Depersonalisation & Derealisation

A guide for family & loved ones | Understand the experience

What do these words mean?

Depersonalisation is a feeling of disconnection from yourself. Someone may describe feeling detached from their body, emotions, voice or actions, as though they are watching themselves from outside or moving on autopilot.

Derealisation is a feeling that the world around you is strange, distant, dreamlike, flat, artificial or somehow unreal. Familiar places and people may feel unfamiliar, even though the person knows where they are.

These experiences can occur together. They are forms of dissociation, not deliberate behaviour. Many people retain awareness that the feeling is an experience rather than an actual change in reality. That distinction matters, but never assume it without asking.

What a loved one might say

“I know this is my home, but it doesn’t feel like it.” “My voice sounds far away.” “I feel like I’m behind glass.” “I can see you, but I don’t feel connected.” “I’m frightened that I will never feel normal again.”

Symptoms may be brief or recurring. The intensity can fluctuate. Someone may look calm while feeling intensely frightened, confused or exhausted inside. Avoid using their outward appearance to judge how much support they need.

What can contribute?

Episodes may be associated with anxiety, panic, prolonged stress, trauma, poor sleep or sensory overload. Some medications, substances and physical health conditions can also produce similar symptoms. There is no single explanation for every person.

Do not diagnose the cause yourself. New, persistent, worsening or unexplained experiences deserve an assessment by an appropriate healthcare professional, particularly if there are other symptoms.

Five things family members should understand

1. “It feels unreal” is not the same as “it is unreal.” Listen carefully to what the person is describing. **2.** Repeatedly testing whether they feel real can increase fear. **3.** Pressure to explain can make things harder. **4.** Familiar routines and calm companionship may help. **5.** The person should have choice over touch, conversation and grounding.

A first response that helps

Try: *“That sounds unsettling. I’m here with you. We don’t have to solve it right now. Would you prefer quiet, company, or a small practical step?”*

Avoid: “You’re being dramatic,” “Just snap out of it,” “Prove you’re real,” or “There’s nothing wrong, so stop worrying.” Reassurance works best when it validates the distress without feeding frightening interpretations.

Supporting Someone in the Moment

Respond calmly, offer choice and reduce pressure

Start with safety and consent

Speak slowly and plainly. Check immediate physical safety: is the person driving, near traffic, using machinery or at risk of falling? Offer a safer, quieter place if needed. Ask before touching them or moving their belongings.

If they can respond, ask one simple question at a time: *“Would you like me to stay?”* or *“Would it help to sit somewhere quieter?”* Allow time for an answer. Silence is not refusal.

Grounding: an invitation, never a demand

Grounding is not about forcing the person to “feel real.” It is about gently orienting to the present if they find that helpful. Offer one option and stop if it increases distress.

Visual: name one familiar object or notice a colour in the room. **Touch:** feel feet supported by the floor, a comfortable fabric or a cool glass of water. **Sound:** listen to one steady, non-threatening sound. **Movement:** take a gentle stretch or short walk if safe and wanted.

Some people dislike body-focused exercises, intense sensory input or breathing instructions. Ask what usually helps rather than assuming a technique is universally soothing.

Useful phrases and alternatives

Instead of: “Calm down.” **Try:** “We can slow things down.”

Instead of: “You’re fine.” **Try:** “I can see this feels frightening, and I’m here.”

Instead of: “Tell me exactly what’s happening.” **Try:** “You don’t have to explain now.”

Instead of: “Do this grounding exercise.” **Try:** “Would you like to try something, or would quiet be better?”

If panic rises

Keep your own voice and pace steady. Reduce questions, noise and competing demands. If breathing becomes fast, avoid insisting on deep breaths; invite a comfortable slower pace only if the person finds it helpful. Avoid repeatedly checking symptoms in ways that increase alarm.

Do not argue about whether the experience is “real.” Validate the feeling and orient gently to ordinary, safe surroundings. If the person has an existing clinician-agreed coping plan, follow their preferences.

When to seek more help

Encourage a GP or mental-health assessment if episodes are new, recurrent, persistent, distressing or interfering with daily life. Seek urgent medical help for sudden confusion, fainting, seizure-like symptoms, new neurological signs, serious intoxication or another acute medical concern.

If someone is at immediate risk of harming themselves or others, or cannot remain safe, contact emergency services. In the UK call **999** for an emergency; NHS **111** can advise about urgent but non-emergency concerns.

Recovery, Relationships & a Shared Plan

Support without shame, and make future episodes easier to navigate

After an episode: reconnect gently

Ask what they need before discussing what happened. Some people need rest, food, hydration, reduced stimulation or time alone. Others prefer ordinary conversation and company. Avoid making recovery into a performance or asking them to prove they feel better.

Later, when they are ready, explore what helped and what made things harder. Look for patterns without blaming: sleep, stressful conversations, crowded spaces, illness, long periods of anxiety or too many demands.

How family and loved ones can help over time

Be consistent: agree a simple phrase or signal that means “I’m feeling disconnected.” **Protect autonomy:** let the person choose whether you stay nearby. **Share the load:** help with one practical task if requested. **Keep connection:** ordinary, low-pressure activities can be more reassuring than repeated symptom discussions.

Consider professional support for anxiety, trauma, sleep or other contributing difficulties where appropriate. Supportive therapy may help some people, but care should be tailored to their needs and diagnosis.

Our shared support worksheet

Early signs we might notice: _____

Things that may increase distress: _____

Helpful words or reassurance: _____

Grounding choices I welcome (or do not welcome): _____

Touch / space / company preferences: _____

One practical task a loved one can take over: _____

Who to contact if extra help is needed: _____

Three questions for a calmer conversation

1. What did I need most? _____

2. What did someone do that genuinely helped? _____

3. What could we try differently next time? _____

A note for the person offering support

Your role is not to cure the experience, monitor every symptom or become the person’s therapist. Offer steadiness, respect, practical help and encouragement to seek appropriate care. You are also allowed boundaries, rest and support of your own.

Important: This guide offers general wellbeing information, not a diagnosis or a substitute for personalised medical, psychological or emergency support.