What is Depersonalization Derealization?

- Depersonalization has been described as feeling disconnected from oneself. Derealization is referred to as being unattached from one's surroundings. Together, depersonalization derealization cause a sense of unreality or dream-like state, and it can be very uncomfortable for people who have the disorder (Folk, 2017).
- Depersonalization disorder is one of a collection of conditions called dissociative disorders. Dissociative disorders are "mental illnesses that involve disruptions or breakdowns of memory, consciousness, awareness, identity, and/or perception (Mayo Clinic Staff, 2017)." Depersonalization was combined with Derealization Disorders and renamed Depersonalization Derealization Disorder in the DSM-5.
- DPDR usually goes with anxiety and panic attacks
- It may be referred to through a variety of acronyms: DPDR, DDPD, DPD, DP
- Brief experiences of depersonalization are common in the general public (60%), but the disorder is diagnosed specifically when one is under substantial distress and social, work, and other areas of function are impaired.

Why Do I have it?

- Stress
    - "Persistently elevated stress, such as that from stress-response hyperstimulation, is the most common cause of depersonalization." (Folk, 2017).

    - Daphne Simeon, MD, conducted a study with 117 participants with DPDR, which she would later add to her book “Feeling Unreal.” **Overwhelmingly, (around 75%) the participants cited severe stress, panic, drug use, and depression as the most common triggers of the symptoms (Simeon, 2003).**
- Traumatic event in life
    - “Altogether, 57.8 % of the DDS patients in a study reported at least one significant traumatic childhood experience” (Michal, 2015). For example, 15% of the population reports being molested, physically attacked, raped, or involved in some sort of an accident (Lev-Wiesel, 2008).
- Genetic & Environmental
    - Psychologist Amy Przeworski, PhD, says “Individuals inherit a predisposition to being an anxious person, and about 30 to 40 percent of the variability is related to genetic factors” (Vann, 2015). The chance of getting DPDR is significantly increased if there is a family history of the disorder. In a study, about 36% showed a family history of anxiety disorder. However, is it unclear what percent is genetic influence vs family environment and others factors.

What’s going on?

- When danger is perceived, stress hormones are released throughout the body. During this time the Amygdala, the fear center of the brain, becomes dominant resulting in a hyper-awareness or a hyper-stimulation state, which is

depersonalization. These psychological, physiological, and emotional changes are actually meant to benefit an individual by maximizing their defense. This is helpful for short-term fear, but long bouts of the fear response can keep an individual in a depersonalized state for long periods of time. “We feel depersonalized because the brain isn’t communicating with itself correctly due to the negative effects of stress-response hyperstimulation. Essentially, depersonalization is a brain-processing problem due to it being overly stressed” (Folk, 2017).

Additional Facts

- the mean onset age of depersonalization was 15.9 years old. I personally experienced it when I was younger (refer to bio)
- those affected by Depersonalization Derealization Disorder may have to go to some length to get a diagnosis. The book “Feeling Unreal,” says that “it has been noted as the third most prevalent psychiatric symptom, after depression and anxiety, yet the average mental health professional usually knows very little about it.” (Simeon, 2003).
- Again, multiple sources agree that DPDR is correlated to (1) trauma, (2) severe stress, or (3) drugs.
- Marijuana and other drugs appear to be a trigger for users who have either a family history of anxiety or depersonalization. Alcohol and caffeine can also be a trigger.

How to get relief

Therapy (80%) and medication (20%). Let's start with therapy

- Cognitive Behavioral Therapy
    - Cognitive Behavioral Therapy combines cognitive and behavioral techniques aimed at monitoring thoughts, challenging and removing irrational beliefs, and experimenting with new behavior and responses.
        - (added: we cannot control anything, only how we respond to it)
- Dialectical Behavioral Therapy
    - Dialectical Behavioral Therapy was developed by Marsha M. Linehan, a psychology researcher at the University of Washington in the late 1980s. DBT uses core elements of CBT and added mindfulness-based techniques, many of which are from Buddhist practices. Distress tolerance, acceptance, and mindful awareness are a few of the techniques used in the DBT 4 component model.
- Logotherapy
    - Viktor Frankl developed Logotherapy, and it is discussed in detail in his book "Man's Search for Meaning."
    - Logotherapy is based on the idea that people are driven to find a sense of meaning and purpose in life.

- According to Frankl, life's meaning can be found in three ways: creating a work or the accomplishment of a task, experiencing something fully or loving someone, and one's attitude toward suffering in life (Frankl, 1959).
- A man's ultimate freedom is his ability to choose the reaction to a particular set of circumstances, including those that are painful.
- The three main techniques of Logotherapy are dereflection, paradoxical intention, and socratic dialogue.
- Given that Logotherapy is used for many clients with anxiety, paradoxical intention involves precisely asking for the thing most feared. By asking for what one fears, it actually removes fear from their intentions and paradoxically, the symptoms that go along as a result of the fear. Logotherapy has been especially successful in treating anxiety, depression, PTSD, and substance abuse.

Prescription Medication

- In Daphne Simeon's study of 117 depersonalized patients at Mt. Sinai, they discovered many newer treatments for depression were not effective on depersonalization. Buproprion (Wellbutrin, Zyban), for instance, showed ineffective results. It is a type of SNRI, serotonin and norepinephrine reuptake inhibitor
- SSRI's, however, produced 38% positive results from the study. Selective Serotonin Reuptake Inhibitors directly act on one's serotonin system. The

amount of serotonin in the brain is affected by blocking its reabsorption during "transmission from one nerve cell in the brain to another" (Simeon, 2003). The blocking allows an increased amount of serotonin to become available for the next nerve cell. It is widely agreed upon that a deficit of serotonin may lead to depression, anxiety, etc. and exacerbate its symptoms. The participants said that the symptoms ultimately did not go away with SSR's but they were, however, less bothered by them. While SSRI's are somewhat effective, most experts believe that prescriptions alone are not enough to cure one suffering from DPDR.

- Dr. Torch, a member of the research unit for the Mt. Sinai study with Dr. Simeon, indicates that his model is currently 20% medication and 80% psychotherapy.

Good News

- There are no long-term negative effects. You can experience it for a short or long time, and recover fully.
- Every difficult moment or experience can allow personal growth.
- The fear and discomfort is the worst of it! You've most likely already experienced the worst it has to throw at you.