



## Depersonalization: Physiological or pathological in adolescents?

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### Abstract

**Background:** This study analyzed the presence of DP symptoms in a sample of both psychiatric patients and normal subjects, addressing the issue of DP symptoms in adolescence.

**Methods:** A total of 267 subjects (149 patients and 118 healthy controls) aged between 14 and 65 years, were assessed by means of CDS, the SCID-I and the K-SADS. The sample was then divided into two subsamples with a cut-off age of 21 years.

**Results:** As expected CDS score was significantly higher in the patient group compared to the healthy control group. As for the age issue, among patients no statistical difference was found comparing subjects over and under 21 years, whereas in the sample of healthy controls, subjects under 21 years reported CDS scores significantly higher.

**Conclusions:** While in adults DP symptoms are frequently associated with mental disorders, in adolescents they could be considered as a quasi-physiological phenomenon.

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### 1. Introduction

Depersonalization (DP), for long a complex and obscure subject of clinical psychiatry, has become a recurrent topic of psychopathology in the last 10 years [9,21,26,15,13,29,3,8,10,12,19]. It is characterized by persistent or recurrent episodes of detachment from one's self: individuals may feel like an automaton or they may have a sensation of estrangement from their own mental processes, emotions or body shape [2]. Often accompanied by derealization (DR), a threatening sense of unreality from the environment, DP can assume various nuanced forms in clinical practice. It occurs on a continuum ranging from transient episodes in healthy people to a significant complex

of symptoms—in other psychiatric illnesses, or as a primary mental disorder [11,26]. Current epidemiological data show a prevalence of clinically significant DP/DR of approximately 1%–2% in the general population, similar to the prevalence of common mental disorders such as bipolar disorder and obsessive–compulsive disorder [14].

The first systematic epidemiological review shows that the transient symptoms of DP in the general population have a lifetime prevalence ranging between 26% and 74% [9]. To date DP has mostly been investigated in adults but it is emerging as a transient or recurrent experience in youth where it appears to be a puzzling and perhaps consequential phenomenon about which little is still known. The evidence that the onset of DP is in adolescence [25,28] leads us to focus on this period when subjects complain about many physical and mental changes. It should be noted that the majority of these complaints are stated in terms of experiences of alienation or unreality that are usually prevalent in DP. In this paper we explore DP in adolescence. Its aim is to compare DP symptoms in adolescents with those in adults, first in patients suffering from mental disorders and then in healthy individuals.

*Abbreviations:* DP, depersonalization; CDS, Cambridge Depersonalization Scale; SCID-I, Structured Clinical Interview for DSM-IV axis I Disorders; K-SADS, Schedule of Affective Disorders and Schizophrenia for School-Age Children—Revised for DSM-IV.

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## 2. Materials and methods

### 2.1. Participants

A total of 267 subjects (149 patients and 118 healthy subjects) were recruited consecutively (from June 2010 to March 2013) in Rome, in the ASL RM E catchment area.

Inclusion criteria for the 118 healthy subjects were: aged between 14 and 65 years, comprehension of Italian language, and IQ > 70. Exclusion criteria were: presence of any psychiatric disease, DP symptoms due to a medical condition or to a neurological disorder, drug abuse, and psychopharmacological treatments. The subjects were recruited from 3 high schools and from 3 general practitioners' offices.

Inclusion criteria for the 149 patients were: aged between 14 and 65 years, comprehension of Italian language, and IQ > 70. Exclusion criteria were: DP symptoms due to a medical condition, or to a neurological disorder, and drug abuse. The subjects were in and outpatients recruited from the ASL RM E Psychiatric Department. Patients and healthy controls were matched for demographic characteristics.

All subjects, or legal representatives if underage, read and signed the informed consent form.

### 2.2. Measures

Subjects over 18 years were administered the Structured Clinical Interview for DSM IV (SCID I), while those aged under 18 were administered the Schedule of Affective Disorders and Schizophrenia for School-Age Children–Revised for DSM-IV (K-SADS). CDS was used to evaluate the presence of DP symptoms.

The Structured Clinical Interview for DSM IV (SCID-I; [30,31]) is a semi-structured interview used to assess current and lifetime psychiatric disorders and. Current disorders are defined as those present during the last month, whereas lifetime disorders are those that an individual has had at any other point (i.e., past or present) in his or her lifetime. The SCID consists of structured questions that the interviewer uses to determine whether diagnostic criteria have been met. The reliability and validity of the SCID-I have been well documented, with inter-rater reliability agreement (kappa) ranging from .70 to 1.00 (e.g., Refs, [7,20,24,33,35]).

The Schedule of Affective Disorders and Schizophrenia for School-Age Children–Revised for DSM-IV (K-SADS [18]). The K-SADS is a semi-structured interview used by trained clinical interviewers. It assesses the presence of previous and current psychiatric disorders based on information provided by both the patient and the patient's guardian. Diagnoses based on the K-SADS have shown excellent reliability and validity among clinical samples [18].

The Cambridge Depersonalization Scale, Italian version (CDS IV) [16]. The scale is a self-administered questionnaire composed of 29 items. Each item is assessed on two Likert scales, one for frequency (0 = never to 4 = all the time) and the other for duration (1 = few seconds to 6 = more than a week) of experience (range 0–10). The global score of the scale is obtained from the algebraic sum of the score of frequency and

duration of each item (range 0–290), and represents the final measurement of intensity. The CDS IV showed high internal consistency (Cronbach's alpha of 0.90) and a good internal coherence (>0.70) with good specificity (SP = 0.92) and sensitivity (S = 0.90). This tool has been found to effectively discriminate depersonalization disorder from other conditions, either organic (e.g., temporal lobe epilepsy) or psychiatric (e.g., anxiety disorders) [27].

In analyzing mean scores, we considered the total score and the score of 2 of the 4 factors derived from a factorial analysis we previously performed [6]: Unreality of Self (US) and Anomalous Body Experiences (ABE).

The former, Unreality of Self, comprises five items (10, 11, 23, 24, 26) which assess an individual's experiences of detachment from actions and thoughts of an individual. It adopts the classical definition and description of DP, but mostly deals with cognitive experience of DP.

The latter, Anomalous Bodily Experiences (items 27, 23, 20, 3, 22, 12), mostly refers to bodily experiences and includes the experience of the distortion of body perception.

### 2.3. Statistical analysis

The one way ANOVA was used to compare the CDS mean scores.

Data were analyzed with the Statistical Package for the Social Sciences (SPSS) version 17.0.1 (2008) [32].

## 3. Results

### 3.1. Sample

A total of 267 subjects were recruited: 119 males and 148 females, with a mean age of  $29.86 \pm 32.27$ . The sample was then divided into two sub-samples with a cut-off age of 21 years; in the clinical sample, 54 subjects were found to be affected by depression, 29 by anxiety, and 66 by psychosis (Table 1).

### 3.2. Healthy controls

Fifty-six males and 62 females, with a mean age of 30.25, comprised the healthy control group; 11.7% of the sample

Table 1  
Sample: demographics, diagnosis and CDS scores.

	<21aa	>21 aa	Total
Males	52	67	119
Females	56	92	148
Mean age	17.61 ± 1.07	42.12 ± 2.37	29.86 ± 14.78
CDS TOT	50.78 ± 25.04	42.69 ± 15.54	45.97 ± 20.44
ABE	11.31 ± 5.13	10.50 ± 4.34	10.83 ± 7.13
US	9.37 ± 3.12	8.50 ± 4.21	8.85 ± 2.32
Healthy controls	53	65	118
Patients	55	94	149
Depression	15	39	54
Anxiety	10	19	29
Psychosis	30	36	66
Total	108	159	267

CDS TOT = Cambridge Depersonalization Scale, total score; ABE = Anomalous Body Experiences subscale; US = Unreality of Self subscale.

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