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ORIGINAL ARTICLE

Depersonalisation and schizophrenia: Comparative study of initial and multiple episodes of schizophrenia[☆]



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KEYWORDS

Schizophrenia;
Psychosis;
Depersonalisation;
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Abstract

Introduction: The phenomena of depersonalisation/derealisation have classically been associated with the initial phases of psychosis, and it is assumed that they would precede (even by years) the onset of clinical psychosis, being much more common in the prodromal and acute phases of the illness. The aims of the present study are to analyse the differences in depersonalisation/derealisation between patients with initial and multiple episodes and the factors that could influence this.

Material and methods: A descriptive, controlled and cross-sectional study of 48 patients diagnosed with paranoid schizophrenia (20 with an initial episode and 28 with multiple episodes). These patients were assessed using scales such as the *Cambridge Depersonalization Scale*, the *Positive and Negative Symptom Scale*, and the *Dissociative Experiences Scale*.

Results: Participants with initial episodes score higher on both the *Cambridge Depersonalization Scale*, and the subscale of the *Dissociative Experiences Scale* that evaluates such experiences. There were no associations between these types of experience and the positive symptoms subscale of the *Positive and Negative Symptom Scale*.

Conclusions: Depersonalisation/derealisation experiences appear with greater frequency, duration and intensity in patients in the early stages of the illnesses, gradually decreasing as they become chronic.

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PALABRAS CLAVE

Esquizofrenia;
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 Desrealización

Despersonalización y esquizofrenia: estudio comparativo entre primeros y múltiples episodios de esquizofrenia

Resumen

Introducción: Los fenómenos de despersonalización/desrealización se han asociado clásicamente con las fases iniciales de la psicosis y se supone que precederían (incluso en años) a la psicosis clínica, siendo mucho más frecuentes en la fase prodrómica y en la fase aguda de la enfermedad. Los objetivos del presente estudio son analizar las diferencias para los fenómenos de despersonalización/desrealización existentes entre los pacientes con primeros o con múltiples episodios de esquizofrenia y los factores que podrían influir en ello.

Material y métodos: Estudio descriptivo, controlado y transversal en el que se estudiaron 48 sujetos diagnosticados de esquizofrenia paranoide (20 con un primer episodio y 28 con episodios múltiples). Fueron evaluados mediante la *Escala de Despersonalización de Cambridge*, la *Escala de los Síndromes Positivo y Negativo* y la *Escala de Experiencias Disociativas*, entre otras.

Resultados: Los sujetos con primeros episodios de esquizofrenia presentan mayores puntuaciones tanto en la *Escala de Despersonalización de Cambridge* como en la subescala que valora estas experiencias en la *Escala de Experiencias Disociativas*. No encontramos asociaciones entre estas y la subescala de síntomas positivos de la *Escala de los Síndromes Positivo y Negativo*.

Conclusiones: Las experiencias de despersonalización/desrealización aparecen con mayor frecuencia, duración e intensidad en pacientes con primeros episodios de esquizofrenia que en pacientes con múltiples episodios de la enfermedad.

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Introduction

Depersonalisation consists of an alteration in perception or in experience itself, causing the individual to feel detached and distant, as if he or she were an external observer of their body or of their own psychological processes.^{1,2} The main psychopathological features of depersonalisation are the feeling of being foreign to surroundings, feelings of automation, self-observation, emotional alterations, alterations in body image and alterations in the experience of time.¹

From the first descriptions by Krishaber and Dugas towards the end of the 19th century, various theories have been proposed to explain it: alterations in perception, memory, emotions and body image and primary modifications of the conscience of the self. Clinically, depersonalisation can present as an independent category (depersonalisation disorder) or as a symptom of other psychiatric and neurological disorders.³

Various authors have pointed out the presence of depersonalisation in schizophrenia, especially during the prodromal and acute phases of the disease,⁴⁻⁹ while it seems rare in chronic schizophrenia.¹⁰ Likewise, depersonalisation has been included among what are called the basic symptoms of schizophrenia¹¹; it is a phenomenon that often precedes (even by years) the appearance of the psychosis.

Depersonalisation may not be so specific to schizophrenia as it is a general feature of prepsychotic stages, independently of their aetiology.² Several researchers have found that, in the evolution of a psychotic episode, the experiences of prodromal depersonalisation are integrated into the emerging delusions, a process called "psychotic re-personalisation".² Classical authors observed a fluid

transition from typical depersonalisation to the delusional elaboration of the same experiences in the prodromal stage.^{4,12-14} For Fish,¹⁵ depersonalisation is also a frequent symptom during schizophrenia onset, but one that rapidly evolves towards a delusional character. This would demonstrate that some delusions would be based on the experiences of depersonalisation and that this would serve as an "experiential substrate"; this substrate, modulated by various cognitive frameworks, would crystallise into different delusional phenomena.¹⁶

Studies that analyse the relationship between depersonalisation and schizophrenia directly are not abundant. Brauer et al.,¹⁷ in 1970, pointed out the high percentage of experiences of depersonalisation in patients with schizophrenia.¹⁷ The results of an international pilot study on schizophrenia indicated that the presence of depersonalisation constituted a good prognostic marker for non-hebephrenic schizophrenia.¹⁸ In 2002, Maggini et al.¹⁹ found that the presence of depersonalisation was linked to a different clinical profile, with greater cognitive compromise, depression, alexithymia and poorly adaptive reaction to stress.

However, from the psychoanalytical perspective, some authors have raised the question whether depersonalisation represents a mild form of schizophrenia.²⁰⁻²³ This is difficult to validate empirically and is based on circular reasoning; that is, the psychodynamic explanations of depersonalisation are derived from psychodynamic models of schizophrenia.

The objective of this study was to analyse whether there were differences in the experiences of depersonalisation between patients with first and multiple episodes of schizophrenia.

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