Where this information comes from

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**NOTE**

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.