

Depersonalisation

What is depersonalisation?

Many people who experience anxiety or depression can feel mentally cut-off from things from time-to-time. This feeling can last for hours and is called 'depersonalisation'. It can be quite difficult to describe what this feels like. You may feel a fuzzy-headed, spaced-out sort of sensation. You know that you are fully awake yet you feel distanced from things. You feel like you are a robot acting on automatic. You may seem like being an observer looking at everything from a distance. Also, things around you may not seem completely real – so called 'derealisation'. These feelings can be very disturbing. Depersonalisation and derealisation often suddenly start, and just as suddenly stop.



The causes of depersonalisation.

A number of different factors can lead to depersonalisation. The following are the most common causes.

1. High levels of anxiety or panic. High levels of emotion including anxiety or panic can cause depersonalisation. Anxiety may focus upon everyday stresses, or on the experience of depersonalisation itself. For example, common fears during depersonalisation are that we may go mad or lose our mind.
2. Overbreathing (hyperventilation). Usually, when we become fearful, our body reacts by increasing the heart rate and rate of breathing. In hyperventilation rapid short breaths are taken through the mouth. Even though we are getting more than enough oxygen into the blood supply, we begin to notice a range of unpleasant but harmless physical symptoms. This can include depersonalisation as well as other symptoms such as dizziness, blurred vision, a dry mouth, and also sensations of tension or tightness in our chest.
3. High levels of depression. In depression we feel excessively down and few if any things can cheer us up. Depression is commonly mixed in with feelings of anxiety or panic. A range of physical symptoms of depression such as low energy, reduced appetite and disrupted sleep patterns can occur. Depersonalisation is often experienced during high levels of depression.
4. Upsetting memories / flashbacks and other upsetting thoughts. Sometimes we may have experienced an upsetting event or trauma in the past. Intrusive recollections of what happened (or what might have happened) can occur. These memories or images cause increased feelings of upset, tension and depersonalisation. Sometimes we are only dimly aware of the thoughts. We are instead more aware of the unpleasant feeling of depersonalisation. The treatment is to try to identify any extreme and unhelpful thoughts or memories, and challenge these. Ask your guide for other leaflets on Recognising and Changing extreme and unhelpful thinking to help you with this.
5. Infections such as colds / flu / viruses and a range of other physical illnesses.

Related leaflets include:

- > Depression – A Five Areas Model
- > Using Antidepressant / Anxiolytic Medication
- > Recognising / Changing Unhelpful Thinking / Behaviours
- > Panic Attacks
- > Anxiety – A Five Areas Model



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6. A side effect of medication. A number of common medications can lead to problems of depersonalisation. These medicines can be prescribed for both mental and physical health problems. They include some antidepressant medications. If you are taking medication ask your doctor if this is a known side effect.

Most medications do not cause this problem for most people. If you are experiencing severe depression or anxiety, it is more likely on balance that the cause is the emotional upset. It is therefore important not to stop the medication without an open discussion with your own doctor about this. Useful clues that suggest a possible link are if the depersonalisation started or worsened after starting or increasing the particular medication.

If you jointly agree that medication might be a factor in your depersonalisation you can test this out by:

- Changing to another type of medication.
- Reducing the dose of the current medication.
- Having a time off the medication.

These changes can be viewed as an experiment. Record the severity and length of time you notice the depersonalisation over a week or so before and after any change in medication. This will help you make a judgement as to whether the medication is affecting your symptoms.

7. As a symptom of epilepsy. A certain type of epilepsy called temporal lobe epilepsy can cause symptoms of depersonalisation. Most people think of epileptic fits as causing the person to lose consciousness whilst shaking their limbs. However, some forms of epilepsy can occur while the person is fully awake and otherwise functioning normally. Temporal lobe epilepsy is one of these examples of so-called partial epilepsy. The word partial describes the fact that there is a fit, but not so extensive a one as to cause a loss of consciousness.

The following questions ask about a number of symptoms that can be present in temporal lobe epilepsy. Please note that a positive response to several of the questions only suggests that temporal lobe epilepsy be considered. The questions do not allow a diagnosis of epilepsy to be made. If you have any concerns, please discuss this with your doctor.

- Q. Have you ever had a fit or experienced an unexplained loss of consciousness?
Yes / No
- Q. Do you ever notice strange smells or strange tastes in your mouth that don't seem to have a usual explanation for them?
Yes / No
- Q. Do you find that sometimes you will visit a place that you know you have gone to before, yet you have no sense of familiarity for it at all?
Yes / No
- Q. Have you ever experienced the reverse of this – visiting somewhere you know you have never been to, yet the place seems very familiar to you? (So-called déjà vu).
Yes / No

If you have answered Yes to any of these questions, you should discuss this with your doctor. They may suggest further investigations to identify whether temporal lobe epilepsy is present. If epilepsy is present then they may suggest the prescription of anti-epileptic medication. This can be very effective.

Summary.

This short worksheet aims to provide you with a brief overview of the main causes of depersonalisation. If you suspect that some of the possible factors that can lead to depersonalisation are present, please discuss this with your health care practitioner so that you can jointly decide how to approach this problem.

