

# Depersonalisation and Derealisation: Philosophical and Empirical Perspectives

Umeå University, September 18-19, 2025

Location: HUM.J.118

## **Thursday September 18**

920-930 Welcome

930-1050 The unity of depersonalization and the subjective point of view  
Alexandre Billon

Coffee

1110-1230 Derealization and the feeling of familiarity  
Fabiana Caserta

Lunch at *tba*

1350-1510 Cognitive behaviour therapy for depersonalisation-derealisation disorder (CBT-f-DDD)  
Elaine Hunter

Coffee

1530-1650 Depersonalization and the immediacy of affect  
Adam Bradley, Lingnan University

1830 Dinner at *tba*

## **Friday September 19**

900-1020 Temporal derealization  
Frédérique de Vignemont

Coffee

1040-1200 What Is derealization?  
Søren Overgaard

Lunch at *tba*

1320-1440 Bodily Awareness in Depersonalization-Derealization Disorder  
Merritt Millman

Coffee

1510-1630 Deconstructing depersonalisation  
Philip Gerrans, University of Adelaide

1640-1740 Discussion

1830 Dinner at *tba*

Organisers:

Fabiana Caserta, Umeå University

Pär Sundström, Umeå University

Registration: All interested are welcome, but pre-registration is requested. Please register by email to [fabiana.caserta@umu.se](mailto:fabiana.caserta@umu.se) latest August 31.

### **The unity of depersonalization and the subjective point of view**

Alexandre Billon, University of Lille

Depersonalization-derealization disorder (DDD) is often described as a multifaceted condition, with various components such as depersonalization (DP), derealization (DR), deemotionalization (DE), detemporalization (DT), and perceptual aberrations (PA) coexisting in an integrated response. However, the precise nature of this integration remains unclear, and the classical explanation—that these symptoms stem from a lack of affect— does not seem satisfying on this count. This talk offers an alternative perspective, re-framing DDD not as a primary disorder of affectivity, but as a fundamental breakdown of the **subjective point of view**. We normally experience the world as centered on ourselves, the present time, the here and the actual world. It is anchored by four distinct phenomenal axes: the **I**, the **now**, the **here**, and the **actual**.

I propose that the varied symptoms of DDD are a direct consequence of a collapse in one or more of these foundational axes. Specifically:

- **Depersonalization (DP)** is a breakdown of the "I" axis.
- **Derealization (DR)** is a breakdown of the "actual" axis.
- **Detemporalization (DT)** is a breakdown of the "now" axis.
- **Perceptual aberrations (PA)** are a breakdown of the "here" axis.

In this account, deemotionalization (DE) is not a primary cause but rather a *consequence* of this altered subjective point of view, highlighting the centrality of a coherent self-perspective in our emotional experience. This new framework provides a more cohesive and comprehensive explanation for the diverse and seemingly unrelated symptoms of DDD.

### **Derealization and the feeling of familiarity**

Fabiana Caserta, Umeå University

Derealization is typically described as entailing a sense of unreality and alienation from one's surroundings. This formulation, sometimes explicitly but normally implicitly, ascribes the disturbances pertaining to derealization to perceptual states only. Moreover, a few recent proposals have reinforced this perceptual coupling. In this talk, I will argue that, on the contrary, it is plausible and even likely that derealization is not restricted to perception, and that it can affect mnemonic and imaginative states. To understand how a distinct feeling of unreality can emerge vis-à-vis experiences that are factually not real, I show that unreality in derealization (and, perhaps, depersonalization) is dependent on aberrations of a more fundamental and multidimensional feeling: the feeling of familiarity. As it will be discussed, this conceptualization proves particularly useful in accommodating several enigmatic features of derealization, whether it appears as a standalone condition, a transient state, or within schizophrenic disorders.

## **Cognitive Behaviour Therapy for Depersonalisation-Derealisation Disorder (CBT-f-DDD)**

Elaine Hunter, UCL and The Depersonalisation Clinic

Depersonalisation-derealisation disorder (DDD) is a distressing mental health condition in which individuals have a sense of unreality and detachment about aspects of themselves and/or the world around them. DDD is under-researched, despite a population prevalence of about 1%. This talk will outline the development of a disorder-specific model of CBT for DDD derived from clinical phenomenology. CBT-f-DDD was found to have a significant impact on alleviating symptoms of DDD in two previous studies, however these suffered from methodological limitations as they were clinical audits without controlled comparison groups. A recent study aimed to provide feasibility and acceptability data from a non-specialist public health setting to inform a subsequent efficacy RCT. Participants were randomised to receive either CBT for DDD or Treatment As Usual. Those in the CBT condition received 12-24 individual sessions over a 6-month period from NHS therapists with specialist training and supervision in CBT for DDD. The primary outcome was Cambridge Depersonalisation Scale score. Secondary outcomes included measures of co-morbidity and health economics. Follow-ups were conducted at six and nine-months post-randomisation. A range of feasibility measures were used and qualitative interviews exploring acceptability were conducted with participants and therapists. We will present data on demographic, acceptability and feasibility measures, and discuss whether CBT for DDD is a feasible and acceptable treatment to deliver in the NHS.

## **Depersonalization and the Immediacy of Affect**

Adam Bradley, Lingnan University

Our experience is pervaded with affect—positive or negative felt valence. Affect is thought to play a crucial role not just in emotions and moods, but also in perception, cognition, and decision-making. What might happen, then, if affect is disrupted? Subjects suffering from depersonalization give us an idea. There is now significant evidence that depersonalization is fundamentally an affective disorder. But of what kind? Here we face a puzzle. As many researchers have noted, depersonalized subjects do not appear to lack affect entirely. Indeed, a common complaint is that depersonalization is unpleasant. Thus, it is not plausible that depersonalization consists in a complete loss of affect. To resolve this problem, I develop a novel account of depersonalization. I argue that depersonalization consists in a deficit in *affective immediacy*. Affective immediacy is an aspect of the phenomenon that Mark Johnston labels *the authority of affect*, or affect's normative power to rationalize or make appropriate certain thoughts and actions. In the ordinary case, this authority is directly felt and exerts its influence without the need for conscious deliberation on the part of the subject. But in depersonalized subjects, affective authority—it's reason-giving force—comes apart from this felt immediacy. As a result, depersonalized subjects feel detached from their own affective experiences. I argue that this account provides the best explanation of the pattern of symptoms we find in depersonalization. In particular, the account can resolve the puzzle of retained affect because a deficit in only one specific aspect of affective experience.

## **Temporal derealization**

Frédérique de Vignemont, Institut Nicod

Depersonalization-derealization disorder is characterized by a sense of disconnection with one's body and one's surroundings associated with a diminished sense of reality. Interestingly, this applies not only to what patients currently perceive but also to what they remember and what they anticipate, and more fundamentally, to time itself. One patient, for instance, claims that time has "no meaning" for him (Davison, 1964). Another describes, "Time just doesn't appeal to me (...) Time doesn't seem to go at all" (Lewis, 1931). This is possibly the most fundamental form of derealization because it concerns the temporal dimension of all experiences. This may also be the most puzzling because there is a relatively intuitive sense according to which past and future events should not feel real (they are no longer happening or they have not happened yet) and yet it does not feel right for the past and the future to feel that way. What is then missing in DDD?

## **What Is Derealization?**

Søren Overgaard

In philosophy, there has been a recent surge of interest in experiences of derealization – commonly described as a feeling that one's surroundings are unreal. Philosophers have suggested that experiences of derealization prove that perceptual experiences can lack certain phenomenal features – such as the 'sense of reality', 'perceptual presence', 'phenomenal force', etc. These features have traditionally been thought characteristic of perceptual experiences, and they have been invoked to explain the epistemic properties of such experiences, and the fundamental difference between perceptual experiences and imagery, among other things. I argue, however, that it is not clear that derealization experiences lack the features in question. While persons experiencing derealization have reported a number of characteristic and profound alterations in their experiences, those alterations do not seem to line up with the changes postulated by philosophers. If I have time, I end by sketching a positive proposal for what unifies experiences of derealization.

## **Bodily Awareness in Depersonalization-Derealization Disorder**

Merritt Millman, King's College

*Depersonalization-derealization disorder* (DDD) involves pronounced disconnections from the self, body, and external reality. As bodily detachment is a core component of DDD, body-focused interventions may provide an innovative treatment approach. This talk will cover the results of two studies, one online and one in-person, that begin to address this. We developed two dance/movement tasks with the aim of reducing bodily detachment in DDD: one to encourage explicit bodily awareness (Body Awareness Task), and the other to implicitly enhance the salience of bodily signals through dance exercise (Dance Exercise Task). Individuals with DDD and healthy controls performed both tasks individually in a cross-over design. Assessments included symptom severity, interoceptive awareness, accuracy and sensibility, mindfulness, body vigilance, proprioceptive accuracy, and interval timing, at three time points across the study period. Individuals with DDD exhibited lower levels of interoceptive awareness (trusting, attention regulation, noticing) and mindfulness (acting with awareness, observing, describing) at baseline relative to healthy controls. Both dance/movement tasks reduced the

severity of depersonalization/derealization symptoms, overall and anomalous bodily experiences, in the DDD group. Within-subject correlations showed that lower levels of symptoms were associated with task-specific elevations in interoceptive awareness and/or mindfulness in DDD. The results from both studies provide support for individual, structured dance/movement as an efficacious tool to reduce symptoms in DDD, which can be tailored to address specific components of a mindful engagement with the body.

## **Deconstructing Depersonalisation**

Philip Gerrans, University of Adelaide

Despite its heterogeneous presentations experience of depersonalisation is unified by its dependence on an underlying neural motif: attenuation of anterior insula activity leading to experience of dissociation. The aim of this paper is to provide a theoretical framework that interprets and explains multiple forms of that attenuation and its relationship to phenomenology, not only of depersonalisation but the subtle association of depersonalisation with a variety of pathologies of affect and self-awareness.

The core idea is that the insula is a hub of the emotional transcription of interoceptive signals. Depersonalisation results when emotional transcription is down regulated as essentially a dissociative response to trauma. That trauma can be sudden or protracted but one common feature is that the uncertainty it produces is dysregulable and unavoidable.

The nature of emotional transcription is best displayed in the active inference framework. One aim of this paper is to show that this framework can be productively employed not just as an abstract biophysical theory but as the basis for a neurocognitive model that explains the role of anterior insula in a variety of pathologies including depersonalisation.

One such is pain asymbolia explained as a form of as 'depersonalisation for pain' (Klein 2015). A more economical and theoretically neutral explanation consistent with neuroscience and phenomenology of pain asymbolia and depersonalisation is 'failure to transcribe nociceptive signals'. I discuss the relationship between the phenomenology of pain asymbolia and depersonalisation as an instance of the relationship between affective and self-representational neurocomputational processing.