

# DEPERSONALIZATION SYNDROME - A REPORT OF 9 CASES

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## ABSTRACT

Depersonalization is defined and the clinical characteristics of 9 patients presenting with Depersonalization Syndrome are discussed. The cases comprise 5 males and 4 females with an age range of 15-47 years, of which two-thirds presented with an acute onset of symptoms. The diagnosis is made on the patients' own descriptions of their symptoms. Criteria laid out by Ackner and ICD-9 are closely adhered to. The findings of the study are compared with those of Shorvon's 66 cases and similarities are found. Depersonalization symptoms described by Mayer-Gross are reviewed. That depersonalization itself appears to have an affective aspect and a somatic aspect is noted, and an explanation for both aspects is attempted. The resistance to various treatment is confirmed.

**Keywords:** Primary Depersonalization Syndrome, Affective, Somatic.

SINGAPORE MED J 1990; Vol 31: 331 - 334

## INTRODUCTION

In ICD-9<sup>(1)</sup>, depersonalization is labelled as Depersonalization Syndrome under the broad category of Neurotic Disorders, and is defined as "a neurotic disorder with an unpleasant state of disturbed perception in which external objects or parts of one's own body are experienced as changed in their quality, unreal, remote or automatized. The patient is aware of the subjective nature of the change he experiences". If the symptom of depersonalization occurs in an underlying mental disorder such as Depression, Schizophrenia, Anxiety etc., the condition should not be listed under Depersonalization Syndrome.

DSM III-R<sup>(2)</sup> labels the same condition under the term Dissociative Disorder and describes it as "an alteration in the perception or experience of the self, so that the feeling of one's own reality is temporarily lost or changed." The diagnostic criteria for the disorder include one or more episodes of depersonalization sufficient to produce significant impairment in social or occupational functioning, and the proviso that the symptom is not due to any other disorder such as Schizophrenia, Affective Disorder, Organic Mental Disorder, Anxiety Disorder or Epilepsy.

Patients with depersonalization often have difficulty in expressing what they actually feel and suffer. Ackner<sup>(3)</sup> described the following features essential to the diagnosis of depersonalization:-

- 1 A feeling that one's body and /or the outside world has changed in some way.
- 2 The unpleasant quality of the feeling.
- 3 The empathic feeling that one normally has for others is lost and there is an inability to respond emotionally to events that occur around oneself.
- 4 There is a feeling of unreality.
- 5 It is an "as if" experience (and not a delusion that one's body really has changed in some way).

The aim of this paper is to discuss the clinical characteristics of 9 cases of Depersonalization Syndrome. The diagnosis is made on the patients' own descriptions of their symptoms, and the absence of any underlying primary disorder established during mental state examination. Criteria laid out by Ackner and ICD-9 are adhered to.

## HISTORICAL DEVELOPMENT

Depersonalization Syndrome is believed to be an uncommon condition. Apart from Shorvon's study of 66 cases in 1946<sup>(4)</sup>, there is scarce literature on the condition. Its evolution as a primary condition is best understood by tracing the historical background<sup>(5)</sup>.

In 1872 Krishaber described in his monograph Cerebro-Cardiac Neurosis some patients who complained of a strange and unpleasant alteration in their perception of themselves or of their surroundings. Later Dugas suggested the term "depersonalization" for the symptom described by Krishaber. In 1911 Dugas and Moutier published an extensive monograph on the psychological, historical and clinical aspects of the phenomenon. Much later, Mapother and Mayer-Gross<sup>(6)</sup> suggested the term "derealization" for altered perception of objects in the environment, reserving "depersonalization" for altered perceptions of the self. The opinion then was that depersonalization was a non-specific syndrome occurring in illnesses of different kinds. After the World War II, it was recognised that the phenomenon could form a specific syndrome in its own right.

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## CASE REPORTS

We have identified 9 cases of Depersonalization Syndrome who are briefly described (Table I).

**Table I**  
**Characteristics of Each Patient**

Name	Sex	Age of Onset	Onset	Depers	Dereal	Sec Depression
LPS	M	15	Grad.	+	+	-
HMS	F	47	Sudden	+	+	+
IT	M	18	Sudden	+	+	+
°DT	M	28	Sudden	+	+	+
SMJ	M	23	Grad.	+	+	+
°SSE	F	27	Sudden	+	+	+
NLT	F	27	Grad.	+	-	+
°TMH	M	21	Sudden	+	-	+
°°LSG	F	19	Sudden	+	+	+

° Attempted suicide

°° Successful suicide

### Case 1

LPS, a 19-year old National Serviceman, was first seen in April 1985 with complaints of situations seeming unreal and dream-like for 4 years. This was worsened by stress, thus explaining his presentation during National Service. He had to remind himself constantly that his actions were real even while actually performing the tasks.

### Case 2

HMS, a 47-year old housewife, was seen in December 1985 for complaints of depersonalization of 3 months' duration: she felt she had no mind, could not feel food and drinks, and perceived sounds differently from before. She became depressed as a result and cried to herself often.

### Case 3

IT first presented to the department with symptoms of insomnia, fatigue, headache and constipation in 1973 at the age of 16, for which he was treated symptomatically for 2 months. Two years later he suddenly developed symptoms of being forgetful, and being unable to feel or think about his experiences, thereby leading to ruminations. His symptoms did not respond to neuroleptics and anxiolytics. Over the years his symptoms recurred intermittently so that in-between he was able to work and even got married. A relapse in 1980 made him so upset that he resorted to staying in bed most of the time. Despite the waxing and waning of his illness, he defaulted follow-up after April 1986.

### Case 4

DT, a 29-year old married clerk, developed an acute onset of symptoms in December 1984 after he had blown his nose. He felt detached, "like 2 persons in one", indifferent, and that everything "looked and tasted bland". Consequently he "felt" depressed. He complained that he felt no contact when meeting people, felt no pleasure when laughing and found himself strange. He often repeated that he needed someone to "give me a knock to wake me up".

### Case 5

In July 1985, SMJ, a 23-year old security guard, first saw a "white speck" entering his body, and gradually eating up his insides, including his brain. Three months later he felt empty and forgetful, could not feel sadness, joy, excitement, pleasure or boredom. Nevertheless he could feel physical pain. Although he felt that the "white speck" had left him another 2 months later, his ability to feel did not return. He was given various medications ranging from anxiolytics, antidepressants to neuroleptics and even 4 electroconvulsive treatments as well, without much improvement.

### Case 6

SSE, a 27-year old housewife, suddenly felt changed immediately after she had taken some Chinese herbs. She felt not fully aware of her surroundings, could not feel that it was raining even when it was. Two to three months later in December 1985, she was treated for drug overdose which was the result of her secondary depression. By then she also additionally perceived her hands to stretch whenever she looked at them. She also felt that she did not exist, had an inability to feel and only wanted to sleep.

### Case 7

NLT, a single unemployed girl, had a first episode of depersonalization of one year's duration which remitted spontaneously. Her symptoms later recurred in 1981 at the age of 27 years. She complained of an empty mind, an inability to think, frequency of micturition, anorexia and an inability to feel emotions. Objectively however her mother noted that she was able to respond appropriately to comedies and tragedies. Secondly she felt depressed and occasionally suicidal. She improved only after 9 electroconvulsive treatments.

### Case 8

TMH, an airport worker, suddenly developed depersonalization symptoms in 1971 at the age of 21 years, after he was criticized at work. He recovered in early 1974, but suffered a relapse in 1975 which lingered on till 1985 when he developed a spontaneous recovery. His symptoms were mainly those of an inability to think or feel, a lack of awareness of himself, feelings of forgetfulness, boredom and alienation.

### Case 9

LSG, single and unemployed, was investigated in 1982 at 19 years old for loss of weight, loss of appetite and dysphagia of 2 years' duration. Investigations were essentially normal. Three years later she suddenly developed symptoms of bodily change after a bad dream. She felt that her body parts were distorted and not belonging to her. Simultaneously, people and things around her appeared distorted and changed. She attempted suicide 3 times because of secondary depression. Various treatments including electroconvulsive therapy did not help her. She died by completed suicide (jumping) in June 1986.

## DISCUSSION

The symptoms of depersonalization and derealization are experienced quite commonly. Cattel<sup>(7)</sup> described depersonalization as the third most frequent emotional problem encountered in a mental hospital after depression

and anxiety. Noyes et al in 1977<sup>(8)</sup> identified a transient depersonalization syndrome in nearly one-third of persons exposed to life-threatening danger (accident victims) and close to 40% of a group of hospitalized psychiatric patients. It can also occur as a transient phenomenon in healthy adults and children, especially when tired; it usually begins abruptly and seldom lasts more than a few minutes<sup>(9)</sup>. Bliss et al<sup>(10)</sup> found that it could appear after sleep deprivation, while Reed<sup>(11)</sup> and Sedman<sup>(12)</sup> found that it could appear after sensory deprivation and Guttman & Maclay<sup>(13)</sup> found that it could be an effect of hallucinogenic drugs.

Shorvon, in his study of 66 cases of Depersonalization Syndrome made the following findings: -

- 1 Of the 66 cases, 46 were females and 20 were males.
- 2 The age range was from 10 to 38 years. The average age of onset in women was 24.5 years and in men 23.5 years.
- 3 61 cases had a sudden onset, 3 cases were doubtful and in 2 the onset was gradual.
- 4 There were no cases of derealization without depersonalization, although the reverse occurred in a few cases.

Our findings are almost similar to Shorvon's except for the sex incidence:-

- 1 Of our 9 cases, 4 were females and 5 were males.
- 2 The age range was from 25 to 47 years. The average age of onset in women was 30 years and in men 21 years
- 3 6 cases had a sudden onset while 3 had a gradual one.
- 4 There were no cases of derealization without depersonalization, although the reverse occurred in 2 cases.

**Table II**

**A Comparison between the cases of Shorvon (1946) and Chee & Wong (1986)**

	Shorvon (1946) n = 66	Chee & Wong (1986) n = 9
Lack of affect	22 (33%)	7 (78%)
Subjective experience of bodily change	45 (68%)	8 (89%)
Loss of the specific feelings which accompany action	30 (45%)	7 (78%)
Poor Memory	6 (9%)	6 (67%)
Changes of clearness and range of consciousness	20 (30%)	5 (56%)
Self - Observation	common	9 (100%)
Disturbances in Autonomic functions	common	5 (56%)
Depersonalization of parts of the Body	present	6 (67%)

Almost half of our patients have attempted suicide and one in fact died by completed suicide (because of intractable depersonalization symptom). Except for TMH (Case 8) whose depression was improved by antidepressants, all the other cases of depression were not affected by antidepressant treatment, including ECT in some.

Table II shows the comparison of findings between

Shorvon's and our study. It appears that our patients show more florid symptoms than Shorvon's.

In our collection of 9 cases, 3 had been provisionally diagnosed as psychotic at some stage of their illness. None was thought to have a primary depressive illness even though antidepressants and ECT were prescribed. In each case depersonalization symptoms have been the dominant and persistent complaints. We could only conclude that they belong to the Depersonalization Syndrome as a primary entity. The relentless waxing and waning course of symptoms coupled with the poor treatment response are similar to the findings of Shorvon. The syndrome itself gives rise to secondary "cognitive" depression and sometimes even delusional ideas.

The Primary Depersonalization Syndrome appears to have an affective aspect and a somatic aspect. In the healthy individual the mind and body are integrated to function consonantly and optimally. Mental perception, thinking and feeling are similarly unified. When we see fire, we think of danger and feel fear or when we hear compliments we think of recognition and feel elation. However in the affective aspect of depersonalization, subjectively the feeling component seems to have become dislocated and missing. There is cognitive awareness of the attendant affect that should accompany the specific perception. But it is not available to the individual in subjective experience. He is thus "cognitively" depressed about not being "affectively" depressed, ie. "I am depressed because I am unable to feel depressed".

Slater and Roth<sup>(14)</sup> quoted Schilder in 1928<sup>(15)</sup> as saying that "the objective examination of such patients reveals not only an intact sensory apparatus but also an intact emotional apparatus. All these patients exhibit natural affective reactions in their facial expressions, attitudes etc., so that it is impossible to assume that they are incapable of emotional response". In the somatic aspect the complaints are again subjective and concerned with the absence, change or distortion of the bodily parts. The sensory and proprioceptive feedback or input seems to have broken down. Thus one patient complained that he could not feel tired with exercise and another could not experience orgasm with ejaculation.

We have found, as Shorvon and others did, that treatment is particularly difficult in Primary Depersonalization Syndrome.

#### ACKNOWLEDGEMENT

The authors are grateful to the Medical Director of Woodbridge Hospital for his kind permission to publish these cases.

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