Independence of Depersonalization--Derealization

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Disagreement exists as to whether depersonalization (the nondelusional belief that one's physical self is no longer intact) and derealization (the nondelusional belief that one's surroundings are no longer intact) are specific to certain diagnostic categories and to whether they are correlated with other psychiatric symptoms (Weckowicz, 1970). This article presents data on a measure of depersonalization and derealization which are germane to the hypothesized independence of this syndrome from diagnosis and other factors of psychopathology.

A total of 866 hospitalized adult mental patients were studied by the United States--United Kingdom Diagnostic Project (1972): 442 in New York and 424 in London. All patients were between 20 and 59 years of age but were otherwise representative of all successive admissions.

A structured mental state interview was used by the project. It consisted of nearly 700 items related to current mental state and was administered within 72, and usually within 48, hours of admission. Each patient was given a diagnosis arrived at by consensus of two or more project psychiatrists after the completion of the mental state interview, plus further interviews with the patient and an informant covering personal background and past psychiatric history.

A factor analysis was applied to the data on the first sample of 500 patients and cross-validated on the second sample of 366 patients. The methods of analysis applied to the data from the first study, and the 25 resulting factors, have been described by Fleiss, Gurland, and Cooper (1971). One of the factors found in the first study, and confirmed by cross-validation, was descriptive of depersonalization and derealization.

Seven items contributed to the depersonalization–derealization factor in the cross-validation study. The factor is scored simply as the number of its items rated in the direction of psychopathology. The items describe feelings that things are unreal; that people seem to be acting a part; that the patient is not really a person; and that he seems unreal when he looks in the mirror.

The depersonalization–derealization factor is scored reliably at a single point in time. The intraclass correlation coefficient between an interviewer and an observer on 37 patients was .91, and that between an interviewer and another psychiatrist listening to audiotapes of 24 interviews was .68. The test–retest reliability, however, was nonexistent (intraclass correlation coefficient = −.13 for 25 patients independently interviewed twice within a week).

The correlations between the depersonalization–derealization factor and the other factors are all trivially small. Scores on the factor share at most 6% of their variance with the factor describing depression, and at most 5% with the factor describing phobic anxiety, these being the largest proportions of shared variance with the other factors.

With respect to the project's diagnoses, psychotic depressives and schizophrenics scored slightly above the grand mean for all patients, whereas neurotics and alcoholics scored slightly below the grand mean. Diagnostic differences fail to account for even as much as 1% of the total variance.

Fifteen percent of all patients reported having experienced at least one of the symptoms of depersonalization or derealization during the month before admission. The rate did not vary by sex or by country, but it did vary slightly by age. Nineteen percent of the patients between the ages of 20 and 39 reported at least one symptom, as opposed to 10% of patients between the ages of 40 and 59, \[x^2(1) = 5.13, \ p < .05.\]

Our results indicate the relative independence of depersonalization and derealization from other symptoms and from diagnosis. They thus confirm the results of those investigators who found that depersonalization and derealization are nonspecific to other behaviors (Cattell, 1966; Spitzer, Fleiss, Endicott, & Cohen, 1967) and to diagnosis (Ackner, 1954; Tucker, Harrow, & Quinlan, 1973). Our results indicating no association with sex and

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Reprints and an extended report of this study may be obtained without charge from Joseph L. Fleiss, Biometrics Research, 722 W. 168th Street, New York, New York 10032.

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a decreasing frequency with age are the same as those of Dixon (1963) and Brauer, Harrow, and Tucker (1970).

Our failure to find strong correlations with either anxiety or depression stands in contrast to the positive findings of Dixon (1963), Sedman (1972), and Tucker et al. (1973). The current study relied on ratings made by the interviewer during the administration of a structured interview, whereas the other studies relied on self-administered questionnaires. Tucker et al. also examined correlations with a limited number of ratings made by professional observers and found values similar to ours.

Clinicians who have to treat a patient experiencing depersonalization or derealization, and researchers who wish to study these phenomena for their own sake, should recognize that depersonalization and derealization are likely transitory for most patients and that, at the least, they occur independently of diagnosis. Whether these experiences are also independent of anxiety and depression is uncertain. Relatively strong correlations tend to be found when these other behaviors are rated by the subject, but relatively weak correlations tend to be found when they are rated by a professional examiner.

REFERENCES


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