



Science

DEPERSONALIZATION/DEREALIZATION DISORDER: JENNIFER’S RECOVERY STORY

Jennifer L. Jones¹, Samuel P. Abraham²

¹ BSN (c) Student Nurse, Bethel University School of Nursing, Mishawaka, Indiana

² DHA, MS, RN, Associate Professor of Nursing, Bethel University School of Nursing,
Mishawaka, Indiana

Abstract

Depersonalization/derealization disorder is not commonly known. A nursing student experienced depersonalization/derealization attack just as she was taking her pharmacology examination at the end of the first year of nursing school. She was brought up in a supportive family. She reports no history of abuse or substance use. She succeeded well in high school and have had no serious panic episodes throughout her childhood and teen years. Jennifer tells the story of how on April 24th, 2017 her life changed.

Keywords: Depersonalization Derealization Disorder; Severe Stress; Anxiety; Panic Attack; Detached; Feeling Numb.

Cite This Article: Jennifer L. Jones, and Samuel P. Abraham. (2019). “DEPERSONALIZATION/DEREALIZATION DISORDER: JENNIFER’S RECOVERY STORY.” *International Journal of Research - Granthaalayah*, 7(5), 66-70. <https://doi.org/10.5281/zenodo.3234685>.

1. Introduction

Depersonalization/derealization disorder (DDD) is characterized in the diagnostic and statistical manual DSM-5 as persistent or recurrent depersonalization symptoms in the presence of intact reality testing, not better accounted for by other psychiatric or medical disorders (DSM, 2013). An estimated 1%-2% of the population is affected by DDD (Sierk et al., 2018). DDD involves a constant feeling of being disconnected from one’s body, like an outside observer of their life, and sometimes a feeling of being separated from one’s surroundings (Gentile, Snyder, & Marie Gillig, 2014).

2. Causes

Gentile et al. (2014) connected DDD to stress and trauma. Symptoms of DDD can be triggered by severe stress, which includes failed relationships, financial problems, work-related issues, emotional abuse as a child, neglect, physical abuse, witnessing domestic violence, and unexpected

death of a loved one. It can be also related to depression, anxiety, or substance use. Dadi et al. (2016); and Hurlimann, Kupferschmid, and Simon (2012) emphasized that DDD induced by cannabinoids should not be taken lightly. Sierk et al. (2018) claimed white matter network alterations in patients with DDD.

3. Symptoms

The symptoms are very stressful and make it difficult for the person to function well in school, home, or work. They could also feel emotionally and physically numb. Sedeño et al. (2014) study results indicates the likelihood that altered interoceptive processing is engaged on the basis of clinical features, such as disembodiment and emotional numbing. While people with DDD feel detached from their body and report emotional or physical numbing, actual subjective body perception is unaffected, and heartbeat is like normal, healthy people (Michal et al., 2014). Feeling detached from surroundings. Anxiety and depression are common; however, in another study, Michal et al. (2014) found that depression and anxiety did not alter the associations of depersonalization with interoceptive accuracy. Unlike psychotic disorder, people with depersonalization/derealization disorder are aware that what they feel is not real. Lemche et al. (2016) found that patients with DDD do not display major impairments in selective attention, cognitive inhibition and working memory. However, slight neuropsychological deficits were revealed and confirmed in terms of distractibility, reduced short-term memory, and inability to suppress stress-related arousal states under cognitive task demand.

4. Diagnosis

Diagnostic tests may include electroencephalogram, computer tomography, and magnetic resonance imaging. Physical examination may include assessment for a seizure disorder and substance use problems. A physical exam and diagnostic tests are completed to rule out other ailments. Urine test to check for drugs is common.

5. Treatment

Complete recovery is possible. Often the disorder may disappear without treatment. Psychotherapy (talk therapy), especially cognitive-behavioral therapy, is often helpful. Antidepressant drugs and antianxiety meds may be ordered (Gentile et al., 2014).

6. Jennifer's Story

This section is the direct words of Jennifer. Have you ever looked in the mirror and realized your existence as if you weren't real before? This is just a snippet of what depersonalization is like. DDD affects many but seems to be one of the least known mental disorders. I am one of the many affected by DDD. Although this disorder typically is seen in those with past traumas, this was not the case for me. I come from a typical two-parent household with an older brother and went to a high school of roughly 3,500 students, where I succeeded greatly. My family has always been supportive of me and my dreams, especially when it comes to school. I didn't realize how much I would need their support until after my first year of nursing school came to an end.

April 24th, 2017 was the day that changed me. This was the day of my pharmacology final. I am a perfectionist when it comes to my grades, so I was stressing myself out all week studying for this exam. The day of the exam started out like any other exam day: studying before the exam, asking other students last minute questions, and taking deep breaths. After sitting down and having devotion and prayer, our scantrons and test packets were passed out. The feeling of pending doom rushed over me like a large tidal wave. I kept telling myself to calm down and focus. As I started my way into the exam, my heart began to pound faster and faster. I felt my airway tightening and the edges of my vision became dark. At this moment I was no longer panicking about the test. I was beginning to panic about the panic I was experiencing. I rushed through the test and headed to a friend's dorm in order to lay down and breathe. Sweat covered my neck as I laid down in her room still struggling to catch my breath. When I got home later that day, I felt fine until right before bed. As I made my way to tell my parent's goodnight, I took one look at my dad and felt something different. It was like I was seeing him for the first time. I knew he was my dad, but something about him seemed off and I had this dreamlike experience. At that moment, my vision had this glare to it and everything felt like a dream. I had lost touch with reality in one day. Little did I know, it would be months before I regained my sense of reality.

After that day, I began to feel anxious about going into a panic state as I had during my exam. I couldn't get the feeling out of my head. The worse my anxiety got, the more I became out of touch with reality. I had put this idea in my head that I was living in a dream and my real body was in a coma. As my symptoms became worse, I began questioning whether or not I was going insane. I felt like a little person inside my head looking through my eyes like a television screen that didn't have control of my body. Looking at my limbs began to terrify me as they did not seem to be mine and I questioned how I was making them move. Going out in public started to become a hassle and I tried to avoid it at all costs because my symptoms of depersonalization were worse when I was out. Lights bothered me and made my whole world seem even more dreamlike so I wore sunglasses all the time, even indoors. My anxiety and symptoms were so debilitating that I did not want to perform self-care measures. One of these reasons is because I could not stand to look in the mirror. It was like looking at a stranger then realizing it was me and panicking about the fact that I actually existed. I would go days without leaving the house, let alone leaving the couch and did not want to see my friends or boyfriend. Everything felt so helpless and I questioned how I would continue to live life like this if my symptoms continued. However, with the support and encouragement of my friends, family, and boyfriend, I did not lose hope that I would make a recovery.

My doctor could not figure out my symptoms but knew for certain I was suffering from anxiety. She sent me to physical therapy thinking it had something to do with cervicogenic dizziness as I was dizzy all the time and my neck was always incredibly sore and tense. She also prescribed me medication for anxiety. I had taken my own liberty to schedule an appointment with a therapist because I felt like I was losing my mind. And by losing my mind, I mean that I could hardly sleep because I had myself convinced that whatever I had was life-threatening and that I was going to die in my sleep. I met with a therapist weekly, for several weeks, but felt no relief. My doctor had prescribed buspirone for me, which did not give me relief. Next, she tried escitalopram. This caused terrible side effects that I just could not cope. Even alprazolam for quick relief of anxiety was not helping as my anxiety attacks were lasting longer than the medication effects. Finally, my doctor hit the jackpot. I was prescribed an anti-anxiety medication called clonazepam and an

antidepressant called citalopram. The anti-anxiety medication was prescribed to keep my anxiety under control until the antidepressant reached its full effect. Clonazepam seemed to be enough to help bring me down from a panic attack and I did not experience any terrible side effects from the citalopram. This, combined with switching therapists helped me begin to see a light at the end of the tunnel. My therapist sent me to a psychiatrist to get an assessment and documented diagnosis so she knew how to help me. I found out after meeting with the psychiatrist that I had panic disorder with severe agoraphobia and DDD. My therapist worked on grounding techniques to help myself come back to reality when I started to feel as if I wasn't real. She also suggested that I get a pet if I was able to and if my parents agreed. My parents were very supportive, taking me to every appointment, and were dumbfounded about the whole situation in regards to how my mental health had declined so quickly. They were desperate to help in any way that they could. So, they allowed me to get an eight-week-old black lab. He kept me on my toes and was a great distraction from my thoughts and anxiety. With the help of my medications, cognitive behavioral therapy, and my dog, I was able to start coming back to reality.

The day that my therapist dismissed me from her care was a rejoicing day as I knew that I was on the right path to recovery. I had to take a year off from school because of these issues. I was surprised at how helpful the Dean of Nursing was. She had told me I needed to take time to help myself and that she understood. She also talked me through what my next steps would be when I came back to school and helped me figure out how I would get caught up since the curriculum would change. The school worked with me in regards to retaining my financial aid scholarship when I decided to come back and the School of Nursing helped me with the steps that I needed to take in order to test back into the program. The support I received from everyone was more than I could have imagined. Now, I'm back in nursing school and doing well. I'd say that I'm recovered, depersonalization and derealization always seem to linger and don't completely go away. I still have symptoms daily, but because of what I learned in therapy, I know how to combat those feelings and keep moving forward. Looking back, I can say that I am thankful for this experience. It has taught me how to manage stress with effective coping skills.

7. Conclusion

Jennifer is doing extremely well in nursing school and is smiling and supportive of others. She says, *"I support my peers, some of whom also have mental diagnoses and I tell my story in hopes that more people can understand DDD. I also spread my story to let people know that anyone from any background can be a victim of mental illness."* Treatment is available. One should not suffer alone. Supportive family, friends, school administrators, teachers, and employers are crucial in the success of individuals affected. Distractors such as pets could be beneficial. Mental illness does not care who you are or what your past entails.

References

- [1] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: DSM-5. American Psychiatric Publishing, Inc.
- [2] Dadi, G., Dervaux, A., Krebs, M. O., Gaillard, R., Laqueille, X., & Plaze, M. (2016). Persistent depersonalization/derealization disorder induced by synthetic cannabinoids. *The American Journal of Psychiatry*, 173(8), 839-840. doi: 10.1176/appi.ajp.2016.16010029

- [3] Gentile, J. P., Snyder, M., & Marie Gillig, P. (2014). Stress and trauma: Psychotherapy and pharmacotherapy for depersonalization/derealization disorder. *Innovations in Clinical Neuroscience*, 11(7-8), 37-41. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4204471/>
- [4] Hurlimann, F., Kupferschmid, S., & Simon, A. E. (2012). Cannabis-induced depersonalization disorder in adolescence. *Neuropsychobiology*, 65(3),141–146. doi.org/10.1176/appi.ajp-rj.2018.130202
- [5] Lemche, E., Sierra- Siegert, M., David, A. S., Phillips, M. L., Gasston, D., Williams, S. C., & Giampietro, V. (2016). Cognitive load and autonomic response patterns under negative priming demand in depersonalization- derealization disorder. *The European Journal of Neuroscience*, 43 (7), 971-978. doi:10.1111/ejn.13183
- [6] Michal, M., Reuchlein, B., Adler, J., Reiner, I., Beutel, M. E., et al. (2014). Striking discrepancy of anomalous body experiences with normal interoceptive accuracy in depersonalization-derealization disorder. *Plos One*, 9(2): e89823. doi.org/10.1371/journal.pone.0089823
- [7] Sedeño, L., Couto, B., Melloni, M., Canales-Johnson, A., Yoris, A., et al. (2014). How do you feel when you can't feel your body? Interoception, functional connectivity and emotional processing in depersonalization-derealization disorder. *Plos one*, 9(6): e98769. doi.org/10.1371/journal.pone.0098769
- [8] Sierk, A., Daniels, J. K., Manthey, A., Kok, J. G., Leemans, A., Gaebler, M., et al. (2018). White matter network alterations in patients with depersonalization/derealization disorder. *Journal of Psychiatry & Neuroscience*, 43(4). 170110. doi: 10.1503/jpn.170110.