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Does Anyone Else? The Lived Experience of Writing About Depersonalization on Reddit

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DOES ANYONE ELSE? THE LIVED EXPERIENCE OF WRITING ABOUT
DEPERSONALIZATION ON REDDIT

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ABSTRACT

DOES ANYONE ELSE? THE LIVED EXPERIENCE OF WRITING
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As both *The International Statistical Classification of Diseases and Related Health Problems 11th Revision* (ICD-11) and *The Diagnostic and Statistical Manual of Mental Disorders-5-Text Revision* (DSM-5-TR) describe, depersonalization (DP) involves unpleasant episodes of detachment from one's sense of self or of unreality in the environment. Symptoms include people feeling as though they are an outside observer of their thoughts, feelings, sensations, body, or actions. DP can take the form of emotional numbing, in which people may feel they are watching themselves from a distance or as though they are characters in a play. People can also feel physically numb, disconnected from parts of their own bodies to the degree that they feel as though they are observing the world from behind glass, as if through the lens of a camera, or within a dream (American Psychiatric Association, 2022; World Health Organization, 2019). DP is a form of dissociation and a common protective response to trauma. People experiencing DP symptoms report a wide spectrum of distortions and impairments to affective, cognitive, and physiological/perceptual functioning. A common experience is fear that what they are experiencing is a sign of irreversible brain damage, and a belief that DP symptoms indicate progression toward insanity is also common. When DP symptoms are misinterpreted either as indicative of severe mental illness or brain dysfunction, a vicious cycle of increasing anxiety and consequently increasing DP symptoms can result. This might lead to avoiding situations known to cause symptoms to escalate. On the clinician side, many without experience with DP might

think patients' descriptions are metaphorical, or they might misinterpret them as psychotic symptoms. Resulting misdiagnoses can lead to ineffectual treatment and prolonged distress. Trends suggest people are increasingly seeking mental health-related information online. Some research suggests others seek first-person perspectives. A prime place for sharing such experiences is Reddit, a social media platform. Through thematic analysis of posts, themes might emerge that might serve to inform mental health professionals about people's lived experiences with DP symptoms and suggest new questions to ask about symptoms not yet well understood by many. This dissertation is available in open access at AURA (https://aura.antioch.edu) and OhioLINK ETD Center (https://etd.ohiolink.edu).

Keywords: depersonalization, dissociation, trauma, misdiagnosis

Dedication

This dissertation is dedicated to those who experience symptoms of depersonalization and are looking for answers.

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CHAPTER I: INTRODUCTION

The International Statistical Classification of Diseases and Related Health Problems 11th Revision (ICD-11) and *The Diagnostic and Statistical Manual of Mental Disorders-5-Text Revision* (DSM-5-TR) define episodes of depersonalization (DP) similarly: experiencing the self as strange or unreal; feeling detached from the self; or feeling as though an outside observer of one's own thoughts, feelings, sensations, body, or actions (American Psychiatric Association [APA], 2022; World Health Organization [WHO], 2019). Many individuals experience transient episodes of DP symptoms for various reasons, such as stress, fatigue, or lack of sleep. It is common in neurological conditions such as epilepsy or migraine as well as during drug use (Aderibigbe et al., 2001; Bebbington et al., 1997; Lambert et al., 2002; Mula et al., 2007). The *Structured Clinical Interview for DSM-IV Dissociative Disorders* (SCID-D) is one assessment measure designed to gather psychometric data about such experiences. On the SCID-D, people rated these episodes as brief, rare, mild, and having a minimal effect on their ability to function socially or on the job (Steinberg, 1995). Among the general population, such transient episodes lasting hours or days is regarded as a common experience, and it is estimated approximately one-half of all adults have experienced at least one episode of DP or DR in their lives (APA, 2022, p. 345).

However, other people experience symptoms of DP on a recurrent basis, either on their own (Hunter et al., 2003) or with other psychiatric conditions. The list of common comorbidities is long and includes anxiety, affective disorders, panic disorder (Marshall et al., 2000; Mula et al., 2007; Segui et al., 2000), post-traumatic stress disorder (Briere et al., 2005; Felmingham et al., 2008), agoraphobia (Cassano et al., 1989), obsessive-compulsive disorder (Simeon et al., 1997), eating disorders (Abraham & Beaumont, 1982), unipolar depression (Sedman & Reed,

1963), bipolar depression, personality disorders (Coons, 1996), borderline personality disorder (Stiglmayr et al., 2008), test anxiety (Schweden et al., 2018), and social phobia (Čolić et al., 2020). Using the SCID-D, people have rated these types of episodes as "persistent, recurrent, and disruptive to social relationships or job performance," with a moderate or severe overall score (Steinberg, 1995).

The term "depersonalization" is mentioned throughout the DSM-5-TR but is only fully discussed in the dissociative disorders section, in which depersonalization/derealization (DPDR) disorder is classified. As a disorder, it was moved from the other neurotic disorders grouping in the ICD-10 to dissociative disorders in the ICD-11. A person's presentation meets diagnostic criteria for DPDR disorder when experiencing persistent or recurrent experiences of DP; reality testing remains intact; the symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning, as on the SCID-D; the symptoms cannot be attributed to physiological effects of a drug of abuse or a medication; they are not comorbid with another medical condition (such as seizures); and they are not better explained by another mental disorder, such as schizophrenia, panic disorder, major depressive disorder, acute stress disorder, posttraumatic stress disorder (PTSD), or another dissociative disorder (APA, 2022, p. 344).

Both the ICD-11 and DSM-5-TR note DP is often accompanied by the symptoms of derealization (DR), in which the external environment also appears unfamiliar. In this case, other people appear as though actors, and the world appears as if two-dimensional or like a stage set. The DSM states people may feel they are watching themselves from a distance, observing the world from behind glass, as if in a fog, a dream, or a bubble (APA, 2022, p. 345). Subjective visual distortions, such as things appearing blurred or exceptionally sharp, having a visual field that is wider or narrower than usual, two-dimensionality or flatness, exaggerated

three-dimensionality, or altered distance or size of objects is common, and auditory distortions can also occur, in which voices or sounds are muted or heightened (APA, 2022, p. 345). ICD-11 uses the words "dreamlike, distant, foggy, lifeless, colourless, or visually distorted" (WHO, 2019, p. 58). Steinberg and Schnall (2001) describe DR as "a feeling of detachment from your environment or a sense that the environment is unreal or foreign, often involving people who were previously familiar to you" (p. 31).

The DSM-5-TR defines dissociative disorders as "characterized by a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior" (APA, 2022, p. 291). The category includes dissociative identity disorder (DID), dissociative amnesia, other specified dissociative disorder, and unspecified dissociative disorder. The 12-month prevalence of DPDR disorder is thought to be markedly less than for transient symptoms, although precise estimates remain unavailable; symptomatology that meets full criteria for the DPDR disorder is significantly less common than transient symptoms. In the United Kingdom (UK), the one-month prevalence is thought to be approximately 1%–2% (APA, 2022, p. 345).

In providing explication of DP and DR, the DSM includes statements patients might say. For example, individuals who express disconnection from their entire beings are quoted as saying "I am no one" or "I have no self" (APA, 2022, p. 344). Those feeling detachment from aspects of themselves are represented as saying, "I know I have feelings, but I don't feel them," or "My thoughts don't feel like my own" (APA, 2022, p. 345). The DSM-5-TR states this detachment can include the whole body or isolated body parts or sensations such as touch, proprioception, hunger, thirst, and libido. It states feeling robotic and lacking control of speech or movements is also common. In sum, "the unitary symptom of 'depersonalization' consists of

several symptom factors: anomalous body experiences (i.e., unreality of the self and perceptual alterations); emotional or physical numbing; and temporal distortions with anomalous subjective recall" (APA, 2022, p. 345). ICD-11 describes DP similarly, adding it can involve a sense of watching oneself from a distance or "being in a play" (WHO, 2019, p. 58). In sum, the singular term DP consists of several symptoms in which there is deviation from what is expected: "anomalous body experiences; emotional or physical numbing; and temporal distortions with anomalous personal recall" (APA, 2022, p. 345). The DSM states the most extreme type is an "out-of-body experience" in which people feel as though one part of them is observing and one is participating (APA, 2022, p. 345).

It should be noted, however, some people with DPDR disorder, especially those who have had it as far back as they can recall, do not find the symptoms distressing. Instead, it is a form of dissociation that offers a safe place to retreat from being overwhelmed (Simeon & Abugel, 2006). DPDR disorder can start in early or middle childhood; a minority cannot recall ever not having had symptoms (APA, 2022, p. 345).

Background

Regardless of whether onset, severity, and duration of symptoms substantiate the diagnosis of a disorder, experiencing DP symptoms can be confusing and distressing for an individual. In addition to those aspects discussed in laying out the core diagnostic criteria, people with DP symptoms report a wide spectrum of distortions and impairments to their affective, cognitive, and physiological/perceptual functioning (Oberndorf, 1950; Simeon & Hollander, 1993). A common experience is fear that what they are experiencing is a sign of irreversible brain damage (Simeon, 2009). Many believe their DP symptoms indicate they are progressing toward insanity (Oberndorf, 1950; Simeon & Hollander, 1993). When DP symptoms are

misinterpreted as indicative of brain dysfunction or severe mental illness, it can create a vicious cycle in which increasing anxiety consequently amplifies DP symptoms. The DSM also recognizes people with DP symptoms may have difficulty describing their symptoms (APA, 2022, p. 345). To anyone unfamiliar, they sound bizarre, unnerving, even psychotic.

The Dilemma

Imagine, then, you are a person unexpectedly experiencing DP, and consider the dilemma presented when you seek the help from another: you fear you are "crazy" or "going insane." You struggle to represent what you feel accurately. There is an uptick in symptoms or intensity as you see confusion—even alarm—in the listener's expression, which makes communicating yourself even more difficult. Understandably, you might then avoid situations in which such escalation occurs (Baker et al. 2003; Simeon et al. 2003). When this fear is combined with broad social stigmas of mental illness, it might lead people to disguise DP symptoms and attempt to appear "normal" (Hunter et al., 2003).

People's cognitive and behavioral responses to DP symptoms can include specific avoidances and cognitive biases that tend to increase their awareness of the symptoms, and they may feel a heightened perceived threat that resists disconfirmation of the catastrophic misinterpretations and increased outward symptoms that externally read more like anxiety (Hunter et al., 2003).

Consulting Dr. Google

News Articles Online

Someone seeking to understand symptoms of DP might decide to avoid the symptom escalation described above and turn to the internet. A few news articles by people who have had DP symptoms and sought help can be found online. In a 2019 *Washington Post* article entitled,

"'I'm not me': A bizarre disorder leaves people feeling distant from their bodies," author Nathan Dunne writes of his personal experiences. As a 28-year-old working as a copywriter while pursuing a PhD in art history, he began to believe he was "becoming psychotic and would soon be in a psychiatric ward. . . . I felt my life was nearing its end." He describes looking at his hands as though "through a plate of glass. Although I could feel the skin on my palms, it did not feel like my own. Half of myself would move through the day while the other half watched. I was split in two. Nothing I did would relieve the condition."

Like others before him, he began "a series of frustrating doctor's visits" with his physician, then a neurologist, a gastroenterologist, and chiropractor. He writes, "While I was fatigued from my doctoral study, I didn't think this qualified me for the split in the self that had occurred." He writes that he had never taken drugs or drank alcohol excessively. Similar to others, he first received a misdiagnosis of anxiety-related depression. The treatment plan involved duloxetine and an online guide to cognitive behavior therapy that "used cartoons to ask me basic questions about relationships, diet and sleep." As others discussed, Dunne found "things got worse. I borrowed money to see a neuropsychiatrist and asked how I could possibly return to my body," and it was this doctor who diagnosed "depersonalization, a neglected and little-understood disorder" (Dunne, 2019).

Dunne states the lack of global awareness, "particularly in regard to its scale, is a huge issue." He interviewed Dr. Elaine Hunter, a clinical psychologist and the lead consultant of the UK National Health Service at the Maudsley Hospital for 5 years who went on to establish The Depersonalisation Clinic. She tells Dunne in his case, "it sounds like it was brought on by extreme interpersonal and occupational stress. I know we don't usually think of those things as resulting in a split of the self, but the fact is it happens all the time." Dr. Hunter tells him,

"Recent research has discerned three main categories: trauma, acute anxiety, and drug use. . . . If

a person was neglected during childhood or was abused, this can be a trigger. Using cannabis,

ketamine or a cocktail of drugs can also provoke an onset by triggering panic due to a 'bad trip.'"

(Dunne, 2019).

> Of his recovery, Dunne writes:
>
> In exile from my body, I was terrified of being trapped within the void of self and succumbing to the desire for suicide. Like many of those with depersonalization disorder, my recovery was gradual. It only began when I became aware of my true illness. With knowledge on my side, I was able to navigate the symptoms and accept that the sense of uninterrupted selfhood I had known was gone. I had to learn to live as an altered person—as an "other"—with my mind and body in a suboptimal state.
>
> Dunne states he found swimming every day and seeing a psychologist every week helped

him, once he learned "how to wake and sleep in the void, without fear of death" to return to what

he calls his "primitive, bedrock sense of self." This article provides validation and some hope

and raises awareness. It also highlights what many sources cite as frequent problems in receiving

help and starting recover. For example, Irish musician Shaun O'Connor (2019) described similar

experiences in a BBC Three online article:

> On the outside, I looked normal. I was able to go about my life. . . . but this feeling of detachment constantly hung over me. I felt like I'd lost the ability to actively enjoy anything. After a month, I saw a doctor. I tried to explain that I felt like my memory and perception of time were fragmenting. But describing my symptoms was hard, and I was worried I wasn't making sense. My doctor listened and concluded that I was depressed and anxious. He advised me to exercise and prescribed benzodiazepines. But nothing seemed to work, and not knowing what was happening to me just made me more anxious. By this point, my life was unravelling. . . . I had a major panic attack. I honestly believed that reality as I knew it had collapsed in on me.
>
> O'Connor's story also illustrates the way misdiagnosis can lead to ineffectual treatment.

Eventually, O'Connor said he found a psychologist who recognized his symptoms, but he was

left with an impression overall of "how hard it is to find a healthcare professional who is familiar

with this as a chronic condition, even when it seems that there are large communities of sufferers online."

Celebrity Representation

In recent years, many celebrities have spoken about their mental health in an effort to remove or mitigate stigma. An example is the *Harper's Bazaar* article "39 Celebrities Who Have Opened Up About Mental Health" (Roberts, 2018). In this piece, Beyonce, Kendall Jenner, and Ryan Reynolds talk about anxiety; Adele and Miley Cyrus speak about depression; Chrissy Teigen and Gwyneth Paltrow open up about postpartum depression; Emma Stone talks about her panic attacks; Carrie Fisher and Demi Lovato discuss their bipolar disorder; and Nicki Minaj and Halle Berry share that they contemplated suicide. Other articles mention Leonardo DiCaprio and Daniel Ratcliff, who have obsessive-compulsive disorder (Singh, 2020), Kristen Bell's experiences with depression and anxiety, and other celebrities who "have also opted not to hide their issues" (US Weekly, 2020) and share their experiences with anxiety, depression, and suicidal thoughts.

Thus far, it seems those with DP symptoms have no champion in the public sphere. Such a champion might increase awareness, popularize getting help, share a common language about experiences, and perhaps create demand for funding. A Google search in July 2021 using the phrase "what celebrities have depersonalization" yielded one article from 2017 on CBS News about a rapper named Logic who was hospitalized for derealization disorder in 2015. He described it as "an intense form of anxiety where you feel like you're almost separated, and there's a filter between you and reality at all times because you're hyper-analyzing the situations around you. For a year, I was in the worst place in my life." He went on to write "1-800-273-8255," a song named after the national suicide prevention hotline and implores individuals

struggling with suicidal thoughts to seek help (CBS Interactive, 2017), but nothing was included about how he recovered. The same search in July 2022 resulted in a hit on the blog site PsychReel entitled "7 celebrities with depersonalization disorder," but the blog listed only five people, two of whom the writer speculates seem to have experiences that sound like DPD, with one of those two having killed himself in 2017 (PsychReel, 2022). All the other results of this Google search were posts of people asking the same question on Reddit, Quora, and forums.

In 2014, Adam Duritz of the once-popular American band Counting Crows was interviewed and spoke of his diagnosis of DPD: "It's like the world doesn't seem very real. . . . I really hoped it would go away, or that I would find the right medication so it didn't affect me anymore, or that I would just go to therapy and could think my way around it. But none of that has happened. I have this dissociative disorder which makes other people emotionally a very dicey proposition to deal with" (Clinch & Levitan, 2014). The interviewer calls Duritz "a star of Adult Contemporary radio," and 8 years later, he is still making music, but his celebrity status is debatable. In another article, Duritz shared, "I have a pretty debilitating mental illness and, at times, it made life fairly terrifying and crippling. I think getting through that made a lot of other things just not seem as hard. That was horrible and a real fucking handicap . . . that impossible sick thing made some things in life so horrible that—I don't know, it took such acts of will to climb up from being a vegetable back in those moments that when I found things I really wanted to do, I think I had the will do them" (Uitti, 2021).

Books by Academics, Clinicians, Researchers, and Experts

Another potential source of information is more traditional, in the form of books published for non-academic audiences. Steinberg and Schnall (2001) wrote one of the earliest, *The Stranger in the Mirror: Dissociation, The Hidden Epidemic*. Many might see themselves in

the Amazon book description: "You peer into the mirror and have trouble recognizing yourself. You feel as if you're going through the motions of life or you're watching a movie of yourself" (https://www.amazon.com/Stranger-Mirror-Marlene-Steinberg-M-D/dp/0060954876). An accompanying website, https://strangerinthemirror.com, had been in operation for many years, though as of June 7, 2021, it is inaccessible because of an expired security certificate. In this book, Steinberg and Schnall write about both DP symptoms and the disorder.

Dr. Steinberg introduced the book with a story that motivated her studies, work, and research. When she was a first-year intern in psychiatry in 1981, she stated that dissociation was a "relatively new concept. . . . We had yet to establish that dissociation, as part of our standard response to trauma, is a near-universal reaction to a life-threatening event and that mild or moderate experiences of dissociation are as common in otherwise normal people as anxiety and depression" (p. i). Furthermore, she writes, "we thought that dissociative disorders were exceedingly rare, as many still mistakenly do today" (p. ii).

The next passage described treatment of a patient at her training site, Jacobi Hospital (affiliated with Albert Einstein College of Medicine in New York City) in the Bronx, New York. She wrote of going on rounds with a psychologist and senior member of the faculty who wanted them "to observe an inpatient he suspected had multiple personality disorder. . . . We were told that this would be a unique experience since Gloria's condition was so rare that we would probably never encounter more than one or two such cases in a lifetime of practice" (p. iii). She wrote the students next saw Gloria "hooked up to an IV through which sodium amobarbital (Amytal) was being infused. . . . The idea was to relax Gloria sufficiently so that her guard would lower and her alternate personalities—if they existed—would emerge, thereby confirming the diagnosis" (p. v). Under these conditions, Steinberg wrote, the trainees witnessed three parts of

the system emerge. Steinberg stated she wanted to learn about Gloria's treatment plan but found Gloria left the hospital the following day, humiliated. Steinberg vowed drugs would not be "the diagnostic method of choice for me if I ever came across a multiple again," and so inspired, she went on to create SCID-D (1994) as well as *The Handbook for the Assessment of Dissociation: A Clinical Guide* (1995).

Someone looking for some explanation of DP symptoms (perhaps fearing insanity, as described earlier) might find this introduction a somewhat alarming frame for the book. The first chapter is entitled, "In Their Own Words" and begins with, "here's how a cross-section of people who've experienced dissociation describe it" (p. 3) with quotes from interview subjects. One quote is, "I don't feel like myself; I feel like some other person is inside me" (p. 5). Reading again from the perspective of a person looking for answers about DP, this seems like a blend of something somewhat familiar and something sounding perhaps a little psychotic. Another quote included is, "I'VE BEEN IN A SHELL, AND I FEEL EMPTY INSIDE" (p. 5). The authors then explain dissociation "is a healthy adaptive defense used almost universally by people in response to overwhelming stress or life-threatening danger" (p. 5).

Steinberg and Schnall (2001) turn to an important point. They suggest both dissociative symptoms and disorders are more prevalent in the general population than previously recognized because they are under-reported:

> people don't report their symptoms to therapists because they can't identify them! The public's unfamiliarity with dissociative symptoms and inability to identify them has [sic] caused dissociation to become the silent epidemic of our time. Besides all the people who have an *undetected* dissociative illness, there are countless others who've been diagnosed with the *wrong* illness. People go to a therapist's office describing symptoms they can recognize as such: "I have wild mood swings," or "I feel sad," or "I have panic attacks," or "I'm easily distracted," or "I keep washing my hands over and over again." If the therapist doesn't ask any questions about dissociative symptoms, the presenting problem—manic-depression, depression, panic attacks, attention deficit hyperactivity disorder, obsessive-compulsive disorder—becomes the diagnosis. (p. 6)

Steinberg and Schnall (2001) then suggest that therapists must assess for dissociative symptoms or "the person whose problem has an undetected dissociative basis can be in therapy for a long time without making any real progress. If you're that person, until the root cause of your problem is detected and treated appropriately, full and long-lasting recovery simply won't happen" (p. 6). These are all fair points. However, the helpfulness of this passage for someone seeking answers is uncertain because no guidance is provided, and the burden is placed of informing the therapist, the one trained in mental health, still falls on the would-be patient.

Similarly, in Chapter 6, "Watching Yourself from a Distance," Steinberg writes about clients she was seeing at her practice at the time, using anecdotes to illustrate mild (termed "normal"), moderate, and severe DP. One patient is Carl. Based on his SCID-D, Steinberg diagnoses Carl with moderate DP as well as the full disorder. (Notably, without explaining why, she shifts her terminology from "people" to "psychiatric patients.") About Carl, Steinberg writes:

> his detachment from his emotions was not surprising since depersonalization is the third most frequently reported problem among psychiatric patients, after anxiety and depression. Men exposed to a traditional "Boys don't cry" upbringing, as Carl and many men in our culture have been, are prone to this problem. . . . Men suffering from a dissociative disorder often separate their logical, intellectual self from their emotional self and have trouble with intimate relationships. Carl's therapy centered on identifying and understanding the emotions stored in his figurative boxes. (p. 58)

She sums up his treatment and outcome in two sentences that mention divorce and a job change in the briefest detail, which is frustrating for any reader hoping to learn more about this aspect of recovery. Steinberg then moves on to describe severe or chronic DP (p. 61). A passage about "habitual depersonalization" seems to speak of the fears delineated previously: "the fear of losing control in the throes of feeling unreal and disconnected from oneself may prompt a withdrawal from social contact. Over time, the numbing of emotions can lead to an intractable depression. Not only is anxiety deadened, but so is the anesthetized soul itself" (p. 66).

Steinberg and Schnall (2001) then include the 18-question Steinberg Depersonalization

Questionnaire (p. 66), a self-report measure with a 5-point Likert scale for responses from

"never" to "almost all the time" and including an "only with drugs or alcohol" specifier. If

Chrome's security warning is ignored, this questionnaire can be located on the website

(strangerinthemirror.com/questionnaire.html). However, clicking the scoring button returns an

internal error or misconfiguration, so anyone having gone through the potentially painful process

of answering all the questions would receive no results. This disclaimer still appears:

> The information contained in this website is presented for the purpose of educating
> consumers on emotional wellness and disease management topics. The screening test on
> this web site is intended to help you recognize possible signs of dissociation. It is not
> designed to provide a diagnosis of a dissociative disorder. Accurate diagnosis and
> treatment for a dissociative disorder and other psychiatric disorders can only be made by
> a physician or mental health professional after a complete evaluation of your experiences
> and symptoms.

The book then includes the recommendation that those with scores in the range of

"Moderate to Severe Depersonalization (26–70)" be evaluated by a professional who is trained in

the administration of the full SCID-D interview. However, no recommendations for finding such

a clinician are provided. Turning again to Google, the search "professional trained SCID-D near

me" yielded two ads, two sites describing the measure, and a counseling practice specializing in

trauma located more than 4 hours away. Steinberg and Schnall (2001) then write, "Should an

experienced clinician find that you have a dissociative disorder, you have a treatable illness with

a very good prognosis for recovery" (p. 67). It is not until Chapter 17, A Different Approach:

The 4 Cs, that Steinberg, writing in the first person, turns to treatment. However, it seems largely

focused on DID, as when Steinberg writes:

> the process of regroupment is intrinsically more complicated because they have more
> than one internal state in need of reorganization. They may not even be aware of the
> separate parts of themselves—"hidden parts," as I've called them—that are not under
> their control. All they know is that at times a "mood" comes over them or some inner

demon makes them act in an angry, panicky, or childish manner that seems completely out of character. (p. 253)

When taking the perspective of someone looking for answers about DP, it seems few are to be found here. However, the book has a rating of 4.6 stars out of 5 on Amazon currently, based on 166 global ratings. Many reviews mention the book's focus on DID. One review titled "It's just not that simple" states, "The descriptions of depersonalization and derealization got a little confusing for me, but I also know that some other professionals regard both depersonalization and derealization to be different manifestations if [sic] the same symptoms, so there's not complete agreement on what's going on with those two issues."

Five years later, another book, *Feeling Unreal*: *Depersonalization Disorder and the Loss of the Self* (2006) was published. It was written by psychiatrist, associate professor of psychiatry at the Mount Sinai School of Medicine, and prolific medical researcher Dr. Margaret Simeon and writer and self-described "DPD survivor" Jeffrey Abugel. On his own, Abugel later published *Stranger to Myself: Inside Depersonalization, the Hidden Epidemic* (2010). It is currently heralded on its Amazon page as "the first book to reveal what depersonalization disorder is all about." Not only does it do that, it covers "the philosophical and literary implications of selflessness as well, while providing the latest research, possible treatments, and strategies." Abugel's book has been described as a journalistic examination and more personal look at DP.

Like Steinberg and Schnall, Simeon and Abugel (2006) also include many direct quotes, including this poignant one from someone with DP: "I'd really rather have cancer than this. With a disease that people know, you can get some degree of empathy. But if you try and explain this, people either think you're crazy or completely self-absorbed and neurotic. So you keep your mouth shut and suffer silently" (p. 42). Simeon and Abugel's book describes the symptoms and research on etiology and biology. The chapter on medication is the briefest of all at 11 pages and

mainly rules out most as ineffective or indicates ongoing research. The chapter on psychotherapy outlines how psychoanalytic and CBT are used, as well as Mount Sinai's efforts to develop a systemic treatment approach. As of July 2022, the book has a rating of 4.4 stars out of 5 with 96 global ratings. The top review, from the United States was written on February 24, 2021 and says, "This book is spot on. Does put you in your feels though so be prepared." The next, written December 30, 2020, says, "It should be revised; the Kindle verions [sic] I read is from 2006. I particularly enjoyed the chapter on dissociation as a state that some religions and philosophies seek to attain, but that for some of us such a state feels can be deeply inconvenient and even nightmarish." To date, the 2006 version is the only one published.

Neziroglu et al. (2010) wrote *Overcoming Depersonalization Disorder: A Mindfulness and Acceptance Guide to Conquering Feelings of Numbness and Unreality*. Dr. Neziroglu is a board-certified cognitive and behavior psychologist and leading researcher in the treatment of anxiety disorders and obsessive-compulsive spectrum disorders at the Bio Behavioral Institute in Great Neck, New York, where she serves as director. Donnelly is a psychologist in private practice. Dr. Yaryura-Tobias was a biological psychiatrist and an internist who worked in the treatment of mental health. Simeon contributed the foreword. The authors first define DP and DPDR, present chapters entitled "Why You Can't Think Your Way out of Depersonalization Disorder" and "Why Depersonalization Disorder Develops," and then discuss related conditions. Treatment chapters discuss using Acceptance and Commitment Therapy, Dialectical Behavior Therapy, and behavioral strategies as well as other treatment options such as CBT and general wellness. It has a rating of 4.3 stars out of 5 based on 107 global ratings. One 4-star review states,

> In my opinion, Dr. Neziroglu's book offers "Overcoming" in the sense that a wheelchair "overcomes" paralyzed legs. The behavioral methods can be a conscious prosthesis for an

unconscious emotional mind that malfunctions due to traumatic dissociation. This is helpful, but at a certain level, life doesn't make sense if you can't feel. I wish that the author would do more to direct the reader to actual cures, which based on my experience and that of others, are available, at least for some.

David et al. (2018) advocate the use of CBT in *Overcoming Depersonalization and Feelings of Unreality: A Self-Help Guide Using Cognitive Behavioral Techniques*. Dr. David is a professor of cognitive neuropsychiatry at the Institute of Psychiatry, Psychology & Neuroscience, King's College London and a consultant psychiatrist. He established the Depersonalisation Disorders Clinic at the Maudsley Hospital, London. Dr. Lawrence is a clinical psychologist and former lecturer at King's College London who conducted research on emotion processing and regulation. Dr. Baker is a clinical psychologist in private practice who developed a psychological model of depersonalization disorder as well as treatment and management strategies at the Depersonalisation Research Unit at the Institute of Psychiatry, King's College London. Hunter, a consultant clinical psychologist, developed CBT for DPD and as mentioned in Dunne's article was the clinical lead of the Depersonalisation Disorder Service at South London and Maudsley NHS.

Self-Published Books

In the last 10 years, a distinctly different spate of offerings has been self-published by people who are not clinicians but who have had DP symptoms or DPDR disorder and consider themselves successfully healed. One is *Stop Unreality: A Guide to Conquering Depersonalization, Derealization, DPD, Anxiety & Depression* (2015). Klix's biographical blurb states he is "a self-proclaimed amateur philosopher" and the author of three novels, along with several works of non-fiction and one collection of poetry. The Amazon description has a distinct marketing feel:

> READY TO FEEL LIKE YOUR NORMAL SELF AGAIN? Depersonalization & derealization are the third most-common mental health symptoms next to anxiety &

depression. Millions suffer from it, yet it is virtually unstudied in medicine. Why? There are a couple theories. Mostly I think it's because it mimics the same symptoms of anxiety & depression, and often DP/DR accompanies anxiety & depression. They seem to all be interconnected in some way. Depression & anxiety get much more research put into them because they are way more frequently seen, but the problem is that DP/DR are both very, very hard to effectively describe to someone who hasn't experienced it. *Stop Unreality* can help you to understand the inner-workings of depersonalization & derealization, along with battling against anxiety & depression. It is a guide directly taken from a sufferer of these conditions, and it utilizes tools that will help you toward a potential speedy recovery. From theories to therapies such as Cognitive Behavioral Therapy (CBT), Acceptance & Commitment Therapy (ACT), and Mindfulness techniques, *Stop Unreality* can help put an end to feelings of unreality, and help you to live a better life with the condition.

It has 4.4 stars on Amazon based on 74 global ratings. The top US review, entitled "Glad

he provided a bibliography" and posted on May 20, 2021, gave it 3 stars and provides a glimpse

inside:

> What really disappoints me is that his solution to not completely losing his sh** is to completely denounce any out of body, other-than-matter reality. The entire philosophy is thrown out. You will find a very materialistic, western science approach to quantifying experience. He doesn't want to play with mysticism. What a wet blanket. It would be one thing if he said 'that is not for me' but he completely denounces it in ideology and instructs you as a friend to do the same. That is the crux of his healing, to completely deny those sensations as merely hallucinations or something or other, and get on with his material life.

Others found it more helpful, with one writing, "I like how Kevin wrote this book as a

friend instead of an academic work. DP'd people need friends." A 5-star review states,

> If there is anyone out there dealing with anxiety, but more specifically depersonalization/derealization, then this book might just help ease the suffering. It made me feel less alone, less crazy, and more optimistic about overcoming my DP/DR. Kevin just wants to help anyone who's suffering. He has really helped me through sharing his story and ideas on dealing with it all. . . . Thank you.

In 2016, Shay self-published a slim 59-page Kindle book titled, *Depersonalization: How*

I Recovered and How You Can Too. He writes, "For years I struggled with DP/DR after smoking

marijuana with a friend. I felt like I was still high years later." He describes going "to

psychologists, psychiatrists, therapists but no one could help me instead I just vented my

frustrations to them week after week while they took my money" [sic]. He claims to have

changed his diet, practiced meditation, read online forums, and taken supplements to no effect.

He states he took all the notes he had taken over the years, and "I wrote the book I had always

been looking for. I tell you my own personal journey, tools/techniques to help you on your

recovery, and lastly how to permanently treat your DP/DR forever. I never ended up finding that

easy to read step by step book that helped me cure my DP/DR so instead I wrote it."

From one reader's review, the search for information seems to continue:

As someone who has been dealing with this . . . around 15 years now, I bought the book
purely based on the hope of new insight or information for things getting better but there
is not much new here. If you're a sufferer as I am, you've done your research, and you
will likely have heard it all before. If anything, it might be more helpful for people
dealing with phobias and irrational thought. Much of the book was spent on handling fear
that didn't seem to have much to do with DPDR at all.

Another self-published, autobiographical journey Kindle is *A Way of Overcoming*

Depersonalization and Derealization: Unreality Disorder, translated from Spanish, by Barrios

Canseco (2018). The Amazon description reads, "Generalized anxiety, post-traumatic stress or

existential thoughts can lead the brain to enter a 'defensive' mode of consciousness far from

reality where the perception of the self and the perception of the world result noticeably altered."

The author's hypothesis is DP is caused by

a relative disconnection between rational and emotional hemispheres. . . . The
indiscriminate use of new technologies (smartphones, tablets, PCs, videogames, social
networks, streaming on demand, . . .) causes people avoid more and more the contact
with the physical and emotional reality of the environment. This fact together with
anxiety, the rush of everyday life, the concern for an uncertain future and the possible
consumption of drugs constitute an explosive cocktail that is making an appearance of
cases of distancing from reality [sic].

In 2020, Bain self-published her *Exit the Dream: How to Permanently Cure*

Depersonalization and Derealization. She writes,

As a neuroscientist who has successfully completely overcome chronic depersonalization
and derealization, I am driven to teach every last sufferer a). what this 'disorder' really is

and b). how to cure it in a matter of days and ensure that you never relapse. Regardless of how dissociated and lost you currently feel, you are as real, safe and alive as you were when you were a curious child. What's more, I am going to teach you how to make these feelings vanish.

She then writes, perhaps indicating what she thinks it really is, "There is nothing intractable about dissociative anxiety; when you are ready to launch yourself towards recovery and fight against the illusion, it disappears—it simply can no longer be sustained when you are truly committed to living in the real world." Some reviewers praised her different approach, but others took issue with the writing: "This must be self-published. I'm 1/4 of the way in to this book and can't go any further [sic]. Misspelled words and carelessly written. Example: do you experience 'derealization or derealization, rather than both?' Yes, please help me with a debilitating psychological problem. NOT."

In 2021, three self-published Kindles were released in the first half of the year. Roginski wrote *The Subtle Art of Surrender: A Practical Guide for the Recovery from Anxiety, Depersonalization, and Derealization*. Roginski, a one-time DJ who now "works as a musician, producer, writer, artist, and healing coach to raise awareness among his listeners and students," once "suffered from anxiety, obsessive compulsive disorder, depression, panic attacks, phobias and depersonalization—but he found his way to recovery." The Amazon description seems to take an infomercial approach:

> If you're anything like the author once was, you're tired of going to therapists, holistic practitioners, and doctors who can't relate to you and don't understand how you are feeling. You're also tired of trying every single therapy known only to enjoy slight, temporary improvements. Find the true path to permanent recovery with a program that works, written by someone who has suffered firsthand. Based on thousands of hours of research, studying, and personal battles, this guide to recovery provides a winning formula.

As of July 10, 2021, there was only one review, which does not comment on this formula: "I honestly cried when reading this story, I never knew a person can go through so

much and find a way out. The author articulated his words so nicely and gave a simple and clear solution to a problem that plagues us in today's society."

Gyulay, who is a writer, meditation/mindfulness teacher, student of Advaita Vedanta and self-described "former sufferer who has fully recovered," wrote *Unreality Check: The Mindful Way to Heal Depersonalization and Derealization*, a self-help guide and workbook. This Kindle's ad says the book

> inspires and urges you to discover the root cause of your depersonalization and derealization (DP/DR) through mindfulness. It will encourage you to face your pain, observe your mind, rethink your symptoms, and learn to be present. Most importantly, it offers hope. Whether you have tried many methods or sought various mental health experts to no avail, this book sheds light on the lived experience of depersonalization and derealization with a fresh perspective. You will also have activities and worksheets to help you put the theory into practice. *Unreality Check* endeavors to walk with you to healing as you navigate your experience with gentle awareness.

A reviewer commented, "Great book, it's like having your own therapist at your fingertips, without the $$ and you decide when your time is up. The authors decision to share her own experiences says a lot, it makes you feel you're not the only one going through this. The exercises/tasks makes this different from other self help books [sic]. Clearly the authors focus is really to assist in recognizing one's issues, working through the process and develop coping skills to maintain a normal life" [sic].

A recent self-published Kindle is *My Life in a Dream World: Overcome Derealization / Depersonalization* by Rotberg on July 6, 2021; currently, it appears on the Spanish Amazon site only. No author bio was initially given, but Amazon sells another book by someone named Michael Rotberg entitled *Practice: Becoming A Better Doctor, Patient, And Person*. The summary of that book states Rotberg, an eye surgeon, was diagnosed with cancer, which led to the

> anxiety, sadness, and dread that anyone else would feel in the same situation. . . . I decided to look back over my career in medicine to discover lessons that could help me

navigate my looming health crisis. To try to wring from my experiences insight into how to give myself the best chance to survive intact. I have been molded as much by my patients and teachers as by my parents and friends. What did they have to teach me?

The description of *My Life in a Dream World* says, "The author himself suffered from a wide variety of symptoms for seven months because he focused to much into his pain. The solution he finally found was simply ingenious" [sic]. No indication of its contents is provided. A Google search revealed Rotberg died from complications related to cancer on June 14, 2019 (Dignity Memorial, 2019).

In 2021, *Life on Autopilot: A Guide to Living with Depersonalization Disorder*, by Perkins, who indicates he has had DPD since 2008, was published. His bio states that like many, he researched his symptoms online before seeking an official diagnosis. Perkins is currently on the board of Unreal, the UK's first DPD Charity, runs the YouTube Channel DPD Diaries, and has spoken publicly about his experiences. Elaine Hunter and David Anthony wrote the foreword and state "there is an enormous need for a book like this" because despite the progress made in raising awareness of DPD in the UK and the increase in information that people can access, "there is still a long way to go to get this condition taken seriously and for there to be enough resources for people who are experiencing DPD to get the help they need and deserve." The Amazon page for the book states "in both the public and clinical spheres, awareness of DPD is low and it takes an average of 7-12 years to diagnose." Hunter and David write,

> When we first set up the Depersonalisation Research Unit at the Institute of Psychiatry, Psychology and Neuroscience, back in 1999, there was no research in DPD taking place in the UK and very limited awareness of the condition among GPs and mental health professionals. This was despite DPD having been identified as a condition and documented in the psychiatric literature since the late 1800s. The lack of awareness meant that those who experienced DPD had an extremely difficult time getting a diagnosis, let alone treatment. There was a "Catch 22"-type situation that maintained how difficult it was for anyone with these symptoms. The lack of recognition of the symptoms by professionals led to a lack of DPD being diagnosed. This meant that the widely held belief that this was a very rare condition was maintained. Moreover, this belief in DPD being rare led to a lack of interest and funding for research. And in turn this meant there

was a lack of understanding about the condition and very sadly a lack of effective treatments.

The book mentions that many people with DPD find out that their experiences are a recognized disorder only by typing symptoms into search engines, and they "then must go armed with this information to their clinicians and teach their GPs or mental health professionals about DPD" (Perkins, 2021, foreword).

In Art and Fiction

Historically, works of art and fiction that reference or might reference DP are obscure. Swiss philosopher Henri Frédéric Amiel (1882) is sometimes credited with first using the term, writing in *The Journal Intime*, "I find myself regarding existence as though from beyond the tomb. All is strange to me. I am, as it were, outside my own body and individuality; I am depersonalized, detached, cut adrift. Is this madness?" (Simeon & Abugel, 2006, p. 11). Others are open to individual interpretation. For example, Simeon and Abugel (2006) suggests Norwegian painter Edvard Munch's 1893 *The Scream* might have been inspired by feelings of DP. Andre Breton's 1928 surrealist novel *Nadja* is cited as depicting it in passages such as, "perhaps my life is nothing but an image of this kind; perhaps I am doomed to retrace my steps under the illusion that I am exploring, doomed to try and learn what I simply should recognize, learning a mere fraction of what I have forgotten" (Simeon & Abugel, 2006, p. 12).

In Jean-Paul Sartre's 1964 novel *Nausea*, the character of the writer, Antoine Roquentin, calls his symptoms "the filth," saying, "Existence is not something which lets itself be thought of from a distance; it must invade you suddenly, master you, weigh heavily on your heart like a great motionless beast—or else there is nothing at all" (p. 64). The little-known 2007 film *Numb*, based on writer Harris Goldberg's own experiences, depicts a character's descent into a mood in which he feels detached from the world around him and unable to connect physically or

emotionally with his surroundings, which he initially attributes to a night of excessive cannabis use (Shaw & Goldberg, 2007).

Seeking Firsthand Experiences

With these books and articles as the sources of information, perhaps it makes sense that people are increasingly seeking mental health-related information online. Certainly, online information is an attractive alternative to the discomfort of dealing with mental healthcare providers. Some research has found people actively seek first-person perspectives, including on social media (Aref-Adib et al., 2016). Prior to the boom of social media, people turned to internet forums to "talk" to each other in posts about their symptoms (whether fleeting, frequent, or chronic) and experiences with seeking help. Two popular ones still in use are dpselfhelp.com and psychforums.com/depersonalization. Unfortunately, a common theme those two sites share is posters having received little understanding or assistance from mental-health professionals.

Overall, use of social media continues to rise. Gaur et al. (2018) report engagement of users of social media grew from 22 million in 2005 to 204 million in 2015 and is expected to reach 220 million (three-quarters of the U.S. population) by 2022. Some 80% of these users have been found to be searching for health-related information, and social media platforms are increasingly being used to share and seek advice on mental health issues (Gaur et al., 2018). For example, as of a July 3, 2022, search, I found videos that use the hashtag #mentalhealth on TikTok, a short-form video hosting service, have 38.6 billion views and those with the hashtag #MentalHealthAwareness have 10.8 billion views. Hashtags are also used on social media platforms Instagram, a photo and video sharing social networking service, and Twitter, a microblogging and social networking service.

Another platform for sharing firsthand accounts is Reddit, a social news aggregation, content rating, and discussion website. Analytics indicate Reddit has more than 430 million active users internationally each month (Djordjevic, 2020). Reddit is composed of an interlinked community of subforums called "subreddits" that cover an expansive array of topics, with 130,000 active communities. Among these communities are many mental health-focused subreddit communities, including ones about depersonalization.

CHAPTER II: LITERATURE REVIEW

Historical Development

The term *depersonalization* was first defined in the late nineteenth century (Dugas 1898), although symptoms suggestive of DP were reported in earlier case studies. In the 20th century, numerous case studies and reviews of the phenomenology of DP were published at regular intervals (see Ackner, 1954; Mayer-Gross, 1935; Sedman, 1970; Shorvon, 1946). Early psychiatric literature portrayed depersonalization as a feature of impending psychosis (Binswanger, 1957; Conrad, 1958; Matussek, 1952). Empirical studies began relatively recently (Baker et al., 2003; Phillips et al., 2001a, 2001b; Simeon et al., 1997).

The sixth edition of ICD, for the first time, included a section for mental disorders (WHO, 1949). The APA Committee on Nomenclature and Statistics developed a variant of the ICD–6 as the first edition of DSM. DSM-I, published in 1952, contained a glossary of descriptions of the diagnostic categories and was the first official manual of mental disorders to focus on clinical use (APA, 2022b). It did not include DP. DSM-II (1968) did, characterizing it as "dominated by a feeling of unreality and of estrangement from the self, body, or surroundings." DR is not mentioned specifically but is included in the depiction of DP. DSM-III (1980), DSM–III–R (1987), and DSM-IV (1994) used the term DR as an associated feature of depersonalization disorder (Bezzubova, 2013). The ICD-10 referred to it as depersonalization-derealization syndrome (WHO, 1993). For DSM-5, it was combined and renamed depersonalization/derealization disorder (APA, 2013). DSM-5 criteria excluded two groups: cases of depersonalization occurring during substance use, including episodes of post-marijuana or post-psychotomimetics; and conditions historically considered as and described in classical works as appearing during the course of parietal or temporal lobe epilepsy (Bezzubova, 2013).

Etiology

Early trauma histories have been associated with increased frequencies of dissociative tendencies broadly (Chu & Dill, 1990; Neumann et al., 1996; Sanders & Giolas, 1991; van Ijzendoorn & Schuengel, 1996). Childhood interpersonal traumas were reported in a substantial portion of individuals (Spiegel et al. 2013), with emotional abuse and emotional neglect found as most strongly and consistently associated with DPD (Simeon et al., 2001; Simeon et al., 2009).

The DSM-5-TR concurs, stating although there is an association between DPD and childhood interpersonal traumas in many people, the nature of the traumas is not as extreme (APA, 2022). Other stressors can include physical abuse; witnessing domestic violence; growing up with a seriously impaired, mentally ill parent; or unexpected death or suicide of a family member or close friend. Sexual abuse is a much less common antecedent but can be encountered (APA, 2022, p. 346).

Psychological triggers include extreme short-term trauma (such as surviving a horrifying accident), prolonged trauma such as childhood sexual abuse, complex trauma of psychological abuse and emotional neglect, and long-term exposure to exhausting conditions (Neziroglu et al., 2010). Lynn et al. (2014) suggest the potential effects of trauma on various forms of dissociation including DP may be "difficult to completely parcel out from the manifold harms caused by the pathogenic family environment in which childhood sexual abuse, physical abuse, emotional abuse, and neglect occur" (p. 576). Neziroglu et al. (2010) maintain "one rule predominates: the more intense the traumatic incident, the less exposure is needed to trigger depersonalization. . . . For example, being held at gunpoint for thirty seconds may be enough to trigger depersonalization, whereas you might have to endure extreme work stress for years to bring about DPD" (p. 149).

The trauma model describes the role of dissociation broadly as a phylogenetically important aspect of the psychobiological response to threat and danger; dissociation enhances survival by allowing a person to behave automatically and experience some relief of mental pain and anguish during and in the aftermath of catastrophic experiences (Bremner & Marmar, 1998; Putnam, 1991; Spiegel, 1984). This model predicts dissociation is related to objective trauma and that self-reports of trauma are generally accurate. Dissociation is generally predicted to be higher in recently traumatized populations (Cardena & Spiegel, 1993) and chronically or severely traumatized groups (Putnam, 1991). The relationship between trauma and dissociation appears within multiple clinical and nonclinical groups and varies in strength depending on a variety of trauma-specific features (Allen et al., 2002). Dissociative symptoms are predicted to decrease over time for most individuals and are expected to decrease with trauma-related treatment (Carlson & Dalenberg, 2011).

One form of dissociation discussed in the literature is escape into a rich fantasy life among some who experience a traumatic childhood (Barrett, 1992). Dalenberg et al. (2012) suggest that some voluntarily (and, over time, involuntarily) shift attention away from stimuli that trigger unwanted memories, as occurs in the avoidance symptoms of post-traumatic stress disorder (PTSD) and from unwanted environments by shifting to internally generated images in the form of fantasizing or daydreaming. As such, "fantasy proneness" as a means of coping with trauma is included in the five scales of the Childhood Trauma Questionnaire designed by Pennebaker and Susman (1988).

Another common proximal precipitant of onset is substance use. Among substances known to induce or trigger the onset of DP is tetrahydrocannabinol, or THC, the principal psychoactive constituent of cannabis. Cannabis use may precipitate new onset panic attacks and

simultaneous DP/DR symptoms (APA, 2022). Cannabis is the most commonly used federally

illegal drug in the United States; 48.2 million people, or about 18% of Americans, used it at least

once in 2019 (Substance Abuse and Mental Health Services Administration, 2020). DP

symptoms are also induced by hallucinogens such as d-lysergic acid diethylamide (LSD);

mescaline; psilocybin (known as shrooms); phencyclidine (or PCP, known as Angel Dust);

ketamine (a medication primarily used for induction and maintenance of anesthesia and known

as Special K); 3,4-methylenedioxymethamphetamine (or MDMA, commonly known as Ecstasy

and Molly); and salvia divinorum (APA, 2022), (also called salvia, ska maría pastora, seer's

sage, and yerba de la pastora), a plant species with transient psychoactive properties when its

leaves are consumed by chewing, smoking, or as a tea (Drug Enforcement Administration,

2020).

Madden and Einhorn (2018) note an increase in medical literature of an association

between cannabis use and the emergence of psychotic disorders among susceptible individuals.

For example, Ksir and Hart (2016) reviewed recent research reports and concluded the evidence

presented suggests that cannabis does not in itself cause a psychosis disorder, but both early use

and heavy use of cannabis are more likely in individuals with a vulnerability to psychosis.

Hürlimann et al. (2012) reviewed the body of literature on the association between cannabis use

and a considerable array of psychological sequelae and found that even comprehensive reviews

ignored the potential association of cannabis use with DPD.

Hürlimann et al. (2012) present a six-case series of clinical vignettes of patients initially

referred to the Specialized Outpatient Clinic for Early Psychosis Psychiatric Outpatient Services

in Basel, Switzerland, to assess and determine whether their symptoms had emerged in the

context of an evolving psychotic disorder. The six patients developed persistent

depersonalization disorder in adolescence after consuming cannabis. Hürlimann et al. (2012) note that though DPD has a low reported prevalence in the general population, ranging from 0.8 (Johnson, et al., 2006) to 1.9% (Michal et al., 2009), its course is often chronic and severely disabling. DPD is in general equally distributed between genders (Simeon et al., 2003; Hunter et al., 2003). Drug-induced DPD is usually associated with younger age at onset and with male gender (Simeon et al., 2009; Medford et al., 2003). Hürlimann et al. (2012) found the majority of their cases with DPD claimed that the condition began during adolescence, typically between the ages of 15 and 19.

Baker et al. (2003) reported that only 5.6% of cases claimed that depersonalization started between the ages of 4 and 10. Simeon et al. (2003) found only 5% of their sample to have an onset of depersonalization after the age of 25 and no cases with onset after the age of 40. Baker et al. (2003) reported that 28.4% of their cases experienced onset after the age of 25, and only 8% after 40. Both Simeon et al. (2003) and Baker et al. (2003) reported that affected individuals tend to be in their 20s or 30s at the time of diagnosis, and that early onset is associated with a severer and often chronic course of illness.

Hürlimann et al. (2012) argue that because the association between cannabis and DPD is widely neglected, their case series was intended to extend awareness about the potentially detrimental effect of cannabis use in young individuals beyond its well-documented relationship with psychosis and other psychological sequelae. They state, "in clinical practice many patients struggle to describe the experience and make use of a variety of metaphors" (p. 143). They also state, "Although it cannot be refuted that other factors may have contributed to the emergence of depersonalization disorder, it is striking that all patients in our case series undoubtedly attributed this condition to cannabis use" (p. 144).

Madden and Einhorn (2008) note a strong relationship between acute anxiety and symptom onset in both cases of cannabis-induced depersonalization-derealization disorder (Sierra, 2009) and depersonalization-derealization disorder unrelated to drug use (Simeon et al. 2003). Those who experience prolonged DP/DR symptoms following cannabis use often report experiencing a panic attack during intoxication (Simeon et al., 2009), which may be due to altered hypothalamic-pituitary-adrenal axis functioning (Viveros et al., 2005). However, the emergence of cannabis-induced depersonalization-derealization disorder is not always associated with panic (Simeon & Abugel, 2006), which suggests that cannabis may be a direct cause of symptom onset without mediation of anxiety symptoms (Medford et al., 2003).

Simeon and Abugel (2006) argue many clinicians are unaware that DP and DR remain potential side effects of cannabis. For some, DP and DR occur exclusively during the period of intoxication, peaking approximately 30 minutes after ingestion and subsiding within 120 minutes of exposure to the drug (Mathew et al,.1993; Mathew et al., 1999). For others, symptoms persist for weeks, months, or years (Sierra, 2009; Simeon & Abugel, 2006), even after discontinuation of the substance (Hürlimann, et al., 2012; Moran, 1986). Using a combination of studies and data published as far back as 1981, Madden and Einhorn (2008) maintain several factors appear to be associated with risk for cannabis-induced DPD. Specifically, they argue most affected individuals have a prior history of an anxiety disorder (Medford et al., 2003), such as panic disorder (Moran, 1986) or social phobia (Hürlimann et al., 2012). Additionally, males (Medford et al., 2003) and adolescents (Hürlimann et al., 2012) may be disproportionately affected by cannabis-induced symptoms, perhaps due to the higher rates of cannabis use among these groups (Gunderson et al., 2014) or to biological predisposing factors (Hürlimann et al., 2012). Use of cannabis during periods of marked distress (Moran, 1986) or after exposure to trauma

(Szymanski, 1981) may increase risk for cannabis-induced symptoms. Other risk factors may include sudden withdrawal from regular cannabis use (Keshaven & Lishman, 1986), severe intoxication (Szymanski, 1981), and history of prior cannabis-induced symptoms (Sierra, 2009) or prior transient substance-induced symptoms (Moran, 1986).

Simeon et al. (2009) examined 89 individuals who developed prolonged experiences of DP and DR following cannabis use. They found that people who had not used cannabis previous or had little previous exposure to the substance do not appear to be less prone to onset of cannabis-induced DPD. Of the 89 individuals, 28% disclosed using cannabis between 100 and 500 times prior to symptom onset.

Madden and Einhorn (2008) suggest sudden emergence of the disorder among people who use cannabis regularly "may be due to life stressors that increase sensitivity to cannabis and risk for mental disorders" (p. 4). Moran (1986) found cannabis use during such periods of distress, including trauma, appears to contribute to symptom onset among individuals with little or no prior exposure. High-potency cannabis use and sudden withdrawal from regular cannabis use, experiences of panic attacks or DP or DR during a cannabis high are also considered risk factors (Moran, 1986; Szymanski, 1981). A history of DP or DR symptoms, a family history of DPD, of transient cannabis-induced DPD, of cannabis-induced DPD are risk factors, as are a history of acute anxiety or panic attacks, a family history of anxiety disorders or panic attacks, of obsessive thinking, and of sociophobic or avoidant behavior also increases risk for someone to experience symptom onset (Moran, 1986; Szymanski, 1981).

Severe stress of an interpersonal, financial, or occupational nature; depression, anxiety (particularly panic attacks) and illicit drug use (APA, 2022) as triggers aligns with what Dr. Hunter tells Nathan Dunne: "Recent research has discerned three main categories: trauma, acute

anxiety, and drug use" as triggers for DP symptoms. She states, "If a person was neglected during childhood or was abused, this can be a trigger. Using cannabis, ketamine or a cocktail of drugs can also provoke an onset by triggering panic due to a 'bad trip'" (Dunne, 2019).

<center>**Prevalence**</center>

In the General Population

It has been suggested prevalence estimates are difficult to ascertain because of a lack of a consistent definition as well as because of the use of variable timeframes. Hunter et al. (2004) suggest epidemiological surveys demonstrate that passing symptoms of DP in the general population are typical, with a lifetime prevalence rate of between 26 and 74 % and between 31 and 66 % at the time of a traumatic event. In a UK sample, community surveys using standardized diagnostic interviews estimated rates between 1.2 and 1.7 % for one-month prevalence, and in a Canadian sample, it was found at a rate of 2.4 %. Population-based surveys using diagnostic interviews yield prevalence rates of clinically significant DP in the region of 1–2 % (Hunter et al., 2004). Studies in 2019 estimated DP affects 2 percent of the US population, 6.4 million (Spiegel, 2019) and 1.3 million people in the UK (Depersonalisation Disorder: NHS Treatment, 2019). These rates are comparable to those of schizophrenia and bipolar disorder, but both of these conditions are better understood by a greater number of people, clinical and public.

A German study found experiences of DP were common among adolescents and may indicate an increased risk for poor academic achievement and mental health in the long term (Michal et al., 2015). One-third of the sample showed severe global mental distress, and 11.9% were in the range of experiencing clinically significant DP (Michal et al., 2015). Those reporting these levels had lower levels of self-rated traumatic childhood experiences but current psychosocial stressors, and they reported a family history of anxiety disorders more often. These

adolescents were less likely to be living with both parents (67.3 vs. 75.7 %), more often came from a disadvantaged socioeconomic background; had a very severe level of global mental distress (comparable to psychiatric inpatients); smoked cigarettes and marijuana more often; and exhibited impaired social insecurity, global self-efficacy, and coping skills. They also had higher rates of previous or current mental healthcare utilization. In the study sample, nearly all endorsed a desire for symptom-specific counseling (Michal et al. 2016).

In Inpatient and Clinical Samples

Current prevalence rates in samples of consecutive inpatient admissions are reported between 1% and 16%, although some argue the screening measures employed may have resulted in underestimates. Surveys of clinical populations in which common screening and assessment instruments were used also yield consistently high prevalence rates (Hunter et al., 2004). Prevalence rates in clinical samples of specific psychiatric disorders vary between 30% in war veterans with PTSD and in 60% of those with unipolar depression (Hunter et al., 2004). Epidemiology research suggests rates of DP symptoms in panic disorder range from 7.8 % to as high as 82.6% (Hunter et al., 2004). In terms of the most severe dissociation, it is found among individuals with trauma- and attachment-related disorders, PTSD, borderline personality disorder, and DID, not DPD (Lyssenko et al., 2018).

<div align="center">

Symptomology and Comorbidity

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As previously described, when experiencing symptoms of DP, people feel disruptions in their sense of self as well as subjective detachment from the external world and from their own mental processes. These experiences are not delusional or psychotic episodes, however, because they retain the knowledge that these are subjective phenomena rather than objective reality; that is, they possess insight and know what they feel is not what is "true" or "real."

Five characteristics of the other dissociative disorders are distinctly atypical of DPD. Those with DPD or DP symptoms do not typically experience significant periods of memory loss as seen in dissociative amnesia, fugue states, or DID. Although there may be a sense of detachment from the external world, there is no loss of conscious awareness of the self or the external environment. Acute awareness of a change that has altered their perception of themselves and their environment is the source of marked distress (Hunter et al., 2003). Cognitive symptoms of DP include increased arousal, such as having racing thoughts or "mind emptiness," with subjective deficits in concentration and attention (Wells & Matthews, 1994). The sense of detachment of DP frequently leads to de-motivation, with a decrease in activities and productivity (Simeon & Hollander, 1993). This de-motivation, combined with an inability to derive pleasure from previously enjoyable activities (Simeon et al., 1997) can in turn result in low mood and a sense of frustration, in turn leading to greater levels of avoidance (Hunter et al., 2003).

As a disorder, DPD has been found to co-occur with other psychiatric disorders such as anxiety, panic, and depression (Lambert et al. 2001; Sierra et al. 2002). Acute stress disorder and PTSD contain dissociative symptoms, such as amnesia, flashbacks, numbing, and DP (Briere et al., 2005). In panic disorder, these symptoms are fairly common, and they are included among the DSM diagnostic criteria for panic attacks (APA, 2013). Some have posited DP and DR occurring during panic attacks may constitute a subgroup of its own, with further panic attacks, greater impairment in functioning, and higher scores on almost all clinical assessments (Márquez et al., 2001). However, the symptoms can occur as a primary disorder in the absence of other co-morbid conditions (Hunter et al., 2003).

Two studies found that individuals who experienced DP symptoms reported greater panic severity (Marshall et al., 2000; Segui et al., 2000). This poorer prognosis may be due to the fact that these symptoms are frequently interpreted as loss of cognitive control (Hunter et al., 2003), which are typical of the catastrophic misinterpretations underlying panic disorder in general (Clark, 1986; Wells et al., 1997, as cited in Michal et al., 2016).

<div align="center">**Clinical Assessment and Diagnosis of DP**</div>

Simeon et al. (2009) argue patients who are ultimately given the diagnosis of DPD have reported prior diagnoses of depression, anxiety, or simply some form of stress because "the symptoms, although quite specific, may appear vague or metaphorical to a clinician who has rarely encountered them and who might therefore mistrust his or her clinical judgment and knowledge" (p. 460). Further, they suggest "the lifeless and robotic demeanor that these patients often demonstrate on initial mental status exams can also fool clinicians into not recognizing the extreme emotional pain of the condition. It is not uncommon for patients to wonder what would be the point of dying because they have already lost their selfhood and so, in a sense, are dead" (p. 460). Further, Simeon et al. (2009) contend clinicians focusing on comorbid symptoms such as mood and anxiety may lead them to miss or minimize prominent and distressing dissociative symptoms, including DP.

Accurate diagnostic assessment relies on good rapport in which a thorough clinical interview can occur. Individuals who experience DP symptoms might be affected by them during this distress of this process, particularly early in the formation of a working relationship, which could lead to an underreporting of experiences. Those who experience dissociation may need more time to establish an alliance than other clinical groups (Cronin et al., 2014); therefore, it is not uncommon for clients to take many sessions, if not years, to reveal their internal experiences

in sufficient detail and to become sufficiently aware of their symptoms in a way that leads to accurately reporting them.

In the case of traumatized clients who shoulder the burden of interpersonal difficulty as their fault, it is not difficult to imagine them struggling to describe DP symptoms, feeling stupid, seeing the experience as more evidence of the brokenness they already perceive, and withdrawing in shame. The therapeutic relationship is widely regarded as one of the most robust factors in successful assessment and psychological treatment (Norcross, 2010), and for those clients who have a history of being harmed by others, rapport and an alliance are even more vital (Herman, 1997; International Society for the Study of Dissociation et al., 2011).

Those who experience pathological dissociation might want to avoid discussing any dissociative symptoms or antecedent traumas because they know they are "not normal" (Briere et al., 2016; Lyssenko et al., 2018). Misdiagnosis can occur when the individual feels comfortable discussing only symptoms that seem mild such as mood fluctuations but not others that are more worrisome, such as amnesia. Behavioral indicators and the way people respond to certain questions may provide clinicians the first indications they are experiencing DP symptoms (Loewenstein, 1991).

Interviews, Scales, and Measures

Semi-structured interviews such as the SCID-D can provide clinicians with guidance for gathering information for a thorough symptom profile, but training is still required. The SCID-D, for example, inquiries about amnesia, identity confusion, identity alteration as well as DP and DR. Similarly, The Dissociative Experiences Scale (DES), a 28-item self-report questionnaire (Bernstein & Putnam, 1986) is widely used and quick for patients to complete. The items for the DES were developed in consultation with experts and from interviews with people with

diagnoses of severe dissociative disorders by DSM-III criteria (Bernstein & Putnam, 1986). As such, Simeon and Abugel (2006) argue it is not an ideal instrument for diagnosing DP because so few items are related. Other self-report measures, such as The Multiscale Dissociation Inventory (Briere, 2002) and the Multidimensional Inventory of Dissociation (Dell, 2006), similarly include items related to DP but are about dissociative symptomatology broadly.

The Cambridge Depersonalisation Scale (Sierra & Berrios, 2000) was designed to capture the frequency and duration of DP symptoms specifically over the prior 6 months. It was tested on a sample of 35 patients with DSM-IV DP disorder criteria, 22 with anxiety disorders, and 20 with temporal lobe epilepsy. Scores were compared against clinical diagnoses and correlated with the DP subscale of the DES. The scale was found capable of differentiating patients with DPD from the other groups and showed specific correlations with the DP subscale of the DES. It is considered valid and reliable (Sierra & Berrios, 2000), and thus far has been found to be a more reliable measure for quantifying the severity of DP in the absence of other dissociative symptoms (Simeon & Abugel, 2006).

Clinical Training Issues

Inadequate training might also contribute to problems on the clinician side. A few studies have gathered data about issues as they pertain to diagnosis of dissociative disorders more broadly. Leonard et al. (2005) studied Australian clinicians' attitudes and experiences with dissociative disorders, the paths to diagnosis, and experiences of patients. Clinicians in the study were mental health specialists and a small number of general medical practitioners. Of the 250 clinician respondents, 21% reported experience with more than six cases on average of any one of the dissociative disorders, 38% with less than six, and 42% reported they had no experience (Leonard et al., 2005). Although over half of the responding Australian clinicians thought that

dissociative disorders were valid, the rest were dubious or skeptical about their validity, with 10% believing them to be invalid entirely (Leonard et al., 2005). A similar study in which psychologists were surveyed about how knowledgeable they were with dissociative identity disorder (DID); only 5% felt knowledgeable about DID, and 73% reported having received little or no training (Mendez et al., 2000).

Of the 55 patients, 76% reported delays in diagnosis (57%, greater than 3 years and 25% delays of more than 10 years) with adverse consequences in 64%. Once they did receive diagnosis of a dissociative disorder and subsequent treatment, 90% of patients rated individual psychotherapy as the most helpful, but they also valued medications such as antidepressants at 60% (Leonard et al., 2005). Of the patient sample, 80% reported having experienced skeptical or antagonistic attitudes from clinicians. In 48% of the sample, patient respondents rated these attitudes as "destructive" (Leonard et al., 2005). This study's findings may relate to some of the difficulties perceived by those seeking help for DP symptoms, which often include delays in diagnosis, suboptimal treatment, and negative experiences with clinicians. Delays being caused by lack of understanding, skepticism, and training might be remedied.

Noting the lack of comprehensive instruction on trauma in academic training programs for mental health professionals, which can leave clinicians inadequately prepared to provide trauma treatment, Kumar et al. (2019) conducted a study. They sought to ascertain what percentage of mental health professionals who attended a complex trauma training workshop had previously received training in complex trauma and dissociation. They examined pre- and post-training differences in knowledge related to complex trauma populations. They investigated changes in self-reported changes in participants' knowledge, competence, and empathy in working with survivors of complex trauma.

Kumar et al. (2019) found prior to completing the workshop, 68% of participants reported feeling inadequately trained to assess trauma and 75% felt inadequately trained to treat trauma. Ten percent had not received training in complex trauma, and 30% had not received training in treating patients with dissociative symptoms. Following the workshop, participants showed significant increases in knowledge, with learning about dissociation and dissociative disorders cited as the most helpful information gained, and self-reported competence. Participants reported that learning more techniques and skills for complex trauma populations would improve their ability to treat their patients (Kumar et al., 2019).

CHAPTER III: RESEARCH METHODOLOGY

Interpretative Phenomenological Analysis Inspiration

Because my goal was to gain insight into the lived experiences of people writing about DP. the methodology of this project was inspired by principles of interpretative phenomenological analysis (IPA). The aim of IPA is to explore in detail how participants make meaning of experiences and events in their worlds. The approach is phenomenological in that it involves detailed examination of the participant's lifeworld; it attempts to explore personal experience and is concerned with an individual's personal perception or account of an object or event, as opposed to an attempt to produce an objective statement of the object or event itself. At the same time, IPA also highlights research as a dynamic process with an active role for researchers (Charlick et al., 2016; Pietkiewicz & Smith, 2014; Smith, & Osborn, 2007; Smith et al., 2009).

IPA gives people's experience with the stated phenomenon in question primary importance with the mission of revealing people's everyday experience of reality in order to gain understanding (Holloway & Todres, 2003; McLeod, 2001). IPA has a theoretical commitment to the person as a "cognitive, linguistic, affective and physical being and assumes a chain of connection between people's talk and their thinking and emotional state" (Smith & Osborn, 2007, p. 54). At the same time, IPA researchers realize people struggle to express what they are thinking and feeling and may have reasons for not wanting to self-disclose, and the researcher has to interpret people's mental and emotional state from what they say.

IPA's hermeneutic stance is one of inquiry and meaning-making, and so the researcher strives to make sense of the participants' attempts to make sense of their own experiences. IPA is useful to illustrate what a given experience was like (phenomenology) and how someone made

sense of it (interpretation) (Reid et al., 2005). In IPA, analysis balances phenomenological description with insightful interpretation and attaches interpretations to the participants' accounts. A key commitment of IPA is that analysis should be developed around substantial verbatim excerpts from the data (Reid et al., 2005). This project maintained an idiographic focus to retain all variations and to keep a close focus on meaning. Transparency—necessary for readers to evaluate the plausibility and transferability—in the form of contextual detail about the sample, a clear account of process, adequate commentary on the data, and key points illustrated by verbatim quotes are presented in the Results section (Reid et al., 2005).

The participant's lived experience is coupled with a subjective and reflective process of interpretation, in which the researcher explicitly enters into the research process (Reid et al., 2005). Interpretations may be drawn from a range of theoretical perspectives, provided that they are developed around a central account of the participants' experiences (their phenomenological world). The researcher documents this in the form of an interpretative commentary, using verbatim examples for illustration and support. In the phenomenological position, the researcher begins by listening to people's stories and makes the participants' worldview the core of the account. In the interpretative stage, the researcher attempts to make sense of the participants' experiences and concerns (Reid et al., 2005).

From a language perspective, I was curious about whether there would be differences between self-reports and literature written by clinicians and researchers and whether any shared language exists in posts across a subreddit. Insight into their experiences might prove useful in bridging any gaps between clinicians and patients. Due to the relatively recent popularity in the platform, little work has involved the linguistic aspects of Reddit compared to Twitter. The

lengths of posts and community organization of the website suggests considerable potential for sophisticated methods of feature extraction as well as qualitative analysis.

Reddit describes itself as "home to thousands of communities, endless conversation, and authentic human connection. Whether you're into breaking news, sports, TV fan theories, or a never-ending stream of the internet's cutest animals, there's a community on Reddit for you. Every day, millions of people around the world post, vote, and comment in communities organized around their interests" (Reddit). Much of Reddit consists of first-person perspectives on these varied topics (Aref-Adib et al., 2016). Bogers and Wernersen (2014) examined what motivates users of social news sites such as Reddit to participate and found the possibilities for customization, influencing the placement and reception of news stories in their niche communities of interest, appears to be the most powerful incentive for using Reddit. As such, Reddit has important research implications. Its use of subreddits enables targeting posts by interest as well as by demographics.

Studies have consistently shown individuals can gain positive effects from interacting with other individuals in similar circumstances. Online interactions have been shown to improve depression (Bartlett & Coulson, 2011; Griffiths et al., 2009; Setoyama et al., 2011; van Uden-Kraan et al., 2008; van Uden-Kraan et al., 2009), anxiety (Bartlett & Coulson, 2011; HØbye et al., 2010; Setoyama et al., 2011), stress (Bartlett & Coulson, 2011; Setoyama et al., 2011), and negative mood (Shaw et al., 2006), as well as facilitate coping (Mo & Coulson, 2012) and empowerment (Bartlett & Coulson, 2011; HØbye et al., 2010; Mo & Coulson, 2012; Wentzer & Bygholm, 2013; van Uden-Kraan et al., 2008; van Uden-Kraan et al., 2009). Further, members of online health communities consistently emphasize the benefits of participation with respect to their treatment decisions, symptom management, clinical management, and outcomes (van

Uden-Kraan et al., 2008; van Uden-Kraan et al., 2009). Individuals suffering from mental disorders often experience difficulty in obtaining support from their immediate social ties due to social stigma and discrimination associated with their illnesses (Barney et al., 2011; De Choudhury & De, 2014). For such individuals, online health communities can be a useful medium to express their thoughts and feelings. However, extant literature has also reported that negative emotion can spread through interaction (Hatfield et al., 1993), and members of mental health communities have shown significant increases in anxiety, anger, and negative emotion following reports of celebrity suicides (Kumar et al., 2015).

Ethical Considerations

The informed consent process, as laid out by American Psychological Association in Ethical Principles of Psychologists and Code of Conduct and effective June 1, 2003 with amendments on June 1, 2010 and January 1, 2017, involves disclosure to participants about the purpose of the research, expected duration, and procedures; their right to decline to participate and to withdraw from the research once participation has begun; the foreseeable consequences of declining or withdrawing; reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; any prospective research benefits; limits of confidentiality; incentives for participation; and whom to contact for questions about the research and research participants' rights, with the opportunity for the prospective participants to ask questions and receive answers. Some researchers have recruited participants online through Reddit to overcome the limitations of current sources and avoid issues of sample overuse (Shatz, 2017). However, given the dilemma that people with DP symptoms face, which includes trouble articulating what they are experiencing, the potential of trying to do so to get help from someone without training or experience, the frequent surge in

symptoms from the anxiety of the situation, and fear of progressing insanity and stigma about mental health as described previously, and because DP is a sensitive research topic, care was put into the study design stage.

As part of procedural ethics, it is recommended researchers prepare guidelines on how to respond to potentially distressing disclosures and identify services to care for both the participants and themselves if additional support is needed (Sipes et al., 2020). Recruiting participants to answer questions about DP symptoms via instrument or interview seemed to have the potential to cause emotional or psychological distress to participants (Elmir et al., 2011; Lee, 1993), including fear of judgment (Bourne & Robson, 2015). If those cited in the previous chapters are correct, and people experience DP symptoms at an "epidemic" level and on a "huge scale," suggesting support for those electing to participate should they experience distress would be challenging if not impossible.

Analysis was therefore restricted to publicly available discussion content. Antioch University's Institutional Review Board (IRB) ethics committee exempted the study procedure and data from review (IRB_00076188) under Exemption 2 as defined in United States Federal Regulations 45 CFR 46.101(b). Although posts are publicly available, individuals from the communities of interest are nevertheless concerned about stigmas. For this reason, guidelines suggested by Bruckman (2006) and Eysenbach and Till (2001) among others were followed to modify and de-identify posts to maintain privacy.

Internet Research Considerations

Researchers have published other ethical considerations to bear in mind specifically when using online research methods to study sensitive topics so as to minimize risk to both participants and researchers involved (Elmir et al., 2011; Lee, 1993; Sipes et al., 2020). Risk to researchers

includes vicarious traumatization (Sikes & Hall, 2020) and difficulties in processing and appropriately responding to emotional stories (Dickson-Swift et al., 2009; Hanna, 2019). Possible researcher self-care strategies that have been suggested include reflexivity, supervisor/mentor support, and counseling (Hanna, 2019).

The key guiding principles of the Association of Internet Researchers hold the following principles to be fundamental to an ethical approach to internet research: "The greater the vulnerability of the community/author/participant, the greater the obligation of the researcher to protect the community/author/participant" (Markham & Buchanan, 2012, p. 4). Further, because "harm" is defined contextually, "ethical principles are more likely to be understood inductively rather than applied universally. That is, rather than one-size-fits-all pronouncements, ethical decision-making is best approached through the application of practical judgment attentive to the specific context" (Markham & Buchanan, 2012, p. 4).

Collecting posts written voluntarily on Reddit without interacting with the authors or gathering identifying information was done to minimize harm to subreddit community members. A key consideration is protecting the privacy of research participants and their online communities. When writing up findings from passive data collection, one consideration is participant identification. If quoting directly from a deidentified source, there is potential for reverse identification, in which online searches lead to the original source and re-identify data (Narayanan et al., 2016). Reverse identification is of particular concern when community members learn they have been the subject of research only after the completion of the research, which may negatively impact the future functioning of the community (Roberts, 2015). Ayers et al. (2018) reported that in the majority of reviewed papers that include verbatim tweets from Twitter, reverse identification of the identity of the original poster was possible. Ayers and

colleagues (2018) make a series of recommendations for ensuring this does not occur, including authors presenting aggregated findings only, editors refusing to publish where reverse identification is possible, and ethics committees attending to privacy issues.

Therefore, to test privacy and the viability of the research design, during the design phase, text from random posts across Reddit, including the most popular such as r/All and r/AskReddit, was copied and pasted into a Google search. Repeatedly, no results were found, indicating posts cannot be traced and linked to online identities. Reddit also contains its own search tool, and no results were found with this method either. As an additional step to maintain anonymity, Reddit usernames do not appear in the Results section of this study.

Another concern raised is that researchers ensure the security of the data collected and learn how, and what, is being transmitted and stored, making sure that the methods are secure and only accessible to the researchers (Nosek et al., 2002). For example, information that is not part of the main research aim might be collected as part of the data- gathering process such as through survey programs or data mining. With online research, Internet Protocol (IP) addresses, a unique address that computing devices such as personal computers, tablets, and smartphones use to identify itself and communicate with other devices in the IP network, have identifying information. An IP address might be considered analogous to a street address or telephone number in that it is used to uniquely identify an entity. The recommendation is for researchers to be aware of how this additional information is stored and how to handle it to avoid breaching participants' confidentiality (Perez Vallejos et al., 2019). Reddit itself tracks IP addresses for location information (city/state/country), stating it does so in order to "help make recommendations on content that you might find interesting or useful because we believe that there's value in connecting redditors to information and communities that are in their area to help

them better navigate the world around them." Reddit states that except for the IP address used at account creation, IP address information is stored for 100 days from users' last visit.

Other Reddit Studies

Some other studies that made use of Reddit were useful in designing this study. Gaur et al. (2018) found the structure and content of Reddit encourages users to freely discuss such issues on various subreddits, which can be leveraged to formally interpret and relate subreddits and their posts in terms of mental-health diagnostic categories. Their study's overall goal was to use main posts in mental health-related subreddits to better assess mental health issues, uncover signals that may indicate mental health problems, and eventually provide actionable information to clinicians for web-based intervention. Gaur et al. (2018) provide a detailed analysis of the subreddit content from a domain expert's perspective and introduce an approach to map each subreddit to the best-matching DSM-5 category via a classification algorithm. The algorithm analyzed all posts by adapting topic-modeling and word-embedding techniques and used medical knowledge bases to quantify relationships to DSM-5 categories.

Sharma et al. (2016) published a useful model in their study on vaping cessation. Posts were sorted using the "relevance" and "all time" functions to retrieve the most relevant posts from all points in time. Researchers then screened all posts identified in the search for relevance by reading the title and content of the initial discussion thread. They included posts that discussed e-cigarette use in the context of mental illness. During the initial screening of the posts, they removed any posts discussing cannabis vaping only in the context of cannabis by screening for the terms "marijuana" and "weed." The researchers then conducted thematic data analysis framed by a focus on the motivations for and limitations of vaping for people with mental illness. They read a random selection of discussion threads (10%, n = 13) and coded them

independently to assess any potential discrepancies and further develop codes. Subsequently codes were grouped into themes, which they discussed to reach consensus and resolve disagreements.

Sowles et al. (2017) employed similar methods in their study on supportive social networking on Reddit for individuals seeking to cease cannabis use. Reddit permits sorting of posts by 3 means: Hot (which ranks posts based on upvotes, downvotes, and the age of the post), New, and Top (the most popular in terms of upvotes). Sowles et al. (2017) collected the first 100 "hot" posts and all accompanying comments from r/QuitCannabis on June 12, 2015. However, they captured far more identifying information, including post authors' usernames, number of post comments, and comment author usernames. Park et al. (2018) also collected the title, author ID, timestamp, post or comment id, parent ID (that is, the targeted comment or post, to which the author was replying), number of direct replies, scores (i.e., the difference between up votes and down votes), and the content.

In the realm of computational linguistics and clinical psychology, Shen and Rudzicz (2017) studied anxiety disorders through personal narratives collected through Reddit. However, they built a data set of typical and anxiety-related posts and applied "N-gram language modeling, vector embeddings, topic analysis, and emotional norms to generate features that accurately classify posts related to binary levels of anxiety" (p. 60). Ultimately, this study, though impressive, was less helpful to my study, given the differences in our research philosophy and goals.

In the field of biomedical and health informatics, Larsen et al. (2015) examined research data on predisposition to mental-health problems. The fluctuations and regulation of emotions, thoughts, and behaviors are traditionally collected through surveys that cannot provide a real-

time insight into the emotional state of individuals or communities. They identified social network platforms as offering the opportunity for real-time analysis of expressed mood and developed the "We Feel" system for analyzing global and regional variations in emotional expression and reported the results of validation against known patterns of variation in mood. The researchers collected what they labeled "emotional tweets" over a 12-week period, automatically annotating for emotion, geographic location, and gender. Principal component analysis of the data illustrated a dominant in-phase pattern across all emotions, modulated by antiphase patterns for "positive" and "negative" emotions. They found anxiety and suicide rates appeared to correlate with expression of particular emotions in tweets.

Data Collection

Three DP-related subreddits with thousands of subscribed users and sufficient activity, enough to provide posts on an ongoing basis, were considered. The r/dissociation subreddit was included in consideration because it was observed that Reddit posters did not always know how to classify their experiences. Previous scans of posts in the study-design phase showed it was not uncommon for posts to begin with "Does anyone else . . ." or "is this depersonalization?" On June 16, 2021, the number of registered users was taken from the About Community side panel on each subreddit's page and was found to be 4,485 for r/depersonalization; 30,307 for r/dpdr; and 6,500 for r/dissociation. The number of posts in each from May 16, 2021, to June 16, 2021, was counted manually because this data does not appear on any subreddit page. Though no number of posts was specified in advance, this count was performed to get a sense of community activity and engagement. In 30 days, r/depersonalization had 131 posts, r/dpdr had 54, and r/dissociation had 35. Based on the manual count, the decision was made to run the script and gather posts for one year, from April 9, 2021, to April 9, 2022, for each subreddit.

This meant data collection occurred during the global COVID-19 pandemic. Analysis of how the pandemic was affecting people who post on the subreddits was beyond the scope of this project. For example, for some it is possible that quarantine with family and lack of both social support and ability to make appointments with mental-health providers affected symptoms and severity, whereas for others the reduction in demands for in-person contact could be a relief. However, the collection time frame took place after the strictest lockdown quarantine conditions of March-April 2020, during which many people expressed struggling with the reality and the effects of COVID and restrictions globally.

It should be noted that though the subreddit mined for data was in English because of the language limitation of the researcher, because of the open nature of Reddit, posters live all over the world. Further, use of some subreddits conducted primarily in English may be considered limited to people who feel they are competent enough to articulate their thoughts and read responses in English as well as to those who have access to the internet and who are able to make use of Reddit's technology.

Data for this study was gathered using a C# script to scrape the Reddit Application Programming Interface (API). The simple application used the specified subreddit and date range and queried the Reddit API to fetch 25 posts at a time. It continued querying until it received a response that it had fewer than 25 posts left to fetch. The application then took a subset of the Reddit API response, ignoring irrelevant data, and organized it into a Comma-Separated Value (CSV) data table, which was subsequently saved as an Excel file. The following data was selected for each post: the subreddit name; poster's username; date of the post; flair, a content label (if used); post body; and score (calculated by the number of upvotes). The application also generated an ID, which was used to in place of usernames for privacy.

The results in Excel worksheet format were saved individually for later import into the coding software, MAXQDA. As it turned out, r/depersonalization (the most relevant subreddit for this study) alone had more than 1,000 posts in a calendar year, providing more than enough samples to work with. While quantitative research samples in order to show representativeness, inferring from the sample to the population using statistical methods, in qualitative research, claims about generalizability or transferability of findings to the general to the general population tend to be more modest. As Elliott and Timulak (2021) suggest, "Asserting that a particular phenomenon exists in a relatively modest knowledge claim and is therefore not hard to sustain" (p. 53). Thus, while the same data-gathering process was performed on all 3 subreddits under consideration, coding, described below, was completed on r/depersonalization posts alone.

The r/depersonalization Subreddit: Background and Guidelines

Each subreddit is staffed to varying degrees. A Reddit site administrator, or admin, is an employee of Reddit who helps keep the platform running, communicates changes, and enforces Reddit's rules and Content Policy. Subreddit communities also have moderators, or mods, whom Reddit states it considers "important to the Reddit ecosystem." They are volunteers who answer questions and engage with the admins. The Moderator Guidelines for Healthy Communities were established on April 17, 2017 (https://www.redditinc.com/policies/moderator-guidelines.) The first is "Engage in Good Faith: Healthy communities are those where participants engage in good faith, and with an assumption of good faith for their co-collaborators. It's not appropriate to attack your own users. Communities are active, in relation to their size and purpose, and where they are not, they are open to ideas and leadership that may make them more active." When someone creates a new post on a subreddit, it is called an original post, and the writer is referred to as OP (original poster). In responding to such original posts, other Redditors might say, for

example, "not sure if this is what OP meant, but . . ." OPs may (but are not required to) apply flair to their posts to categorize content. Current flair options are Advice, Do I Have Depersonalization, First Experience, Question, Creative, and Help Required. The flair Venting has been removed.

Each subreddit is required to include a description of what the subreddit community is, "so that all users can find what they are looking for on the site." Reddit mod guidelines also state subreddits require "agreed upon clear, concise, and consistent guidelines for participation" that are both transparent and "flexible enough to allow for some deviation and are updated when needed." Text from r/depersonalization is provided below, without editing, to give ready access to what readers see when first looking at the subreddit. Pinned posts remain at the top of subreddits and do not move based on sorting factors. A screenshot taken at the time of this writing is provided for reference with usernames obscured.

Figure 1

r/depersonalization Subreddit
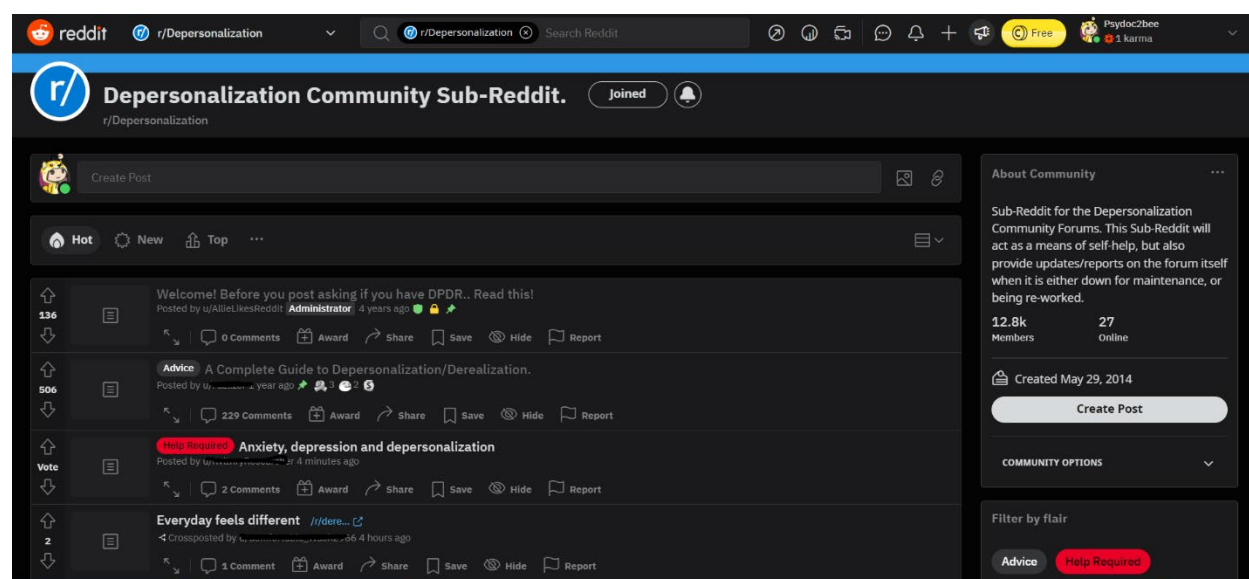
Next to each Reddit post and comment are arrows pointing up (for an "upvote") and down (to "downvote" content). Reddit states, "upvotes show that redditors think content is positively contributing to a community or the site as a whole. Downvotes mean redditors think that content should never see the light of day. If you like something, be it a post or a comment, and you think it contributes to a conversation, upvote it! On Reddit, that's just considered good manners."

At the top of r/depersonalization as of the time of this writing (and called a Subreddit Stickied Post) is by an administrator and was locked in place 4 years ago; no comments can be added. As of this writing, it cites the Mayo Clinic webpage on DPD as its source and is presented here in its entirety and, again, unedited:

Welcome! Before you post asking if you have DPDR.. Read this!

The majority of the posts here are people asking if they have DPDR and listing their symptoms. If you are unsure, you should read below. However, do not go online searching for problems with yourself. If you have a severe dissociative disorder, you should be reaching out to a licensed doctor or therapist. I am not a doctor. I have had DPDR episodes for 10 years, and am merely summarizing and recounting information I've found online.

First and formost, NOBODY can give you medical advice online. While someone might be able to provide you with some insight and suggestions, you should never rely on someone online to give you medical advice, unless you are talking to a certified doctor.

Moving along. . . Do you have DPDR? DPDR is not an existential crisis. I can not stress this enough. If you simply feel like you are losing touch with who you are as a person, or are suddenly hyperaware of your breathing, feel a little funny when you look in the mirror, you do not have DPDR. DPDR is not an occasional ponder into existentialist thoughts. Sufferers of DPDR experience a distortion of reality.

So what does DPDR feel like? DPDR varies on a case-to-case basis. Milder symptoms are extended periods to which a person does not feel like they are in control of their own body. Reality feels like a fog, or a dream. Feelings that you're an outside observer of your thoughts, feelings, your body or parts of your body—for example, as if you were floating in air above yourself. Many DPDR suffers have symptoms, such as confused motorskills, strobelight vision, tunnel vision, changes in the volume and intensity of sounds and colors, shapes seem flatter and more two demensional. Distortions in the perception of time, such as recent events feeling like distant past. A great portion of

DPDR suffers have reported the sense that their body, legs or arms appear distorted, enlarged or shrunken, or that your head is wrapped in cotton. Symptoms are almost always distressing and, when severe, profoundly intolerable. Anxiety and depression are common. Many people have a passing experience of depersonalization or derealization at some point. But when these feelings keep occurring or never completely go away and interfere with your ability to function, it's considered depersonalization-derealization disorder. This disorder is more common in people who've had traumatic experiences.

The r/depersonalization subreddit also employs an auto-moderator, a Reddit bot that automatically performs an action when a post meets scripted conditions. One of these conditions is the phrase "Do I Have Depersonalization," one of the options for flair. The auto-mod's text, presented again unedited, automatically appears when someone's post triggers the rule:

Hey friend, welcome to r/Depersonalization.

Be sure to have read some existing information on the sub before submitting a "Do I have DPDR" question. You can do that by using the search function or reading the sidebar.

A reminder to new posters in crisis:

DPDR is a mental discorder that mostly affects young adults. For the most part, it is brought on by anxiety, trauma, and drug use. However, DPDR is not dangerous to your physical health. In moments of crisis and episodes that are particularly difficult, it is important to take deep breaths and follow strategies that help you cope. A few examples are: Grounding Techniques, Meditation, and even just some good old fashioned sleep.

NOBODY can give you medical advice online. While someone might be able to provide you with some insight and suggestions, you should never rely on someone online to give you medical advice unless you are talking to a certified doctor.

I am a bot, and this action was performed automatically. Please contact the moderators of this subreddit if you have any questions or concerns.

To the right side of the front page of the subreddit, the mods previously provided Related Links labeled "How to find a therapist: A Beginners Guide;" "Talk to a crisis volunteer online;" and "10 ways to Relieve DPDR," but these were not available at the time of this writing. It also previously contained a sidebar, which contained some information from the stickied post about DPDR not being an existential crisis, varying symptoms, and anxiety and depression being common. It also stated the following, again unedited:

DPDR is a dissociative mental discorder characterized by persistant feelings of being detached from oneself. About 50% of people have felt something tramatic and similar to the symptoms of DPDR, (out of body experiences, bad psychodellic trips, etc), however only 2% of people who seek medical attention for these occurances fit the criteria for DPDR.

A previous subreddit community guideline was "no medical advice." As the moderator had posted, "We are not psychiatrists or psychologists, and we cannot diagnose you or give medical advice, we can only share our own experiences. Please understand that no users here are professionals and cannot up your dosage, diagnose you, or tell you to take any medication that may or may not assist you in your experience." Another guideline was "express caution when reading others' comments and use any advice or experience here with careful consideration." Community guidelines do not appear on the subreddit at the time of this writing, with no explanation of changes provided.

Despite this longtime guidance (it appeared on the subreddit for years), the top post "of all time" on r/depersonalization was posted March 5, 2021 and is entitled "A Complete Guide to Depersonalization/Derealization." Its contents flirt with breaking the guideline in numerous places in the long post. As of this writing, it has 502 upvotes. On Reddit, the writer of the original post is called OP (original poster). The OP of this has a different username from the admin post and is not labeled as a mod. OP identifies himself or herself as a high school student in California who at the time of posting was "a sufferer of severe DPDR . . . for ~9 months." OP states the symptoms were "triggered by either marijuana use or constant, complex PTSD, or both." OP is careful to mention the lack of medical qualifications that would enable provision of serious advice in keeping with the subreddit guidelines, but goes on to say, "However. I know the symptoms. I understand the disorder, and I can relate and articulate it. I am explaining to the best of my abilities and understanding." More of this post is presented here, unedited:

Understanding the disorder: DPDR, Depersonalization/Derealization, Disassociation, whatever you prefer to call it, is an issue related to [CP]PTSD and anxiety. It can happen when you have a shocking, dangerous, or extremely worrying experience that causes your brain to enter fight or flight mode, and if you cannot fight or run away from the danger, then your brain disassociates you. The disassociation is a natural response mechanism to help you survive dangerous situations. It puts you on autopilot. It turns off your short term memory/ability to act on your own until you are out of danger. Issue is. If you make consciously aware observation of this disassociated state, it may scare you horrendously, which it should. However, now you're stuck. You've gotten scared, scarred, and anxious of being in your state of disassociation, which puts your brain into fight or flight, but since it is internal, nothing can be done about it, and you disassociate more, and the cycle repeats. And you're trapped in a loop.

Causes: The cause for DPDR, is trauma and anxiety. Yet the exact, personal causes can be vast. Remember. All it takes is something putting you into fight or flight. If you're a deep thinker or a consciously aware person, you're more at risk for realizing your disassociated state when you experience trauma. As far as common, personal causes for DPDR, some include:

-Drugs. Your brain can easily recognize drugs or alcohol as a danger if you're either doing them for the first time, having a bad experience on them, or overusing them. (Prescription or recreational, even drugs with no high can cause it)

-physical trauma. A Car crash. A physical confrontation, etc..

-Social anxiety.

-OCD. Obsessively worrying about something to an extreme can put you in a disassociated state

-Coronavirus. Coronavirus is neuro-invasive. A very large percent of people report brain fog after getting sick from Coronavirus. Brain fog can be a synonym of disassociation.

Your cause. No matter how silly it seems. Is valid.

OP then repeats the "not a doctor" statement but announces "I can confidently say, if you can identify with most of these symptoms, and everything else I've said so far, you probably have it." OP then goes on to list a long list of symptoms:

- -feeling like you're in a dream.

- -having an impeded short term memory

- -seeing eye floaties

- -not being able to use emotions as well as before

- -feeling like every day is the same

- -not being able to be surprised, excited, or bewildered.

- -extreme hyper awareness (or extreme unawareness)

- -distortion of shapes, everything seeming too big or small

- -feeling alienated from the things and people around you

- -doubting whether you're really being affected by a disorder or not

- -inability to focus

- -feeling delirious

- -feeling like you're never coming down off of a drug

- -forgetting where you are and who you are momentarily (spacing out)

- -hearing a ringing in your ears (tinnitus)

- -light or vision appearing a different color (such as more orange)

- -lack of conscious awareness

- -awful time recall

- -forgetting conversations, or events you've lived through

- -inability to meditate/read

- -feeling like you're trapped in your own head

- -not feeling grounded

- -feeling too grounded

- -feeling like you're on autopilot

- -feeling like you have brain fog.

This list is extensive, with some symptoms that are not conclusively or exclusively part

of depersonalization, and to the anxious wondering mind, it seems it would be easy to resonate

with enough of them to agree with OP and conclude, as he or she does, "You've identified with

everything I've said up to this point you know you have it. But what does that mean for you? It

means you're in for a ride. Don't worry. It is treatable. It may just take some time and effort."

OP then goes on to what he/she calls treatment options, stating,

> A lot of people who I've seen get better do so by simply ignoring the disassociation. Since the stress caused by realizing you're in the state keeps the state going, if you can relax and stay calm, then you should be fixed, right? Well. I don't know. Personally, in my opinion, that is the wrong way to go about it. You don't know if you're treating it, and it's going away, and that you're returning to normal, or if you're just forgetting about what it was like to be normal, and you're still disassociated without realizing it. There is no specific treatment for it that works for everyone because of how personalized it and it's cause is . . .

> OP then recommends seeing a psychiatrist or "a therapist (who specializes in trauma,

anxiety, and or PTSD)." Most of all, OP states, "Whatever you do. Don't just hope it will go

away with time. It probably won't." OP cautions against believing in magically finding a

treatment and instead recommends engaging in doing "what you're able to to improve your

cognition right now, even if it isn't conscious cognition, it will help you maintain your life while

you seek real help" [sic]. OP also recommends "looking into adaptogens if you struggle with

social anxiety. Taking Gingko Biloba and Rhodiola Rosea has greatly helped me with mine and

has allowed me to function better while I get helped. Reading books, meditation, and using your

imagination also help." OP then turns to a dizzying list of what to avoid to keep from worsening

symptoms:

- -Looking in a mirror
- -doing drugs or alcohol
- -nicotine (elaborated on at very bottom of post)
- -not getting proper sleep
- -not getting proper nutrition
- -too much media/blue light exposure

- -taking certain nootropics

- -Drinking caffeine

- -anxiety

After providing a summary of his or her long post, OP concludes by writing, "You're not alone, even if this disorder makes you feel that way. Remember that it is extremely hard to explain. Only those who have experienced it can really explain it and relate to it…. It is a completely different state of consciousness. A lack of it." Another common feature of Reddit posts is updates, in which OPs describe outcomes since posting or provide a list of their edits. In this case, OP returned to the post to add more symptoms, to take out a section on "the Depersonalization Manual section after researching Shaun O Connor some more (He's greedy)," and to add sections. The O'Connor in question was referenced in chapter one, and according to his website (https://www.dpmanual.com/the-depersonalization-manual/), he is now selling what he says is "over 15 years, 5 editions and 25,000+ copies later. . . THE most trusted and comprehensive text on Depersonalization recovery available anywhere" for $89.99, which he states is a "$500 value" (https://www.dpmanual.com/the-depersonalization-manual/).

OP's addition elaborates on nicotine making DPDR worse, which is clarified as "largely anecdotal and inconsistent. As an example, I personally find that cigarettes majorly antagonize my DPDR, though vapes do not. I quit nicotine for 6 months and noticed no improvement in DPDR. Though one thing I can say is that nicotine can make anxiety worse, which could very possibly affect DPDR."

All of this text has been provided to give ready access to what readers see when first looking at the r/depersonalization subreddit and to provide context for the coding and themes discussion that follows.

Import and Coding

The use of a second coder is highly recommended in thematic analysis to increase reliability. The second coder for this research was a fellow PsyD student who also used thematic analysis and interpretive phenomenological analysis (IPA) for her dissertation, and in exchange, I was her second coder. During the design phase, I investigated coding software options, weighing pros and cons such as usability, suitability for qualitative research and IPA specifically, the ability to have team access in which project content can be reviewed by both Windows and Mac versions, and price vs function. Collaboration began at this stage, and both coders conferred and selected MAXQDA.

MAXQDA is designed for use in qualitative, quantitative, and mixed-methods research. The standard version offers tools for the organization and analysis of qualitative data including text, audio, image, video, bibliographical files, survey data, Twitter tweets, and interview and focus-group transcripts. Data is displayed in a four-screen window using codes and memos. MAXQDA's visualization functions include word clouds, charts, tables, and concept maps.

Because it is powerful software, the learning curve is initially steep. The other coder elected not to use it for her coding and analysis. MAXQDA offers many video tutorials and free webinars as well as user manuals. However, much of it is geared toward importing interviews from 6 to 10 subjects with a standard set of questions. The trainer who led a webinar on importing offered individual advice, which proved invaluable. Those data elements included in analysis were imported as "code," which is used for open-ended questions for interviews, with everything else imported as "variable," which is used for closed questions. The ID was used to identify posts, which were sorted by the highest voted first. The post title and post body were coded for clusters, labels that would later enable finding themes.

MAXQDA has a way to use passwords and logins for collaborating. However, there is no password reset or reminder. After the first time I was locked out, we shifted to a check-in/ check-out system using a shared Google Drive and iterations saved as new versions. Only once did we run into a version-control issue when the second coder began from her older version instead of the new one that had been uploaded. This meant some loss of time and a new process in which old versions were archived, and communication was improved around versions.

Because the other coder was unfamiliar when it came time to work on coding, time was also spent on creating user guides, task lists, and other instructions. Early in coding, it became clear the second coder was not actually coding but inserting memos in the post documents, which would result in those segments not being pulled in analysis. When this was caught, I took her memos into consideration and either amended codes, provided instructions for applying a code (which was different on her Mac versus my PC), or provided guidance on what codes applied.

As stated, prior to importing, posts in the Excel document were sorted by top-rated posts of the time period to promote our systematic review of the topics most relevant to the community as a whole by relying on the collective opinions of the community as a logical starting point.

Memos

During the coding process, we engaged in frequent memoing, an essential element in IPA, to capture what we were doing and why. Memoing is the act of recording reflective notes by the researcher about some hypothesis regarding a category or property and especially relationships between categories and what the researchers learn from the data. Memos contribute substantially to the qualitative research process and its credibility (Groenewald, 2008). Efforts were made to contain all such notes in MAXQDA, but some communication occurred via text messages and email as well and were then echoed or referred to in later memos.

These memos containing our notes and remarks were attached like post-it notes to text passages, texts, document groups, images, audio/video clips and of codes. Several types of memos were employed: on the cluster level to retain the definition of a category, including anchor examples that illustrate the meaning of the category using original quotations; on individual documents to save summaries of text; and free memos, which are neither directly assigned to a position in the data material nor to a document or code but are free-floating and suitable for recording general notes on the research project, thoughts on the development of a theory, and ideas for analysis.

While the data were processed and analyzed but not significantly changed once the evaluation and coding began, memos are a dynamic type of text, they are products of the users and can be changed, supplemented, modified, and integrated at any time. We also made use of the logbook, a MAXQDA feature that permits a journal of sorts to keep track of analysis work and starting and stopping points. The term "logbook," a nautical term, is used to record significant events and observations and is contained in one location.

Codes and Clusters

Codes were generated from the data rather than using a pre-existing theory to identify codes that might be applied to the data (Reid et al., 2005) using simple but descriptive labels. Though the goal was to present findings in posters' original language to preserve lived experience, from a project perspective it made sense to approach the code labels from more of a clinical categorization as we created "mother codes" to describe the cluster of an OP's words. In the first stage, each post was qualitatively examined for the most frequent terms following an open-coding process (Strauss & Corbin, 1990) in order to identify and assign each descriptive label.

In MAXQDA, a code text has a maximum of 63 characters consisting of one or more words. A code can contain empty spaces and special characters, and the number of codes is unlimited. The hierarchical structure can contain up to ten levels, with codes appearing as parents and children. Codes can be assigned colors as desired. As discussed, given the plan was always to include posters' voices, as we coded, we developed definitions for each code or groups of codes and documented our thinking in memos. These definitions ensured that codes were applied reliably throughout the data. In the early stages, as the codes were developed and refined, it was often necessary to go back and re-code previously coded material to make certain that data examined first in the first stage of analysis was coded in the same manner and with the same coding definitions/criteria as data addressed later in the analysis.

Saldana (2016) describes 25 coding methods categorized into seven groups to answer the question, "How do I know what to code for?" Saldana suggests that many of the methods overlap in intent and can be mixed and matched. For example, the "descriptive" code is a code applied to a basic topic from the data. Descriptive codes can be used to identify a role, process, action, place or something that is easily identified. Another coding approach is "In Vivo" coding that uses verbatim words or phrases from the participants' narrative to describe the unit of data. In Vivo codes provide insight into how participants are talking about a phenomenon since it uses the participants' voice when developing units of code.

Codes were amended by lengthening the code label or dropped because they no longer fit well with the emerging structure. During an open coding stage of the process, many codes can vary greatly in their scope and level of abstraction. In MAXQDA, Creative Coding effectively supports the creative process in which these codes are generated, sorted, and organized, and in which a hierarchical code structure is created based on the relationships between codes. The

function provides a large workspace on which to move codes and form meaningful groups. I placed codes that belong together next to one another, inserted parent codes, renamed codes, changed their color, and created a logical structure. This logical structure was the result of a long period of open coding and working with the codes.

MAXQDA has options for a form of auto-coding using lexical searches. It made sense to do this search only when relevant common terms from the posts became clear. This prevented the searching from becoming a fishing expedition to prove an *a priori* researcher opinion. It permits lemmatization of words in various languages for word frequency and word combination functions. Lemmatization is the grouping together of different forms of the same word. In search queries, lemmatization allows end users to query any version of a base word and get relevant results. Words with the same meaning are combined regardless of declination or case. For example, the word "give" returns hits for the various forms of that term, including "gave" and "given." Even within auto-coding, passages with matching terms had to be reviewed to see whether the code applies. For example, someone might write, "I started to panic" but mean it more colloquially, so the code for "panic, panic attacks" would not apply.

It is always the goal of qualitative analysts to achieve as high a level of agreement as possible between independent coders. It is not, however, focused on getting to a standard coefficient that is statistically necessary as in quantitative research. Rather, the focus is on a practical improvement of the coding quality. For this reason, the focus is not on the coefficient or percentage of agreement (e.g., the percentage of matching code assignments). Instead, qualitative researchers want to address and edit the code assignments that do not match, so that they can move on with more accurately coded material. I used MAXQDA's intra-coder agreement function to compare how the two of us were coding the same document independently of each

other and to assess how consistent we were. Some have recommended agreement be in the range

of 85–90%, depending on the complexity of the coding scheme (Morse, 1997). In qualitative

research, the purpose of comparing independent coders is to discuss the differences, figure out

why they occurred, and learn from the differences in order to improve coding agreement in the

future, which was carried out through memos. In other words, the actual percentage of agreement

is not the most important aspect of the tool. This percentage is, however, provided by

MAXQDA. The intercoder agreement function was run at 3 intervals, with each resulting in 100

percent agreement, thanks in part to close communication.

Figure 2

Sample of Intercoder Agreement Results

	A	B	C	D
1	Document name	Agreements	Disagreements	Percent
2	r2s9yj	2	0	100.00
3	rt6y3m	3	0	100.00
4	tigdkz	4	0	100.00
5	mwi7w7	4	0	100.00
6	nawim0	4	0	100.00
7	qv9pi8	4	0	100.00
8	syzuu3	6	0	100.00
9	nn4evz	4	0	100.00
10	s7rn7q	4	0	100.00
11	ow5pir	3	0	100.00
12	r49ioy	7	0	100.00
13	pbvvap	3	0	100.00
14	t3j4ze	3	0	100.00
15	rxzrb4	3	0	100.00
16	shspg6	6	0	100.00
17	o6r9lg	7	0	100.00
18	n6wg24	3	0	100.00
19	n4bamj	30	0	100.00
20	qos7yd	7	0	100.00
21	rwfuzv	6	0	100.00
22	mvg1go	5	0	100.00
23	o39vh6	8	0	100.00
24	nez6o6	4	0	100.00
25	tnai02	3	0	100.00
26	oii88c	4	0	100.00
27	ntb8qj	6	0	100.00
28	rurpau	6	0	100.00
29	redoef	12	0	100.00

Castleberry and Nolen (2018) state the answer to the question "When can I stop coding and analyzing data?" is "when no new themes are identified upon reviewing new data, researchers can be confident in their coding scheme" (p. 809). Coding of posts continued until saturation was reached, and new categories stopped emerging.

After 15 rounds of coding by both coders, the codes along with any code memos were as presented in Figure 3.

Figure 3

Final Cluster Codes

Code System	Memo
Autocode - ANY: Covid COVID pandemic the virus	Covid COVID pandemic the virus
Autocode - ANY: have no emotions can't feel my feelings	6/19/2022 2:15 PM Lexical Search - ANY: have no emotions can't feel my feelings Within: Document Include words from lemma list: English
Onset	
Intrusive thoughts	
Autocode - ANY: numb	5/29/2022 6:24 PM Lexical Search - ANY: numb Within: Document Include words from lemma list: English Only in activated documents
Autocode - ANY: scared afraid fear frightened	5/29/2022 6:23 PM Lexical Search - ANY: scared afraid fear frightened Within: Document Include words from lemma list: English Only in activated documents
Autocode - ANY: trauma traumatic	5/29/2022 6:06 PM Lexical Search - ANY: trauma traumatic Within: Document Include words from lemma list: English
Medication/prescription/meds/drug	5/28/2022 7:59 PM Lexical Search - ANY: medication prescription meds drug Within: Document Find whole words Include words from lemma list: English Only in activated documents

Code System	Memo
Autocode - ANY: therapist psychologist psychiatrist specialist	5/28/2022 7:44 PM Lexical Search - ANY: therapist psychologist psychiatrist specialist Within: Document Find whole words Include words from lemma list: English Only in activated documents
Autocode - ANY: anxiety	5/28/2022 4:59 PM Lexical Search - ANY: anxiety Within: Document
Anxiety	For use when OP uses the word "anxiety" + "attack," "episode," etc.
Weed/marijuana/trip/drugs	5/28/2022 4:57 PM Lexical Search - ANY: weed Within: Document
Art, photos, songs, videos, creative expression	I am wondering if these type of posts and the artwork ones could be a 'process/creative expression/coping skills' type of code to show a sharing of what worked or helped them, and the desire to share and connect
Comorbidity	
What OP has tried	
Physiological Symptom	
Heart	Autocoded for "heart" Use Physiological Symptom code. OP's original wording pulled during analysis.
Autocode - ANY: heart	5/29/2022 5:19 PM Lexical Search - ANY: heart Within: Document Only in activated documents
Sweat	Autocoded for sweat.
Vision/eyes/sight	Autocoded. Lexical search included vision and eyes
Mental/Emotional Symptom	Use this for all non-physiological symptoms
Autocode - ANY: dissociate dissociation	5/29/2022 6:04 PM Lexical Search - ANY: dissociate dissociation Within: Document Include words from lemma list: English
Crazy/insane/something wrong/losing mind	5/28/2022 6:27 PM Lexical Search - ANY: crazy Within: Document Find whole words Include words from lemma list: English Only in activated documents

Code System	Memo
Body detachment, disconnect, lack of control	Use for floating outside body, watching from outside, not feeling in control of body. not for weird bodily sensations.
Racing thoughts/mind	5/28/2022 7:29 PM Lexical Search - ANY: racing Within: Document Find whole words Include words from lemma list: English Only in activated documents
Like a movie	5/28/2022 8:24 PM Lexical Search - ANY: like a movie Within: Document Include words from lemma list: English Only in activated documents
Empty/blank/foggy mind	Use mother Symptom code instead
Alterations in perception of time	Use Mental/Emotional Symptom code and this. This one cannot be autocoded. This code label is clinician language. OP's wording will be pulled in during analysis
Slow motion	Use mother Symptom code instead
Like a stranger	Autocoded for "stranger"
On autopilot	Use mother Symptom code instead. distinct and important variations to this phrase when it describes the same thing will be pulled in analysis
Asking for advice	
I can't/hard to explain/if that makes sense	
Getting/gets/got worse	
How it has changed my life/effects/impact	
Panic/panic attacks	
Terminology for people with DP/DR and survivors	
Media overwhelming	
Interpreting symbolism	
Hard to find someone who knows what it is/no one understands	
Importance of representation	
Qualitative description of how OP feels	Use when OP says "it feels bad," "I am scared," etc. OP's language can be pulled during analysis
Advice giving	

Code System	Memo
Does anyone else/DAE	For use with the above or approximations (does anybody, etc)
Sharing a resource	
Improvement	Code label is clinician-language mother term based on OP stating things like "it started to get better," "started to fade," "symptoms stopped," etc.
Duration	Code label is clinician-language mother term. Infer from time references stated
Age at onset	Code label is clinician-language mother code. Code from either stated age or phase-of-life reference (e.g. "I was a junior in high school")
Suicidal thoughts/of death/wanting it to end	Code label is a clinician-language label.
Hell	
Personal description of a symptom/state	Use with mother Symptom code. Use to call attention to unusual phrasing not common to usual symptom descriptions
Forgetting	Use mother Symptom code instead
OP's reason for posting	Use to code OP's stated reason for posting beyond the Flair reason (e.g., Sharing) when motivation seems clear or is stated
Recovery	For use when OP uses the word "recovery" or "recover"
Trigger/cause	For use when OP uses the word "trigger" as a noun or verb (in any tense, e.g., triggered)
Personal account of trauma	

Thematic Analysis

Because of its usefulness in exploring how people interpret their experiences, this study used thematic analysis, a method for identifying, analyzing, and reporting patterns—or themes—within data (Reid et al., 2005). Thematic analysis is a flexible research tool to report on rich and complex data. The method calls for organizing, describing data in rich detail, and interpreting various aspects of the research topic (Boyatzis, 1998; Guest, 2012). For the sake of managing the project, only original posts were collected, not replies to them. As previously described, the text was then coded for themes to be presented in poster's wording. Thematic analysis is useful in

discovering people's inner emotional worlds and their experiences with symptoms of DP and to shed light on the complexity of these experiences when posters were "talking" amongst themselves in their subreddit community. As discovery-oriented research, the aim was to see what might be learned about the essential features of their experiences and how they describe the phenomenon of DP symptoms.

Castleberry and Nolen (2018) argue that thematic analysis is sometimes used in research studies and subsequently labeled as qualitative research without providing the necessary details about how the analysis reduced the data into workable themes and the emerging conclusions. Collingridge and Gantt suggest (2008) suggest some researchers use qualitative methods without a thorough understanding of the standards of rigorous qualitative research. They recommend codes, or categories to which each concept is mapped, are put into context with each other for theme development.

Theme Development

As opposed to a code, a theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set (Castleberry & Nolen, 2018). Braun and Clarke (2012) use a house as an analogy to describe codes and themes, in which codes are the bricks that comprise the walls or themes. Themes are patterns in the codes; they take the numerous pieces of related code to show a bigger picture of what is being portrayed. As Castleberry and Nolen (2018) discuss, once data has been reassembled through coding, researchers may then extract excerpts from the data and view them in relation to and in the concert with each other. Doing so permits researchers to begin to focus on interpreting what is going on within and across varied experiences, beliefs, and histories and to see the presence thematic patterns across the data.

Themes capture an essence of the phenomenon under investigation in relation to research questions or the purpose of the study. Because they may be abstract, they can be difficult to identify from reading over raw data the first few times (Castleberry & Nolen, 2018). In thematic analysis, the importance of the theme is not dependent upon how often it appears or how much data is contained within the theme. Rather, the importance is related to whether it captures something important in relation to the overall research questions. When quality checking theme development, Castleberry and Nolen (2018) recommend researchers ask a few key questions:

Is this a theme or just a code?

If it is a theme, what is the quality of this theme (i.e., does it tell me something useful about the dataset and my research questions)?

What are the boundaries of this theme, and what does it include and exclude?

Are there enough (meaningful) data to support this theme?

Are the data too diverse and wide ranging (i.e., does the theme lack coherence)? (p. 810).

During reassembly of the data, the analytical thinking of the researchers is made evident as they gather all relevant data into each potential theme and continuously review each theme to determine if it is robust in relation to the coded extracts and data set (Pietkiewicz & Smith, 2014). Care must be taken to tell the story of the data and not arrange the data to support the researchers' theory or overreach the data. Just as data collection does not set out to test hypotheses, this stance is maintained in data analysis. As Pietkiewicz and Smith (2014) suggest, careful, systematic, and rigorous analysis requires patience and "openness to see the world through someone else's eyes and the ability to control a temptation to a priori impose conceptual categories" (p.13). The inductive character of most qualitative methodologies requires that theories are derived from data, and not the other way around. Researchers reflect upon their own preconceptions about the data and attempt to suspend these in order to focus on grasping the

experiential world of the research participant (Reid et al., 2005). Choices the researcher and second coder make, in an ongoing reflexive dialogue regarding issues throughout the analytic process, are made explicit in analysis.

Yin (2011) explains that there is no checklist to constitute good interpretation, but there are five goal qualities for all qualitative interpretations. First, the interpretation should be complete, allowing readers to see the beginning, middle, and end of how the interpretations were drawn. Second, other researchers would be able to reach the same interpretation if given the same data. Third, interpretations should be accurate and representative of the raw data. Fourth, in the context of current literature, valuable studies will add value to understanding the topic. Finally, data methods and subsequent interpretations should be credible and gain respect from colleagues (Yin, 2011).

Castleberry and Nolen (2018) suggest another way to identify interpretations from the data is to answer research questions after the data has been coded, stating when researchers have enough clarity to write the subtitle for a manuscript, they have arrived at their interpretations. To date, existing research study disciplines focusing on textual analysis of social-media content have been in biomedical/health informatics; computers in human behavior; written communications/textual analytics; text mining and visualization; information systems/information retrieval; computing methodologies/natural language processing; machine learning; applied computing; knowledge engineering; and health communication. Fewer studies have been published in psychology, though recent publications have reported on internet effects on depression and anxiety as well as online interventions.

CHAPTER IV: RESULTS

All of the collected posts were coded, either manually or by autocoding, with 6,125 segments tagged with at least one code and most with two or more. When an autocode could be reliably established, I went through the posts to make sure that previously coded segments were not then coded twice. For example, the autocode "anxiety" was created and applied to only posts that had not yet been coded earlier in our process to prevent inflation of the use count.

To preserve original posters' (again, using the abbreviation "OPs" throughout this chapter and the discussion) voices, quotes are presented here with almost no editing; only some missing spaces to separate sentences have been added and some extraneous spacing deleted. To edit each post for standard American edited English would turn the project into an extensive and needless copyediting project and suggest a "correctness" of language that is not the focus. Reading posts as they appeared on Reddit caused no difficulty for us when coding, and it is believed readers will have a similar experience. When words have been left out (or mistyped, as in the case of one OP who wrote "reassure you" when from context "reassure me" was the intent), and the meaning is clear only from reading the entire post—but the inclusion all of the post text would not have been relevant—the assumed intended word is provided in brackets. When posts included emojis or emoticons, they are included here. When posts are very similar in content and wording, the post of one OP is presented as a representative example of the shared point.

In keeping with APA 7th edition guidelines, a standard ellipsis has been used to indicate omission of words within a quoted sentence, and a 4-point ellipsis—that is, a period plus an ellipsis—has been used to indicate material has been omitted between the end of one sentence and the beginning of another.

Not all codes translated into themes for the purpose of this project; therefore, segments with some codes are not included. However, a large number of OPs were ultimately quoted, with care taken, for example, to select those portions of their posts that best spoke to the theme. To do this, coded segments included identifying post tags, which were removed upon inclusion in this chapter. Another stage of analysis in the future could reveal more themes by combining codes and looking for interplay between segments.

The following code segments were used more than 50 times and informed the formation of themes. However, some code labels that were applied frequently did not develop into themes. For example, Duration, which was applied 119 times did not present a clear theme.

Figure 4

Code Labels and Counts

Code label	# of times applied to posts
Autocode Mirror	67
Autocode constant/never went away/have it everyday	111
Autocode memory/memory loss	130
Autocode numb	85
Autocode scared/afraid/fear/frightened	313
Autocode trauma/traumatic	84
Medication/prescription/meds/drugs	117
Autocode therapist/psychologist/psychiatrist/specialist	129
Autocode anxiety	359
Weed/marijuana/trip/drugs	225
Combordity	243
Asking for advice	86
I can't explain/hard to explain/if that makes sense	53
Panic/panic attacks	196
Qualitative description of how OP feels	117
Advice giving	103
Does anyone else/DAE	298
Personal description of a symptom/state	689
OP's reason for posting	793

Themes

Figure 5

Final Themes and Ops' Purpose

Name of Theme	OPs' Purpose
DAE: Seeking people who could relate	Replacing isolation with community
Writing to explain what they did to deal with DP, sometimes to the point of considering themselves "cured"	Wanting to share or help as many people as possible
Reacting to advice	Wanting to speak up about advice that did not feel relevant
Asking for advice or answers	Wanting their individual thoughts addressed personally, seeking "repersonalization"
Venting	Expressing complaints to people in the DP subreddit community who might understand or gratitude for the ability to post
Describing experiences with cannabis and other substances	Making connections between use and DP, expressing confusion about why they have DP symptoms, expressing concern about symptom continuation, asking if what they describe seems like cannabis-induced DP, expressing a desire to consume cannabis again
Identifying comorbidities	Making the connection between DP and other diagnoses, expressing fears
Identifying anxiety as the basis of DP	Asserting DP is an anxiety-based disorder or that anxiety is a primary cause, offering advice, making links to panic attacks, expressing a rise in symptoms when anxious, asking questions or advice specific to anxiety
Living with DP	Discussing how it feels and what the effects of DP have been, including on work, school, and life plans
Feeling desperate to the point of considering suicide	Expressing suicidal ideation and fears, seeking comfort
No One in the IRL Understands	Expressing frustration, experiences, ways of coping
Experiences with mental-health professionals	Expressing positive and negative experiences, voicing fears or doubts
Holding hope	Encouraging others, themselves to maintain a belief that they will be okay

Does Anyone Else . . .

We coded 298 segments with the code Does Anyone Else (DAE), which identified OPs asking others if they had similar experiences. This led to the development of a significant theme: seeking to find community and people who could relate to replace isolation. Anyone seeking some insight into the lived experience of writing about DP on Reddit might start with the following list of OP quotes, which touch on many aspects and are presented in order of posts with the most upvotes first:

- like the past wasn't real? like you haven't lived nothing.

- like an empty walking carcass?

- Like it Feels Weird to go Outside?

- I feel so fake, like my smiles and laughs arent genuine but in the moment I truly am happy and want to laugh. It also gets exhausting. Ill catch myself smiling at a joke but my cheeks become heavy and fall back down. Anyone else relate?

- made bad decisions because of this?

- ever just randomly think wow this is real life Im really here living it? Or in group settings where everyone else is talking to each other you realize that this isnt a movie or tv show everyone else has their own life and existence.

- hate talking because it is like a reminder that you depersonalization? Because when I talk it doesnt feel like me.

- get weird sensations in their head? If so what kind? Mine often feels like its full of foam or something. Or like my head is swelling. Or like Im buzzing.

- recovered from this? i need hope bad or is my life over please i want to get back

- everything looks the same vision wise but nothing feels the same. I don't feel like I'm in my own body and my body feels like a complete stranger. I don't feel in control of my own body and everything I do makes me feel uncomfortable like I cant even watch youtube without feeling uncomfortable.

- sick of having a blank mind? Its not only that, I almost feel dumb as Im unable to string a thought together sometimes

- feel like they didn't do what they just did?? Wether its driving, work, or talking to people etc. After I do something it feels like I never did it. Like I just imagined it. When Im talking to people it feels like Im not the one who thought of the words or the one who said them.

- like you guys are slowly dying like getting further away from reality that you feel like you don't even exist?

- I have a fluctuating sense of identity while also feeling like I have no identity. Im extremely numb, chronically empty, doing things because thats what people do but I dont really have a person behind my thoughts. its all anxiety and disconnect

- ever felt like a brain running a human body/flesh suit? or that your brain is like a computer?

- feel like they left their own timeline? Like, the first 24 years of my life made sense as I went from middle school to high school to college, etc. but at some point in this past year, that timeline, the people and places in it all became lost to me. And now if I have to revisit a place I used to be, or see a clip from a show I used to watch, it feels really disturbing and uncomfortable. Like that whole timeline feels like something I imagined but seeing the evidence that it was real proves that it couldnt be. It feels like its completely ruined my sense of identity and is preventing me from enjoying the present or planning for my future

- have vision problems due to dp/dr? me: light sensitivity, seeing dots / spots, floating spots when it is bright.

- have a memory problem due to dp / dr? I literally forget EVERYTHING, nothing is left in my mind. my short term memory is simply awful 24/7. I am afraid I have incipient dementia, please reassure you that it is in this condition

- have a really bad sense of when they're being weird or not? whos doing or saying something that might be completely normal but you keep thinking if what you did was extremely fucking weird or the opposite where you do something really weird but youre pretty sure its normal?

- brain feels numb who can relate 🥥 [coconut emoji]

- here living on autopilot? Often I feel like I do and say dumb things and a little later That memory comes back to me as a wave, and I realize that I wasnt even thinking while doing something. I realize what I did wrong and feel absolutely stupid. Its like my reasoning ability just flies out the window, and only much later it catches up. Anyone know what the fuck is going on?? Im so confused.

- experienced this: for me, this thing is on a daily basis and I'm pretty tense about it.

- ever catch yourself just staring at yourself in the mirror for ages

- have this issue with memory from dpdr? Whether its recalling past events from years ago or what I ate 4 hours ago I wont remember real well if at all. I almost have to have someone telling me what I did for me to remember. My days all blend in together. I broke up with my boyfriend last year and I couldnt tell you anything about the relationship in fair good detail and thats not where my dpdr comes from.

- while having an attack do u ever feel like u can't recognize ur family.

- always feel their heart beat? My dad said when hes laying down at night he cant feel his but I literally always can.

- sometimes at night I'll wake up to a feeling of derealization, and it'll cause me to go into a 5 second high intensity panic attack. I have to hang onto something and wait til it reaches its peak, and then it goes down. It's better right after. DAE?

- like I don't know who I am, accompanied by such questions as: why am I me? Who is me? Am i my thoughts? If thoughts just arise, am i just awareness? Do i have any control? Am i just watching something else live? It's gotten me pretty bummed out lately and not sure how to tackle it.

- like the person you where with the feelings etc died a long time ago?

- like there is always something wrong, even though you can't pinpoint what it is? Like some kind of worry nagging at the back of your brain, or even like something clawing at it?? Its like an endless thought loop of obsessing over not feeling well, but knowing that nothing is really wrong, or feeling weird about feeling weird?

- like two separate consciousnesses.

- like youre flip flopping emotionally really quick? like, one moment my brain is like yeah im fine, depersonalization is just my mind protecting itself from anxiety and the next moment im like but what if its not? what if im going insane? what if ill be okay?

- had memory loss this bad? I was talking to my roommate today and apparently we went shopping yesterday and I have literally zero memory of it happening. I can't read books anymore because I can't remember stuff that happens previously. I've "come to" while on Reddit wondering when I opened the page.

- have dpdr 24/7? I'm 17 soon and have had this since roughly 8.

- felt like this? Right now I'm thinking, how are Osama Bin Laden, the state of Iowa, college baseball, medieval castles, and my sister's wedding from 5 years ago all real things? When you think about how vastly different and unrelated those things are, how can you have a coherent view of our world that makes sense? It's all nonsense! At some point I must have, or maybe before I just didn't have these thoughts.

- think about death and the afterlife obsessively?

- been put on propranolol and has it helped.

- constantly anxious or worried about things that should not cause worry, such as the hum of a refrigerator, or seeing an object that looks out of place. I am constantly questioning and trying to figure out unexplainable things and get anxious/depressed when I cannot, such as why does anything we do matter what makes things fun what are emotions what is taste, smell etc. stuff just doesnt feel real or explainable.

- just looked in the mirror and looked at yourself and feel like you're not even looking at a person? like you know you're looking at yourself but something doesn't really click? one time i was looking at myself in the mirror and i lifted my arm up and touched my face, but it didn't feel like it was me doing it. Also sometimes i look at my head and realize that the only reason im able to look at myself and know that that's me is because of the brain inside my skull, but then i remember that i am the brain and start feeling stuck inside my own body and that im just a brain in a body thinking about himself. i also somethimes look at my arms and feel like they're not a part of me and that i can't cotrol them. sometimes im scared to look in the mirror because i'm worried i might dissacosiate.

- i am in my house looking around and i really don't think that i am here, i can look around and i am seeing what's there but it doesn't feel as if i am present here, feels somewhere else. Can anyone relate?

- experience a dense feeling in the brain, like its physically stuffed with cotton or something?

- ever feel like you're doing stuff wrong even when you know it's not true? Something just feels off.

- like your decisions are empty? Like there is no motivation or drive behind them? Also, do you question your wants and goals because they do not feel quite like yours anymore, like they belong to some inanimate entity that is behind your actions?

- find yourself taking less and less pictures of yourself? Ever since I felt like I can't recognise my own reflection or my reflection doesn't feel like me, I seem to have rarely taken pictures of myself, even the random goofy ones you take when you're just bored.

- struggled with solipsism? The fear of other people people being not real?

- feel the 'hazy' feeling you get with depersonalisation is what everyone person feels?

- relate to this emotional numbness. The problem that Im currently having is not feeling the sensations you get from the emotions. Like the brain chemical rush and the sensations all over your mind and body if that makes sense. Like there is just this numbness feeling. I can like intellectually get angry or laugh. But I dont feel the

sensations you get with the 34 000 Emotions that exists. But sometimes I can feel sensations but they really dont feel the same.

- just feel tipsy . . . all the time??

- have troubles to figure out 'what they want'? . . . I DON'T KNOW! How do other people know these things? There is a gaping emptiness where the answers to these questions presumably should lay.

- my heart races and i feel all disoriented, it feels like i can't breath and i have trouble forming thoughts and words. it feels like i can't control myself physically and that i'm disconnecting from my body all together. there's no thoughts that trigger it, it just happens and it feels like i'm dying- like i'm trying so hard to stay alive and regulated in my body that i can't focus on anything else. although these extreme cases only happen every few days, there are times daily that i'll mildly start to feel unreal but manage to keep it under control. DAE?

- ever talk to people and feel like youre just saying what you have to say?

- refuse to get their drivers license because of their depersonalization disorder? Im afraid that id put myself and others in danger.

- have trouble remembering the past, especially parts of their childhood

- get head pressure/headaches and dizziness during an episode?

- have urticaria because of DP/DR? or any skin rash related?

- feel like they've lost their free will or are convinced that there is no free will??

- feel like your inner voice is stuck inside your head?

- feel like they have a very slow thought process? like you just can't think of the right thing to say and feeling like you can't take information in very well? i often think if i'm stupid or something, i've been made fun of for this by people. even paying attention to conversation is hard or just reading stuff. i feel like i can't have a proper conversation with people anymore either because my head feels so empty all the time.

- feel like they can't read a book or play games anymore ?? cause before I could play games for the whole day and read a whole book but now it's like I read for 5 minutes and close the book and I play my game for like 5 minutes too and just get off?

- seriously love their depersonalization? For me its like a high thats comes back towards the end of the day at just the right time. I love to just chill out and experience all the hallucinations and the surreal thoughts that come with dp. Recently its been going away and to be honest I kinda want it to stay

- find themselves preferring to be in a dp/dr state?

- Ive had some major emotional trauma lately and Ive been in a pretty long term disassociative state. Like I can come out of it if I HAVE to like to help my kids real quick or stuff like that but I have found myself feeling like its almost a security blanket. When Im not in my disassociated state everything hurts so much worse and I just cant handle it. I cant handle real.

- feel like people are reading their thoughts?

- feel almost like a different person daily. Its not like an identity switch but like my perspective on the world shifts to the point I genuinely feel different. My view on people also changes which kinda freaks me out.

- not know how they got DP/DR?

- have chronic and ongoing vision problems even when you're not currently in an episode?? My vision for the past 3 months has been completely fucked up. I see weird flashes of light, strong afterimages, and swirls when I close my eyes. I feel like my dp is better but my vision is fucked up. I went to the eye doctor doctor there's nothing wrong with my eyes

- get a pressure in your head?

- feel dizzy during the experience of DP?

- lost the ability to have a normal convo anymore . . . lost your sense of humor and does this all come back?

- get it like 10 times worse in the mornings?

- feel they developed body dysmorphia?

- I know Im a person, but I just feel like a blank unnamed one, just wandering around.

- like their brain is fuzzy? Like sometimes it just feels like my head is full of TV static

- on here that's had it for life? All I read on here all day is people talking about getting better and snapping out of it or just having minor episodes. But I've been dealing with this my whole life, since I was a kid, and expect to deal with it the rest of my life. I just feel alone because while other people are struggling to recover, i've just accepted it.

- have a weak sense of touch?

- have vertigo with their DP?

- Have A Slower Time Processing Information? Also I Can't Hold An Intelligent Conversation. I Find That I Use Basic Words/Phrases As A Response. I Can't Even Organize My Sentences Anymore.

- experienced sound and vision distortion? When i look at the tv or the iPad/iPhone its like the image is either to small, too far away or too close, like not normal. Sometimes i have issues focusing my eyes on the screen and the image is weird. My vision is also blurry.

- I cant have a normal conversation with even my bestfriend or my family I am limited in thoughts and words anybody else feel this.

- suspect their DPDR was brought on by the virus?

- experience depersonalization in acute episodes rather than as a constant (chronic) condition?

- struggle with extremely vivid dreams?

- get long depersonalization episodes in autumn and winter?

- feel calm and anxious at the same time sometimes? i think its like, dp working the way its supposed to lol where it blocks my ability to feel the anxiety, but the panic is still there under the surface.

- experiencing DP when they go into large stores or public places like public transportation?

- feel their head alien and confused? as if it weren't even mine and was just watching myself from the outside. I also feel bad from speaking when my face moves. I am very desperate for that.

- Lose Their Faith or Became Atheist Because Of Their DPDR. I Thought Turning To Pray Would Save Me But It Only Diminished My Hopes and Made Feel Worse. How Could A God Let Me Suffer Like This.

- feel completely untethered from reality. I feel like I'm living in a different dimension than everyone else. My consciousness floats being me constantly. I can't trust anything I've ever thought said or done to be real. I feel like I could just be stuck in a video game.

- feel robot like in the sense that they are very dry and literal when talking to others?

- experience this? I have been diagnosed with depersonalization around a year ago but it has worsened recently. For example, whenever I go to the bathroom it feels as if I were dreaming of going to the bathroom and bed wetting and I get this urge to wake up but can't do it.

- experienced dp in there dreams before? For example last night I realized I was dreaming and started thinking about how weird things are, and started to almost have an episode in my dream.

- Get this? Usually i cant recognise my hands or face. The process of painting my nails is really grounding and my brain goes like oh you painted your nails, these hands have painted nails, i guess these are yours now.

- One of the only things that feels real is receiving a package from my online shopping order.

- inner monologue switch to third person from time to time? I've had this since I was little and just starting to realise that it might be another symptom of my DPDR. I have been looking everywhere on the internet for more info but it isn't listed as a symptom anywhere and I can't seem to find anyone who has the same so maybe it is unrelated.

- get these kind of symptoms? Things such as heavy eye/eyelids, funky vision, sort of a time-skip feeling, cannot feel or control arms or legs, or like there not even there, or weak muscles?

- feel like the memories from when you had DPDR are dreamlike, or feel kind of different/separate from the person you are now? I have recently been recovering from this, and I kind of feel confused in the sense, Im trying to mesh how I feel now with the version I was when I had DPDR which lasted for 2 years.

- feel like they cant have a conversation with anyone anymore not even family or best friends and I feel like I cant ever been in a relationship with anyone all I can do now is watch Netflix.

- get DP/DR when doing mindfulness exercises with their therapist?

- see the world kind of glitch in a way. So, things flashing out of the corner of your eye or objects sometimes looking like they moved/teleported a centimetre to the left or something.

- have problem with like questioning life, like how we are here, how we can think wtc and how you deal with this?

- feel sick or cold during episodes? It makes it incredibly hard to get tasks done and I have been having to wait until relief between episodes today to get stuff done.

- chase certain things in life because it makes you feel something, it makes you feel like you are present and exist in the now. Not necessarily good or bad things, but things that just make you feel like a human is supposed to?

- experience this? Sometimes it feels as though my arms / hands are enlarging or shrinking, like they are too big or too small for my body--especially as I am lying in bed trying to go to sleep.

- feel like there is a tension on their head when they are in DP state? Also do you feel like you have no appetite whatsoever?

- had some kind of successful medication that eased the mid fogginess. I literally can't do school because of this.

- get this weird symptom???? Normally my thoughts feel like they are coming from the same location as my brain, but when I disassociate it feels like my consciousness melts into the universe. It's a very strange feeling but it feels as if my thoughts are coming from everywhere except my head, and that there's nothing that separates me from the rest of the world. It's almost as if I'm hearing my thoughts, or physically expediting them as events not things inside my head. Idk how else to explain it. Everything I think just feels more real than usual. If I imagine heights I feel like I'm falling, if I imagine drowning it feels like I'm choking, etc etc. The world feels less real, and my thoughts feel more real.

- worry they have Cotard syndrome?

- ever feel like the people around you look fake? It's mostly only on tv it's like the people on the tv look almost like it's a video game and not a movie or tv show?

- Females, do you feel like symptoms intensify a bit at that time of the month?

- Have similar experiences: Waking up in the middle of the night and having Depersonalization, it feels like it throws you out of sleep and suddenly youre in this state, not knowing who you are or where you are or what is happening in general, its very intense. Had some weird ones where I used to stand up from the bed and obviously not know where the light switch is and another time during an experience I saw myself in the mirror and I didnt understand my reflection which was alienating to me.

- Have this issue? feel like i get caught up with how people view me i dont even know whats real anymore, like im viewing myself from the other persons perspective. it drives me crazy like it geniunely hurts knowing they probably think im weird or boring. i dont even like the person or ccare what they think but i dont even know what reality is like is the way you are determind by yourself or the way other people view you, and if its determind by yourself you could just be delusional and not be in touch with yourself.

- feel like they are not in charge of their own life?

- with this disorder wanna be friends? Ive never met anybody else with it and I think itd be beneficial to help each other out and feel less alone. Im female, 18 and from the US on the east coast. Please let me know, its so much harder to fight this alone.

- Ive noticed that if I will myself to be the confident person I was before this happened, I gain a sense of what it felt like before the onset of depersonalization. DAE?

- feel like they cant watch anything anymore? Or really be on social media? When I try to watch anything I cant stay focused, I can listen to it but watching it messes with me for some reason and my eyes are more sensitive to lights and sometimes the sunlight.

- Even though I have a physical body, it feels so strange and foreign, like it doesn't belong, and like I'm living my day to day life as a ghost just hovering above my body. DAE?

- When i become depersonalised i usually feel like i'm almost in a dream and one of my biggest (and quite irrational) fears is that i actually am sleep walking outside and that i'd suddenly wake up completely alone outside and terrified. I was just wondering if anyone else has a similar fear?

- just feel super sleepy and floaty all the time?

- find it difficult to be in a relationship with this disorder its my first relationship with it and i feel like its hard to express my feelings.

- Neck condition induced DP/DR? DAE?

- So its been a month and half since i got weed induced depersonalization, everything is getting allot better with time but my head is killing me its like this weird headache thats more than a headache its like pressure on the forehead between my eyes and i feel like its making me not able to focus as much as i would if i didnt have it, Does anyone have it and what can i do to get rid of it ?

- getting a lot worse with Christmas and New Years being close?

- feel hyper aware sorta, like your more in tune with situations than you were before depersonalisation. Like can depersonalisation not go unless I become less concious again?

- I went to a concert a few weeks ago as well, as soon as I left the setting, the same thing happened. As soon as leave a particular setting, it seems I have already dissociated from it. But mentally I know it did happen, I recognize that much. Does anyone else relate?

- ever think they look like someone else? Lately I think I look like Adam Driver and Joseph Gordon Levitt, sometimes even people I know in real life. I know it's fake and it's so brief but it's still frustrating and even scary at times.

- have dpdr from ashwagandha?

- When I touch any part of my body it feels weird its like Im disconnected to my senses its hard to describe, you guys know what Im talking about. Also when I swallow I cant feel anything.

- scroll through Instagram(Social media) and doesn't know how they got to that post?

- have quick ass thought that it feels like you didn't even think & then you think "who said that??"

- for some time now I have periods of time where I feel a desire to randomly start flailing about, yelling, running around like a lunatic, etc. essentially I get a desire to go crazy. Does anybody else get this? Its kinda scary because I lost control one time while driving and was swerving in the road with a friend while yelling and uncontrollably laughing which kinda scared the shit outa him.

- Do weird days trigger dp/dr for any of you?

- always have vivid and terrifying dreams?

- feel daily dysfunction from this mind state? My depersonalization is definitely only triggered in the city I live as everytime I leave my headache goes away and my entire body relaxes.

- have a hard time focusing on driving with DPDR? Accidentally ran a red light at a busy intersection yesterday because of it.

- So sometimes, i'll feel fine, not really anxious and then for like 4-5 seconds, i'll feel out of my body, derealized and very foggy but after these 4-5 seconds, i'll almost always feel 'normal again' except with a lot of anxiety this time because i just felt like i was passing out/leaving my body. Just wanted to know if anyone ever felt something similar.

- ever feel more productive during the depersonalized phases?

- feel esp triggered by your shadow(s) (esp at night)?

- have any experience with antipsychotics?

- Ive just recently in the past year or so started experiencing this and its extremely debilitating as I cant function properly at work. My brain just stops working and I feel stoned. Slow reactions, etc. can anybody relate to this?

- Alcohol and drugs make the depersonalisation go away. Anyone else?

- everytime i look in the mirror, i feel nervous abt what im seeing because it does not feel ok to me, sometimes feels like im watching inside of a void but the face keeps disturbing me inside of my head and i can watch the same face echoing things all the time and im not sure of anything. what happens to you guys?

- catch themselves daydreaming of the past. I miss myself. I feel like these past two weeks Im a fake version of me when I think back on the past it makes me sad to think there was a time when I didnt feel like this :(

- have yearly severe episodes?

- get weird sensations when they close your eyes?

- my mind is basically racing saying what if I am in a simulation, and if it is a simulation, whats stopping the being running the simulation from making everyone on the planet a hostile and attacking me? obviously this is a delusion, but I cant stop worrying about it. Anyone ever have something similar that they were able to get out of?

- feel like the inside of your head is itchy or tickling?? Such a weird feeling, like my brain needs to be scratched."

These posts include some of the symptoms listed in the DSM and ICD, such as visual disturbances and sensations, feeling like they are looking at a stranger in the mirror, experiencing the self as strange or unreal; feeling detachment or as though an outside observer of one's own thoughts, feelings, sensations, body, or actions; and discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior. As a theme, the presence of DAE often seems to indicate a desire to not feel alone in these experiences. When others have already addressed similar questions before OPs posted their questions in the subreddit, it could well be interpreted to indicate they need feedback addressed to them directly. As the above excerpts also show, knowing others feel similarly may provide comfort and reassurance, and even hope.

OPs' Reasons for Posting

We found 9 segments in which posters used terminology for people with DP symptoms. The terms were "victims;" "survivor;" "sufferers" (the term used the most frequently, including

the phrase "fellow sufferers") and "lifers." This code did not result in a theme but is provided

here to explain OPs use in posts as discussed below.

The code label Giving Advice was used when OPs wrote "from the other side" of DP,

often from the "survivor" perspective, indicating they "wanted to share" or "help as many ppl as

possible who struggle with this." This code led to the development of the theme of OPs writing

to explain what they did to deal with DP, sometimes to the point of considering themselves

"cured." The excerpts below are representative of the advice-giving posts:

- I had full blown DP for the better part of a year, and now I'm at 100% capacity of how I felt before DP. Ask me anything! And feel free to private message me. I want to help as many ppl as possible who struggle with this.

- I have had dp/dr as long as I can remember. I've learned so much about it as well as how hard it is to find anyone that even knows what it is! I know that there's a lot of people out there struggling and I want to help. I've made a Patreon for info and support. I've posted the link in the comments 💙

- just a reminder for ur day 🤍 every one of you are so brave, there is always hope. keep your head up we can get through this.

- "I created a new community for dpdr sufferers focused on positivity and encouragement. . . . as Im tired of reading all of these negative and triggering stories on this subreddit."

- I put together a list that helped me get over DP.

- if you feel like your life is over its not im here for you mostly everyone in this sub has went through it and people have overcome it youre going to be fine i promise it gets better.

- I fully recovered from DP/DR - I'm here to tell you what they didn't tell me, that it eventually goes away!

- DP rarely hits me this days, mainly if do moly. But walking for about 5 - 10 minutes with one eye shut (right eye) totally stops it for me even I fit comes in strong over me.

- Ive been seeing a lot of people on here post about how its permanent. Its not, keep fighting and have faith.

- Depersonalization sucks. But remember that no matter what you are valid and amazing and wonderful and beautiful and this doesn't define you. You're not alone in this and we are all in this together.

- 100% recovered after 7 years. How can I help you?

- Remembering you are you and not someone else feels impossible sometimes when you suffer with depersonalization & derealization. If you are reading this while having an episode, remember YOU ARE YOU, no matter how you feel. I hope this helps someone.

- If anyone needs help, someone to talk to, I've beaten dpdr and kept it at bay for 3 years.

Some OPs wrote with medication recommendations, such as this post: "if you have access to a psychiatrist, try suggesting an olanzapine prescription, it might be what you need!" Another OP was taking "Paxil as an SSRI and it seems to be working well with Lamictal. Anyone else have experiences with this medicine?" Another reported initial improvement on Lexapro after the first week but then wrote, "Week 2 DP side seems to be increased. I seem to be feeling more disconnected. Does SSRI get worse before they get better? Should I stay on the lexapro since I havent had much side effects or is this a sign to get off. Should I tough it out, do I need a dose increase to 10mg?"

This OP received a different medication after seeing a new doctor:

she prescribed Naltrexone and it started working SO fast, like within the week I felt different. I have been taking antidepressants for years, trying so many, but none have helped me for this like this new med. . . I'm so happy for some relief. I've been feeling so much more alive lately and I finally look forward to a future. The med isn't well known I guess cause I mean why couldn't I have had it years ago?! But maybe ask your doctor about it, really it's worth a try.. it mightve saved my life because I was sick of feeling like I was already dead. Sorry guys take this post down if you have to but I just wanted to provide any amount of hope.

Some OPs wrote with general medical advice (despite the warning against doing so in the subreddit rules):

I feel like this really needs to be shared. If you havent had your blood tested get it tested now. Blood sugar, deficiencies, hormone levels, get it all checked! Check your

testosterone levels, thyroid levels, estrogen levels. And if all else fails DO NOT be afraid to take SSRIs. They will not hurt you. They wont permanently damage you. They will help you.

Another suggested a supplement:

ive been taking lions mane (mushroom) for the past week and i can confidently say that is drastically helped with my dp. A lot of research says that lions mane promotes neuron growth and new pathways in the brain. And that it helped a lot of mentally impaired patients get back to their normal states. I wouldn't be able to make any accurate scientific connection between lions mane and it helping depersonalization (mainly because im a nobody), but if i were to guess i would say there is definitely a connection.

Another stated:

Nutrition is also beneficial to the treatment of depersonalization. dissociation is speculated to be a secondary response to our fight or flight being triggered. Vitamins I found helpful are Vitamin C, Magnesium, Zinc, Gabapetin, Melotonin at night. Omega 3 and probiotics. These help target organs that release chemicals to our brains.

One OP addressed misdiagnosis in advice giving:

Ive been struggling with depersonalization for the past two years and my psychiatrist wasnt listening to anything I had to say. I decided to switch providers to see if I could finally get some help. After telling my new provider all about my struggles he said, it sounds like you have inattentive adhd. He adjusted my medicine and now all of my DP symptoms are gone! I thought I should share just in case it helps anyone else!

Other advice varied in topic. One OP advised others to stop viewing pornography:"I have

been using porn since I was young as and emotional crutch and until I quit I didnt realize how it

was making my general anxiety levels skyrocket." Another recommended a video, saying "After

watching this you will never look at stress the same way again." Another OP entitled a post,

"Grounding does work please read."

Advice went from philosophical to practical:

- So we need to start listening to our unconscious. If we do so we will find they become more talkative. Once you get this dialogue going you can decipher what the problem is, what is causing your anxiety and depression. Once you do this you will be on the path to fixing the problem and feeling better again.

- We've become the passenger of our own vehicle my friends 😨 However Do Not Worry. We're in our own car/personal vehicle but instead of being in the drivers seat,

we've become the backseat passenger of our own vehicle. We're in the backseat looking out the window watching life pass us by. We need to get back to the point again where we can get back in the drivers seat and go where we need to go my friends.

- I finally figured out that my recovery was whats called spontaneous soul retrieval I dont know how I did it, but there are people who are soul retrieval practitioners that you can go to and it will help.

- Stop scrolling. Go outside, Play a video game, Cook something new Or simply just visit a r/ you enjoy.. Constantly worrying about the way you feel well only make you more paranoid thus making you feel more foggy.

- I cured my depersonalisation with glasses and spending more time outdoors.

- What I've learned is; You can shock your system with ice water or sucking on an ice cube, go for a drive (not recommend for all but it really did help me), get some fresh air, distract yourself, or repeat to yourself you will not die from this. It is your brains response to anxiety you are having an anxiety attack. You are real. Everything is okay. This is pure hell. Only two people (other than doctors) know I even suffer from it. I mostly needed to get my feelings out. Its getting worse again and when I first got it, I didnt think Id survive. If you made it this far, thank you and Im sorry for the vent."

The following lengthy post took an assertive stance:

NOW!!!!!! FUCKING NOW is the time for you to take back control of your life. You are here reading this for a god damn reason. That reason is simply me screaming through clacking on the keyboard. Through trying to convey how very precious this life is. How very precious and empowering a human experience can be. You have been programmed. Wake up Neo! You have believed everything you have been told, now it is time to question everything that you have believed to be true. Even the belief about who you are. I ask you very simply, who are you?

Later in the post, OP wrote:

Disconnection ONLY EXISTS WITHIN YOUR MIND. The air that you are breathing now is air that another will breathe somewhere else. The food you eat is food that comes from the Earth. The Planetary forces that allow your life to exist right now are something to be grateful for. Gratitude and perspective can reshape your view of yourself and the world around you. Right now, you have food in your kitchen, you have clean water to drink, and you have clean air to breathe. (If you don't have those things, but you have internet access, then I am sorry to hear that) There are 785 million people who who do not have access to clean drinking water. almost 700 million human beings, people just like you and I, go to bed with empty stomachs. Droughts, Famine's, Diseases, Earthquakes, Tsunamies, Tornadoes, Hurricanes. These things happen all around the world. These things could happen to you and your community today. Life is random.

Don't take things for granted that you might not have tomorrow. I am not trying to preach, I am just here to present perspective. thank you so much for reading all of this post lol.

The idea that it is better not to dwell on symptoms or anxious feelings was common, often expressed as "You giving it attention will only prolong these issues. Accepting that it exists and you have it can help alleviate the stress." Another OP expressed it thus:

Scrolling through, reading people's fears, reading contrasting and contending internet professionals and reading people's cries for help might lead you down deeper into your worries and worsen your current state, I understand you might be only looking for help and answers, and I'm in no way suggesting that this place is ineffective, I would just advise that others with DPDR ration how often they visit. If you haven't, please consider speaking to professionals who put up with X years of Uni/medical school so they could help you.

Another OP focused on anxiety in giving this advice, with a lengthy post entitled, "HOW TO DEAL WITH DEPERSONALIZATION DISORDER AND COME BACK TO YOUR REALITY":

You can be doing all the right things eating well, exercising, meditating. But still, feelings of anxiety can just appear out of nowhere. Suddenly you have to deal with racing thoughts, heart palpitations, maybe even a full-blown panic attack. The symptoms and conditions that anxiety produces vary greatly from person to person. For me it was depersonalization, a sense of being cut off from reality, like youre dreaming all the time. It was horrible and the symptoms were particularly frightening. And like all anxiety conditions, what was *most* frightening was the lack of control I seemed to have over it. But heres a great tip I found incredibly useful: You may not always be able to control the anxiety. But you can always control your reaction to it. And thats a lot more powerful than you might think! Take panic attacks, for example. The initial scary thought that sets it off might be something really small. A thought that for most people would last a few seconds and then fade away naturally. Its your *reaction* to it that sets off the spiralling thoughts and eventually, a full-blown panic attack. But if you can recognize that initial scary thought for what it is (just a thought!), you automatically change your reaction to it. And by not overreacting to it, you can reduce the anxiety and even stop the panic attack completely.

Lets look at this from another angle. Lets say youve just *had* a panic attack. Whats the most effective thing to do? Sit around, feeling sorry for yourself, dreading the next panic attack? Of course not. Thatll only worsen your fear and increase the likelihood of another one happening.

Instead, dont overreact. Distract yourself. Keep your mind occupied. Stay busy. Play an instrument, take a walk, meet up with a friend. That reaction teaches your brain that even though the panic attack has just happened, it hasnt *affected* you. When your brain registers that these feelings can bring your day to a halt, it confirms that anxiety is big and important. But when you go about your day regardless of any panic attacks, depersonalization or any other form of anxiety? Your brain registers that anxiety is *not* big or important!

OP goes on to advise thinking "of anxiety like a spoiled child."

It throws tantrums to get attention. And the more attention you pay to it, the more attention it demands. But if you just let the tantrum happen and go about your day? The child sees that tantrums dont get him anywhere and will eventually stop using them! The same goes for all feelings of anxiety: *Dont overreact to them.* Accept that the feelings are there. Let the tantrum happen. It cant hurt you. And then immediately focus on something constructive and engaging. This technique is especially useful as you start to recover from any anxiety. Youll find that you have some good days and some bad days. Its a natural part of recovery! But again the trick is not to overreact. When you have a bad day, dont be disappointed or feel sorry for yourself. Just accept that you feel a little anxious, and stay busy. And it may seem counterintuitive, but when you have a good day, dont celebrate! This teaches your brain that anxiety is not important, in either positive or negative terms. That puts the unwanted thoughts and feelings into perspective and allows them to fade away and disappear which is exactly what theyre supposed to do. This simple technique was invaluable in my recovery from depersonalization disorder [Amazon link] but can be used with any anxiety condition. It teaches your brain that feelings of anxiety, no matter how intense they might get, are ultimately not that important. Theres a great saying in mindfulness: *Engage with useful thoughts, disengage from the others.* Anxious thoughts are not useful. So disengage from them by not overreacting to them.

Another theme emerged in OPs' reactions to such advice, as expressed in other original posts. Despite the stated intent of advice, it wasnot always received positively. One OP posted and later reposted an impassioned response to all such posts:

A word on "live your life" "ignore it" etc. Yes I'm posting this again.

Edit: turning inbox notifs off because I always get way too many with these threads. DM me or whatever if you want. Reposting a reply I made earlier edited a little. Forming an actual copy pastable, more comprehensive post later. First just consider how treatment resistent this disorder is, how every redditor has a "cure" and yet medical professionals and scientists whose jobs are to research this and drug companies whose interest is selling effective drugs have no idea what to do about this, but random idiots on reddit cured it with extremely simple techniques that they don't even understand. THIS IS LIKE TELLING SOMEBODY TO IGNORE PTSD AND JUST ACCEPT IT. Bro just don't research your severe disorder but listen to this self help guru who says research is bad but

yeah you should totally listen to him.

THE LONGER THESE DISORDERS GET UNTREATED THE MORE PATHWAYS GET BURNED INTO YOUR BRAIN PREVENTING RECOVERY AND CAUSE INCREASINGLY LONG TERM PROBLEMS.THIS IS A SERIOUS ANXIETY/TRAUMA INDUCED DISORDER THAT OFTEN GOES CHRONIC WHEN UNTREATED. YOU CANNOT FIX YOUR NEUROCHEMISTRY/BURNT IN ANXIETY/OBSESSIVE PATHWAYS BY WILLPOWER/IGNORING IT/"ACCEPTING IT" (fuck does this even mean) ETC. You're doing nothing but stopping people from getting treatment from an actual professional and should feel ashamed for larping as one fucking people over because you want to be a hero. This is also the same shit reposted a million times on this subreddit and yet even neuroscientists, drug companies and so on can't figure this shit out, but you cured everyone, good job.

Once again YOU ARE ITERALLY, INDIRECTLY SAYING YOU CAN CURE PTSD/SEVERE   CHRONIC ANXIETY BY JUST TALKING TO YOURSELF IN A MIRROR. This bullshit   is exactly why I started posting on here because too many people are   having their life ruined by this disorder and self help guru morons   acting like they know better than anyone. I can't even deal with this shit anymore, I'm making a copypasta and spamming it everywhere either until these posters are banned or I get banned. Anyway yeah bro just live your life and be happy with 10% the quality of life of an average person. Clearly your life that got you to this point was going so well so continuing that to live your life etc. is going to fix you.

Asking Questions and for Advice

Writing to ask questions and/or for advice also emerged as motivation for posting, and the range was broad. Despite the amount of posted advice and other resources, OPs wanted their individual thoughts addressed personally. The theme of seeking repersonalization emerged, with the questions below representing attempts thoughts that would relate directly to their concerns.

Despite the warning about not asking "do I have depersonalization?" and the automod bot that automatically responds to this question (previously described), many wrote to ask this question about themselves or to ask whether a personally experienced and stated symptom was related to DP. One wrote, "So Ive gotten a new contact lens prescription about 6 months ago and its stronger than my eyeglasses are I wear my glasses half of the time and then when Im off work and in bed I wear my glasses. Do you think because Im going back and forth with two different prescriptions it could cause depersonalization? In a post entitled "Nausea," OP wrote, "I find it

disturbing that experience is subjective. I'm also questioning every action I do (if it's good

objectively), feeling extremly anxious at the same time. Help!"

The following list of questions is presented as a list, as no explanation is needed:

- Will CBD worsen the symptoms?

- I am almost 100% certain that I have Depersonalization Disorder, and I have been for a while now. I want professional help but dont know how to tell my parents. I dont want them to think I just found this on the internet and decided I had it. Any ideas on what I should do?

- Does productivity sometimes trigger depersonalization? Like after finishing all the things youve done you just stand there and question what have you been doing?

- Why's it hard to look in the mirror?

- I wonder if maybe I depersonalize partially because I'm trans.

- it's been many many years now, I'm not getting any better and Google has become less and less reliable to find any reliable information. If anybody has any knowledge to share I would greatly appreciate it.

- Can this make me feel love less?

- I went to my neurologist for the second time after not seeing any change in my dpdr and redirected me to child psychiatrist (im 16 btw). I was wondering what is it like to go to psychiatrist.

- can sugar make depersonalization worse? I have been eating very unhealthy foods and sugar for the last few days. I feel a lot worse. Does sugar have anything to do with it?

- Do people with non Weed Induced DPDR and anxiety induced DPDR recover differently?

- How do you even begin to explain DP/DR to family and friends?

- How bad would you guys rate your dissociation on a scale from 1-10? Please feel free to leave a rating down below in the coments.

- I just want to know for certain that this will go away cause it sucks.

- sometimes for about only a second or less I go into this state of almost complete total what I'm guessing is dissociation, like my entire brain, thoughts feelings, and the entire universe just ceases to exist for a split second and all I have is my vision, it

only happens for the shortest amount of time but the initial shock after leaves me feeling sick in my stomach. It feels horrible like my whole existence as a human and the entire meaning of life and the universe doesn't exist. Please can anyone tell me if they think it happens to them? It's a kind of thing I have literally no words for and feel like I have no idea how to describe it.

- Can DP make you go insane

- Can it ever get to bad to ever recover?

- How do you tell the difference between Depersonalisation Disorder, or Depersonalisation as a symptom by Depression/Anxiety?

- What's the difference between derealization and depersonalisation? I dont really know which one Ive got or if Ive got both.

- How does DPDR impact your social skills?

- For the last month Ive had strange feelings like my memories dont belong to me or I just feel disconnected from them I have this strange feeling like Im not myself even though I know I am idk if this is what it is or if this is the right place to say this but Im just looking for some advice.

- It crossed my mind, I really doubt anyone could help me, but it's the last resort. I'm so low energy, but I'll try to gather strenght. What do I look for? A psychologist or a psychiatrist? What type of therapy? Do you have some red flags to point out? How often do you recommend from your experience?

- I don't know basic things about myself? Is this normal?

- I am obliged, as a medical student, to get the vaccine (Pfizer) but I am taking antidepressants, cipralex (serodeps). Will there be a problem? I'm very scared.

- I have searched Reddit for the effects of microdosing shrooms while having depersonalization. It seems that the consensus is that not only does microdosing (100-200mg) not negatively affect depersonalization. But it actually is reported to have a positive effect on depersonalization and depression. What is your experience with microdosing shrooms?

- Can Depersonalization/Derealization temporarily (or permanently) lower Intelligence? I just recently took an IQ Test and went from above average (2 years ago) to below average (now). Now I'm depressed as Hell and feel like I got brain damage.

- Can eustachian tube dysfunction cause Depersonalization? I've read long term vertigo can cause DP/DR . . . since eustachian tube dysfunction can cause vertigo . . . Is it possible ETD be a cause of my DP/DR?

- do you ever suddenly regain consciousness right as youre about to fall asleep?

- How does the transition from depersonalized (idek if thats a word) and going back to normal feel? Do you gradually start to grasp reality day after day, or will you just wake up one morning like oh, Ive never felt like this in a while.. Ive been at the end stages, I feel like, for a while now. its not as tough as it used to be.

- Is there really any hope? Would therapy really help in this situation? How would they manage to bring back the dead parts of my consciousness?

- Idk what to do. I have a baby I have to be okay for. This is cry for help.

- Need hope bad or is my life over please i want to get back.

- Please give me any tips if to get rid of this if you can.

- I am afraid I have incipient dementia, please reassure [me] that it is in this condition.

- Please tell me im not dying.

Some wrote with medication questions. In a post using the Help Required flair, one OP

wrote:

> My doctor switched me from Zoloft 50mg to Paxil 10mg I know from the first day that this medication was probably not going to be for me. I trusted my doctor and I continued to take the med for 6 days now. And I feel like today is the worst. My family especially my little brother feels foreign to me it feels like I dont even know him. I have felt this before but never this strong. Like I get the thing where I dont recognize myself in the mirror but this is more severe. I feel like Im in a dream today is definitely the last day I take it. There has been no benefit from taking Paxil and in reality I have been more anxious to do things I usually didnt have anxiety to do. I only took it today because I dont have any instructions on how to go back on Zoloft. Im seeing my nurse practitioner today but its not till 3:30pm so I couldnt wait and just took my Paxil today but tomorrow I am definitely going to go back to Zoloft.

Another OP wrote to ask about others' experiences with another medication, writing,

"Psychiatrist just upped my prozac dose to 40mg because my anxiety is through the roof and

prescribed me 0.25mg of clonazepam. Anyone have any experience with clonazepam?" Another

OP also wrote of Prozac and experiences with worsened anxiety:

> I was put on it for my DPDR as well and thats gotten worse. My psychiatrist wants me to go to 40mg but Im worried because Im already feeling this way. He prescribed me clonazepam to help with the anxiety 0.25mg but also scared that will make my DPDR

worse lol I cannot win I feel like. . . . Do I stick it out like he wants me to? I have been on Zoloft, celexa, and Paxil and I dont remember ever feeling this way. I was on celexa for 2 years tho so I am changing meds so maybe thats why? I wake up sweating crazy in the morning and was so nauseous this morning I almost went to the ER.

Venting

Some OPs wrote to express themselves without asking for anything specific, as in these

posts:

- 'Fake it till you make it.' I guess its been about 13 years or so since I saw that phrase on a depersonalization forum. And thats exactly what Ive been doing. Ive been faking it. Faking being happy, faking normal. Pretending that my whole world isnt unraveling at the seams. The feeling isnt constant. There are moments when the fog clears and everything is okay. But then the wind blows, and the feeling comes back. How much longer can I fake it? How much more can I fake?

- I don't expect some miracle from you all. I just wanted to share what I feel.

- I've lived with depersonalization for 7 years now 24/7 have never come out of it. Tried all sorts of medication and it's never really helped me. I just feel like I need someone to talk to someone that gets it!

- I've accepted the fact that no one will ever understand what I or we are going through. All these feelings of frustration, regret, depression, and rage at our circumstances will never be consolidated by another normal person. I'm just gonna never talk about this again and act like I'm not wanting to kill myself whenever I remember my warped distortion of the world, the fact my perception of reality is almost making me wanna go insane. And to top it all off I have HPPD. It's just so hard to act like I'm fine sometimes.

- Im sorry for the rant and pls, you dont need to respond i just feel better getting it off my chest as i have nobody else to talk to.

- I dont know why I typed all of this out. I think I just needed to vent.

- So someone in my situation should either succeed in life, stay stagnant, or suicide. These are three possible outcomes. Out of all the choices i stay stagnant. I dont have an inner experience 99% of the time. Talking gives me some stimulation but usually im empty.

Others wrote with gratitude, as this OP did:

But thanks to the advice you all gave me I am feeling just a bit better. I cant believe I was met with such kindness. I feel truly lucky. I noticed there were quite a few other people seeking help here. Please if you see this, reach out to them like you did me. If Im being

honest, I was close to doing some things I wouldve regretted but I didnt want to say that. You guys helped more than you know. So with that, please respond to others too. I worry that they may be feeling how I felt and if just some kind words helped me, maybe it will them too.

Similarly, another OP wrote, "just writing this has helped me feel a bit better, so if you managed to read this far, thank you." Another OP wrote to thank others and encourage more to write: "Until recently Ive felt like the only person whos had this and I had some made up disorder in my head. Like I was totally alone. If you are similar to me I urge you to reach out. This is my first step in to healing. Thank you for your time."

OPs indicated their use of cannabis was part of their stories with DP symptoms over 200 times. The code led to the theme Describing Experiences with Cannabis. Some OPs stated a definite connection between cannabis and symptoms:

- I have been dealing with DP/DR for about 2 years, on and off. Mainly from smoking weed, a laced cart.

- When I was 11 I was introducing to Marijuana, one day well I was smoking in school I was caught by the staff. I ended having a full on panic attack and have been dealing with derealization for the past 3 years.

- Many years ago (9ish now) I smoked a blunt with a friend. I helped roll it myself so I'm pretty sure there was nothing funny going on with it. A little bit later I had an anxiety attack (not uncommon for me) and felt sort of a slipping or popping feeling in my head.

- i started smoking weed when i was about 14, and at some point i never came back. Now it feels permanent. I dont relate to all the symptoms, or at least how theyre described. I just feel like im not here and life isnt real.

One OP said symptoms began

from a very traumatic weed experience. (You might relate but) I smoked this weed and i instantly felt like my brain was being fried up i started crying over and over it was very very traumatic and terrifying i even spoke to my psychiatrist about what happened and she said she was very concerned about me and basically told me that if i don't stop using marijuana i will become irreversible with psychosis or schizophrenia.

One simply wrote, "Anyone else actually enjoy their lives and dont have crazy anxiety but smoked too much weed and ended up here?" Another wrote of believing his hiding his use was complicating his clinical presentation: "Sooo my therapist said that he thinks that I have psychosis. He doesnt know that I began feeling like this after I smoked weed in may 2021."

Some OPs expressed confusion about the timing of symptom onset given their history of use. One OP wrote, "okay so, ive been smoking weed for about 2 years now, mostly carts [vaping cartridges] and joints. Last week i ate an edible for the first time and suddenly ive gotten most of the symptoms of DP. Im just confused as to why its barely happening to me after a while of using weed." Another stated, "I know some of you say but stress is what triggers DPD in the first place but with me before my weed trip, I didnt ever have DPD in times of stress."

Another provided more history:

So Im gonna make this short. I smoked and greened out. Started slow then i started feeling super stoned every single day, then one day i lost touch with everything and then well stupidly started thinking nothing was real (sadly this is real lmao). Well 9 months of debating going to a mental hospital, getting a serious help, drugs, whatever else. I realized about 6 months into it i was getting a little better once i figured out what was going on. This all happened from Jan 31-Aug 13th 2020. One day it just boom disappeared.

Others saw symptom onset occur after few times:

So last night I smoked some weed for only the 3rd time in my life. Instead of a couple small puffs, I smoked 6 or 7 longer draws also while I was enclosed in a small space. You dont need to tell me it was stupid." Another wrote, "Im 15 and I have only smoked 4 times, and on my fourth time, I smoked on the ski hill and ever since I havent felt the same. I cant seem to focus on things and it feels like Im just a walking corpse, and I just never feel like Im myself anymore its been a week since I started feeling this and at times it feels like its spinning around me.

For some, it occurred after first use:

Like a lot of people here I consumed weed my very first time and had a really bad experience and a couple of days later I started feeling DP symptoms. At first, I did not know what it was and I scared myself a lot more into thinking it was permanent and it won't go. After finding out about DP I felt very good knowing this was being

experienced by others. But that goodness soon wore off as I realized i was in the situation of having it.

Another OP wrote:

i smoked weed for the first time a few months back and got what i think is DP from it, i was forgetting everything i said and living a dream where it would feel like an hour had gone but in reality it had been less than 3 seconds. I smoked again after that and the exact same thing occurred except this time it lasted for 3 days after the night i smoked. At the time of writing this i am having quite a severe episode where i question every action i take every word i say and even if i am writing this. . . it is quite scary, Remaining calm is extremely hard but i know i cant freak out or it will become 10000x worse.

One OP presented his or her experience and then suggested asking, "If your dp/dr was triggered by marijuana use, consider this. Can your symptoms be linked to that bad high?":

I had an edible about 7 months ago now, and it set my whole life into a downward spiral after a horrific panic attack. The worst that came of it is depersonalization and derealization. I realized that maybe the edible- which makes you feel everything so much more than typical- had made me forget what living felt like. I had this idea for a while, but I had never really ran with it until it was confirmed by an outside source. After a long talk, understanding, and concluding I would have to relearn what it feels like to be alive and not high, I went to bed easily for the first time in two months, and woke up anxiety free.

Some wrote with concern about exposure to cannabis after DP onset:

I had a bad experience with weed one time and had depersonalization for a long time afterwards. I found out my brother does it and he sleeps right next to me. I found out and got really scared and started feeling depersonalization again! But I didnt feel it before he told me does that mean its in my head? Also, he said he would stop smoking in the house but I cant trust him. Should I move out in fear I may get depersonalization again from a second hand high accidentally!!? Please help. I dont know what to do. I go to bed every night worried he is smoking in the next room. Im not smoking but Im worried about getting it second hand.

One cited improvement since quitting, writing, "I'm not calling myself cured or anything, as I still have occasional flair ups, but over the last few weeks its been getting infinitely better since I quit weed cold turkey. I rarely have moments that I wonder if everything is fake or a dream, and they have been getting shorter and shorter. I don't feel the need to do things to try to

convince myself that everything is real anymore. Grounding techniques and doing my best to avoid stress helped immensely."

One OP warned against using cannabis outright: "When I first had heavy symptoms I looked up a ton of different things and it can honestly make it worse. Many people told me that to get over it, I should eat a few edibles or smoke a blunt. If yours started from weed, don't try to smoke more to try to get over it, it does not help, it makes it worse."

Others said their use of cannabis-induced panic attacks that led to DP, as in this post:

Being quarantined and working from home, along with a bad weed induced panic attack, really made my DPDR a constant thing for me this past year. Its most definitely been hard, and Ive resented my mind. . . . Ultimately, I just want to say (to the adults on this forum, not to the minors; I believe anyone below the age of 18, or even 21, suffering w DPDR should stay away from weed and alcohol and just enjoy the pleasures of youth.

Another OP advised proceeding with caution: "Hi, I got dp from weed 1 and a half year ago. I took wayy to many hits of a joint, got a panicked attack then had dp for a month. I decided to hit a indica cart today slowly. 1 tiny hit at a time. Everything went well! Took a bigger hit and once again Im ok. I know someone of you guys wanna smoke again. My advice is just go very slowly.

OPs had questions about recovery from DP related to cannabis, as expressed as "has anyone on here actually recovered from weed induced dpdr and gotten back to feeling normal and life being normal or is it just bullshit because im having a hard time and i feel like giving up soon."

I Been Almost 1 Month Clean and I'm Pretty Sure I Have Brain Damage

After stopping cannabis use, when DP symptoms persisted, OPs wrote about their distress:

- So I haven't been the same person since I had a really bad trip after inhaling way too many strong hits from my vape pen. Now I'm concern I have some brain damage. Worst thing I did was continue smoking after having that nightmare trip that made me

want to kill myself. I just thought maybe my brain fog will cure if I just stick to smoking natural weed. Boy was I wrong. It just made me feel worse and even more stupid. I couldn't stop because of peer pressure. Where I live, everyone smokes weed. Everyone in my house excluding me now. Everyone on the streets. Everyone at my job. I been almost 1 month clean and I'm pretty sure I have brain damage. I've lost my social skills, my confidence, my innocent outlook on life, my motivation, and basically my whole personality. I just exist. I'm a shell of the person I was. I don't even care about my hygiene or appearance anymore. I dress like shit even for a guy. I don't stylize my hair anymore. I'm too lazy to even brush my teeth sometimes and that's just being real. What's the point if I don't feel like myself anymore. I've lost touch with the outside world. I just became this shy stupid introvert now. I totally hate this version of me and I can't even change or control myself. I cringe at every single social interaction with people I have. I cringe when I look at my miserable dead self in the mirror.

- Ive always had anxiety but this is sickening and extremely annoying and theres nothing I can do about it. No matter how good I feel or relaxed I am it fucks up my day. Its obviously drug induced, I abused weed for 5 years and tried lsd and mdma. Now I have this feeling like Im not fully there and stuck in a dreamlike state. Tunnel vision, brain fog etc. Its fucking bullshit. Please help. Im more than 30 days sober from weed. Been biking almost every day, getting plenty of sleep, forcing myself to talk to people and the feeling is not going away.

- This shit fucking sucks. I abused weed daily for 5 years at age 17. I am now 22 and been sober for 2.5 months now and I feel completely different than I did 5 years ago. I feel disconnected from reality and my body, can barely talk and do anything… I feel floaty and like trapped in my mind looking out. I been exercising daily, eating healthy and getting plenty of sleep, it doesnt matter. Worst feeling ever.

Is My DP Caused by Weed?

Despite the high number of posts in which OPs were explicit about the connection between their cannabis use and symptom onset, OPs also used the subreddit to ask questions about the link between their use and DP. In a post entitled "Do I have this?" OP detailed his history:

So around 3, 4 months ago I smoked a fat joint and few bong hits. Using white rhino this strong ass weed, I had instant paranoia and thinking imma get a bloody heart attack, I was on the floor screaming and asking my mates to call the ambos. My mates where just laughing and not caring much. So I went home later on about 8 hours after. Still having constant heart beat going so fast u can feel it ponding. So I end up tellin my dad I smoked n I got it checked out me heart. It was good and sweet until I woke up during the night feeling it even more racing and racing. So its been bout 3,4 months and I get some heart

racin some times during the night and bad anxiety some times. Not going out side but when Im on my own.

Similarly, another OP wrote, "I have felt distant from the world for the past 3 days, each day getting worse. I consumed marijuana about a week before this started and I didnt have a bad trip or anything unusual. Is my DP caused by weed?"

I Just Want to Smoke Weed So Bad

Some OPs either continued to use cannabis, expressed the desire to do so, or seemed to look for support to return to using it"

- I have been dealing with one single dpdr episode for over a year now due to some trauma to do with a suicide. First of all is this a worrying amount of time? There has been no break. I also smoke weed almost every day. This is mainly because I would probably commit if I didnt. I know this is usually something that would worsen it but I have taken breaks for over a month and seen no change in the dpdr so I dont believe it has anything to do with it. What do you guys think?

- Can a good trip on weed get you out of dpdr. Been thinking about it recently. If It can get you in, can't it get you out?

- if i smoke weed while having a derelization episode will it make it worse?" One wrote, "I do smoke marijuana but I have smoked it for years its nothing new and only at night before bed" but added, "I feel this high feeling all day.

- i know its only making it more difficult to heal my mind but i just dont want to stop getting high at least twice a day. I mean i wonder how much of what i go through is because i smoked daily through my whole traumatic experience and havent stopped since. I used to get really bad episodes with weed that affected me physically very badly, like chills, weakness, dizziness. But it also felt like my whole body was tingling, like tv static, and it would swallow up all my sensations until i felt like nothing floating in nothing, close to a passed out state. I wonder wtf that was and if it was a mental thing . . . and if it has anything to do w this shit.

- I had got dpdr from a cart (first time trying sativa dominant cart) a year ago it lasted 6 months and then after slowly started to recover and now I feel like Im 100 if not 99% recovered I was wondering if Im able to smoke and is there anyone that has smoked after weed induced dpdr??

- If I where to smoke should I only try indica ? Should I smoke I higher ratio cbd then thc ex: 2:1 or 3:1 cbd will I still get High??

- man i want to smoke weed so bad. Depersonalization doesnt bother me anymore its whatever to me honestly doesnt even get to me during the day its like every other day at this point. I just want to smoke weed so bad.

- Looking for some advice. I am well aware my dp/dr, dissociation and anxiety are all worsened when smoking weed, although, for the past year I always end the day with a sesh. I know the number one rule for improving symptoms of dpdr is to not smoke but we are all human and I dont think that I can see myself stopping anytime soon. I am a drug taker. I love drugs. But there arent many other drugs out there like weed. Weed offers me a safe and sustainable way to get high daily, where all other drugs have caused me major problems. Weed seems to be my worst enemy and my best friend at the same time. Ive had long periods where I havent smoked but that just made my mentally ill state manifest into depression. Is it that bad to smoke weed nightly? I dont know why Im making this post just wanna see how all you stoners out there with dpdr cope and manage.

In a post entitled "Help," OP wrote, "I was doing super good and then I smoke a lil bit. Then I got some symptoms back. But its not heavy." It is unclear what help OP wanted; that is the entirety of the post. One OP seemed to go so far as to claim cannabis, which when consumed as an edible induced the panic attack that led to symptoms of DP, was later curative:

so i've been researchign for a cure for DP/DR. ive had it for about 3 years but its never really affected me, only in the beginning. Well i got high last night, unintentionally though, and when i tell you, that joint had super powers, it did. I literally could feel all the emotions and anxiety leaving my body, and i could feel my self merging back into reality, i was able to recognize and remember all of my family members, and i was freaking outtt.

One OP wrote of liking the effects:

As of late I've been using THC edibles since at least November of 2020 I would do it at least once a week, however it's becoming a bad habit of almost everyday. Its scaring my husband because of the after affects of feeling super depressed, disassociation and depersonalization. I have no idea how long, but for a while I felt 'not real' or . Like I'm an alien or other mystical being. (No, I don't kin, I don't have DID, and I dont believe I'm actual an alien. I know I'm human). It's definitely gave me a weird mania I oddly like? And it has affected my gender identity, but in a positive way? I'm agender, and me feeling I'm not real has given me euphoria in a terrible way.

Experiences with Multiple Substances

OPs wrote about symptoms emerging after using "a mix of shrooms and weed" as well as combining "smoking heavily EVERDAY" and

dabbling in harder drugs like ecstasy and the occasional acid tab. I was not addicted to either but one day i took an ecstasy before school and i was fine throughout school, then after school me and my friends decided to drive around and smoke. The weed brought back my symptoms of ecstasy essentially freaking me out bc i didnt know what was going on but i did know at the same time. I tried a few times afterwards to smoke and everytime i would i would just feel very disconnected. My hearing was sensitized and i felt very disconnected from reality. It took me some time to narrow down what exactly was wrong with me then i came across depersonalization. I have frequent episodes of it a year after the fact and all the research ive done says it shouldnt last more than weeks or days at a time. But its been a year . . . and frankly im tired of this feeling and i miss smoking. Its triggered by the smell of weed or the presence of drugs in general. Sometimes it happens when i start eating. Does anyone else have the same issues as me and if so have any of you found a way to fix it?

Others connected DP to other substances, including alcohol ("I'm 16 and have been

struggling with this since I drank too much at a Halloween party but honestly I think it started

before that cause this past year has been the worst year of my life") and medications:

The pandemic gave me some anxiety, and the doctor recommended a 5mg dose of Lexapro. The first time I took it was the first time I experienced DP. I felt completely separated from the real world. I remember walking to the 7-eleven a few blocks from my place. It felt like I was experiencing the world after I had died like I was a ghost and everything around me didnt recognize me. It was certainly amplified when a truck drove right before my eyes as if I wasnt crossing the road. No honk, nothing. Ever since that experience, I just havent been the same. Its been about a year and a half now and I know Ill never be the same person I once was. Every once in a while, I have these sparks of light. In the mornings on weekends Ill take a shower because for whatever reason, the way the light hits the shampoo bottles in the stained window feels real more real than anything over the past year. But thats it. Light reflections. When it rains, the roads feel real because they reflect so much light. The sunset feels real. But apart from those glimmers of light, the world and I arent attached it seems.

When I Took Magic Mushrooms I Really Cured It

One OP touted shrooms as curative, to a degree: "I had depressions for a long time cause

of extreme weed smoking, but when I took magic mushrooms i really cured it. This was sadly no

long therm achievement, caus I started smoking again-.- Last Dezember I got DpDr from a panic

attack. But now iam feel ~70% ok again but still depressed. I ultimately stoped smoking weed

now and would like to take mushrooms again to cure the depression. But iam a little bit afraid

that it could trigger DpDr again. Some of you took mushrooms with DpDr and can tell me how it

went for you :D Iam aware of that it might be not the smartest idea but I had such good

experience in the past that I want to give it a try."

DP and Other Diagnoses

OPs identified DP as comorbid with several diagnoses, including autism spectrum

disorder, all presentations of ADHD, obsessive-compulsive disorder (OCD), generalized anxiety

disorder (GAD), separation anxiety, emetophobia, social anxiety, health anxiety, panic attacks,

"Hypochondria," PTSD, agoraphobia, hallucinogen persisting perception disorder (HPPD),

gender dysphoria, "severe anxiety disorder with panic attacks and depression," depression,

including postpartum, bipolar disorder, borderline personality disorder (BPD), and some

unnamed "other mental illnesses."

Masking Is a Form of Dissociation and Can Lead to Similar Feelings of DPDR

Speaking of dissociation more broadly, one OP wrote she "figured out it was also a way

of coping with the undiagnosed autism I was unaware of." She went on to write:

> It took 21 years but once I realized and accepted autism my dissociation stopped. With undiagnosed autism, the majority of girls and people like me will tend to **Mask**. **Masking** is a process by which an individual changes or 'masks' their natural personality to conform to social pressures, abuse or harassment. I believe masking is a form of dissociation and can lead to similar feelings of DPDR. The minute I took off my 'mask' and accepted myself I guess I took off the imaginary glasses with it too. I feel like I can see things clearly and I can smell so vividly again. I also went on anxiety meds to help.

> One OP listed several potential "causes," with ASD among them:

> We're not exactly sure what is the cause of all this since the big therapy / diagnosis related appointments are yet to take place, but some things that might me the cause are ADD, struggling in the social world for as long as I can remember (potentially being bullied and gaslighted by my friends in middle school), my uncommon parental situation (my mom raised me on her own and used to struggle with alcohol addiction) or some difficulties that I face because of my video game addiction. I personally also suspect aspergers syndrome, but I have not voiced that concern in discussions with the professionals yet.

Intrusive thoughts were mentioned by several posters, as in this post in which OP wrote,

"Didnt know if I should post in here or r/OCD, but wanna see if anyone has these kind of hard to

describe existential intrusive thoughts." Another wrote of random intrusive thoughts

> about wheather my experience is real or not. Like I get the what if what I am experiencing isnt real and I am in a dream. Things also randomly feel foreign like my room could feel like as if I have never been there and my dog could feel like a stranger almost as if I forgot how he looks. Yesterday I was driving to work and entered the neighboring city and hit the intrusive thoughts about not actually being there, it not being there, and the what if thought of what if I forget where I am. I swear DP is so scary. I often get scared that these feelings are precursors to psychosis. Like soon I will actually start believing my intrusive thoughts. The way I cope with these thoughts is by telling myself so what. Like so what if things arent real. So what if I get psychosis. It usually helps relieve the anxiety and makes the feelings lessen.

Another described their worst experiences happening within "about a straight month

where I could not stop thinking about the bones and muscles in someones face moving everytime

they would talk to me. I would also have auditory intrusive noises where like someone would say

something and it would just repeat in my own voice in my head over and over again."

> Another described this experience:

> Ive had dpdr for two years and some change. And i was doing really well there for a while. I was able to go out with friends and have fun, go on dates, all the good stuff. But my anxiety lately has been tearing my world apart. Im having such bad intrusive thoughts, like my food being drugged, or im stuck in purgatory, and its honestly so scary. I dont know what to do, I just want it to end.

> This OP connected marijuana edibles and intrusive thoughts:

> So back in early September, I took edibles for the first time and had too much. I ate two rather than one and that triggered the DP. It was so scary and I hated every second of it while I was high, but it went away after a couple of days. Beginning of October, I woke up in the middle of the night and an intrusive thought came and told me that I'm still in a dream and I haven't been the same since. I'm so scared and I feel like I'm going crazy. My blood pressure last week was 228/128 because I've just been so stressed that this won't go away and I had to leave work early because I just felt out of it. I started to feel better a few days ago but yesterday the feeling came back and hit me harder than ever.

If I Feel Something Weird in My Head Ill Think Im Getting a Tumour

One OP wrote, "I have very bad health anxiety and its all in my head. Im scared Im going to get some bad mental illness in the future. . . .Im scared Im going to get sick. . . if I feel something weird in my head Ill think Im getting a tumour."

Similarly, another identified "hypochondriasis":

I recently kinda snapped out of depersonalization. No more fogged life. The veil has lifted. But now Im faced with anxiety tons of it. I think depersonalization was actually my bodys way of dealing with the anxiety I developed when the pandemic first started but this is a different type of anxiety. Being back has made me feel the reality of life and death. Ive started having panic attacks over my existence, and facing death.

I Hate Being Reminded that I'm Stuck in a Body I Just Don't Identify with at All

Regarding gender dysphoria, an OP wrote, "I've been questioning my gender a lot lately. I know I'm nonbinary, but I've been questioning if I'm transmasculine. One thing that really impacts me is being unable to look at my reflection. I'm absolutely disgusted by the face I see, it's just not mine, and I hate being reminded that I'm stuck in a body I just don't identify with at all."

How Do You Know Its Not the Beginning Stages of Schizophrenia?

Fears of schizophrenia were voiced frequently. Some representative quotes are presented here. One OP, having "done some research," wrote, "How do you know its not the beginning stages of schizophrenia? I'm reading that this could be the the Prodome Stage." Another wrote seeking solace: "can someone please help me to give me some reasurance i dont have scizophernia or pshycosis or something like that." Another wrote of doubt: "Even with knowing its depersonalization, im still questioning the reality of my diagnosis and wondering if its actually schizophrenia."

I Know DP Is an Anxiety Based Condition so When My Body Relaxes I Will Eventually Stop Experiencing Symptoms

The cluster code "anxiety," initially applied manually during open coding and then auto-coded in later data analysis, was used 359 times. The theme identifying anxiety as the basis of DP emerged. It was frequently considered the primary cause or one of the causes of DP symptoms. In a post entitled, "Just A Few Things I've Learned" that contained 6 points, one OP wrote, "DPDR is a defense mechanism your brain implies through anxiety."

The concept of DP as anxiety based is reflected in the following excerpts:

- My actions and movements feel delayed and my vision feels flat like 2d or I get a type of tunnel vision where things feel kinda stretched. Anyways the feelings of things being delayed and the visual disturbances make me feel dizzy. I know DP is an Anxiety based condition so when my body relaxes I will eventually stop experiencing symptoms. I was just wondering if theres anyone one else feeling like this?

- Because DP is a stress/anxiety related disorder you would think that these feelings of anxiety would be rampant all day. Yet, I dont feel them at all (emphasis on FEEL). Like I still have intrusive thoughts, I just dont feel viscerally anxious about them. I only feel stress.

- I have accepted that the DP is a symptom of my anxiety, and that i can recover from it.

- "The root of this disorder is anxiety. Ive had anxiety for years now, and Im battling intrusive thoughts every minute of every day now. Does it ever get easier? Any tips?

- For those who are going to the same thing I just want to say dont worry its just like your subconscious mind having anxiety and as soon as you start to have healthy life and have plans for future its going to become better and better until you finally recover. DPD is nothing but the combination of anxiety + Depression. And everytime you feel like the feelings are coming say this to yourself: " If it comes, let it come. If it goes, let it go.

- Ik that DP is caused by anxiety and I know how to treat that in a way so I am going to try to stop looking for answers for while I feel so dreamy and not in control.

- i believe dp is triggered by a unique pattern of the self-defense mechanism as your unconscious mind tries to protect itself from trauma, severe stress or anxiety.

Others linked DP to panic attacks, expressed as, "I remember having a panic attack and i think that alongside other overwhelming things going on triggered it." Another wrote, "My dissociation symptoms began during a panic attack, more than a month ago. During the first weeks I had multiple other panic attacks and spiraled down into more and more anxiety, with no relief from depersonalization at all."

Rising anxiety was identified by many OPs as a factor in increased DP symptoms. One OP wrote, "I have been having high anxiety and Dp for the Past few days. I have had dp in the past but I have never felt like this before. I feel so fatigued and feel like Im getting closer and closer to disappearing lol." Another wrote, "I wondering who am I? Do I really exist ? Is everybody fake? Are they different versions of me?? Am I really me? These questions are on my mind a lot recently and I hate it so bad I'm getting intense anxiety I don't know what to do." For one OP, a change in diet cause an increase in anxiety: "I felt like that right now while eating chicken. I am afraid of eating chicken because I was a vegetarian and I am transitioning to eating meat. Anyways anytime I eat animal product my anxiety goes up and sometimes I get hit by dP." Another OP wrote, "I can still function normally but it makes my anxiety awful and my vision gets brighter like everything looks brighter to me. I told my doctor and she acted like I was nuts . Ran blood work and she said everything is in normal limits."

Advice was sought for dealing with the anxiety:

- hi so for a few months now i've been having these instances where i'll randomly start feeling really anxious for no reason. My heart races and i feel all disoriented, it feels like i can't breath and i have trouble forming thoughts and words. It feels like i can't control myself physically and that i'm disconnecting from my body all together. There's no thoughts that trigger it, it just happens and it feels like i'm dying- like i'm trying so hard to stay alive and regulated in my body that i can't focus on anything else. Although these extreme cases only happen every few days, there are times daily that i'll mildly start to feel unreal but manage to keep it under control. Has anyone else experienced this? Any advice?

- I've struggled with Depersonalization for months but recently the intensity has really amped up. I feel more and more disconnected by the day. Experiences I have feel like vivid dreams, physical touch (with others and objects) doesn't feel the same. I often catch myself 'reality checking' when things feel too disconnected. In short I feel like I am constantly stuck between the moment you stop dreaming and start waking up (if that makes sense). Because of this my anxiety is getting progressively worse, the 'walls are closing in' in a sense. I just don't know what to do and figured the internet could help me out.

- Does anyone else have this? Im constantly anxious or worried about things that should not cause worry, such as the hum of a refrigerator, or seeing an object that looks out of place. I am constantly questioning and trying to figure out unexplainable things and get anxious/depressed when I cannot, such as why does anything we do matter what makes things fun what are emotions what is taste, smell etc. stuff just doesnt feel real or explainable.

One OP connected anxiety to feeling disconnected from a sense of self: "I dont really have a person behind my thoughts. Its all anxiety and disconnect. Wondering if other people with depersonalisation experience this?" Anxiety as a feature of DP symptoms was assumed by posters, as this one who wrote, "My anxiety is worse when I wake up in the morning. Anybody know why?"

Interestingly, DP symptoms were considered protection against anxiety by posters. One wrote, "like, one moment my brain is like yeah im fine, depersonalization is just my mind protecting itself from anxiety and the next moment im like but what if its not?"

Another saw an inverse relationship, seeing DP-related memory loss as causing anxiety:

the bigger problem is, i cant remember anything. I obviously remember when i start thinking about it but my short term memory is completely gone. I often forget stuff that happened two seconds before and it freaks me out. I just wanted to know if my memory will come back? I hate the memory loss because it causes me to spiral into a bad anxiety attack because of me being forgetful.

It also appeared as an anxiety-related physiological symptom, as in "Cold sweats (constant anxiety attack)."

Anxiety was also the focus of many posts concerning advice. Not focusing on anxiety

was a definite position some OPs took, with one writing, "Im telling you this as advice stop looking at these types of things it will make you worry more and prolong your anxiety. Go out and be proactive. Meditate each day. Get excercise. Find a hobby. Eat healthy. These are all things you can do to lower your stress levels which in return. Cures your dpdr. Get out of this subreddit and go help yourself." One OP went so far as to suggest facing anxiety led to a cure: "I was putting off some very difficult things because of anxiety attacks. Once I forced myself to complete these tasks, my depersonalization ended the same day. I think the depersonalization was there because of the constant anxiety I had about these things I had to do." Another OP had a similar take but different outcome: "I recently kinda snapped out of depersonalization. No more fogged life. The veil has lifted. But now Im faced with anxiety tons of it. I think depersonalization was actually my bodys way of dealing with the anxiety I developed when the pandemic first started but this is a different type of anxiety."

No Other Way to Say It You Know What I Mean, Started with My Anxiety Worsening after Starting Smoking Weed and at First I Thought It Was Helping Me but Now I Realize It Was Only Making It Worse

A first episode of worsening anxiety following use of cannabis was common. In a post entitled, "Just numb," one OP described the pattern:

> No other way to say it you know what I mean, started with my Anxiety worsening after starting smoking weed and at first I thought it was helping me but now I realize it was only making it worse. I feel disconnected from everyone including myself, no sense of time, never used to have social anxiety until now.

> I often find myself looking into the past/future wayyyyy too much. Stressing about future things and then just thinking about how happy I truly used to FEEL. Thats the biggest thing for me, the constant brain fog, not knowing what to say/ cant hold conversation. Different topic but I believe it was triggered by a ego death i had right after my grandma passed. So much more to say but idek how to say it.

> One OP stated:

Like many others, I had a massive anxiety attack that triggered DP/DR. It was fall of 2015, October, and while in HS we had a midterm; We were all beat from midterms so we took a bite from this weed brownie that one of our friends had. 2 of us had a massive anxiety attack, everything was on slow motion, and our hearts were beating at 180bpm while we were just sitting down. The brownie was not laced, it was just medical grade." Another wrote, "So about 7 months ago I had an edible with my boyfriend. He had the same one, other half, and he was fine. I got super high, fell asleep at some point, and when I realized I had fallen asleep I freaked out, jumped out of bed, and had the worst panic attack you could ever imagine, certain I was about to die. I somehow got home and went to bed, hoping to sleep it off, but seven months later and the symptoms have only gotten worse.

This poster also identified an anxiety attack after marijuana use:

Me and a friend out of our group had smoked weed pretty regularly during school, and we decided to bring some along with us on our road trip. Essentially we smoked a lot, and I got a weed induced anxiety attack, which was obviously awful. Strangely though, I continued to smoke weed during the trip despite this fact of having an attack, and felt fine. But a few days sober during our trip, I started to feel weird, and anxiety started to settle in.

Sometimes panic attacks occur because Ive gone through a lot of stress, sometimes without any motivator at all. But my constant state of anxiety, and nature of the panic attacks, both stem from my extreme depersonalization symptoms. I have gotten checked, am now on medication- but It still feels like Im always constantly experiencing my symptoms, just at different amounts of intensity….Even eating has become a chore. Tonight I had trouble talking over the phone with my boyfriend. Things I used to enjoy-in even the simplest, purest way- have now become seemingly impossible. I would love to hear someone else has felt this way, I dont feel crazy anymore- I feel like Im dying. Nothing feels real and I feel like Im just dying. Every single thing I do is exhausting.

Death Anxiety and the Pandemic

Specific to the COVID-19 pandemic, some expressed new awareness of death, as in this post with a tl/dr [too long didn't read, a summary] of "i have very bad death anxiety and obsessive thoughts regarding reality, existence, and going crazy. Knowing that someone can relate, or tips for coping would be much appreciated":

We are living in a pandemic. Death is everywhere. The entire world has shifted, and so far, i've managed pretty okay, but i think this constant exposure to the concept of dying has dug its hooks into me, and the more i struggle to free myself, the deeper they go. I'm not gonna lie, i feel like i've been fueling the fire myself- i love watching horror movies, and documentaries about terrible people and murder and shit like that. Being in this most recent bout of anxiety, i've decided to cut out the horror stuff for now. back to the issue at

hand. I can't stop thinking about death. No matter how much i rationalize with myself (i'm young, healthy, etc.), or how much i try to accept it (it's a natural part of life, i've spent eternity before my birth not existing so why should it be scary etc.), i keep getting these terrifying thoughts creeping into my head that counter any self-soothing thing i can say. For example, if i say 'i'm young and healthy, there is no reason to think that death is imminent' i'll get a doubtful thought 'well death can come at any moment for anyone, and there's no guarantee that the world won't explode tomorrow, or even the next few minutes'. For some reason, this translates to 'impending death' in my mind. One of my biggest problems is that the concept of death feels more real than my life, due to my depersonalization. i know that the best way to get rid of dp is to relax and focus on something else, and not to react with fear, but every time i think of doing something, doubt stops me from doing it. it feels like my anxious thoughts are a predator, and i have to keep looking at them, or else the second i focus elsewhere, they will strike. kinda like how with panic attacks, the key is not to anticipate them, but it feels like if you don't anticipate, it will be worse next time because they'll catch you off guard.

Other COVID-related comments are excerpted below:

- My house and room feel foreign to me. It feels like I dont remember where I live. I was doing good but then my anxiety shot up because of COVID scare and now I am constantly anxious which is causing me to depersonalize. My family feels foreign but still I can remember there names and memories. It just feels strange also last night I only slept 4hours.

- I was almost 100% positive before reading it that COVID was the reason behind my DPDR. My whole family caught COVID at the end of August, through about a week into September. I had really bad brain fog and it just felt so weird to do anything. We were all pretty much down for 2 weeks. But fortunately, and a bit unfortunately as well, I was the only one who mentioned this feeling. The DPDR was pretty terrible for about a month or two after. Then when I researched it, I found out I was not alone and that its not uncommon. I found some ways to counter it and relieve it some. Now the only problem Im really having is severe unawareness. I feel like Im fading in and out of consciousness almost. I feel like Im missing out on life because it seems to be going unnecessarily fast.

- All it comes down to is that this crap sucks. I wish it didnt happen to any of us, because as far as I know, none of us deserve it. But I know we can all overcome it somehow. We are all a community here that seems pretty helpful as much as I have read. I look forward to reading and learning more, through this community and more of my own research.

- Did anyone start feeling this way during/after recovering from Covid? I definitely began these symptoms suddenly, during my battle with Covid. It seemed to have a greater effect on my mental health than anything else.

- Avoid getting covid. Ive seen alot of people on r/covidlonghaulers talk about getting DPDR from getting covid so please try to be safe. I know Im recovered from DPDR

because I got sick with covid a year ago and I had no relapse in DPDR symptoms. My mind is like a steel door now. I hope for the best for all of you. I will try to answer questions but please dont be offended if I dont get to everyone. Although it wont make my DPDR worse by doing this. Its still a traumatic thing that happened to me and I dont like to hyper fixate on it. I hope for the best for all of you. If you are reading this in the future, feel free to comment or DM me. Take care everyone :)"

- Existential panic but can't go outside or do anything for distraction because I have coronavirus and I have to isolate 😁 Why am I me? This is my story, my narrative, why? Ive been stuck in my bedroom for 6 days thinking about crap and I still have four more days left of isolation. Oh it sucks so bad.

- isolated for five days now feeling worse as each day passed by drowning in this awful sensation. On the first days I had nightmares about ambiences and places that made me feel even worse, because they were in the sunset and I don't know why sunsets makes it all worse.

- Well two days ago I tested positive for COVID and ever since I have felt dissociated due to being very sick and I could feel the thoughts creeping back however I learnt how to deal with my anxiety so i honestly thought I would be able to face it and it would eventually stop again. But this morning I woke up and it had gone to a whole new level, something I had never experienced before. I couldnt tell if I was dreaming or I was going mentally insane. I woke up to seeing my surroundings and body move as if it was on fast forward. My hands were moving as if I was putting a video on high speed to skip to a scene. Although I knew it wasnt real, it made me have crippling anxiety and I broke down. I felt dizzy, seeing everything move as if time had drastically sped up felt like I had left my body and was watching it as if it were a video. Would this simply be the depersonalisation surfacing again or something more serious. I feel much better now but I never want to feel that way again, and I definitely do not want to fall back in to the habit of obsessing over unwanted thoughts. Please help!

- Before Covid I had experienced almost complete remission from my DR/DP but now I dont know if this will ever go away. I feel like Im in a dream, more like a nightmare. Life doesnt feel real anymore and it feels like its spiraling under control.

- Covid has made it far worse however, as Im constantly in my head these days and not focused on my surroundings, not to mentioned was dealing with a lot of anxiety and all of sudden Im fixated on depersonalization again. Im feeling ok when Im not thinking about it, but when I start thinking about I randomly too much the anxiety sky rockets and nothing around feels real.

- I was doing good for a week with little to no DP then yesterday I felt like I couldnt taste food I panicked hard thinking I had COVID and triggered DP.

- I used to get infected by COVID-19 (delta variant) and I already met a doctor and consulted with him. He said it can be because of the COVID-19. My symtoms:

- Feel like living in a dream or (like in the matrix)

- Being scared of the vastness of space

- Being scared after questioning my own existent (how does nothing evolve into matter (like everything including us)

-Being of nothingness.

One OP felt odd after the second dose of the Modern COVID vaccine:

I felt pretty much recovered since around November of last year, with a few hiccups here and there. I was doing fine until my covid shot. I got it Monday at noon, didnt really feel the effects of the shot until that evening, then didnt sleep due to pain and was up all night. Starting on Tuesday night, Ive been having strange semi-lucid dreams that seemed to have triggered slight episodes. Its not nearly as bad as when I was in the thick of it, but it was still noticeable. I was just wondering if anyone else was feeling these effects.

Connection to Trauma and Other Triggers

OPs also discussed triggers and their attempts to understand DP. Many wrote of learning

trauma is connected and shared their stories of "lots of traumatic events of bullying, isolating,

and panic for health with derealization and childhood trauma of all types: "My mother said my

dad used to borderline physically abuse me, but I cant remember him going over board." Another

wrote,"Ive discussed this with my therapist and my current treatment consists of psychotherapy

to simply feel my repressed emotions coming from CEN (Childhood Emotional Neglect)."

Another wrote, "My mom, dad, and step-dad abused me and I am still in contact with them every

day. When I was around 5-10 years old my dad would come to visit as my 'uncle' and lead me

into the bathroom to SA me. No one else knows this happened. I don't want to go into more

detail about what he made me do."

Another OP wrote of sudden onset during healing:

It hit me out of nowhere on my couch. Maybe not exactly out of nowhere, as I was spending the day finally trying to heal from years of child abuse. I told myself I had to face these feelings and stop neglecting and abusing myself like my parents would. And then, yesterday on the couch, I felt intense terror. Like the terror that rises in your chest and you feel like youll vomit. My legs and body spasmed. I felt like I wasnt real, and

neither was anything around me. Like it was wallpaper I could peel back and it would reveal hell. I felt lightheaded. I was convinced I was going to die.

Another OP went into depth on personal history:

Ive been doing a lot of mental gymnastics lately trying to diagnose my under lying problems. Its taken me a while but heres where I am. I was raised homeschooled until I was in 6th grade. Then my mother got fed up with me and sent me too public school, fucking traumatic. The Christian upbringing with the beatings and lies was not healthy for me. I honestly never thought badly of it until I told my girlfriend about being locked in my room until my dad came home to spank me. Yeah no wonder I got anxiety. Well that locked in upbringing plus being dropped out of it into the shitty public school system/charter school system can mess a child up. That all led to me while 16 in high school getting dp that led too depression and that led me too college that I dropped out of. Hard to make yourself learn when you can just leave your body.

One OP was triggered by new places: "Whenever I go somewhere Ive never been before I get derealization and its terrifying. I was somewhere new today and on the way home and when I got home I felt awfullll." Another OP connected her disconnection to a medical emergency: "Ever since I can remember I've had anxiety and depression and when I had my child in June I nearly died twice (pretty severe blood loss the first time and then was hospitalized and slept for nearly 3 days straight with postpartum preeclampsia). Ever since that my life has felt. . . simulated?"

Confusion about Cause: I Feel Like I Have DP but at the Same Time I Have Never Drank, Smoked or Done Any Drugs

Several posts expressed OP's confusion about why DP symptoms began:

- So I made another post a little while ago asking if I had it but after doing a little more research dont you need to either do drugs/alcohol or experience intense trauma/anxiety to get dp? I feel like I have dp but at the same time I have never drank, smoked or done any drugs. I have also not had any crazy trauma or anxiety (at least i think?). Do you need to experience these things to have dp? Is it possible to get dp without them?

- I have little to no knowledge about this, and am just wondering if its possible to just have it triggered by change or something. I also went under anesthesia for the first time right before this feeling occurred (wisdom teeth removal). Could that be a trigger?

- After looking into this out of body experience I found information about DP/DR. I believe that I have permanently lived in a state of depersonalization since I was 5. I didnt come out with my abuse until I was 16, and I never received the help I needed to know my experiences werent normal. I just knew something was always off about me, and so did everyone who knew me. I am shaken by this because I realize now how much of my reality perception is affected. I feel hopeless and more depressed as I go on with the awareness. I dont even know what it feels like to live a normal life. It dramatically impairs my ability to function, and I fell into the cycle and am emotionally negligent as a parent (and all interpersonal relationships). Im trying with all my might to cling to any hope and reason to live. If you can relate please let me know, and any ways you cope would be so appreciated.

Living with DP

The theme of OPs writing about what their lives have been like as they lived with DP and the effects of it emerged.

- Its started really impacting my life since this past January. Its been scary idk how Im gonna live like this. Feels like it ruins everything.

- I can't process the consequences of things because what I'm doing doesn't even feel real to begin with. I've made some bad decisions and know I have to deal with them.

- Like, the first 24 years of my life made sense as I went from middle school to high school to college, etc. but at some point in this past year, that timeline, the people and places in it all became lost to me. And now if I have to revisit a place I used to be, or see a clip from a show I used to watch, it feels really disturbing and uncomfortable. Like that whole timeline feels like something I imagined but seeing the evidence that it was real proves that it couldnt be. It feels like its completely ruined my sense of identity and is preventing me from enjoying the present or planning for my future.

- Like Im starting to think this is just me now.

- I miss my old self man.. All I Constantly do is think about my mistakes which led me to have this condition. And it make me feel more guilty but I cant stop it. Cause i was so dumb.

- Three fucking years I've lived like this, I dropped out of high school because everything felt so forced, I haven't been able to hold a job for more than 3 months because I keep zoning out at work and causing mistakes. I just wish everything could go back to being real, I wish someone would just tell me I had a brain tumor or something, that way I'd have an actual fucking answer for what's happening to me. This world really feels like it's some game, talking to people is just a bunch of keywords, eating is just chewing and swallowing, watching movies is just staring at a screen, I don't get enjoyment from anything anymore, it's all monotonous actions now.

- Ive had dp in the past and it went away after two years when I stopped panicking about it. But now its back due to a huugggee stress I went through, but this time Im having these images flash in front of my face every day 1-5 minutes a day! It feels as if Im disappearing from reality and into these images for 1/4 of a second! Its super scary :(Also even when Im kind of calm I get this super strong feeling that Im going to loose control? It lasts the same amount of time it comes with no warning and lasts one fourth of a second !

- This morning I woke up, had breakfast with mom, went back to my room to game a bit on my pc, and then it started, the symptoms started showing and I found myself asking when did I get here? What is this place? Im not supposed to be here. Then my room started feeling so unfamiliar to a scary point and I had to go look for mom to ground myself. I havent had any episodes in a while and I was happy. . . is this shit ever gonna stop.

- I'm so lost and have no idea how to get better. I can't take my mind off of it and everytime I try and distract myself I loose my ability to think logically and forget everything. I can barely string together this post. I can't learn or think or focus on anything I'm completely trapped inside my head and desperately want to escape. I don't know how I'll ever go back to normal and feel like I've permanently fucked up my reality to the point of no return.

- It has gotten to the point where I even dissociate and panic as a passenger in a car which hinders my everyday life. Anxiety and depersonalization/ derealization has changed my everyday life and the things I once loved to do. Im constantly afraid. I sometimes cant even shower normally because I feel a sudden impending doom caused by this mental disorder. Its becoming super exhausting and Im afraid its drowning who I truly am, and diminishing my happiness and potential. I recently was gifted a car and I have no motivation to drive because Im afraid of depersonalization/derealization, anxiety, or panic attacks happening. Im drained and wish there was some relief in regards to this disorder.

- i just want it to get better so bad this is toture i feel soon ill go compelety insane and not be able to come back this wont get better :(

- This absolutely fucking hurts in the most deep way. I've literally watched myself decline cognitively to the point I have a very hard time explaining anything intelligent.

- I can't recognize my own house or my family members, and it's horrid. I feel no comfort at all.

- I think one of the saddest things about this is having trouble remembering how I know someone. Due to my panic attacks, I've moved back in with my parents but I still hang out with my roommate occasionally because we're really close and have known each other for 5 years or so. For the past month or so as my dp has gotten worse, I've started subconsciously wondering how I even know him, and he's almost

started to feel like a stranger. I know consciously he isn't, but I like almost can't remember why. And it's so sad. We're such good friends and I feel like I'm losing that. I'm scared of the moment I finally completely forget who he is. Even my parents are dangerously close to starting down this path in my brain. It just makes me sad. Really really sad.

- This disorder seems unreal in itself. It's strage how we're able to experience this disorder considering how difficult it is to even vaguely describe it with language. I'm sure there are other disorders that ultimately bring more suffering, and it's crazy how a single leaf has the ability to completely alter your reality, having an experience so absurd that would leave you wishing you reverted to JUST having depersonalization.

Several wrote of effects on the functional areas of school and work:

- I dropped out of high school because everything felt so forced, I haven't been able to hold a job for more than 3 months because I keep zoning out at work and causing mistakes.

- Dpdr hit me like a fucking train and ruined this already bad year. I went from straights As on an academic scholarship to failing every single class and being kicked out of uni. I'm so lost and have no idea how to get better. I can't take my mind off of it and everytime I try and distract myself I loose my ability to think logically and forget everything. I can barely string together this post. I can't learn or think or focus on anything I'm completely trapped inside my head and desperately want to escape. I don't know how I'll ever go back to normal and feel like I've permanently fucked up my reality to the point of no return.

- I am currently a year 11 and facing my GCSE in under 9 weeks. Previously during my mocks I have had severe depersonalisation and this effected my focus where I couldnt go to the toilet cause I saw myself in the exam hall peeing in front of everyone and everyone laughing at me or I see myself saying something out like and think everyone is judging me. This is a issue cause I dont want to open up about it and be seen as weak and teachers treat me different.

- New to this Reddit, and Reddit in general. Ive had this now for like 3 days. I dont even know. I cant even think right now tbh. In the U.K. we have big exams at the end of school that pretty much determine our life. Because of covid the exams have been cancelled but we just do a fuck ton of work and our teachers use sed work to determine our grades. I cant motivate myself as it is. Now that I have this confusing thing I cant even do my work when I am motivated. If this lasts long I am fucked. When Im not stressing about every little thing because it has made my mind over complicate everything it tries to think about I. I cant even think.

- Yesterday I had my first day at a local Sandwich deli place and I was probably more anxious then Ive ever been going into it. I drove to a park before I started and sat there for half an hour. I went in and they showed me around and had me do dishes and clean everything all the basic shit. But doing that makes me realize how bad j feel

when under pressure because for the last year with Covid and online school Ive been avoiding anything that makes me feel bad. Im so goddamn tired of feeling so shitty and slow. The entire time i was there I felt like I was on the edge of losing it and going into an attack and the lights and sounds of people didnt help. And today Ill probably be making sandwiches or awnsering the phone which sounds worse lol. This shit has to stop Im over it.

Personal Description of a Symptom or State

While many OPs wrote of their symptoms in language similar to the DSM or ICD, at times, their manner of expression was unique and provided insight into their lived experiences. As such, the code Personal Description of a Symptom or State was used to capture those segments and was employed 689 times. In OPs' original wording, these select passages represent singular descriptions and experiences or that represent well those others shared and are part of capturing the lived experience.

- feeling like youre in an RPG and when people talk to you, you have to think about things to say rather than just saying things.

- feel like an empty walking carcass.

- Sometimes it feels like i've already passed away, and I'm watching my life from a glass ball. or like the present moment is really just a fleeting flashback that I'm having on my death bed. it feels like a lost memory. The cloak of life would fall to reveal an empty void where my life once existed.

- I'm sure there are other disorders that ultimately bring more suffering, and it's crazy how a single leaf has the ability to completely alter your reality, having an experience so absurd that would leave you wishing you reverted to JUST having depersonalization.

- Its kind of like the movie IT where the clown only fucks with them cus they worry about it. Meanwhile the clown isnt even a problem unless they tell themselves it is.

- My head feels tired constantly, I feel like there is tar behind my eyes.

- This world really feels like it's some game, talking to people is just a bunch of keywords, eating is just chewing and swallowing, watching movies is just staring at a screen.

- Every time I talk to someone about it they say 'Oh, I had brain fog too, I understand', No you don't, you say it as if the brain fog you got was some splinter that got lodged in your hand, to me it feels like I have a wooden stake in the brain.

- this time Im having these images flash in front of my face every day 1-5 minutes a day! It feels as if Im disappearing from reality and into these images for 1/4 of a second!" Also even when Im kind of calm I get this super strong feeling that Im going to loose control? It lasts the same amount of time it comes with no warning and lasts one fourth of a second!

- DP is like turning down the 'sharpness' filter on life.

- Its like my brain hydroplanes.

- I felt like that right now while eating chicken. I am afraid of eating chicken because I was a vegetarian and I am transitioning to eating meat. Anyways anytime I eat animal product my anxiety goes up and sometimes I get hit by dP.

- By the way, you probably also researched this type of stuff and a lot of people claim that enlightment means being detatched from mind and body, and that may seem scary to us. The reality is that this description is wrong. Being 'enlightened' is rather a sense of clarity, union, gratitude and joy.

- i feel like there are two people inside me like ive fully separated from myself. like theres me thats in my body and me observing. the way ive thought about it is like when i say i hate myself the i and myself Are different people. the i being me judging from outside my body and myself being my physical form.

- Do you guys also think about death and the afterlife obsessively? I mean, the title kinda explained it all. I feel my DPDR has always revolves around the mystical and intangible, and its almost debilitating thinking about these things so much.

- This morning I woke up, had breakfast with mom, went back to my room to game a bit on my pc, and then it started, the symptoms started showing and I found myself asking when did I get here? What is this place? Im not supposed to be here. Then my room started feeling so unfamiliar to a scary point and I had to go look for mom to ground myself.

- When i look at the tv I see it, but i dont process it. When i listen to music it I hear it but cannot understand it, and it just sounds off in my brain.

- Its like when youre having a dream and things arent abstracted in any way, it mirrors reality quite precisely, but when you turn around you realize all of the tables are upside down or rain is ascending up towards the sky rather than the ground. Thats how it feels for me.

- Idk I just always feel like something is off which forces me to spiral into neuroticism about my work. Like triple checking shit to make sure I did stuff accurately. Its like ADHD/OCD forged into one. The dissociation makes me feel like Im just off. Like reality is skewed.

- not a single spark of happiness touched me. . . . I keep looking at myself in the mirror for hours and talk to myself saying things like: 'Why can't you f*cking feel real for just 5 seconds. Put Me out of my misery.' and many other degrading things.

- A big and traumatic event happened to me right before I moved states, and then I moved and I've become a shell of a person. My body changed, my behavior changed to adapt to a new (horrible and hostile) environment, my health took a hit, and the whole time, I was in and out of disassociating in different ways, including this one.

- Sometimes I go into these periods of time where nothing has meaning. For example objects that usually have a lot of meaning to me are just. Shapes. I don't feel anything and sometimes it can be hard to even tell what an object even is, and then suddenly everything around me is a meaningless shape and I feel like nothing is real and I'm in a state of realizing that I'm dreaming but I'm very much awake. It's been happening more and more often lately and it's scaring me.

- Is this sensation that my brain is like in a cloud or ghost state or like it doesnt care. Lets say someone makes me mad, my body start to get tense and all and I start to get angry, but I dont feel it fully connecting In my brain. Its like I dont care. Its so hard to say imagine the information going u feel the sensations of emotion but the brain feels frozen and is not thinking or reacting the same way. Its such a weird state can someone relate?

- Every decision I make from the food I eat, to where I go out always makes me question myself and further spiral deeper into feelings of detachment from self.. I can't make any affirmative actions/decisions and it makes it worse trying to conversate with people or doing any daily tasks, because I feel like I can't really tell if it's me or my actual self making those decisions.. It's likened to being in a drunk state of mind and making actions or decisions you otherwise wouldn't have made and then waking up the next day after a hangover and realing what an awful mistake you might have made while under the influence. It gets worse after the dissociations slips away a little bit then it comes right back because I start to question myself too much like is this what I really would be doing right now if I wasn't dissociated?

- Just told two of my friends about my derelization and they replied with 'It's not that deep' i feel like i should cut them off as they're disregarding my mental state.

- A while back, I finally built up the courage to tell one of my best friends about how depersonalization has made my life so shitty and has downgraded everything positive in life. But like I expected, he had no idea what I was talking about and even thought I was lying or overthinking and being dramatic. So I just told him I was lying and just to forget I said anything.

- my biggest problem, when it comes to experiencing symptoms of anxiety and depersonalization, is that i can't let thoughts go. i'm the type of person to pick at a wound, hoping to find a reason for the pain, and only succeeding in deepening it. right now the Wound feels infected. i can't stop thinking about death, and how it Can come at any time. i don't know why, but sometimes the concept of death seems more real than life, and this in turn makes it feel as though it's going to happen to me right now. i guess that's one of the worst parts: the fact that it's so impending.

- For these past few days i felt like shit. It literally started out of nowhere and i'm really anxious. Everything seems so unreal and even when im talking to someone or if im having fun with my sister it feels like its not me. I dont want to seek therapy or psychotherapy cause im scared and i dont want to worry my mother or my other family members. Im 16 and since last year i felt so much stress and anxiety. The thing is that i can talk to other people and all, but it feels so unreal like i said what's bothering me to my friend and he was worried. I almost cried cause i dont know what's happening and i want my old self back. I feel like everyone is just in my imagination and i feel like im alone. It really started out of nowhere one night i was thinking 'do i exist?' Also when i was watching YouTube ot tiktok it felt like those people didn't exist to me. Well i dont really know if its depersonalization but reading all those posts on the internet it seems like it. Even writing this post is so unreal to me.

- I dont want to share too much, so if this is too vague for anyone to help Im sorry in advance. My entire life, at least as far as I can remember, Ive never thought or imagined myself when Im just thinking. Like, how people think idly; imagining themselves shopping in a grocery store or even doing a crossword puzzle. (This is hard to explain, sorry). Ive always thought as if I was a certain character in a certain video game. I think I think as this character because it was the only way to process trauma at the time. Like they were an escape. Once again this is hard to explain; I think because Ive never experienced normal/idly thinking.

- During an episode its difficult to comprehend what its like not to have depersonalization, but when Im not having an episode, its hard to remember what it was like when I was.

- I dont know how to explain this feeling but Im either fixating on weird parts of the sentence or hearing sentences but completely not comprehending half the words.

- Basically physically it feels like Im not receiving any of this ELECTRO CHEMICAL RUSH IN THE BRAIN FROM EMOTIONS HUNNGER STRESS ADRENALINE. That simple. I can still get angry laugh and cry , but I cant FEEL THAT FEELING THAT IS NO DESCRIBABLE. Imagine a eudorphins rush with that HAPPY RUSH. OR THE STRESS RUSH. OR THE ADRENALINE RUSH. Thats all numbed out. Also feels like an empty brain and when I exercise it feels like its not happening to me, which pretty much come to empty brain feeling.

- I feel disconnected from everyone including myself, no sense of time, never used to have social anxiety until now.

- How do I cope with possibly never being the same person again?

- I feel like Im never awake.

- I also struggle to focus on sounds. Its either to loud, to far away or i just cant detect where its coming from. Sound can also sound weird, more sharp and static. When i put my earbuds in to listen to music, i cant hear the music properly. Its like its trapped in the back of my head and muffled. I find this very distressing, because i literally cant listen to music anymore. I also have a giant cotton ball (sometimes feels like a brick) in the back of my head where i hear the distorted music! Literally feels this inside my brain!

- I've thought about trying to end my life so many times for the last 4 years and i would love to. I'm so lonely and i never stay happy for long before slipping into another long depression, and I've almost ended it so many times. But i can't conceptualise death, i cant wrap my head around the fact that ill just stop existing, i feel so out of touch with reality and that if i do die ill just keep being conscious or that theres something after death, however im not religious. I just can't come to terms with the fact that i will just no longer exist, that I'll never have another thought again, it'll just be nothing and i wont even be aware that its nothing. And it scares me, i feel like i cant die almost, that theres no way my mind could just turn off and stop being me. And it infuriates me because i hate myself and my life and i want that everlasting peace, it just doesn't seem to exist.

- I've experienced an event that shook me in the matter of seconds. I literally feel dead. I used to pride myself on my intelligence, curiosity, I'd even go as far to say I was charismatic and funny. All of that is poof now. It is too weird. I have no passion to do anything, everything is just chaos and all I want to do is sleep. My cognition's halved at least and I cannot assess reality. It is really painful to exist. I feel proper dead. Ego dead. Suicide is very tempting. I am in my 20s and I feel like I was just born. Except I'm an adult. I don't feel like I can start all over.

- For the past couple days Ive been putting in conscious effort to try to answer things that people say with sarcasm or in non-literal way, just to experiment. Ive found it helps me feel less anxious for some reason. And something is starting to click with me. . .it made me realize why most people usually dont care to interact with me: because Im not really fun to talk to at all.

- I also have dr but having bad episodes of that doesnt effect me as much as dp, especially related to making art. Dp just complitely destroys that, lmao. I cant even really begin to explain it. Its just so hard bc when you have these issues with your identity and self it just becomes so hurtful to try and draw or fo anything else creative because that requires you to be in touch with yourself in a way that i personally just cant achieve during a bad dp episode. I cant remember how i draw, what i like to

draw etc. Its especially frustrating bc the skills are there, its bot necessarily the memory problems flunking but i am so uncreative bc of not even knowing basic things like what i enjoy and what i think is pretty. :// Ofc its a minor issue in the bigger picture but when i use art to cope and as part of my income it can sometimes feel like its the thing that suffers the most under this.

- Does Depersonalization make you confused on sizes of items? So I have an iPad. My mind can't decide if it's big or small. Same goes for a lot of other items. This might have nothing to do with it but I'm asking anyways.

- Pixars Soul: Did anything who suffers dissociation watch this film? I found the movie to actually be too deep and the message of being present in the moment so painful. I watched it and found myself having a mental crisis. I havent been able to watch it since, despite being so excited for its initial release. I guess I just wondered if anyone else felt anything similar after watching this movie because I feel kinda alone in it. Its just so devastating being told to be present to really get the absolute most out of life when I literally have no choice.

- I can't use my smart phone properly, watch TV, computer anymore. Whenever I use them the screen gives me head pressure and an uneasy feeling. . .I keep my phone on minimum brigthness and even there itd overwhelming,its like looking in the sun type of feeling but without being blinded.I had done a mri,eye test,heart test,blood test and everything is ok. . .I think I may have epilepsy. . . .I never jerked or losed conciousness but I just dont know what to think anymore,I wanna live life like a normal person.

- Am i alive? Guys i dont know if i am alive. . . The first person view is so weard. . . I wanna have a answer because my chest is hurting and my heart is so strange. . . If you wanna talk just dm me becuase i need someine to talk.

- I hope this will be understandable. Recently I've more and more often felt a disconnection from myself. Whenever I try to google it, it brings me to depersonalization. I understand that google is not a phsyciatrist, but I just thought I would try to learn some to maybe better describe the feeling to a professional. The thing is though, I don't feel disconnected from myself physically, I feel totally present in my body and like it is myself. But I feel disconnected from my identity. As if when I think about who I am I'm thinking about someone else. And I will feel an aversion to that person. Normally I like myself so I'm not sure where this aversion comes from.

- i just started telling myself to enjoy it? when i notice that i'm or nothing else is real i try to tell myself to enjoy the feeling and that if i'm just a character nothing matters so have fun. it hasn't made it go away and it doesn't always work but sometimes it makes it less awful and reduces the anxiety i get around the whole experience. idk it's kinda comforting.

- I went to play Golf with one of my friends, absolutely excited to go play. I felt great on the way to pick him up then I had to wait on him come out the house anf started feeling back. The disconnect came immediately when he got in the car and the whole time we played Golf, until I got home into a cool dark area and was able to regroup. My symptoms change daily and everyday something else bothers me. What scares me the most now is the fact that I literally cant focus on anything even if I try my hardest, thats television, conversations, facetime calls, a video game, anything. Sometimes Ill catch others acting slow and point it out in my head to reassure im normal. I still am very knowledgeable and can solve problems. I am still good at speaking and getting my thoughts across. All of my friends say I act exactly the same and that no one would think im going through anything while inside my head its a nightmare. Ive never had one suicidal thought or one thought of harming one another. Death and losing my mind and hurting someone is my biggest fear. I just wanna feel like Im apart of this world again, I wanna be able to relax and be in the present time and not worry about tomorrow or how I was earlier today. I wanna be able to enjoy the times I have with friends and not just feel like Im there. … Everything looks the same, Im able to recognize everything but sometimes the radio hurts my ears and sometimes it doesnt, sometimes lights hurt my eyes more than others, sometimes music sounds lovely sometimes it doesnt, sometimes food tastes great and sometimes its like im forcing myself to eat. I dont get how all of this could happen just from one weed panic attack.

- I realise I only have a very mild version. The very strong disconnection only lasts for 10 mins-an hour, though it gets blurry before and after. I just feel like Im watching a movie from above my body, where I sort of introduce characters to myself like thats your mother. Youd be considered quite close to her. And I have no thought process around what Im saying or doing, but I seem to converse appropriately and do all the right things anyway, like a moderately intelligent robot. Theres no feelings. No connection to anything. A tiny part of my consciousness is always worried that its not normal, but overwhelmingly its just peaceful.

- When it first hit me I thought it was all over and that my brain was permanently fucked. After months of living with it I gradually got better and adapted to wtv had switched in my brain. . . . but now its back and its worse than ever. I went through bouts of it where it was more severe during certain periods of my life. But now its happening in my safe places too. Its constant and I cant get any peace from it. Now Im in this never ending dreamlike state where walking feels weird, doing regular tasks feels weird, talking feels weird and interacting with others feels impossible. My dp has never made me feel like this before and its scaring the absolute shit out of me because I cant take it for much longer. I feel like Im spiralling and the control I thought I had over it is gone.

- My older brother died at 2 years old before I was even conceived - my mother never recovered and we never bonded. With my therapist we've been able to establish that I have struggled with depersonalization likely since I was a baby, usually unconscious slipping into it and not noticing that I've gone 'blank' for weeks if not months. All of my friends and family are used to it at this point and are unfazed when I stop replying

to messages and slip into 'the abyss' or 'the forest' as I often refer to it, whether I've explained it to them or not - they accept me and I'm so grateful. . . . Long story short I'm way worse than I was a month ago (lol) like stuck in mundane routines topped with internal existential academic monologues, incapable of brushing my teeth, eating properly or putting sheets on my bed, and feel like my brain is the size of a pea floating in a deep dark abyss of nothingness. (ADHD definitely doesn't help this, but I'll be ok, don't worry!)

- My depersonalization is definitely only triggered in the city I live as everytime I leave my headache goes away and my entire body relaxes. I am under tremendous stress right now in work and school. I'm currently working 60 hours between work and school and I don't feel my body is able to fully relax in my apartment to rest from hard days. I spent a month straight looking for apartments and this is the best one I could find for my budget but it's still not comfortable. I never had these issues before I moved to this city. . . . I feel unable to date, feel normal emotions like sadness and joy, or hope, I am unable to recognize myself in a mirror and I feel great anxiety looking at myself in a mirror, I am having trouble working/school and focusing. Everyday feels like a struggle being in this state. This has been going on every single day all day for years straight. A therapist recently diagnosed me with depersonsanlization. I know I need to leave this city, but the energy and motivation to move feels overwhelming while living in the state. It's been a dark hole to fall down and I feel I can't get out.

- This will be my last few days here becouse reading about anxiety and deperealization can make it worse I think. So please help if you know anything about this.

- Whenever something makes me upset or when Im bored of something (happens very quick and often) I feel like I leave my body and start making faces out of anything and everything in the room or if I have to talk and make eye contact all I can think or do is trace and distort the persons face in front of me. I fight the urge and try to stay involved in the conversation but it usually makes my head feel really heavy and my heart hurt when I do.

- God, I'm only 18 and I'm a huge mess mentally. I'm fucked up. I need help bad or else I'm going to have lost my mind by the time I'm like 30. Even though I had a 2 year gap between DP/DR, I'm near constantly dealing with some form of anxiety, OCD, or sometimes depression. What is wrong with me?

- And recently I came to the conclusion that this proves there is some supernatural force that is controlling my reality and there is no escape. I get a burning sensation from the anxiety, but even when I face it, it gets worse everyday. I'm sure that one day I'm going to harm myself and or my family as a compulsion to try and stop the burning feeling of teleporting to hell, and that I will blind myself and stab myself in the ears, and then I will be tortured to death slowly while my mind is tortured by supernatural things, and then this will continue in the afterlife. I have very little insight. This feels so real, it is definitely going to happen. There's no way this is OCD because OCD can't be this bad. It's literally convinced me of the worst things in

existence, and things so bad that I'm trying to imagine what they are but I don't know what they are and just know they are infinitely bad.

- Its also been non stop family get togethers since the 23rd. I dont think I have social anxiety but I get sensory overload very easily. My safe place is my room with video games but when my anxiety is high even that cant help me.

- Does anyone else feel hyper aware sorta, like your more in tune with situations than you were before depersonalisation. Like can depersonalisation not go unless I become less concious again?

- I feel like a complete idiot and nothing in this world feels real. Nothing brings me joy anymore and I just dont know what to do. I know that I cant have my problem solved here but I just feel like I needed to get this out.

- I wish Id never realized this feeling was bad. I wish Id never recognized that not everyone is like this. And I grasp at straws trying to connect with other people and Im just throwing words into an empty space. Im so tired. I cant even ask for help because I dont know what else will help. I need to do so much but I just cant. Im ready for my appointments. Im ready to get better. I cant do this on my own anymore, and my partner has no clue how to help. Im tired of being a burden and Im tired of sitting down and saying I havent felt well and my boyfriend says I know, youve been zoned out all day. I want to be a good partner, a contributing member of society. Im so tired.

- A few days ago while playing a game I scratched my arm but it felt off. It's super tough to explain, but ill give it a few tries;- Like my hand and my arm don't recognize each other as from the same body- Like my hand is scratching something random and that my arm is being scratched by something random with no connection between the two- Like my brain doesn't think it is my own arm. I can feel the scratching and the weird feeling isn't specifically on my arm (it's everywhere!). It's super distressing and I was wondering if this was a known symptom of anxiety, panic attacks, or derealization/depersonalization."

- The most tiresome effects of this disorder for me is having short term memory loss and anxiety. I almost thought I was going insane. I am glad I was able to find a place where I could relate my experiences to.

- And the fact that this fucking disorder you need to work through 9 paradoxes, his 6 metamorphoses and achieve nirvana is such ass because how r u even meant to maintain that.

- Every step, every word, every confirmation of existence is so fricking painful. Because it's a confirmation of my death kind of, it pains me to see how I am now and the fact that I will never be the old me. I just want her back. Cry sleep repeat. I can count on one hand the times I've cried in life before this's happened.

- I feel like my memory is fading its hard to remember little things like the name of an alcohol or the singers in old bands I was obsessed with amongst other things which is making me feel like this is worse than just DPDR.

Painful Poetry

Some OPs' expression borders on the poetic:

- My therapist told me today that memories while depersonalized aren't likely to come back. And I don't know if I can handle that. As shitty as this past year has been there were some moments where I was a little happy. And now they're gone forever. Like tears in rain.

- Ever since that experience, I just havent been the same. Its been about a year and a half now and I know Ill never be the same person I once was. Every once in a while, I have these sparks of light. In the mornings on weekends Ill take a shower because for whatever reason, the way the light hits the shampoo bottles in the stained window feels real more real than anything over the past year. But thats it. Light reflections. When it rains, the roads feel real because they reflect so much light. The sunset feels real. But apart from those glimmers of light, the world and I arent attached it seems. Its sad.

- Memories feel like impossible dreams. I cant get over how weird my memories feel. I cant process how the apartment Im sitting in right now, with my current friends and job, etc. exists on the same timeline as me in third grade, swinging on the swing set or whatever I was doing back then. Whenever I think of a random memory, it feels so insanely dreamlike, like the physical space and people from it shouldnt actually exist. It seems so illogical to think about how I went from one period of my life to another. Yet, I know that these memories arent actually dreams, they really did happen to me, it just feels impossible to figure out how. And having to admit to myself that they did feels scary, almost like if I accept that those memories are valid and that reality did look and feel like that, then reality is somehow a scarier, uglier, place full of random nonsense.

- I feel like I don't have a name.

- To this day, I still will occasionally (and unintentionally) replay my frustrations to myself on the lack of understanding from others, on what essentially feels to me as being a very, very, very personal subject. The more I dont feel some real understanding is reached from someone I try to explain it to, the more *personal* DP/DR all feels to me, and in turn the more power I feel DP/DR gains (if that makes sense). In all of it being hard-to-pinpoint. Mystique, debilitating nuisance.

- Invitation: Maybe we are not crazy. We just don't connect with the upside-down world. Maybe we need a connection. . . . I think a lot of people are broken Because they have a high spiritual and moral compass. When your constantly being pushed of

the path , You will go crazy & I think for reddit, You guys all have kind souls. I would like to meet you & Maybe the cure is social structure that isnt degenerate.

- I dont want to get rid of this?! It feels like a comforting blanket sometimes cuz its been so long.

- Like sometimes it just feels like my head is full of TV static.

- I feel like Im floating in space. Everything (making friends, getting a new job, etc) is starting to feel abstract. Its becoming more unnatural to have a conversation. I walk around in silence most of the time. I cant really think too deeply about anything.

- feeling like ive lost the script to life. Recently I've had this very unnerving feeling of almost permanent confusion, disorientation and uncertainty over literally everything. I feel like I don't know who I am, how I should be, like I've lost the 'script' of how to be myself or the mould that I fit into. I just feel so disconnected, flat and boring. I feel like I don't know anything and I am questioning absolutely everything because nothing feels normal or comfortable anymore. Everything feels foggy and slow and unknown. I'm also finding it hard to have complex/philosophical type conversations because I can't find the words or my opinions anymore.

- For some reason those are my trigger points when Im going through times of DP. Ive been living with it for over 3 years on and off. Thought I had it under control as its been a year since my last time experiencing DP. But all of the sudden I go to Whole Foods and boom middle of the store I get that feeling that Im looking through fuzzy goggles watching my own movie and waiting for a panic attack to come.

- Has Anybody Lose Their Faith or Became Atheist Because Of Their DPDR. I Thought Turning To Pray Would Save Me But It Only Diminished My Hopes and Made Feel Worse. How Could A God Let Me Suffer Like This. Dear fake God, when will this fucking end?

- Does anyone else feel completely untethered from reality. I feel like I'm living in a different dimension than everyone else. My consciousness floats being me constantly. I can't trust anything I've ever thought said or done to be real. I feel like I could just be stuck in a video game.

- Evreything feels blurry and distant, my mind feels disconnected from reality and evreything else, my family, friends, and more. Music and the guitar was my only hope, only enjoyment, only pure thing i had in my life, but i fucked it up. I just can't tune to the message the music trying to bring me, im having a hard time connecting to the music, partly because im not connected to reality and myself, and it sucks. I don't know how much it's gonna last, j just feel so scared and anxious. It's affecting and destroying my sociel, personal, inner and career life. It's just fucking hard.

- I feel like I'm part of the furniture.

- One of the longest lasting visual things I had was different things looking like they were breathing or moving in a pattern. Like a carpet would look like it was TV static moving or would appear to be inhaling and exhaling. Trees, grass, walls pretty much anything with some sort of pattern would do this. Just aweful shit.

- I guess its like what everyone feels here - being a stranger to yourself. Having lived completely disconnected from reality for 10+ years makes for a strange homecoming, and Its hard to make people understand. I have friends that I made during my DP/DR years that I never told this to, and I dont know if I would, because they may see me as mentally ill or weird or even just making it up. Like..who do you tell about this? I feel like it would be such an abstract thing to explain to someone who has never experienced it.

- Does it also feel like nothing even when you hold your breath?

- I feel numbed, I barely feel anything and even when i do these feelings look unreal for me. Ppl can tell me sweet things and it would feel like normal words to me. I cant focus on anything its annoying. This feeling is haunting me when Im reading, talking, watching movies, spending time w others and even when Im doing literally nothing. Lately I realized it has been affecting my memory badly I barely remember what i did yesterday or two hours ago these memories seems foggy I cant even remember when it started all i know its been more than 3 years. I used to fake feelings to blend in with people but now I cant and when i try to fake them i feel tired!

- to have dp is to feel like guiding a robot, as long as u r not in danger u don't Feel like you are the one using your body. unless you are injured or in pain, u continue on ignoring the body and focusing on ur inner self knowing u still got control. I personally felt like I can hold on to a bar till My arms separate from the rest of my body. dp causes memory loss , destruction of the dopamine handling system , random change of mood , overthinking . a mixture of these symptoms is enough to fuck with your ability to recognize what's real and what's not (that's where the feeling of living in a movie comes from). dp isn't that popular, it doesn't even have a cure.

- Since May 2015 I do not have the sensation of fame, of home, of sleep I do not feel the sensation of dirt and cleanliness (I do not feel the need to wash myself) I do not have the sensation of waking up in the morning, I do not feel the pleasure, the joy, the sadness, fear, anxiety, I have no emotions of any kind, I don't feel pleasure when I masturbate In addition, the sensation of cold, heat and pain is diminished. I'm like a doll that talks, sees . . . and where you put it is.

- Im not sure if it's depersonalization or existential crisis that showed how sad our world is. Lots of pain, suffering, and unfairness happens everyday, and it scares me so much that it causes me to have panic attacks. But when I look back to when I didn't have depersonalization, I think I already knew the world was cruel, but never thought much about it. So I wonder is depersonalization causing more fear into me, or is it normal.

Unusual within an Unusual Experience

- I always felt like I wasnt real. I remember telling people as a kid I felt like a cartoon. Even specifically a Flintstone.

- I have the thought that if I would throw up my brain would be clear and back to normal. It's weird. Because I haven't threw up in several years. So I feel like if I threw up everything would be normal again."

- First Experience. This started a day after I had my penis checked by the doctor for the first time. I kind of had to do it because my parents wanted to know why there was pain in it and a dude touched my balls (very weird ngl). The day before I was kinda stressed out when my mom told me a guy was touching my privates and slept at 1am. The next day while I was just playing video games when I felt this weird feeling that I realised I had a penis. This caused to check if the feeling was still there, it became active then inactive from time to time. But the major feelings I felt was realising I had one, just being aware that I have it, unfamiliarity, feeling that my penis looked weird, and also intrusive thoughts which I just ignore. Today (the 3rd day this has happened) Im alright, I do have the feeling that I have a penis but that usually happens only when I think about what happened. I also can do regular things probably and am not disturbed heavily or distracted from other work. I also can do regular things probably and am not disturbed heavily or distracted from other work. So should I be concerned? First time experiencing something like this other than when I experienced it with my stuffed toy my parents gave when I got a weird unfamiliar when I think about this depersonalisation thing.

- I depersonalize every time I watch a long movie or a show and I have a lot of trouble getting it to go away. Im sure a lot of you can relate. Ive had these feelings for as long as I can remember but only realized they werent normal a little while ago. What sparked this one is that I watched the juice wrld documentary and the scene where laroi talks about conversations with juice about derealization and its like it flipped a switch and now I cant get back to normal.

- Does anyone elses derealization or depersonalization go away right after pooping or is that just me? I just feel so much more relaxed and grounded.

- Okay so basically i can get emotions but I cant feel them like before. This is something that is very impossible to describe. Even my doctors cant get it. I remember when I would cry, be happy or motivated. It felt super nice in my brain. Its like an strong powerful energy if you know what I mean. Now i just dont feel. Like yes I still get emotions like crying and all. But I just dont feel them very much. Its like no reaction in the BRAIN. Same with hunger and pooping. It just doesnt feel anymore like in my brain.

- Apart from a few really bad nights, I certainly do have a will to live and keep going. I still feel a drive deep down in myself to keep going and put effort into my goals and

passions, but oh my god why does it feel like it takes more than I have to give right now?

- I dont know how long it will last, but for the present, I have surpassed it. I got home from babysitting last night, overwhelmed and in total meltdown mode. I told my dad I couldnt feel my neck, my jaw, my tongue- if something wasnt touching it. It took a few times for it to get through to me, but he repetitively told me: nobody does. Body parts at rest do typically feel particularly numb. This made me stop and think…. I realized that maybe the edible- which makes you feel everything so much more than typical- had made me forget what living felt like. I had this idea for a while, but I had never really ran with it until it was confirmed by an outside source. After a long talk, understanding, and concluding I would have to relearn what it feels like to be alive and not high, I went to bed easily for the first time in two months, and woke up anxiety free.

- At one point today I started thinking I had multiple personalities because I could go from feeling depersonalized and extreamly panicked to calm and grounded. And I thought maybe I had two personalities one that is very anxious and one that is very calm. I panicked hard and got even more panicked. But then I thought I am the same person just different version of myself. When Im panicked I feel out of control I guess. I have accepted my scary thoughts knowing that no matter what I will return to a normal state of mind where I dont feel like things are strange and things feel real I guess lol.

- I'm feeling weird for months. I feel like im in the past, time traveller bs. Feeling like there's no point of doing things. I could stare at a wall for hours, i don't enjoy playing video games not like back then. And my dreams feels more realistic than real life. I'm not really that sad but i just wanna feel real. Do i have it? Or is it just me being tired.

- I'm 18 old man and it it's not the best age to have DP and DR because of the compulsory conscription into the army for a 1 year. I know there's a gap year in USA and I'm fucking jealous about this thing. We don't have one in Russia. After finishing college or high school if you don't go to university your life will be done for. Our army - is the cruelest place in the entire world with not just horrible living conditions but ugliest men who solve every problem with their fists. The fact is every month many young people commit suicide just because they don't go to army. I'm a strong person but with my illness I don't think I would survive. I'm studying at SUAI (google it) at the moment but because of DR I just cant learn anything. I spend 5 hours per day to teach something but it doesn't affect my knowledge somehow. So when it will be exam time I'll multi-like [most likely?] be expelled. DPDR comes with symptoms that affect your skills and basics abilities. You can take a time to cure DPDR. It may takes a while but we have one life to live so you better get up from this neverensing nightmare. But one thing always oppressing me - my family. Just because they wouldn't understand my problem (it's not their problem though) I keep it in secret. I may understand my destruction which will lead me to my rebirth but my family don't. And it's very painful to think that they don't even know what's

happening with you. Why did you become so lazy and glumy? Why do you so sad? It's very painful though to live with.

- I have really bad false memories and my head is convincing me that yesterday, while I was watching a video I saw someone in the video morph into a demon. Before anyone saying Im crazy or what ever, I was testing to see if I could add see hallucinations so I was trying to imagine the person in the video transform into a demon kinda thing. Although I didnt see the person transform into a demon or anything I had a image in my head of it, and now I dont know if I saw this imagine as a thought or if I saw it on my phone and irl. Although I know I didnt see this irl my mind is convincing me that I did when I know I didnt This is destroying me because I have also got depersonalisation and derealization. So I feel like I aint real sometimes. But honestly I know I didnt see this happen irl so I dont get why Im obsessing over it so much. I have also been put on beta blockers to stop anxiety and I have been diagnosed with ocd. My false memories are so bad recently that I can be convinced so easy now that Ive done something bad. I know I didnt see anything tho.

- I had to leave work early a few mins ago because it was so bad and my boss was so mad at me saying if she had known she would of never hired someone with my condition. I genuinely feel like such a burden, I really want this physical numbness thing to stop as its so hard to even move especially since my job is in retail.

- So yesterday i was waiting the train after a good day getting back home n I got on the train and it closed it doors. Then while it was starting up it suddenly stopped and the public address system inside the train was activated, which surprised me cuz this system is only used at the end of the trip to announce the passengers that the The train they are on is no longer working and to get off it, and we werent on the end of the trip yet , we were still at maybe 1km of the last station.The point is that the public address system was activated and after a few seconds, it said: 'You shouldn't have. . . . what a stupid thing to do.' I was like 'wtf did it say?' and me and a woman started to look like saying 'did you hear that?' the thing that is scary here, is that the voice that spoke was not that from the machinist, it was the from the bot that allways says 'next station. . .'. I'm sure it had to be the driver saying it, or that there was some mistake, but I don't know, this had never happened to me , is so weird that when i think about i think like "did i really just live that? Yesterday i was scared cause i was like "what if this aint happened and i imagined that or i hallucinated? and i got a panic attack, but after i said to myself, hell na , its imposible the woman was looking like confused too . But im kinda nervous cause i would like to know why the thell that happened, i regret to not asking the woman if she heard what i heard tbh. Honestly i hate when weird things happen to me cause dpdr is fucking weird and if you add a weird situation to a weird condition is just. . . BOOM.

- I feel like I can almost put my hands through physical objects. Almost like they aren't really there. Almost like my hands aren't solid. My hands feel numb, I can still move them but I cant feel what they touch if that makes sense. You know the feeling like your body is floating, I feel that way but only in my hands. And it comes in and out, where I can feel the world and then boom my hands feel like they're in a different

world. This has also been happening with my legs and lips as well but never my entire body. I also feel like I have to put extra effort in moving my hands because I'll hurt myself if i don't and won't even feel it.

- I've lived with depersonalization my hole life as a result of sex abuse and mother death, was never traumatic because we lived together since I was pretty young and it was never too severe. Now I started therapy, I feel everything and can't live like this anymore every second is just pain. I wish I could just sit back, relax and let it go. And it is actually very painful to admit this, as being 'myself' (like wtf even is being 'my true self' if most of my life I was depersonalized) was the main battle of my last year, but I'm kinda regretting it.

Suicidal Ideation

Another theme emerged from the suicidal thoughts code: feeling desperate to the point of considering suicide. The following posts represent the range of thoughts expressed:

- I feel lost I look in the mirror and at old photos and feel like I dont even know who I am logically I know my name, address etc but myself the core of me seems distant I went out tonight for my boyfriends birthday and couldnt seem to make myself feel present everything just feels off how do I distract myself from what has become basically my reality? I cant live like this forever I cant even cry anymore its like my emotions have shut off. Like I legit feels like Im tripping but Im sober if that makes sense idk how else to explain it. Its like hyper awareness of reality while also feeling like everything around me isnt real is the best way I can explain it. All I know is I cant go through this for years like other people have I mentally cant.

- I think about suicide daily now and I think if the derealization worsened I'd actually do it. My head feels tired constantly, I feel like there is tar behind my eyes, I can't keep doing this anymore.

- Should I kill myself? Whats the point of living anyway?

- I really need some support and guidances on how to heal this im getting suicidal. What is this.

- I just focused on working hard and achieving goals, but now I hit those goals and there is nothing left. I don't want to die, but can't find any reason to live. Been numb inside for a decade, but now feels like the depersonalization is suddenly gone and I woke up. I don't know what to do or how to escape. I feel trapped with this cult since I am married and have a kid. I want to run away and finally experience life, but I do not want my kid to go through what I did. Sometimes it feels like only death will give me peace.

- I literally can't wait to die bruh. Like I'm not finna kill myself but like at this point my life feels like it's somewhat over.

- Im scared that its gotten so bad I will never feel normal again. No one else in my family or my friends knows about it. Sometimes i would rather kill myself than keep living with it.

- If I am stilling suffering at 18 [16 at time of writing], I will probably kill myself because there is no point.

- I've thought about trying to end my life so many times for the last 4 years and i would love to. I'm so lonely and i never stay happy for long before slipping into another long depression, and I've almost ended it so many times. But i can't conceptualise death, i cant wrap my head around the fact that ill just stop existing, i feel so out of touch with reality and that if i do die ill just keep being conscious or that theres something after death, however im not religious. I just can't come to terms with the fact that i will just no longer exist, that I'll never have another thought again, it'll just be nothing and i wont even be aware that its nothing. And it scares me, i feel like i cant die almost, that theres no way my mind could just turn off and stop being me.

- And it infuriates me because i hate myself and my life and i want that everlasting peace, it just doesn't seem to exist.

- I don't have any will to live. I want to put a stop to my suffering.

- Im trying with all my might to cling to any hope and reason to live.

- I feel so tired and drained like my only option is suicide.

- I do have an appointment set up for next week, but my thoughts are becoming so terrible that I feel like I'll disassociate so bad that I might actually harm my husband or myself.

- now, i want to make this clear: i am in no way suicidal. i'm afraid of death, and i want to live life to the fullest before it reaches its inevitable conclusion. however, i occasionally get intrusive thoughts that go something like this: 'what if death isn't actually death, what if it's actually a doorway to a new/real reality? what if what lies beyond death is a sort of 'heaven', and dying sooner means you get there sooner?' these thoughts are disturbing, but i'm always compelled to follow them and explore them further. it takes a lot of effort not to indulge in considering these thoughts, and i'm scared that one day i'll believe them. that they won't be vague fantasies, or ideas that are vaguely possible, but that i will truly believe that death is a door to some other plane of existence.

- I also smoke weed almost every day. This is mainly because I would probably commit if I didnt.

- I just focused on working hard and achieving goals, but now I hit those goals and there is nothing left. I don't want to die, but can't find any reason to live.

- tl;dr** Was abused by my parents and step-dad. Living a fake life where I have to see them all every day. Been numb inside for a decade, but now feels like the depersonalization is suddenly gone and I woke up. I don't know what to do or how to escape. I feel trapped with this cult since I am married and have a kid. I want to run away and finally experience life, but I do not want my kid to go through what I did. Sometimes it feels like only death will give me peace."

- I just want it all to end. I couldn't live my childhood, I couldn't live my teenagehood. Only trauma after trauma. It keeps building up inside of me and soon I don't think I can take it anymore. I am dying.

- I used to love how I was. Its been a year of this feeling and I cant much longer.

- i want help and i want to feel real and like myself but it seems almost impossible. I have so many suicidal thoughts and i cant seem to do anything but think about my DPDR.

- I literally can't wait to die bruh. Like I'm not finna kill myself but like at this point my life feels like it's somewhat over.

- ive been complicating suicide lately and thinking about how stupid and guilty i feel for eating that edible and if i will ever go back to normal. i just want to get back to normal i want to workout i want to succeed in life but dpdr has been getting to hard lately and idek if life is worth it anymore.

- Sometimes i would rather kill myself than keep living with it.

- I can't live like this man. Fuck this straight to hell. If I am stilling suffering at 18, I will probably kill myself because there is no point.

- I've thought about trying to end my life so many times for the last 4 years and i would love to. I'm so lonely and i never stay happy for long before slipping into another long depression, and I've almost ended it so many times. But i can't conceptualise death, i cant wrap my head around the fact that ill just stop existing, i feel so out of touch with reality and that if i do die ill just keep being conscious or that theres something after death, however im not religious. I just can't come to terms with the fact that i will just no longer exist, that I'll never have another thought again, it'll just be nothing and i wont even be aware that its nothing. And it scares me, i feel like i cant die almost, that theres no way my mind could just turn off and stop being me. And it infuriates me because i hate myself and my life and i want that everlasting peace, it just doesn't seem to exist.

- i feel like living with this is pointless we have a 50% chance of getting dpdr free also theres no treatment that for sure works for this and also nothing feels real idk if im depressed but i cant keep on living with this i think its time to give up im 14 and i cant live 10 more years.

- has anyone on here actually recovered from weed induced dpdr and gotten back to feeling normal and life being normal or is it just bullshit because im having a hard time and i feel like giving up soon.

- I don't have any will to live. I want to put a stop to my suffering.

- Im trying with all my might to cling to any hope and reason to live. If you can relate please let me know, and any ways you cope would be so appreciated.

- Its been a year and its really ruining my mental health and urges to stay on this planet.

- sleep doesn't help I feel so tired and drained like my only option is suicide please I don't know what to do.

- Should I kill myself? I have dp for over 10 years I didn't find a cure. Life isn't enjoyable. I am deaths inside, Im caught in a nightmare. Whats the point of living anyway? I don't care if I end up in hell, I didn't kill or hurt anyway in my life I only was hurt by others. fuck life.

- I'm terrified by the fact that it feels like my consciousness is slipping away, every day I can tell it gets worse, and it's constant as well, since its beginning I've never had a 'good day' where it feels like the brain fog lifted itself. I think about suicide daily now and I think if the derealization worsened I'd actually do it.

- It feels like my life doesn't hold any value anymore, not that I think I'm a worthless person, but that me living is something that I can give up without a second thought.

- Nobody can understand me even if they try their best to and I know that I can't blame them for it. I have never felt anything but sadness, anxiety, and anger in the last 6 years, not a single spark of happiness touched me. I am all alone with soo many caring people around me because I push them away since it doesn't mean anything to me. I keep looking at myself in the mirror for hours and talk to myself saying things like: 'Why can't you f*cking feel real for just 5 seconds. Put me out of my misery.' and many other degrading things. I don't get these 'episodes' of depersonalization. It is and it was always there non-stop for 6 years. Getting worse and worse. . . I can't even think about how I was before all this. I was a happy kid cheering people up around me, now I just make them sad, abandon them, let them down. I just want it all to end. I couldn't live my childhood, I couldn't live my teenagehood. Only trauma after trauma. It keeps building up inside of me and soon I don't think I can take it anymore. I am dying.

- Nothing is vivid anymore, the world, everything I do, feels like it's not connecting with my brain like there is some translucent barrier between my eyes and the world. My head feels tired constantly, I feel like there is tar behind my eyes, I can't keep doing this anymore.

- It's stopping me from everything and I can't take that anymore.

- Its constantly on my mind and i can never go a day without thinking, am i going to have an episode today? i want to seek therapy but have read so many peoples stories that it never helped them, i feel like im going to go into it just to be disappointed. i want help and i want to feel real and like myself but it seems almost impossible. I have so many suicidal thoughts and i cant seem to do anything but think about my DPDR.

OPs wrote about their experiences with a lack of common knowledge about D, resulting in the theme, in one of OP's wording,No One in the IRL Understands. The following segments present OPs' frustrations and questions and ways they have coped:

- Is there really any hope? I don't know how this could get any better, no one understands how much this is affecting me, I've told my mother but I don't think she could understand the gravity of my "brain fog", every time I talk to someone about it they say "Oh, I had brain fog too, I understand.", No you don't, you say it as if the brain fog you got was some splinter that got lodged in your hand, to me it feels like I have a wooden stake in the brain.

- In the beginning I thought that I was losing my mind and that I had schizophrenia. I was also struggling with health anxiety at the time so I thought that I was dying. After multiple doctor visits and them saying everything was okay I finally got some answers from the internet.

- First just consider how treatment resistent this disorder is, how every redditor has a 'cure' and yet medical professionals and scientists whose jobs are to research this and drug companies whose interest is selling effective drugs have no idea what to do about this, but random idiots on reddit cured it with extremely simple techniques that they don't even understand.

- I tried telling it to a friend once. I dont feel like I have a name. They said oh, what name do you like instead?. I tried to explain, but dropped it because they didnt seem to understand what I meant. I know Im a person, but I just feel like a blank unnamed one, just wandering around.

- This shit sucks so hard. Like I am also bitching and whining on this sub because no one in the irl understands. And the fact that this fucking disorder you need to work through 9 paradoxes, his 6 metamorphoses and achieve nirvana is such ass because how r u even meant to maintain that.

- To all those with Depersonalization/Derealization disorder, I plan to raise awareness for DP/DR, since not nearly enough people know about it.

- Any advice to look for a therapist who has experience in this? Psychology Today does not list this as one of the specialties or illnesses to search for?

- First of all, there's no such thing as DP or DR in my country. Doctors either treat it like Schizotypal disorder or even doesn't know about this disease. They may recommend you some drugs or medications referenced to epilepsy but nothing else. With means there's also no therapy or special treatment for this disease so you actually CAN'T cure DP or DR by visiting public or private clinic.

Experiences with Mental-Health Professionals

OPs posted about their experiences with mental-health professionals. They wrote about

positive and negative experiences as well as fears

- My mom took me to a psychiatrist because she was scared I was going to off myself, and he prescribed me with an anti depressant and olanzapine, an anti psychotic. I cannot express to you how grateful I am for that prescription, within weeks my depersonalization faded away completely, and I'm positive that it was thanks to the olanzapine, because we switched anti depressants and the depersonalization did not come back. So with anyone struggling with depersonalization/derealization, if you have access to a psychiatrist, try suggesting an olanzapine prescription, it might be what you need!

- How do I get my therapist to understand that dpdr is the opposite of enlightment/spirituality? He is a lot into the spiritual stuff (enlightment and all of that) and I also like those topics so that's good. The problem is that when I tell him about the dp symptoms and all the "feeling disconnected from yourself" stuff he just keeps saying that it's related to spiritual stuff, but it's not. I told him that these weird symptoms are a consequence of months that I spent in fear and therefore stress, it has nothing to do with spirituality in this case. How do I make him understand?

- im 18 and havent felt like myself since June of this year, ive lost social skills and cant seem to process any day of the week. Its constantly on my mind and i can never go a day without thinking, am i going to have an episode today? i want to seek therapy but have read so many peoples stories that it never helped them, i feel like im going to go into it just to be disappointed. i want help and i want to feel real and like myself but it seems almost impossible. I have so many suicidal thoughts and i cant seem to do anything but think about my DPDR. ive tried new habits but i can never stick to them because i get way into my head. I keep giving myself hope because i do want to get better, i do want to come out of this stronger and healed. Im just so tired of dealing with it and having to wake up everyday not even remembering Who i am. the intrusive thoughts seem to always defeat me and i try so hard to get passed it but nothing seems to work. I feel so disconnected and wish i could just got back to when my life was easier.

- Ive spoken to doctors, psychiatrists and they all give me some stupid spiel about me being depressed but I know how depression feels and this is not it.

- I did not want to spend any time with my mom or her religion anymore. My mom couldn't accept that and took me to see a therapist at the church. **I was ganged up in a church 'group therapy' session about how I was evil and being possessed by the devil. I was told that I am sick and that my parents can save me through God…. My mom then took me to a 1st-year resident psychiatrist that was weeks away from rotating out. In a group session, she spoke for me and convinced him to prescribe me an adult dosage of antidepressants. I was too passive and trusting. This began a series of different medications and diagnoses. My mom either spoke for me or would feed me what to say to the psychiatrists when I was alone. **The doctors were stumped and kept doing trial and error on me with increasingly potent drugs.** **It was effectively Munchausen Syndrome by Proxy.** **We kept seeing different ones too.** I never opened up to any of them and would have to tell my mom everything I said. I was convinced she would know somehow and I would get in trouble. My mom would tell everyone in our life about what was going on, how horrible I am, and how amazing she was for taking care of it. . . . I quit all the medicine and treatment cold turkey after this psychiatrist started to point fingers at my parents. They weren't interested in pursuing that. I became a golden child again. I got amazing grades. I got back into their church. I became their slave. They started treating me really well again. The girl that I loved reached out to me, but she ended up sleeping with other people after what my mom did. She felt like she wasted 3 years in high school because of the long-distance relationship and was trying to make up for it, but now she regrets it and wanted to be with me. I felt betrayed and cut her off like I did everyone else. I then went through my own phase where I hooked up with people and cut them off. **I became completely numb and detached from the world.

- It crossed my mind, I really doubt anyone could help me, but it's the last resort. I'm so low energy, but I'll try to gather strenght. What do I look for? A psychologist or a psychiatrist? What type of therapy? Do you have some red flags to point out? How often do you recommend from your experience?

- I remember talking to a therapist and telling her I dont remember how I got there, I dont remember yesterday or five minutes ago. I dont even feel like Im saying any of this stuff to you right now as soon as the words come out of my mouth they disappear and I dont know what we just discussed. I was hospitalized for it and put on medicine. It would stop and come back at random times. Sometimes itd last for days, sometimes months. I was completely sober, not even drinking."

- please someone tell me what to do, i'm scared to talk with my psychiatrist about this, i feel like my mind it's broken and i'm so scared.

- Meanwhile here I am begging my psychiatrist to give me some kind of strong benzo or other anti anxiety medications. She didnt put in the time to listen to me. I tried to manage these odd symptoms but just couldnt. I went out for a walk a few days ago for about 2 hours, went down the street near some farming fields. When I came back thats when it struck; the immense memory loss, the detatchment from my body and my surrounds, the panic, so afraid and scared of what happened to me. I cried and I hurried to my room, trying to wash my face and feel my skin but to no avail.

- And since I live in a not particularly developed country, I went through a bunch of doctors (specialists) and no one could help me. It all came down to the psychotherapist. But he apparently did not understand and prescribed me strong antipsychotics, which only made me worse. In conclusion, I will add that I have already talked with a psychologist and in the near future we will start working on this. The psychologist helped me work through childhood traumas, but we did not know about the existence of DPDR and did not even suspect, in my country little is known about this.

- It took a LONG time (given my nature) to find out that I truly did not experience the world the same as other people, and nearly another decade to get in front of a Psychologist and be diagnosed, even though I ALWAYS felt that something was SERIOUSLY wrong with. . . well. . . everything. No medical professional has ever been able to determine if it was from birth, or as a result of a head injury (centered about 1.5 inches above the brow, dead center between the eyes - complete with a scar similar to that of Frankenstein's Monster), which happened at 3 years old. I do know that my entire memory begins about 30 seconds before the injury, every part of which I recall clearly (like most everything else I experience under particular conditions), and that was also the age I began to read proper. . . . Furthermore, I (unlike a lot egotistical people) did not self-diagnose, and actually saw a Psychologist (more than one, actually), as opposed to concluding it from some late night web-surfing.

- There is no good therapists in my city and i dont have money to pay if i find one so i will work on myself with the help of writing here as an indicator and we will see if it effective.

- i hope i dont run out of time and bring my self and building it up.

- I smoked this weed and i instantly felt like my brain was being fried up i started crying over and over it was very very traumatic and terrifying i even spoke to my psychiatrist about what happened and she said she was very concerned about me and basically told me that if i don't stop using marijuana i will become irreversible with psychosis or schizophrenia. That honestly made things so much more worse but one really bad experience on weed doesn't stop me from using it i very much so enjoy it and being a 17 year old kid weed is a whole lot more easier to obtain than alcohol so.

- I quit weed, stayed off alcohol for a bit, seen different psychs, tried different medications and nothing worked. 6 years later I am 23 still living with DP, as part of my healing I refused to call it DP and referred to it as anxiety and panic attacks because thats what every Dr said to me and a few YouTube videos I watched suggested I do the same thing so I treated it like anxiety and reduced my caffeine intake, exercised and tried my best to stay healthy.

- I just wanted to share my story so maybe it can help other ppl struggling. Ive been battling DP on and off for about 7 years. This past time around, I saw a therapist and he said that DP is caused by stress and asked me if there was any stress in my life. My immediate answer was no, but as I thought about it, I realized there were things in my

relationships that I havent been dealing with that were stressing me out. Once I addressed these concerns, my DP basically went away.

- I dont want to seek therapy or psychotherapy cause im scared and i dont want to worry my mother or my other family members. Im 16 and since last year i felt so much stress and anxiety.

- I've been too nervous to talk to my therapist about feeling symptoms of depersonalization because it doesn't seem like 'the standard.'

- Ive been experiencing derealization off and on for almost a year and my therapist diagnosed me with dpdr disorder.

- Ive discussed this with my therapist and my current treatment consists of psychotherapy to simply feel my repressed emotions coming from CEN (Childhood Emotional Neglect).

- I am seeing a mental health specialist, and have been for like 2 sessions for an assessment. She told me it was temporary state but everything is so overwhelming and everywhere online saying it isnt. For my entire life, one of my triggers was things going nicely for me like. Like wtf!!!!!!!!! This is my longest episode by far.

- I plan to try and see a therapist Tuesday that my insurance covers. I really hope theyre good.

- Thank you to all those who helped me the other day. I truly didnt think Id get any responses. I didnt think anyone would help. Thank you. I have temporarily moved back in with my parents so I can both be with my baby and have 24hr help with her if I need it. It has made me feel better but it hasnt gone away. I plan to try and see a therapist Tuesday that my insurance covers. I really hope theyre good. The doctors in my area are pretty trash so I dont have very high hopes but I have to try.

- So, I've heard my therapist use the word 'depersonalization' to describe what I experience at times, and this whole dream situation makes me feel like I am slipping into a dissociative state so I thought this might be the right place to talk about this. I have a tendency to think obsessively and act compulsively (not OCD but my psychiatrist tells me I have those patterns and might be somewhere on that spectrum), so not getting those answers or closure makes it even harder to properly connect with reality once I wake up. So. . . yeah, anyone else can relate? And if you do, how would you explain it to a therapist? I feel embarrassed and silly just for writing this. . . . I don't think I could bring myself to say it.

- I have a good support system, so at about the 5 month point, i started talking to a therapist. I got prescribed Lexapro, have been going to therapy for the past two months, slowly reaching my goals. My main goal was to get a job, so i could make myself and the others like my girlfriend around me happy. It was hard for me. going to the interview, the orientation, and my first shift was a massive feat that sounds

super easy to most. well, im happy to say i just compeleted my first shift of 8 hours at my new job.

- Everything feels fuzzy like my vision like idk I can see but it feels weird i dont know how to explain it.! I also feel high is there any way to get rid of this?? My therapist gives me techniques but none of them seem to work.

- She has an assistant psychologist that visits once a week since June ,the lady is nice but my daughter has said nothing will help her. I am here to learn all I can, to ask for any suggestions how to help her feel more comfortable at home, what I shouldn't say or do that may trigger her.

- Than I decided to stop smoking weed, witch was the first big step for me. I hoped my mood would increase rapidly but this didnt happened so I stared googling and was sure that I am going insane and have schizophrenia. So I went to an psychiatrist and told him about my worries he told me about Dp/Dr but I could not believe him caus I was so sure I have schizophrenia. After taking medication against schizophrenia, I recognized very fast that this might not be the case.

- I hesitate to go a psychiatrist because of the same reasons. I feel like I will mislead the psychiatrist and eventually I will be diagnosed with depression even I am not. But if I think objectively, I have to admit I am depressed. Because, I lost my nearly all interests to my work life and hobbies. I do not do nothing through a day. Nothings make me exciting anymore, if it does, it lasts only for hours even minutes for pretty huge events. Even though I can handle daily tasks and work related things but in the past ,I was smart and bright in my job and my personal life. But now I just do thing that need to do.so no-one notice my struggle.

- You will find haunting stories of people talking about having DPDR for several years all over the internet. While these stories are likely true, they do nothing to help you recover and only make you more paranoid. You will get better, stop looking at these forums. Alternatively, I think talking to a friend, parent, teacher, or therapist about what you are going through can be helpful. Remove yourself from the environment you were triggered in and how a psychologist can help. Often there are environmental stresses that we dont even realize are contributing to our DPDR. My psychologist who I went to see for this helped me realize that my family home was a huge trigger for my DPDR and partly the reason why I wasnt getting better. And he was right, because when I left for college about 1.5 years in everything got much better. I know you all dont have the luxury of such a drastic change like this and I dont think its required. Its just the way my family treats me was causing the DPDR to worsen. So maybe there are external factors at play making it worse such as friends, relationships, commitments, jobs, or even your physical health. No one is saying you need to cut and run from these things, but identifying your triggers is the first step in overcoming them. This is one of the reasons I highly recommend seeing a psychologist. Try to find one that know about DPDR, PTSD and OCD related stuff. I promise too just talking to another human in person that knows what you are going through will make all the difference. It calmed me down and gave me a much more

positive outlook on my future in terms of recovering. I also learned CBT with my psychologist which I think was ultimately the silver bullet in shutting down my DPDR. My psychologist told me that I was responding to stressful situations with my emotions instead of logic. This will go hand in hand with CBT. Its one of those things that the more you practice it in smaller applications the easier it will become and the more you will see it helping your anxiety/dissociation. What I mean by practice this in a small application is basically to try to take a deep breath everytime something stressful happens and think logically about what the best course of action will be to resolve the problem. Years ago I couldnt imagine being able to write this post but here I am. Ive read few books on DPDR, OCD, and watched tons of videos and movies and spoke to a psychologist. I think this list I wrote is ultimately is what helped me the most from what I gathered from all of that and my own experience.

- Sooo my therapist said that he thinks that I have psychosis. He doesnt know that I began feeling like this after I smoked weed in may 2021. I did a little research on differences between psychosis and dpdr, and I read that the biggest difference is that people with depersonalization disorder know the feelings of detachment are not real, but people with a psychotic disorder believe their feelings are reality. Does that mean that I most likely have dpdr, and not psychosis? I know that the feelings of detachment aret real, and I dont have symptoms like hearing voices that doesnt exist og seeing things others doesnt see. What do you guys think?? I need help.

- I don't know what to do or where to go, I don't have the money for a therapist or phycologist.

- Does anyone else get DP/DR when doing mindfulness exercises with their therapist? For some reason exercise that focus on feeling parts of my body really trigger this for me. Like if Im asked to think about how my feet feel all of a sudden they will seem foreign and not part of my body and really distorted. Exercises that involve paying attention to breathing can make the floor and walls go all zig-zaggy and they kind of flow and make me feel really foggy like Im in jello. My therapist seems to not know what to do with me because these are typically grounding exercises for people who are dissociating. But for me it actually triggers it. If I do one of these exercises and dissociate it can last for 3 or 4 days before I feel normal again.

- I still get DP sometimes but until now I managed to snap out of it because of the tools Therapy gave me.

- THERAPY: Therapy was of huge help AFTER the medication took the edge off. It's useful to understand why you get DP in the first place and how to deal with it without letting yourself go too much. I still get DP sometimes but until now I managed to snap out of it because of the tools Therapy gave me.

- After recalling the event with my therapist she explained that the feeling I had of being out of body is what caused emotional suppression. After the initial trauma at 5 years old, I had many other traumatic events happen in my childhood both sexual and emotional. My mother is also childhood trauma survivor and was emotionally

neglectful as a result. Ive had repetitive sexual abuse and emotional abuse situations throughout my adult life, too. I realized that in all of my memories Im out of body, and I dont feel emotion about it.

- To start, my psychotherapist and I have done a lot of work in the past year and a half as I have ADHD and BPD (or bipolar instead of BPD??? Diagnoses are subjective lol) and was a raging sex/drug addict when I first reached out to her. My older brother died at 2 years old before I was even conceived - my mother never recovered and we never bonded. With my therapist we've been able to establish that I have struggled with depersonalization likely since I was a baby, usually unconscious slipping into it and not noticing that I've gone 'blank' for weeks if not months. All of my friends and family are used to it at this point and are unfazed when I stop replying to messages and slip into 'the abyss' or 'the forest' as I often refer to it, whether I've explained it to them or not - they accept me and I'm so grateful. *Not to toot my own horn but I've made great strides in my emotional stability, trauma, and sexuality that my therapist is astonished by - that being said I'm far from perfect and still have a lot of shit I need to work on, but I've turned my life around.

- i know i should go to therapy and see a psychologist or psychiatrist but i am really just looking for validation because speaking about this to the people in my life is too scary.

- Ive tried to see a therapist but it didnt work out. It was $100 an hour and I couldnt bear making my parents pay for that, especially if it wasnt effective for me. The depression/separation is keeping a hold on me, I dont even feel motivated to go find help, besides in this post.

- I am diagnosed with anxiety and depression but i left therapy ages ago and because my country is currently flooding and my financial situation i cant get into therapy to be diagnosed with dp/dr.

- I know this is treatable, even curable, but my parents refuse to get me therapy and its not like I can exactly tell them why I want it in the first place; theyll murder me. So now I remain utterly helpless.

- I am getting therapy but the waiting lines are long.

- For the last two weeks or so, Ive been in a constant state of depersonalization. Ive been talking to therapists and went to my primary doctor yesterday as a final resort since last weekend I considered taking a bunch of pills because I cant stand this anymore! My face feels distorted, huge, my head feels heavy but light (makes no sense, I know). I drive and space out. I find myself staring at random objects. The only thing that seems to help is drinking! I cant possibly go on like this. We changed some meds. Increased my ADHD med, decreased some migraine ones that are obviously sedatives but Ive been on all of these for months, so Im confused why all of a sudden the last two weeks Im so bad.

- I don't know if this is depersonalization necessarily, but I'm really hoping my therapist can help me and hopefully get me on ANYTHING that will make my life not feel like a living nightmare.

- I went to a therapist she thinks it is anxiety and dissociation but I am questioning it because idk how to really explain how I feel other than something just feels off and I feel like Im in a constant state of anxiety.

- I've seen a therapist before about my episodes, but nothing really came from it. She's told me she felt that the sessions went well enough, and that I don't need them for the foreseeable future anymore, but that she expects me back when I feel like I need to see her again. I haven't been since, and that's been a good few years. What do you guys think?

- Can anyone recommend an online therapist? Not interested in cookie cutter betterhelp CBT as I think my issues are much more marginal and in need of specialist help. Have visual snow, floaters, earworms, anahoeida, anxiety and lately depression. Had this shit for two years and two months and been getting worse instead of better. Really feel I'm on precipice of losing my mind and doing something stupid if I don't get specialist help asap.

- Has therapy made your depersonalization go away? Ive been to therapy- 2 therapists and not too much as changed. I might need to try meds too. Any thoughts? I just wanna see what helps u guys.

- I am thinking about going away to the mental hospital but I am not sure what they could do to help?

- I'm looking for a therapist in our current area that will take our insurance and it has been an exhausting process and I don't want to wait until I see someone to start making strides towards healing my relationship.

- So in all these question and admissions in this group, i see alot of answers refering Consulting a therapist. So what does this therapist specialize in. How is this person supposed to cure your in this specticular situation, or make it easier for your to live a normal life? The questoin i ask is, what does a therapist do, that you arent able to do to your own mind, since you still are in this horrible situation? And i know this answer is different person to person. But as a person whos always been very sceptical at these talking session,,, Idk man change my mind.

- My wife nonstop suggests a therapist but Ive had them from the ages of 10-18 and have never felt they help me just suggest things and ask intrusive question that I ask myself all the time.

- Ive tried therapy but in my experience I've felt like they are just doing their job, not trying to actively help me. Both theorist I went too would occasionally mix me up with other clients. That shit hurts.

- and should i mention the mental health asseosr doesnt give a shit abt my dr and trying to diagnose me w social anxiety.

- Due to COVID and lockdowns making everything worse, I finally went to a counselor to seek help with my anxiety, while finding out (unrelated to that) about DPDR. I described my symptoms to him, and finally got my confirmation - I have DPDR. It's so great to finally have an explanation to what I've been experiencing, and I'm so excited to find out about this community.

- Im beginning to suspect i have some sort of dissociative disorder and I plan to talk to my therapist about it more but last time i did she didnt even know what it was lmao.. wish me luck.

- I feel so detached from myself I dont feel like myself at all. My first depersonalization episode was like 6 years ago and it really felt like I lost myself, I had a shitty therapist at that time so he didnt help me and I just started pushing foward and eventually it went away as I started finding myself in things I like, but I felt like my mind never went back to normal because the brain fog and dissociation, like being pulled apart from reality like as if a panel of glass was separating myself from my senses were still on.

- A quick google search with the terms 'so tired I feel like I'm dreaming' only lead me to WebMD articles and the like, about dissociation and depersonalisaton. Given my 'episodes' and what I'm going through right now, I thought it beneficial to post here, and I'll probably end up going back to therapy. I've seen a therapist before about my episodes, but nothing really came from it. She's told me she felt that the sessions went well enough, and that I don't need them for the foreseeable future anymore, but that she expects me back when I feel like I need to see her again. I haven't been since, and that's been a good few years.

- Ive been struggling with depersonalization for the past two years and my psychiatrist wasnt listening to anything I had to say. I decided to switch providers to see if I could finally get some help. After telling my new provider all about my struggles he said, it sounds like you have inattentive adhd. He adjusted my medicine and now all of my DP symptoms are gone! I thought I should share just in case it helps anyone else!

- I started a new med and am on week 3 so maybe its getting worse before it gets better like my psychiatrist said but fuck man I hate this.

- My doctor recently encouraged me to try a different anti depressant than the one I was on (Zoloft &Paxil) short story short it made my DP worse I had a hard time recognizing my my family so I decided to return to Zoloft after 6 days. My doctor then prescribed me abilify an antipsychotic something I am extremely afraid of because I fear Im going into psychosis and the doctor prescribeding me that somewhat makes me believe that I am. I will wait a couple days maybe a week and if I dont return to somewhat a state of normal or I enter a true psychotic state then I will take the antipsychotic. I am going to see a psychiatrist as soon as possible because the

person that is prescribing me meds isnt a psychiatrist but a nurse practitioner that works with the psychiatrist that I have never even talked to lol.

- My psychiatrist said what Im feeling borders on dissociation but I cant really grasp onto an answer. I do know that it doesnt feel real and I lose my touch on reality. Its like Im watching everything through a lense. Im not sure if Im experiencing derealization or this, but I also feel like I dont belong in my own body sometimes.

- I've been playing video games a lot ever since I was 6 years old. I am now 15 and even though I have struggled socially and emotionally since I got to middle school, it's now worse than ever before. I have seen psychiatrists recently and have been in the ward for 2 days a couple months ago because I was very close to doing something stupid.

- I am a self diagnosed DPDR. I do go to a psychiatrist but havent been formally diagnosed except with GAD. But if anyone has the same experiences as me or on the contrary did just snap out of it one day I would very much like to hear from you!

- I told my psychiatrist about it and he brushed me off. He said the mood stabilizer should make it stop and if it gets worse to call him back. He increased my adderall prescription and that was it. I feel really scared and something is really not right. I thinking I'm experiencing DP.

Holding Hope

It must be noted that OPs wrote to express hope, captured as the theme of holding hope, aside from those who did so in the "it gets better!" advice-giving way, and to underscore the importance of holding onto it:

- I hope that spreading awareness will help find a cure or at least a reliable treatment, since just saying time will help it pass seems to be useless and many of us with DP/DR become suicidal.

- the only thing that gets me through is hope. i used to be a really negative person before this and now the only thing i feel and fall on is hope. only thing that connects me from one moment to another. please tell me these things get better or that these feelings pass. i have so much of life to get back to. i'm supposed to travel in a few months and stay far from my support system and i just can't wait for this forever. i'm just so on the edge of everything. a few more bad days and i don't think i'll be able to stay alive.

- I keep giving myself hope because i do want to get better, i do want to come out of this stronger and healed.

- A few days ago I reconnected to my past memories for an hour or so and cried the whole time. Good tears because I was remembering my childhood and caring about my family which I haven't been able to. I felt human for a little bit and it was refreshing. I haven't reconnected with my memories but today I got to have a personality. I was myself for the first time in two weeks. I'll be back to an empty object by Monday but I'm grateful for today. I won't to maybe inspire people. Life is bleak but there are moments of sunshine.

Clinical Application

One way this study proved useful was, anecdotally, in how the second coder and I were able to ask about dissociative experiences in ways that indicated familiarity, some in-depth understanding, and compassion, which helped patients be more comfortable in sharing. During the course of this project, we talked about our field experiences and how knowing how other people expressed their experiences enabled us to discuss symptoms in ways that resonated with patients who later said they had been concerned or afraid about discussing them.

From the fall of 2020 to the summer of 2021, I worked with a female patient who, after being encouraged by a friend to consume more and more cannabis in one evening, developed DP symptoms. As we engaged in therapy together, she shared her anxious thoughts about "never being normal again," and we collaborated on her treatment, which contained elements of mindfulness, CBT, sleep hygiene, psychodynamic exploration, and reduction of anxiety. Over time, her symptoms abated, and by the time our work concluded, she knew what she could do if she had a brief episode. She expressed no longer feeling anxious about them and said part of what helped was knowing I never gave up on her. Though I knew about "lifers" and long-term duration of symptoms, I maintained that we would find ways for her to feel better and more at ease, exhausting all options, if need be, and we did. After her, I did a psychological assessment for a female patient with an extensive trauma history who was afraid her experiences had "broken" her, and she took the DP symptoms as evidence she was losing her mind. I was able to provide psychoeducation that helped her sort her symptoms in a way that she could understand

and proceed with her journey to heal. My co-coder colleague said having read the descriptions of experiences and mental and emotional states in non-clinical jargon was helpful in her connecting with her patient, relating to her experiences, and normalizing them. It has been well documented that people who seek help with their DP symptoms—experiences that represent a shift from what they felt was their "normal state"—often have difficulty relating them in ways that do not increase their anxiety or convey psychosis. This study provided more direct insight into those attempts to feel understood.

CHAPTER V: DISCUSSION

Given the wealth of data, focusing on important results of this inquiry is a challenging task. The findings have expanded my understanding of the problem, pointed to directions for clinical practice and future study, and shown how insight into OPs' lived experiences with DP symptoms would be useful for other practitioners.

Figure 6

Emergent Themes and Clinical Implications

Emergent Theme	OPs' Purpose	Clinical Implication
DAE: Seeking people who could relate	Replacing isolation with community	Mental-health professionals can join with patients, reduce loneliness
Writing to explain what they did to deal with DP, sometimes to the point of considering themselves "cured"	Wanting to share or help as many people as possible	Clinicians benefit from knowing what has helped others
Reacting to advice	Wanting to speak up about advice that did not feel relevant	Encouraging open communication can build rapport, alliance
Asking for advice or answers	Wanting their individual thoughts addressed personally, seeking "repersonalization"	A personal approach to each person is needed. General resources are not sufficient
Venting	Expressing complaints to people in the DP subreddit community who might understand or gratitude for the ability to post	Allowing venting can build rapport, alliance
Describing experiences with cannabis and other substances	Making connections between use and DP, expressing confusion about why they have DP symptoms, expressing concern about symptom continuation, asking if what they describe seems like cannabis-induced DP, expressing a desire to consume cannabis again	Inquiring tactfully about cannabis use is an important part of the intake interview

Emergent Theme	OPs' Purpose	Clinical Implication
Identifying comorbidities	Making the connection between DP and other diagnoses, expressing fears	Asking about experiences with other mental-health symptoms is an important part of the intake interview
Identifying anxiety as the basis of DP	Asserting DP is an anxiety-based disorder or that anxiety is a primary cause, offering advice, making links to panic attacks, expressing a rise in symptoms when anxious, asking questions or advice specific to anxiety	Reduction in anxious symptoms improves health outcomes
Living with DP	Discussing how it feels and what the effects of DP have been, including on work, school, and life plans	Firsthand accounts provide the lived experience, which is important for alliance, empathy
Feeling desperate to the point of considering suicide	Expressing suicidal ideation and fears, seeking comfort	Asking about suicidal ideation remains an important part of the intake interview
No one in the IRL Understands	Expressing frustration, experiences, ways of coping	Patient stories can build rapport, alliance
Experiences with mental-health professionals	Expressing positive and negative experiences, voicing fears or doubts	Being aware of successes as well as mismatches and misunderstandings is part of understanding patients' lived experience
Holding hope	Encouraging others, themselves to maintain a belief that they will be okay	The absence of hope leads to serious consequences for our clients' souls and their emotional health. Viktor Frankl, *Man's Search for Meaning* (1963): "It is a peculiarity of man that he can only live by looking to the future" (p. 115). He warned that "the sudden loss of hope and courage can have a deadly effect" (p. 120)

Emergent Theme	OPs' Purpose	Clinical Implication
		Hope is considered among the four most significant common factors (Hubble, Duncan, & Miller, 1999)

Clinical Implications

Patients would benefit from clinicians having more than a passing familiarity with DP symptoms. Some will seek treatment after many years, as the OP with unremitting symptoms for 7 years who had "tried all sorts of medication and it's never really helped me. I just feel like I need someone to talk to someone that gets it!" Clinicians who are better informed will be better able to create treatment plans that address patient concerns and employ multiple means of improving patient wellbeing.

The Importance of Therapeutic Alliance

As of now, there is no known "cure" or "silver bullet" for DP symptoms. Nonetheless, as OPs and others quoted have shown, people make improvements, and mental-health professionals can play a role in that improvement, beginning with being prepared for clinical interviews and listening for cues about troubling dissociative experiences a patient might benefit from talking about. Therapists who work with patients benefit from understanding the importance of the alliance on treatment outcome. The therapeutic alliance is commonly conceptualized as consisting of three main variables: an "affective bond," and agreement on goals as well as tasks between the therapist and client (Martin et al., 2000). In a recent qualitative study, clinicians also noted the importance of genuineness, flexibility, and ability to truly listen to a patient (Laska et al., 2013). Hilsenroth et al. (2004) found that early patient reports of alliance strength are

predictive of strength of alliance at the end of treatment, a finding that indicates that the alliance is relatively steady over time.

When past trauma is related to someone experiencing symptoms of DP, a greater understanding of the impact of the alliance in traumatized individuals may contribute to better outcomes for these individuals. Although survivors of abuse and trauma tend to have more difficulty forming and maintaining healthy relationships, researchers have found that these individuals are capable of forming strong therapeutic alliances (Keller et al., 2010; Price et al., 2004).

Cronin et al. (2014) assessed whether patient- and therapist-rated alliance is associated with improvements in symptoms and functioning for individuals with dissociative disorders. Consistent with previous literature on alliance formation in traumatized patients, the patients in the data sample were able to successfully form a working alliance in the majority of cases. The data suggests that patients who have a shared sense of goals, tasks, and trust with their therapists and can speak with them about the relationship itself and can utilize skills and emotions to assist them in their recovery. Social support is a key factor in trauma recovery, and has been shown to contribute to the development of an early positive alliance (Keller et al., 2010).

Cronin et al. (2014) found a strong relationship with the therapist appears to be a crucial relationship in dissociative individuals' lives. The ability to effectively work with a therapist and collaborate together towards achieving the goal of improved functioning may allow the patient to more deeply engage in the therapeutic process, address and resolve any trauma-based beliefs about relationships, and ultimately experience fewer symptoms and better adaptive capacities.

Discussions without Escalation of Symptoms

Being aware that many who experience the symptoms negatively fear they are a sign of either future destabilization or permanent loss of self can influence the manner of clinical inquiry. Considering the impetus behind DAE—the desire to know one is not alone in how they feel—clinicians can refer to the larger group of people who have had DP symptoms, as demonstrated by the subreddit posts, to normalize what the presenting patient is experiencing. Some questions are common, such as "can DP make you go insane?" "Can it ever get too bad to ever recover?" and "How do you tell the difference between Depersonalisation Disorder, or Depersonalisation as a symptom by Depression/Anxiety?" as OPs wrote. Providing psychoeducation here can help patients from having an escalation in symptoms.

For some patients, their experiences (as the Suicidal Ideation section and others detail) are extremely painful, to the point of feeling unbearable, as summed up in the case of OP who said, "I'm scared that it's gotten so bad I will never feel normal again. No one else in my family or my friends knows about it. Sometimes I would rather kill myself than keep living with it." Recall another OP, who stated an age of 14, wrote, "I feel like living with this is pointless we have a 50% chance of getting dpdr free also theres no treatment that for sure works for this and also nothing feels real idk if im depressed but i cant keep on living with this i think its time to give up."

Outcomes and Recommendations

The emergent themes led to the development of superordinate clinical themes: Gaining understanding, repersonalizing, and holding hope. Clinical recommendations are discussed below.

Gaining Understanding

Many people experiencing dissociative symptoms broadly and DP in particular are misdiagnosed, which leads to delays in helpful treatment. DDs generally remain underdiagnosed and undertreated (Brand et al., 2019). In one sample of patients from an urban clinic in the United States, only 16.7% of patients who were found to meet criteria for a DD actually carried a DD diagnosis (Foote et al., 2006).

As noted previously, patients with DD have high rates of comorbid posttraumatic stress disorder (PTSD), major depressive disorder, somatic symptom disorder, and substance use disorders as well as high rates of non-suicidal self-injury (NSSI) and suicide attempts (Foote et al., 2008; Webermann et al., 2015). Patients with DD also have higher rates of suicide attempts than individuals with borderline personality disorder, PTSD, or substance-abuse disorders but do not have a comorbid DD (Foote et al., 2008). Dissociative disorders are also associated with a high level of impairment. For example, in a representative sample of New York citizens, DD patients' average impairment scores were 50% higher than those of patients with other psychiatric disorders, with DID individuals demonstrating the highest level of impairment (Johnson et al., 2006).

The International Society for the Study of Trauma and Dissociation (ISSTD), 2004, 2011) has published guidelines for treating those with dissociative symptoms. They recommend a phasic treatment model that, consistent with a survey of international DD experts (Brand et al., 2012), emphasizes patient safety and stabilization. Due to the severity and complexity of DD symptoms and impairment, the first stage explicitly focuses on safety and stabilization because those with dissociative symptoms often decompensate if there is a premature attempt to process traumatic memories before behavioral stabilization and acquisition of emotion and symptom

management skills (ISSTD et al., 2011). Despite these guidelines, accessing specialized trauma treatment can be difficult or impossible for many patients with DDs, partially due to the fact that few clinicians report having any training in the diagnosis and treatment of dissociation and DDs (Brand et al., 2014, 2016).

Repersonalizing

A Norwegian inpatient study (Jepsen et al., 2014) discovered that for DD patients, a generic trauma-focused treatment without attention to dissociation failed to reduce amnesia or dissociative identity alteration although depression and general psychiatric symptoms improved. Jepsen and colleagues (2014) concluded that unless a dissociation-specific treatment is provided, dissociative symptoms associated with DDs are unlikely to improve. Studies of individuals with PTSD, both with and without borderline personality disorder, have found that higher dissociation levels predict poor response to standard treatments, such as eye movement desensitization and reprocessing (EMDR) and dialectical behavior therapy (DBT). Despite these data, most psychiatric and psychology textbooks fail to present empirical research about DDs, or they provide inaccurate or sensationalized information about diagnosis and treatment of DDs (Loewenstein et al., 2017; Wilgus et al., 2016).

Clinicians must, when interviewing for dissociation, reinforce patient autonomy. Loewenstein (1991) recommends that clinicians overtly remind patients they control their responses and may take breaks or discontinue the interview if needed. Prior to alliance formation in particular, Bailey, Boyer, and Brand (2019) recommend that clinicians help patients who begin to dissociate, get overly detailed about trauma, or become distressed to use containment and grounding strategies when needed. Mental and physical grounding techniques, such as describing five things in the room and feeling the contact of their feet on the floor, focus on

bringing patients' attention back to the present moment to reduce dissociation. As noted previously, clinicians must track both interview content and process for signs of possible dissociation. Those with dissociative symptoms are prone to having moments of incoherent, non-cohesive, or even contradictory elements in their narrative (Putnam, 1989).

Effective treatment for DDs has been shown to reduce patient suffering and health care costs (Brand et al., 2013; Lloyd, 2016; Myrick et al., 2017) with decreased dissociation, anxiety, depression, somatoform symptoms, substance use, and general distress (Brand et al., 2009). A study of DD patients found cross-sectional and longitudinal reductions in inpatient and outpatient costs, as reported by patients and therapists, which suggests that DD treatment may be associated with reduced costs over time (Myrick et al., 2017).

Internet-based interventions are easy to access (Bolton & Dorstyn, 2015; Litz et al., 2007), and internet-based interventions aimed at treating symptoms of depression, anxiety, and PTSD have been associated with medium-to-large effect sizes (Bolton & Dorstyn, 2015). Those with dissociative symptoms have been largely excluded from most internet and non-internet-based PTSD treatment studies due to typical exclusion criteria, including high dissociation scores, active substance abuse, NSSI, suicidality, psychosis, lack of social support, and/or high levels of stressors, among others (Bolton & Dorstyn, 2015; Litz et al., 2007).

Brand et al. (2019) note individuals with dissociative disorders (DDs) are underrecognized, underserved, and often severely psychiatrically ill, characterized by marked dissociative and posttraumatic stress disorder (PTSD) symptoms with significant disability" (p. 156). They report that patients with DD have high rates of non-suicidal self-injury (NSSI) and suicide attempts. They note, too, the dearth of training about DDs. In response, they designed The Treatment of Patients with Dissociative Disorders Network (TOP DD Network), a web-

based psychoeducational program. They conducted a study to determine whether, over the course of a year, patients with dissociative disorders (DD) would exhibit improved functioning and decreased symptoms.

The program consisted of 45 educational videos taking 5-15-minutes to view, 40 of which are paired with structured writing and behavioral practice exercises that assist patients in cognitively and behaviorally applying the video's educational content. Through these, the TOP DD Network program provided patients as well as therapists with education and skills for improving emotion regulation, managing safety issues, and decreasing symptoms.

Based on an international sample of 111 patients diagnosed with a DDs, they found participation was associated with reductions in dissociation and PTSD symptoms, improved emotion regulation, and higher adaptive capacities well as reduced NSSI. Although all patient groups showed significant improvements, as evidenced by DES scores, individuals with higher levels of dissociation demonstrated greater and faster improvement compared to those lower in dissociation. Therapist-reported adaptive capacities increased. Patients with higher initial DES scores demonstrated the strongest and most consistent improvements. By year two, patients who entered the study with high dissociation demonstrated large improvements in emotion regulation, PTSD symptoms, dissociation, and patient-reported adaptive capacities. Patients with lower initial levels of dissociation also benefited at year two relative to intake and demonstrated medium changes in emotion regulation and patient-reported adaptive capacities as well as small reductions in PTSD and dissociation symptoms. In addition, despite the chronicity and severity of NSSI in their sample, there were significant overall reductions in therapist-reported patient NSSI. Their findings support dissemination of DD treatment training and initiation of treatment studies with randomized controlled designs.

Hope and Client Outcomes

Bartholomew et al. (2021) explored the relationships between hope for counseling and clients' outcomes as well as the working alliance. Self-report data were collected from 103 clients in a doctoral training clinic. They found evidence (from multilevel modeling) to demonstrate that increases in working alliance predict increases in hope for counseling over the course of treatment and that increases in hope for counseling significantly predict decreases in distress over the course of counseling. A focus on hope may be unnecessary when motivation is high, goals are clear, confidence is strong, skills to regulate behavior are evident, social support is available, faith is present, and circumstances are favorable (Worthen & Isakson, 2010). Yet a significant portion of people with DP symptoms struggle with motivation; possess unclear goals and unarticulated values; lack a sense of meaning; have little confidence; see no viable options for improvement; experience difficulty with self-regulation; are driven by fears rather than aspirations; recall a history of failed attempts; face chronic, challenging, or unchangeable situations; and possess limited social support. Coupled with therapist efforts to gain understanding of DP, holding hope can lead to improved outcomes.

Limitations

As previously stated, the subreddit mined for data was in English because of the language limitation of the researcher. However, Reddit posters live all over the world, and some OPs in the subreddit acknowledged English was not their first language, so the experiences represent those from a multitude of backgrounds. The study design limited capture of experiences from those who have access to the internet and who are able to make use of Reddit's technology as well as the ability to express themselves in English on the subreddit. Future research in other languages may provide insights into different perspectives.

Further Research

Impact of Cannabis Use

The subreddit posts routinely show people did not know that use of cannabis can induce symptoms (sometimes after first use) and sometimes possibly concomitant with a history of trauma or a comorbidity. Further research into this aspect of DP symptoms will be necessary. Sideli et al. (2019) conducted a systematic review that included four analytical and 14 descriptive cross-sectional studies. They found "no variation in the rates of cannabis use among individuals with dissociative experiences compared with the general population" (p. 30). In addition, they found "the prevalence of dissociative disorders in subjects using cannabis is not different from those not using cannabis" (p. 30). Their review was limited, however, because the "majority of the studies employed inadequate sampling procedures and a concurrent or retrospective assessment of the two variables, which might have increased the risk of bias, and only a few of them controlled for potential confounders" (p. 30). They concluded the limited number of eligible studies, combined with the heterogeneity of study design and methodological limitations, do not support the association between cannabis and dissociative experiences and prevent from any inference about the direction of causality. However, In a brief, third-of-a-page abstract in a supplement of *Acta Medica Marisiensis*, Duca et al. (2019) note:

> The link between cannabis use and the onset of the psychiatric disorders in people with a particular vulnerability is a subject of great importance in the medical literature. There are some gaps regarding risk factors of the phenomenon of derealization and depersonalization in patients with cannabis use. This phenomenon may be due to the presence of a genetic vulnerability of cannabinoid receptors. From a pharmacological point of view, use of cannabis does not directly produce such strong psychoactive effects to induce a dissociative state, but a high percentage of people experienced derealization or depersonalization during the first contact with this drug. Adolescence is the most affected age category. In literature, this connection between cannabis use, adolescence, and the development of depersonalization is vaguely described, but there is a link with the process of developing individual personality. Awareness of the potential effects of cannabis use is and will remain a big issue among adolescents.

Making the Lived Experience Accessible to Clinicians

OPs' words provide an immediacy and degree of honesty that clinicians would benefit from reading, as previously mentioned. How to best make these accounts and others available is a topic for future research.

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