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ДЕПЕРСОНАЛИЗАЦИЯ И ПСИХОСЕНСОРНЫЕ РАССТРОЙСТВА У ЛИЦ МОЛОДОГО ВОЗРАСТА, НЕ ОБРАЩАЮЩИХСЯ ЗА ПОМОЩЬЮ К ПСИХИАТРУ (РАСПРОСТРАНЕННОСТЬ, КЛИНИЧЕСКИЕ ОСОБЕННОСТИ И СИСТЕМАТИКА)

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Актуальность исследования деперсонализации обусловлена высокой частотой встречаемости данного феномена у лиц юношеского и молодого возраста как в клинической структуре психических расстройств, так и в рамках психологического защитного механизма у психически здоровых. Остается нерешенным вопрос о границах деперсонализации, не существует единой точки зрения относительно синдромологической принадлежности, неоднозначна ее оценка как продуктивного или негативного расстройства. ***Цель исследования*** – верификация распространенности и клинической структуры деперсонализационных симптомов у лиц молодого возраста. ***Материалы и методы.*** Обследована сплошная выборка, состоящая из 96 студентов медиков в возрасте от 18 до 23 (19±1,2) лет, из них 28 (29%) человек мужского пола. Применялись медико-социологический, клинико-психопатологический, психометрический и статистический методы. ***Результаты.*** Деперсонализационные симптомы выявлены у 94% обследованных; у лиц женского пола в 96% и мужского – 89% случаев. Среди феноменов аутопсихической деперсонализации выделены отдельные ее формы по сферам психики – эффекторно-волевой, сфере мышления и самосознания (кроме выделенной ранее деперсонализации в сфере эмоций – «патологическое бесчувствие»). Обоснованность их выделения подтверждена кластерным анализом. Наряду с деперсонализационными расстройствами, более чем в половине случаев встречались разнообразные психосенсорные расстройства. ***Заключение.*** Таким образом, феномены деперсонализации и разнообразные психосенсорные расстройства широко распространены среди лиц юношеского возраста без явных психических расстройств при отсутствии гендерной предпочтительности. Терапия показана в случаях препятствия социальному функционированию и коморбидности с тревогой и депрессией.

Ключевые слова*: деперсонализация, психосенсорные расстройства, тревога, депрессия.*

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DEPERSONALIZATION AND PSYCHOSENSORY DISORDERS AMONGST YOUNG PEOPLE WHO DO NOT SEEK PSYCHIATRIC HELP APPEAL FOR PSYCHIATRYSTS (PREVALENCE, CLINICAL FEATURES AND CLASSIFICATION)

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The importance of this study is justified by the high occurance frequency of this phenomenon amongst young people in the clinical structure of mental disorders and as well as in the framework of psychological defense mechanisms in psychiatrically healthy population. The question of the limits of depersonalization remains unresolved, as there is no single point of view regarding the syndromological affiliation, rendering it ambiguous to evaluate it as a productive or negative disorder. ***Aim.*** This study was aimed at verifying the prevalence and clinical structure of depersonalization symptoms amongst young people. ***Materials and Methods.*** A continuous sample consisting of 96 medical students – 68 (71%) female and 28 (29%) male, from 18 to 23 (19±1.2) years was studied using medico-social, clinico-psychopathological, psychometric and statistical methods. ***Results.*** Depersonalization symptoms were found amongst 94% of respondents. Different forms of autopsychic depersonalization were identified in the different psyche spheres – effector-volitional sphere, thinking and self-awareness (except the depersonalization in emotional sphere – «pathological insensitivity», which were previously identified). The validity of their separation was confirmed by cluster analysis. Along with depersonalization disorders, in more than half of the cases, a variety of psychosensory disorders were observed. ***Conclusions.*** Depersonalization phenomena along with various psychosensory disorders are widespread amongst adolescents without obvious mental disorders or gender preference. Therapy is useful if depersonalization obstructs social functioning and coupled with anxiety and depression.

Keywords: *depersonalization, psychosensory disorders, anxiety, depression.*

Depersonalization disorders are observed in almost all mental illnesses, epilepsy, in borderline states, as well as in mild and short-term form in mentally healthy people with emotional exertion, somatic diseases and post partum [1]. Patients who use smoking mixtures containing cannabinoids ("Spices"), in a state of toxic intoxication, along with others, are exposed to the symptoms of derealization and depersonalization [2]. With

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hypertensive syndrome, a number of patients [3] also present with paroxysmal appearance of derealization syndrome, clinically manifested by the "sense of ambient ambiguity", «distortion of spatial contours», «sensation of unfamiliarity of the environment».

Depersonalization refers both neurosislike and psychotic disorders, which is associated with a special, intermediate position in the cohot of psychopathological syndromes [4]. Deperso-nalization, psychosensory disorders, the states of «already seen» and «never seen» [5] are referred to as perception disorders. Other authors [6] consider psychosensory disorders to receptor disorders, depersonalization – to self-awareness disorders [7] or to a complex of psychological protections for acute emotional stress [8,9].

With regard to the prevalence of depersonalization, according to DSM-V [10], half of all adults experienced at least one episode of de-personalization or derealization. However, persistent or recurring episodes occur in less than 2% of the adult population. The median age of onset is 16 years, although symptoms may appear in childhood [10]. Data souces [11] reveal that 97% of all interrogated mentally healthy at least once in their life experienced *déjà vu*. Most often this phenomenon occurs in young people regardless of gender [12], debuts at 6-7 years and has several age peaks: at adolescence and about 40 years [13,14].

The systematics of depersonalization [6] proposed by K. Haug: autopsychic, somatopsychic and allopsychic, does not completely satisfy clinicians [4]. To date, the issue of the boundaries of this phenomenon has not been resolved. There is no single point of view regarding the syndromological affiliation and its evaluation as a productive or negative disorder is not unambiguous. In addition, there is no universally recognized classification of depersonalization [4].

In DSM-V, «Depersonalization disorder» (300.6) refers to dissociative disorders, and in ICD-10 (F48.1) – is classified under F4 – «Neurotic, stress-related and somatoform disorders» – F48 – «Other neurotic disorder» and allocated in a separate rubric – «Syndrome of depersonalization-derealization».

Depersonalization tends to demonstrate a protracted flow (the duration is many months, and even years) and is characterized by high therapeutic resistance [5].

The *aim of the study* was to verify the prevalence and clinical structure of depersonalization symptoms in adolescent youth in order to develop recommendations for prevention, as well as resolving the issue of whether or not therapy is needed.

Materials and Methods

During 2016, a mixed data sample consisting of 96 Russian-speaking medical students aged 18 to 23 (19±1.2) years (68 females (71%) and 28 males (29%) was examined. All subjects signed informed consents to participate in the study. The study was approved by the Ethics Committee of the Medical Institute of the Belgorod National Research University.

The main research methods were:

1) Medico-social (anonymous questioning with the help of questionnaires with socio-demographic and clinical sections).

2) Clinico-psychopathological (revealing depersonalization).

3) Psychometric: Hospital scale of anxiety and depression (HADS), a symptomatic

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questionnaire SCL-90-R.

4) Statistical: descriptive statistics, criterion $\chi 2$ with the Yates correction for conjugation tables 2x2, correlation (Spearman rank correlation coefficient), and cluster analysis using Statistica 6 statistical software package.

Results and Discussion

The presence of depersonalization symptoms in anamnesis was revealed in 90 (94%) of students, including 65 (96%) female and 25 (89%) male, which depicts its widespread prevalence in the population. Moreover, the phenomenon of depersonalization remains poorly understood [15].

Despite the complexity of awareness and the difficulty of verbalization of experiences, clinico-psychopathological analysis of manifestations of depersonalization made it possible to distinguish four types of depersonalization within the framework of autopsychic depersonalization (Tab. 1).

Table 1

The clinical structure of depersonalization symptoms among medical students

№ п/п	Type of depersonalization	Males		Females		Total	
		n	%	n	%	n	%
1	Autopsychic						
1.1	In affective sphere	7	25.0	29	43.0	36	37.0
1.2	In associative sphere	11	39.0	28	41.0	39	41.0
1.3	In self-identity (dissociation)	13	46.0	26	38.0	39	41.0
1.4	In effectoral-volitional sphere	13	46.4	37	54.4	50	52.1
2	Somatopsychic	2	7.0	6	9.0	8	8.0
3	Allopsychic	21	75.0	49	72.0	70	73.0

I. Autopsychic depersonalization:

• affective sphere (anesthetic) – pathological psychic insensibility;

• spheres of thinking (associative) – alienation, or a sense of automation of thought and speech acts;

• self-awareness (dissociative) – loss of unity of one's self, accompanied by difficulty in social contacts. Consciousness «bifurcates» a second «I» appears, which exists at the same time, acts as if in isolation, autonomously;

• effectoral-volitional – a sense of alienation of willful and motor activity.

II. Somatopsychic is a change in the perception of one's own body, the loss of sensual brightness and the alienation of certain

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physiological processes, for example, the alienation of sleep, the lack of a sense of satisfaction after eating or defecation.

III. Allopsychic (derealization) – a state in which the surrounding world is perceived indistinctly, unclearly, as something colorless, ghostly, frozen, lifeless, unreal; the sense perception of objects and surrounding persons is lost.

Cluster analysis (Fig. 1) confirmed the correctness of our selection of types of depersonalization.

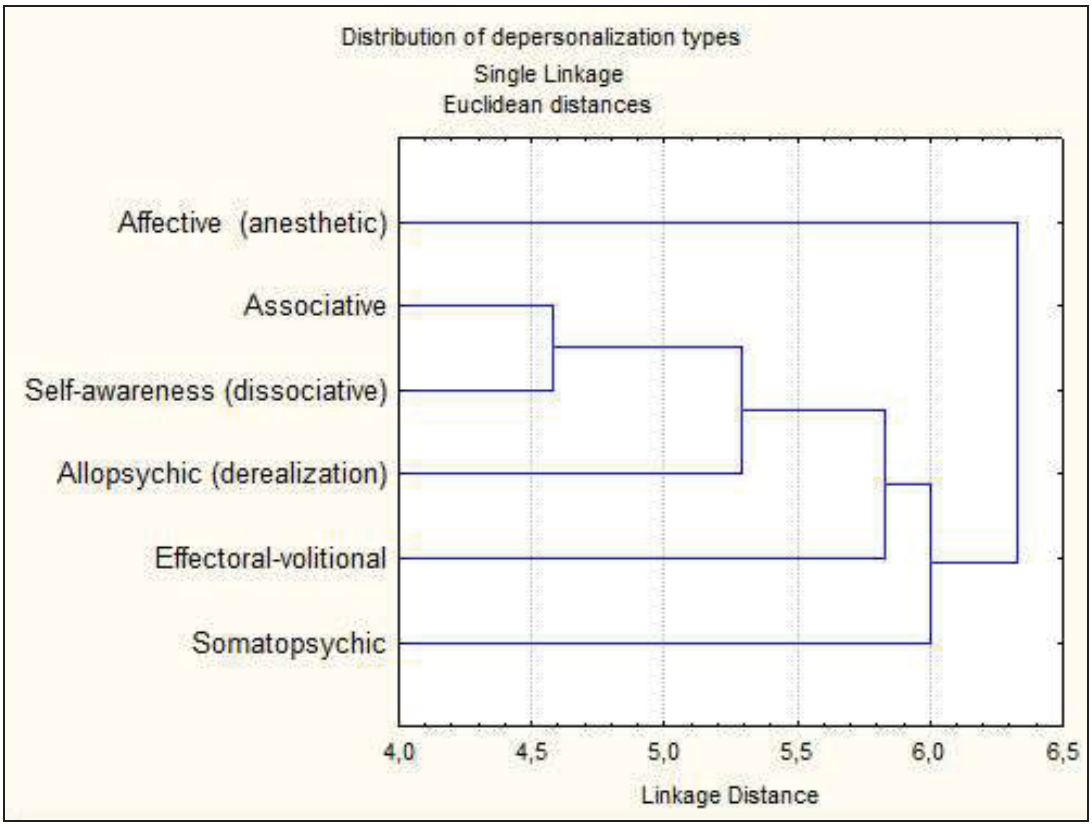

Fig. 1. Cluster analysis of depersonalization symptoms

A study of the stereotype of the development of depersonalization phenomena showed the following: paroxysmal phenomena of depersonalization arose in 64 (71%) of students, gradually – in 26 (29%). After a gradual onset, depersonalization was retained for more than 1 year and more in 7 (7.8%) people.

The states in which the phenomena of depersonalization arose presented in Table 2, the length of existence of the phenomena of depersonalization after the occurrence – in Table 3.

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Table 2

The states in which the phenomena of depersonalization arose

№ п/п	Characteristics of states	n	%
1	Usual	31	35.0
2	In cases of waking up or falling asleep	14	15.0
3	In alcoholic intoxication	4	4.0
4	With colds	5	6.0
5	In a state of stress	12	13.0
6	With severe fatigue and lack of sleep	24	27.0
Total		90	100.0

Table 3

The duration of the phenomena of depersonalization

№ п/п	Time interval	n	%
1	Few seconds	19	21.1
2	Up to 10 minutes	22	24.4
3	10 minutes to 1 hour	13	14.5
4	1 hour to 6 hours	7	7.8
5	6 to 24 hours	5	5.6
6	From 1 day to 1 week	11	12.2
7	From 1 week to 1 month	2	2.2
8	Up to 1 year or more	7	7.8
9	Did not answer the question	4	4.0
Total		90	100.0

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As seen in Table 3, the duration of the phenomena of depersonalization was different – from a few seconds to a year or more. This is due to the different mechanisms of formation and the states in which depersonalization arose.

The frequencies of appearance of the phenomena of depersonalization are presented in Table 4.

It was found that in more than half of the cases, depersonalization phenomena occurred up to 3 times a year. Only in 5% of cases they appeared daily.

The emotions which students experienced at the time of depersonalization phenomena are presented in Table 5.

Table 4

The frequency of the emergence of depersonalization phenomena

№ п/п	Frequency	n	%
1	1 to 3 times a year	46	52.0
2	4 to 12 times a year	19	21.0
3	1 to 4 times a month	10	11.0
4	Daily, several times a day	5	5.0
5	Continuously for 1 year	7	8.0
6	Did not answer the question	3	3.0
Total		90	100.0

Table 5

Emotional experiences, caused by depersonalization

№ п/п	Emotional state	n	%
1	Indifference	30	33.0
2	Anxiety, fear	14	16.0
3	Bewilderment	16	18.0
4	Interest	11	12.0
5	Anger, irritation	6	7.0
6	Did not answer the question	13	14.0
Total		90	100.0

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Analysis of emotional experiences caused by depersonalization, showed that students most often felt indifference towards them. This is associated with the frequent occurrence and ego-synthony of depersonalization. In the same number of cases there was anxiety, fear and bewilderment. These conditions were characterized by a certain paroxysmal condition and to a certain extent, they bore the signs of psychosensory disorders.

The study of the student's insight during depersonalization phenomenon revealed the following:

- 42.7% – understood that something unusual is happening;

- 41.7% – perceived what was happening as an ordinary phenomenon for them, due to the frequency of occurrence and egosyntonicity of this phenomenon;

- 15.6% – could not answer this question.

The majority of the surveyed – 70.8% at the time of the experience of depersonalization perceived their «I» holistically, 11.5% – «lost touch with reality» and 17.7% «felt the change of their self».

Hence, in less than half of the cases, depersonalization phenomena can be qualified in accordance with ICD-10 as a «depersonalization-derealization syndrome» (F48.1). These conditions often occurred in individuals with personality disorders (duration of up to 1 year and more), neurotic development, neurotic and stress-related disorders. Due to the long existence of these phenomena, they became subjectively perceived as a personal trait – they assumed the character of egosyntonism. In a number of cases, these phenomena gave some inconvenience to the students, but did not lead to significant difficulties in social functioning.

In addition to the phenomena of depersonalization, a large number of students had a variety of psychosensory disorders (Tab. 6).

Table 6

Prevalence and clinical structure of psychosensory disorders in medical students

№ п/п	Type of psychosensory disorders	Male		Female		Total	
		n	%	n	%	n	%
1	«*Déjà vu*» – «already seen»	21	75.0	54	79.4	75	78.1
2	«*Jamais vu*» – «never seen»	24	85.7	61	89.7	85	88.5
3	«*Déjà entendu*» – «already heard»	18	64.3	44	64.7	62	64.6
4	«*Jamais entendu*» – «never heard»	3	10.7	8	11.8	11	11.5
5	«*Déjà vecu*» – «already lived»	19	67.9	40	58.8	59	61.5
6	«*Jamais vecu*» – «never lived»	4	14.3	8	11.8	12	12.5
7	«*Déjà epruve*» – «already tested»	11	39.3	26	38.2	37	38.5

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As can be seen from the presented table, the most frequently observed phenomena were: «already seen», «never seen», «already heard» and the feeling that «the present has already experienced in the past». There are no gender differences. This coincides with the data of foreign studies [14,16].

The HADS score showed that 43.7% of the students had anxiety at the time of the survey: 16.7% had a clinical and 27% had a subclinical levels. In the remaining 56.3% of cases, the condition without anxiety was classified. Studies of the distribution of the phenomena of depersonalization, depending on the severity of anxiety, showed no differences: at a clinical level of anxiety, depersonalization occurred in 93.8% of cases, subclinical – in 92.3% and in the absence of anxiety – in 94.4% of students. 3.1% of the students had clinical depression, 12.5% had subclinical depression and 84.4% had no depression. At the same time, de-personalization was detected in 66.7% of those surveyed with clinical depression, 91.7% in subclinical and 93.8% in the absence of depression. This fact proves the widespread phenomenon of depersonalization in adolescents who do not clinically manifest mental disorders. This circumstance, from our point of view, may indicate that depersonalization arises initially as a psychologically protective phenomenon in stressful and conflict situations, and subsequently, in the case of the development of psychopathological symptoms, enters the structure of leading syndromes.

The symptomatic questionnaire SCL-90-R showed that the degree of severity of «somatization» was in the range from very low to low (Tab. 7). The level of anxiety, obsession, depression and interpersonal sensitivity, paranormalism and hostility was in the range from very low to medium. At the same time, the experienced distress was defined as intermediate level.

Correlation analysis revealed significant direct correlations of depersonalization with scales of the SCL-90-R questionnaire (Tab. 8).

As seen in Table 8, with all variants of depersonalization there are weak correlation dependencies with psychotism and paranoia. In addition, correlation dependencies are also found with the PSDI symptomatic distress index and GSI symptom severity index. This allows us to conclude that symptoms of depersonalization indicate the presence of distress as well as a high risk of developing mental disorders.

Conclusions

Thus, the study showed that depersonalization symptoms (broadly defined definitions) at some point were detected in 94% of the examined subjects; in the case of females in 96% and males in 89% of cases. Separate forms of psyche spheres are isolated amidst the phenomena of autopsychic depersonalization (except for the previously identified depersonalization in the sphere of emotions – «pathological insensitivity», depersonalization phenomena are described in the effector-

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volitional sphere, thinking and self-awareness). The validity of their isolation is confirmed by cluster analysis. Along with depersonalization disorders, in more than half of the cases there were a variety of psychosensory disorders.

The preference of correlation depersonalization with psychotism and paranoia, as well as with the PSDI symptomatic distress index and the GSI symptom severity index, suggests that depersonalization symptoms indicate the presence of distress, and consequently, a high risk of developing mental disorders. Therapy is required in cases of obstacles to social functioning and comorbidity in anxiety and depression.

Table 7

The severity of symptoms of the SCL-90-R questionnaire

Symptoms of the SCL-90-R questionnaire	M	σ	Me	Percentiles	
				10%	90%
Somatization	0.74	0.59	0.60	0.10	1.40
Anxiety	0.79	0.83	0.50	0.00	2.10
Obsession	1.05	0.77	1.00	0.20	2.20
Depression	0.88	0.73	0.70	0.10	2.10
Interpersonal Sensitivity	1.0	0.75	0.90	0.10	2.10
Psychotism	0.33	0.42	0.20	0.00	0.90
Paranoia	0.73	0.66	0.60	0.00	1.70
Hostility	0.71	0.70	0.50	0.00	2.00
Phobic anxiety	0.23	0.44	0.00	0.00	0.70
The total symptom severity index (GSI)	0.72	0.52	0.65	0.10	1.50
The index of symptomatic distress (PSDI)	1.62	0.48	1.50	1.10	2.30
Total number of affirmative answers (PST)	37.4	19.2	39.0	10.0	60.0

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Table 8

Correlation relationship of depersonalization with scales of the SCL-90-R questionnaire

№ п/п	Correlative pairs		r	p<
	Type of depersonalization	Type of mental disorder		
1	Depersonalization (*presense*)	Psychotism	0.25	0.01
		Paranoia	0.23	0.02
2	Anesthetic	Hostility	0.30	0.003
3	Associative	Anxiety	0.39	0.00006
		Depression	0.33	0.001
		Somatization	0.29	0.005
		Psychotism	0.38	0.0002
		Phobic anxiety	0.45	0.000004
		The total symptom severity index (GSI)	0.42	0.00002
		The index of symptomatic distress (PSDI)	0.37	0.0002
4	Effectoral-volitional	Psychotism	0.30	0.004
		Paranoia	0.33	0.001
5	Somatic-psychic	Psychotism	0.30	0.004
		Paranoia	0.28	0.005
6	Dissociative	Obsession	0.25	0.02
		Depression	0.31	0.002
		Interpersonal Sensitivity	0.37	0.0002
		Psychotism	0.33	0.0009
		Paranoia	0.23	0.02
		The total symptom severity index (GSI)	0.35	0.0005
		The index of symptomatic distress (PSDI)	0.29	0.004
7	Allopsychic (derealization)	Psychotism	0.33	0.001
		Paranoia	0.26	0.01
		Hostility	0.34	0.0009
		Phobic anxiety	0.25	0.01
		The total symptom severity index (GSI)	0.31	0.002
		The index of symptomatic distress (PSDI)	0.24	0.02

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