



ELSEVIER

Behaviour Research and Therapy 41 (2003) 1451–1467

**BEHAVIOUR
RESEARCH AND
THERAPY**

www.elsevier.com/locate/brat

Depersonalisation disorder: a cognitive–behavioural conceptualisation

E.C.M. Hunter *, M.L. Phillips, T. Chalder, M. Sierra, A.S. David

Department of Psychology, Institute of Psychiatry, De Crespigny Park, London SE5 8AF, UK

Received 22 August 2002; received in revised form 19 February 2003; accepted 27 February 2003

Abstract

Depersonalisation (DP) and derealisation (DR) are subjective experiences of unreality in, respectively, one's sense of self and the outside world. These experiences occur on a continuum from transient episodes that are frequently reported in healthy individuals under certain situational conditions to a chronic psychiatric disorder that causes considerable distress (depersonalisation disorder, DPD). Despite the relatively high rates of reporting these symptoms, little research has been conducted into psychological treatments for this disorder. We suggest that there is compelling evidence to link DPD with the anxiety disorders, particularly panic. This paper proposes that it is the catastrophic appraisal of the normally transient symptoms of DP/DR that results in the development of a chronic disorder. We suggest that if DP/DR symptoms are misinterpreted as indicative of severe mental illness or brain dysfunction, a vicious cycle of increasing anxiety and consequently increased DP/DR symptoms will result. Moreover, cognitive and behavioural responses to symptoms such as specific avoidances, 'safety behaviours' and cognitive biases serve to maintain the disorder by increasing awareness of the symptoms, heightening the perceived threat and preventing disconfirmation of the catastrophic misinterpretations. A coherent model facilitates the development of potentially effective cognitive and behavioural interventions.

© 2003 Elsevier Ltd. All rights reserved.

Keywords: Depersonalisation disorder; Derealisation; Dissociation; Cognitive–behavioral therapy

Depersonalisation is an experience in which the individual feels a sense of unreality and detachment from themselves. This is often accompanied by the symptom of derealisation in which the external world also appears unfamiliar (Diagnostic and Statistical Manual of Mental Disorder (DSM-IV), [American Psychiatric Association, 1994](#); ICD-10 Classification of Mental and Behav-

* Corresponding author. Tel.: +44-207-848-0242; fax: +44-207-848-5006.
E-mail address: e.hunter@iop.kcl.ac.uk (E.C.M. Hunter).

ious Disorders (ICD-10), World Health Organisation, 1992). Sufferers describe their experiences of unreality as if they are living in a dream, and their sense of detachment from the world as though they are viewing life from behind glass. These experiences are not delusional since the sufferer retains insight that these are subjective phenomena, rather than objective reality. Alongside these core diagnostic criteria, sufferers often report a wide spectrum of distortions and impairments to affective, cognitive and physiological/perceptual functioning (see Fig. 1).

Epidemiological surveys have found that transient experiences of depersonalisation and/or derealisation are common. The incidence of transient life-time experiences of DP/DR is estimated to be between 34 and 70% in non-clinical populations, often occurring under conditions of stress, fatigue or drug use (Dixon, 1963; Sedman, 1966, 1970; Trueman, 1984). Furthermore, a 1 year prevalence rate of 23% was reported for the symptoms of either depersonalisation or derealisation in a US rural community sample (Aderibigbe, Bloch, & Walker, 2001) and a 1 month prevalence of a clinically significant depersonalisation syndrome measured by standardised psychiatric interviews was found to be between 1.2 and 1.7% from two urban samples in the UK (Bebbington, Hurry, Tennant, Sturt, & Wing, 1981; Bebbington, Marsden, & Brewin, 1997). Surveys of psychiatric populations have found lifetime experiences of DP/DR reported in 80% of inpatients, of

Affective

- Emotional numbing (for both positive and negative affect)
- Lack of empathy
- Sense of isolation
- Depression
- Anxiety
- Dream-like state
- Loss of motivation
- Loss of a sense of the consequences of one's behaviour

Cognitive

- Impaired concentration
- Mind 'emptiness' or 'racing thoughts'
- Memory impairments
- Impaired visual imagery
- Difficulty in processing new information

Physiological / Perceptual

- Partial or total physiological numbing
- Feelings of weightlessness / hollowness
- Lack of a sense of physical boundaries
- Sensory impairments (e.g. taste, touch, microscopia and/or macroscopia)
- Sensory distortions (e.g. sound, loss of colour)
- Dizziness
- External world appears flat and 2 dimensional
- Objects do not appear solid
- Loss of sense of recognition to one's own reflection and voice.
- Changed perception of time

Fig. 1. Main symptoms of depersonalisation disorder.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات