



Depersonalization

Depersonalization is often a nervous system response. It is not madness. It is not psychosis. It is usually the brain protecting the person from overwhelm.

1. Possible causes of Depersonalization

Rule Out:

- Substance use (especially cannabis, stimulants)
- Medication side effects
- Panic disorder
- Trauma-related dissociation
- Sleep deprivation
- Neurological concerns
- Psychotic disorders (loss of reality testing)

In depersonalization, reality testing remains intact.

2. Psychoeducation: Calm the Fear

One of the most powerful early interventions is explanation.

“Depersonalization is a nervous system protection response. When stress gets too high, your brain turns down emotional intensity. It can feel like you’re outside yourself, numb, or watching life through glass. It feels scary, but it’s not dangerous.”

Normalize:

- It is common in anxiety, trauma, burnout.
- It increases when someone fears it.
- It decreases when the nervous system settles.

Fear of the symptom fuels the symptom.

3. Interventions

A. Grounding (But Not Forced)

Try:

- Name 5 things you see in the room.
- Press feet firmly into the floor.
- Describe the texture of the chair.
- Slow diaphragmatic breathing.
- Cold water or holding something textured.

Depersonalization improves with **sensory reconnection**, not cognitive arguing.

B. Slow the Moment

Try:

- Slow head movements
- Slow speech
- Slow breathing
- Slow eye movements

Speed increases dissociation.

C. Orienting Response

Ask yourself:

- “What day is it?”
- “Where are we?”
- “How old are you?”
- “What did you do this morning?”

This re-engages prefrontal cortex activity.

4. Address the Underlying Trigger

Depersonalization is usually secondary.

Explore:

- Chronic stress?
- Trauma?
- Panic disorder?
- Perfectionism?
- Emotional suppression?
- Identity instability?
- Shame or overwhelm?

Very often it follows:

- A panic attack
- Emotional flooding
- Chronic anxiety
- Sleep deprivation
- High achievement pressure

Do not process trauma too quickly. Stabilize first.

5. Later - Cognitive Work

After stabilization:

Notice:

- Catastrophic thoughts (“I’m losing my mind”)
- Monitoring behaviors (“Am I real right now?”)
- Avoidance behaviors

CBT targets:

- Reduce checking.
- Reduce reassurance seeking.
- Reduce hyperfocus on symptoms.

6. Acceptance-Based Approach

Remember:

“This is uncomfortable, but not dangerous.”

Encourage:

- Continue activity even if feeling unreal.
- Stop fighting the sensation.
- Gentle curiosity instead of panic.

When you stop resisting it, intensity drops.

7. Identity Stabilization Work

Depersonalization often reflects:

- Weak self-structure
- Emotional overwhelm
- Trauma fragmentation

Longer-term work may include:

- Strength recognition
- Narrative integration
- Values-based identity
- Emotional regulation skills
- Sleep hygiene
- Nervous system regulation routines

This aligns with identity-updating work

8. When to Refer

Refer for psychiatric evaluation if:

- Severe depression
- Suicidal ideation
- Substance-induced symptoms
- Possible psychosis
- Symptoms are persistent and impairing

Medication sometimes helps when anxiety or depression is driving it (SSRIs are often used).

9. Process for Improvement

Your nervous system matters.

Clients with depersonalization scan for:

- Alarm
- Confusion
- Fear in you

Be:

- Calm
- Predictable
- Slow
- Grounded

A Simple 4-Step Framework

1. Normalize
2. Ground

3. Reduce Fear of the Symptom
4. Treat the Underlying Anxiety/Trauma