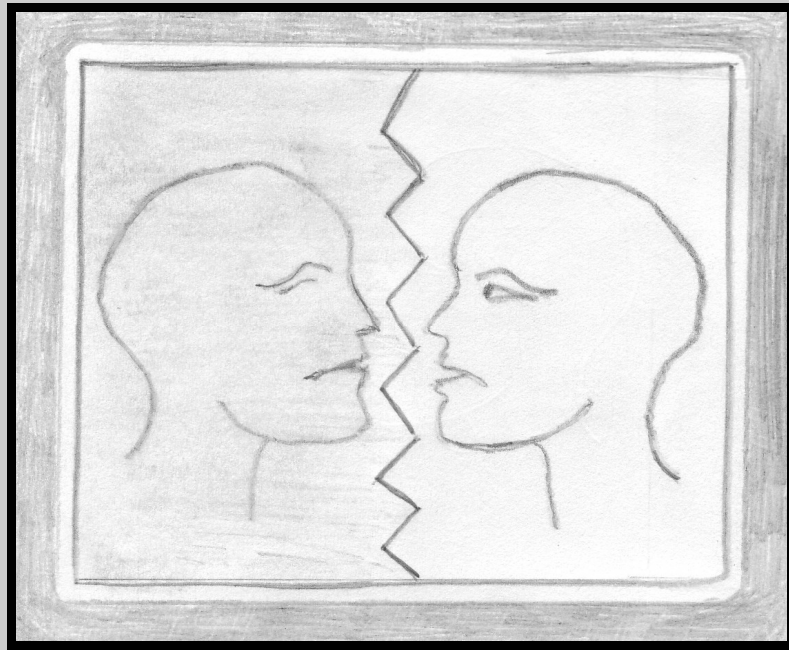


# Detached



Practical Help With Feeling

Detached, Dazed, Unreal & Numb

Symptoms Of Depersonalisation Disorder

JOANNA L. RINGROSE

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## **Preface**

My research for a doctorate in psychotherapy at the Metanoia Institute, London, involved me interviewing eight practitioners who specialise in the field of complex trauma and dissociation. The interviews involved me asking these specialists open ended questions about their work with this client group. They were largely working in specialist centres for trauma and dissociation and were therefore immersed in this field of work and had considerable experience. They were sourced by searching the internet for the names of some of the most widely known specialists in the field. The participants came from America, Holland and the UK. The questions I asked looked at all aspects of a therapists' work with these problems. The input from these specialists has been invaluable to me and not wanting the material to simply sit on an academic shelf, I decided to incorporate it into this booklet. The booklet aims to be accessible to anyone who suffering from the symptoms of depersonalisation disorder. The material has also been derived from a literature review of the work published on the subject over the last thirty years, as well as being informed by my own experience of working with this client group. I hope you find it informative and would very much like to hear your comments. You can contact me via the e-mail address found on page i.

## **Acknowledgements**

I would like to thank my clients for sharing all their experiences so bravely with me. They think I teach them but the learning and experience has come from them more than me.

Thank you too to Christine Stevens, who has been my academic adviser throughout my doctorate training and Remy Aquarone who has been my academic consultant. Both of you have helped me professionally but also personally to rise to the challenges of this work in my writing and practice.

Thanks too, to members of my cohort at Metanoia Institute but in particular, Maxine Daniels and Val Thomas who have been companions on my research journey and provided both emotional and practical support, as well as critical ears to check out my ideas.

Last but by no means least thanks to my husband, Mark, my two children, Laura and Christopher and my dear friend Julia Nadal. They have patiently listened to my accounts of the trials and tribulations whilst I have been undertaking this research and fed me love, care and enthusiasm when my resources have been depleted.

# **CHAPTER 1.**

## **Finding Out What Is Wrong**

### **1.1 Symptoms**

You likely picked up this book because the title rang true for you. From time to time we all feel a bit detached, dazed, numb or unreal, or indeed all of the above. I am guessing but I imagine your experiences have lasted longer than you would have liked and are meaning that you are getting less enjoyment out of life. This short book is aimed at people who have become bothered by these experiences and had them for a while.

Often people come to see me for counselling or psychotherapy for these problems and it may be helpful for you to see someone too but not everyone can afford to attend therapy and some people get better of their own accord or through working through a booklet like this one. My only concern is that if you get to the end of this booklet and it has not been enough for you, I do not want you to assume this has something to do with you not being good enough, or not doing something right. The chances are you just need a little more support than a book can offer and there is no failing in that. In which case, if you can, seek help from a registered psychotherapist or counsellor. You can find qualified and registered psychotherapists by

visiting either the United Kingdom Council for Psychotherapy (UKCP, their web address is <[www.psychotherapy.org.uk](http://www.psychotherapy.org.uk)>) or the British Association for Counselling and Psychotherapy websites (BACP, their address is <[www.bacp.co.uk](http://www.bacp.co.uk)>).

## **1.2 Depersonalisation Disorder (DP)**

Beginning with these persistent feelings, sometimes these can be due to someone having a condition called depersonalisation disorder (DP). It is rather a long word to describe how some people have come to distance themselves from the world. It has not been done consciously or purposefully but is usually the result of someone finding things in the world too much to cope with head on and so they cope by detaching themselves a little. The stories which follow are not those of real people but their experiences are true for many who have DP. Not everyone has the same symptoms nor all of them but these examples outline the most common ones.

### 1.3 Annie's Story

*As a girl, Annie was often scared. She found that whilst her school friends could chat away merrily, she was quite shy and felt awkward when she had to speak out in class. Annie began to avoid doing things because she would get panicky. As a teenager, she had stopped going to town to meet friends, preferring to have them around to her house instead. However, when her best friend invited her to a restaurant in town on her birthday, not wanting to let her down she set off to meet her. She noticed whilst she was out she felt a bit spaced out and dreamy. She met up with her friend but felt no better. She knew she was really sitting with her friend but she found herself wondering if she was real and questioned whether her experiences were really happening or whether they were part of a dream. Her vision was strange too, the world looked cloudy and fuzzy like one of those wedding photographs with the fuzzy edges. The feelings worsened as time went on. As they walked into the restaurant she felt a rush of hot air and she thought she would faint. She began to think she must be ill or going mad.*

### **1.4 Timothy's Story**

*Timothy is 23 years old and lives with his mother and father who don't get along. They have fought right from him being quite small. His father has always drunk too much and shouts at Timothy and his mother. As a child, Timothy's father also severely beat him for making mistakes. He would try and keep the peace but over time he realised that no matter what he does things won't change. Frequently when Timothy gets home from work there is a bad atmosphere. He cannot afford to move out and has nowhere else to live. He loves his mother too and worries about what would happen if she were to live alone with his father.*

*Timothy's boss is easily angered. One day at work he gave Timothy a dressing down for making a mistake. Timothy knew he wasn't to blame but said nothing. He felt scared and ended up just walking out of work. As he walked home, he began to feel numb and as if he were in a trance, nothing seemed real and he couldn't seem to feel connected in the world.*

## References

1. David, A.S. (2003). Depersonalisation disorder: Clinical features of 204 cases. British journal of psychiatry, 182, pp. 428-433.
2. Lambert, M.V., Senior, C., Fewtrell, W.D., Phillips, M.L., & David, A.S. (2001). Primary and secondary depersonalisation disorder: A psychometric study. Journal of affective disorders, 63, pp. 249-256.
3. Kluft, R.P. (1984). Multiple personality in childhood. Psychiatric clinic of North America, 7, pp. 121-134.
4. Medford, N., Sierra, M., Baker, D. & David, A.S. (2005). Understanding and treating depersonalisation disorder. Advances in psychiatric treatment, 11, pp. 92-100.
5. Castillo, R.J. (1990). Depersonalisation and meditation. Psychiatry, 53, pp. 158-167.
6. Simeon, D. (2004). Depersonalisation disorder, A contemporary overview. *Therapy in Practice* CNS Drugs, 18 (6) pp. 343-354.

7. Gershuny, B.S. & Thayer, J.F. (1999). Relations among psychological trauma, dissociative phenomena and trauma related distress: A review and integration. Clinical psychology review, 19, pp. 631-657.
8. American Psychiatric Association (1994). Diagnostic & Statistical Manual of Mental Disorders (4<sup>th</sup> ed) (DSM-IV) Washington DC: APA
9. Baker, D., Hunter, E., Lawrence, E., et al, (2003). Depersonalisation disorder: Clinical features of 204 cases. British journal of psychiatry, 182, pp. 428-433.
10. Medford, N., Baker, D., Hunter, E.C.M., Sierra, M., Laurence, E.J., Phillips, M.L. & David, A.S. (2003). Chronic depersonalisation following illicit drug use. A controlled analysis of 40 cases. Addiction, 98 (12) pp. 1721-1726.
11. McGuire, P.K., Cope, H. & Fahy, T.A. (1994). Diversity of psychopathology associated with the use of 3,4-Methylenedioxymethamphetamine ('Ecstasy'). British journal of psychiatry 165 (3) pp. 391-395.

12. Simeon, D., Gurulnik, O., Schmeidler, J., Sirof, B. & Knutelska, M. (2001). The role of childhood interpersonal trauma in depersonalisation disorder. American journal of psychiatry, 158 (7) pp. 1027-1033.
13. Sierra, M & Berrios (2000). The Cambridge depersonalisation scale: A new instrument for the measurement of depersonalisation. Psychiatry research, 93, pp. 153-164.
14. Steinberg, M. & Schnall, M. (2001). The stranger in the mirror. Dissociation the hidden epidemic. Quill publishing.
15. Simeon, D & Abugel, J. (2006). Feeling Unreal. Depersonalisation and the loss of the self. Oxford University Press.
16. Bahrke, M.S. & Morgan, W.P. (1978). Anxiety reduction following exercise & meditation. Cognitive therapy and research, 2 (4) pp. 322-323.
17. Raglin, J.S & Morgan, W.P. (1987). Influence of exercise & quiet rest on state anxiety & blood pressure. Medicine & science in sports & exercise, 19 (5) pp. 456-463.

18. Salmon, P. (2001). Effects of physical exercise on anxiety, depression, & sensitivity to stress: a unifying theory. Clinical psychology review 21 (1) pp. 33-61.
19. Fielding, E. A., Nolan, C. (2002). Strong girls, strong selves: A program to promote self-esteem in pre-middle school girls. Dissertation abstracts International: Section B: The sciences & engineering. (62) (7-B) pp. 3399.
- 20 Simonds, M. G. (2005). Optimism: A comprehensive psycho-educational program design. Dissertation abstracts International: Section B: The sciences & engineering (65) (10-B) pp. 5422.
21. Sierra, M., Baker, D., Medford, N., Lawrence, E., Patel, M., Phillips, M.L. & David, A.S. (2006). Lamotrigine as an add on treatment for depersonalisation disorder: A retrospective study of 32 cases. Clinical neuropharmacology, Sept-Oct 29 (5) pp. 253-258.
22. Simeon, D., Gurulnik, O., Schmeidler, J. & Knutelska, M. (2004). Fluoxetine therapy in depersonalisation disorder: A randomised control trial. British journal of psychiatry, 185, pp.31-36.

23. Simeon, D. & Knutelska, M. (2005). An open trial of naltrexone in the treatment of depersonalisation disorder. Journal of clinical psychopharmacology, June, 25, (3) pp.267-270.

24. World Health Organisation, (1992). The ICD-10 Classification of Mental and Behaviour Disorders. Geneva: WHO p.171.

From time to time we all feel a bit detached, dazed, numb or unreal, or indeed all of the above. However, sometimes these experiences are longer lasting and mean that life becomes joyless. Occasionally, these symptoms are the result of a dissociative condition known as depersonalisation and in this case may be due to some underlying distress or upset. This short book is aimed at people who have become bothered by these feelings and have had them for a while. It provides general information on this condition, its symptoms, tools you can use to check to see if you have it, as well as strategies you can try in order to help you feel better.

Jo Ringrose has a clear and concise style of writing. She has made a complex disorder easy to grasp and without the need to plough through a mountain of text to get at the essential ingredients. She is a UKCP registered psychotherapist and emerging specialist in this field. Currently in her final year of doctoral research on this and other related problems, she has considerable experience from treating clients, as well as from listening to the experiences of other practitioners in her research and supervision.