

Case Studies

Anna: Social Anxiety and Starting College

Anna described herself as a shy child who remembered hiding behind her mother's skirt when meeting new people. She was close to her mother and brother but wary of her father, who developed depression when she was young after he lost his business. He could be unpredictable and shout at family members when irritable. Her parents divorced when she was at primary school and this made her feel different from her peers as most of her friends had parents who were still together. She became increasingly anxious with other people, especially if she perceived herself as inferior to them, but had a small group of friends to whom she felt close. She wet the bed until she was aged nine.

In her teenage years, her mother remarried and the family moved to another part of the country at the time Anna moved from school to college for her A-levels. She desperately missed her old friends and found it hard to make new ones after the move. She also felt as if she had lost her sense of security as so much had changed in terms of home, school and location. She gradually started to feel detached and cut off from her emotions and surroundings.

These feelings of DPAFU increased over time and became something that was constantly with her, although they varied in severity. The symptoms were always worse when she had to attend a social event. At these times, she would feel alienated from others and find it hard to talk as she was worried that what she said would not make sense or that her mind would go blank if she was asked a question. She also felt very self-conscious that her DPAFU was obvious to everyone else as she felt her facial expression became blank and unresponsive. She tended to avoid going to events as much as possible but, if she did, she would try to cover her symptoms by keeping quiet and leave as soon as possible.

These problems had been with her for around ten years by the time she was seen in the clinic. She had been pre-scribed medication for her anxiety by another psychiatrist that she wanted to reduce. With the help of the clinic, she gradually reduced her medication without withdrawal symptoms and learnt ways of managing her anxiety in social situations. She recognised that she had unhelpful thoughts in these situations about what others thought of her and learnt to challenge these and replace them with more helpful thoughts. She also learnt ways to ground herself in the moment and prevent the DPAFU from increasing.

At the end of therapy, Anna still had symptoms but at a lower level than previously. She felt better able to manage these so they didn't interfere with her life and was able to feel more confident around others. She had also experienced some moments when the DPAFU disappeared completely and this gave her hope about eventually recovering fully.

Michael: Drug Taking

Michael is a 35-year-old man. He had a happy and loving family, although his mother was quite anxious and his father somewhat distant. His parents were both high achievers and had successful careers. He did well at secondary school and was a popular and able pupil, gaining good grades. However, he had a brief period of bullying that made him feel like an outsider. He went to university to study business. He had a good social life and a wide circle of friends.

One night at a party he took some Ecstasy and later smoked some cannabis (something he had done in the past but not often). But this time he noticed something different about the quality of the experience. He had an overwhelming sense of fear and panic, and desperately wanted the drugs out of his system. He remembers feeling 'spaced out and detached' and felt as if he suddenly saw the world in a completely different way, which he described as his 'Matrix moment'. He went to bed to sleep it off but when he woke the next day he still felt 'odd'. The drugs did not appear to have affected any of his friends in quite the same way. He wondered if the drugs had been spiked or if they had caused some sort of brain damage. He became increasingly aware over the next few months of feeling 'not right'. He had weird visual sensations of a dulling of brightness. It felt as if he was watching life on a video screen. When he looked in the mirror, he was unsure of who he saw in the reflection. On an intellectual level, he knew it was himself but, on an emotional level, it did not feel like him. Things no longer appeared to bother him, and he felt as if he had no emotion at all — 'just nothing; it was like being emotionally numb'.

Michael became very anxious about the meaning of his symptoms. He believed that, if he told someone how he was feeling, they would think he was 'really' mad and he was afraid that he might be experiencing the early symptoms of schizophrenia. However, in the end, Michael went to his college GP, who reassured him it wasn't schizophrenia, and eventually the symptoms faded away. However, he was always concerned that the symptoms might return and he would experience brief episodes of DPAFU when under stress.

When he was thirty, he was offered his dream job but, on starting, he began to experience daily episodes of DPAFU and decided he needed to get help to cope with this and was referred to the Depersonalisation Disorder Service by his GP. Here, he was offered a course of CBT and was able to engage fully with this intervention; he found it helped him to understand the causes and triggers for his symptoms. He began to recognise that his fear of the DPAFU episodes made them worse and was able gradually to learn techniques and strategies to manage these. Over time, the episodes reduced in frequency until they eventually stopped. He has not had any symptoms of DPAFU apart from very transient symptoms for the past five years and is now happily married and continuing to do well in his work.

Patrick: Traumatic Childhood

Patrick came from a large family and described a very difficult upbringing. His parents frequently argued and Patrick witnessed them fighting and would try to intervene. His father would physically punish Patrick over the slightest mistake and Patrick felt under constant threat of violence. His mother was critical of him and he felt unloved by her. He felt at his happiest when he was at school, where he was sporty and popular. However, he would feel a sense of dread walking home every day, not knowing what the atmosphere would be like when he got in. During the beatings from his father, he would not be aware of the pain and he felt detached from the event almost as if it was happening to someone else. This had been going on for as long as he could remember.

Aged thirteen, there was a particularly bad argument between his parents during which his father threatened harm to the family and Patrick felt very frightened. That night, he remembers going to bed feeling as if he could not cope with the stress anymore. The next morning, he woke up and his room looked different and everything seemed as if in a dream. He felt as if he no longer existed and his body felt numb. He went to school as normal and didn't tell anyone. Initially, it seemed quite helpful as he didn't feel so upset about what was happening at home but the feeling persisted and started to affect other areas of his life, too. Eventually, he went to see his GP. She thought he was depressed and started him on antidepressants, but these made his DPAFU symptoms worse.

Over the next few years, he tried many different types of medications but nothing ever took away the odd feelings he had and he felt no one really understood or could help. He left home as soon as he was able, moved away and started working. He always struggled with relationships and was only able to maintain these for a few months at a time. He found it hard to trust other people and could feel irritable if he felt others were taking advantage of him. He found it hard to relax, was tense and had frequent headaches. He admitted to drinking alcohol to help him cope with his DPAFU but the amount he was drinking had steadily increased over time. It was only through an Internet search that he found out about depersonalisation and went back to his psychiatrist to ask for specific help with this. His medication was reviewed and a different combination helped reduce the symptoms. He also started talking therapy, where his therapist explained how his DPAFU seemed to have been triggered by the inescapable stress he was under from the beatings and the fear of violence. Therapy focused on helping him make links between his childhood traumas and his DPAFU. After each session, his DPAFU seemed a bit better. He started a new relationship and gradually began to put his past trauma behind him. He still had some symptoms of DPAFU but realised that it would take some time to recover from this and hoped that he would continue to improve after therapy had stopped.

Mina: No Apparent Cause

Mina described herself as a normal child who had a happy childhood. She grew up in a small town in a rural area. She said that she felt close to her parents, particularly her mother. She had a younger sister and brother. As the oldest, she had a lot of responsibility for helping in the house and with her siblings. Her parents were not very sociable and were quite religious. She felt they were strict, didn't like her to go out and emphasised her academic achievement. She did well at school and, after college, she built a successful career in management. She had a good relationship with her boyfriend and was planning her wedding. All was going well in life until, when Mina was 27, her mother developed a terminal illness. She moved back home to help her father cope and nursed her mother until she died. As planned, Mina then married and moved to the other side of town with her new husband. They spent the next couple of years renovating the new house and set up a business together. They would have described themselves as a happy newlywed couple with a bright future ahead of them.

Then, out of the blue, despite everything going well for her, she noticed a strange feeling when in the company of others. She said it was like being an observer on the outside and looking in. She felt disconnected from other people, including her husband, at these times. She then began to have doubts about whether people that she knew liked her, or whether they felt sorry for her, or only liked her because of her husband.

She began to dwell on her childhood and how lonely and isolated she had felt. Mina began to avoid social gatherings, including her beloved art classes. She became aware that on some days the strange feelings she experienced when others were present began to happen when she was alone. She felt detached from herself and, in fact, said that she no longer knew who she was. At times, she felt as if she would 'disappear' and she would pinch herself because the pain made her feel more real. Familiar places and locations took on an unreal quality. For instance, when driving she felt as if she was experiencing the world through a sheet of glass — she felt cut off from the outside world. She felt that she had no control over her actions and that she had become almost robotic. Her voice did not sound like her own and her hands sometimes appeared to distort in size and image. She believed that she had gone completely mad. But then the next day the sensations would pass, or she would not be aware of them, and things would feel better.

Over a period of a year things got better until no sensations of DPAFU were present. Then, out of the blue, the sensations returned and remained constant. Mina tried to make sense of what was happening to her. There did not appear to be any logical reason why the symptoms should return now. Mina had found out about our unit from the Internet and asked her GP to refer her. She didn't want to take any medication, but undertook a course of CBT. During the treatment, she began to have 'flashes' of reality where very briefly all of her symptoms disappeared. These episodes of reality were enough to reassure her that

eventually she would feel well enough to be able to live life as she had hoped and expected. One year on, Mina is free from the sensations of DPAFU but remains reluctant to think of herself as cured.

Alexi: Experienced DPAFU Most of His Life

Alexi is a 56-year-old man. After listening to a radio programme, he realised that the description of DPAFU matched perfectly how he had felt all his life. He had been aware of always feeling a bit detached from other people and himself, and places often had an unreal quality to them. In fact, he said that he was 'disconnected' from everything, including himself.

He attributed his feelings to having moved around the world a lot as a child when his father was in the military, and that he had not really formed any 'connections'. But having felt this way for as long as he could remember, he really did not have anything to compare it with. He believed that other people experienced things differently from him, but again had no way of knowing for sure. He felt that he was only 'half living life'. Alexi often felt very low in mood, especially when he thought about the love he had for his wife and children. For him, his love was false because, while he could say on an intellectual level that he loved them, he never felt it emotionally. Life really did feel like it was just a process of going through the motions. He had tried in the past to talk to his wife about how he felt, but she always became upset when he spoke of his 'lack' of feelings for her and their family. He made a conscious decision not to talk about it any further. For Alexi, life was 'one big act'. He said that he knew on a mental level what to do, what to say and how he was supposed to feel, but he never truly 'felt' it. He described himself as being 'numb' inside. He felt that because of his DPAFU, he had not achieved his potential as he had always remained in a 'comfort zone' with the same job, which he found dull.

Following a referral to the unit, he began a combination of CBT and antidepressant medication to help him manage his low mood. During treatment, he became aware of aspects of his life that were 'unrewarding' and 'unfulfilling'. Towards the end of therapy, he decided he would change direction in his work. Instead of working in local government, he chose to work in a less well-paid job for a local charity that he found more interesting.

Six months later, Alexi returned to the unit. He said that he continued to experience sensations of 'emotional numb-ness' but somehow it was more bearable. His feeling of DPAFU continued to a lesser degree. He believed that the sensations he experienced had less of an impact on his life.

Taken from: *Overcoming Depersonalisation and Feelings of Unreality: A self-help guide using cognitive behavioural techniques* (Hunter et al.) (2nd Ed.)