Images in Psychiatry

Depicting Depersonalization Disorder



Brazilian patient in her 30s was struggling with a severe form of obsessive-compulsive disorder (OCD) plus depersonalization that had responded poorly to drug treatment and psychotherapy. She pointed to this famous picture by Toni Frissell as being very representative of her feelings. This patient was particularly happy after finding something that could help her to depict such feelings to other people, especially family members.

Depersonalization disorder is characterized by prominent depersonalization and often derealization, without clinically notable psychotic, memory, or identity disturbances (1–3). It can appear as a solo diagnosis or can be comorbid with, or a transitory symptom of, various other psychiatric conditions, most commonly affective conditions with an anxiety component, OCD (4, 5), panic

disorder, generalized anxiety, personality disorders, posttraumatic stress disorder (5, 6), and withdrawal syndrome.

Despite patients' difficulties in describing depersonalization, there is some overlap in the terms used, suggesting a feeling of different grades of detachment from the normal feeling of self. Some patients mention the feeling of looking at reality through fog, glass, or a window or as a vivid dream but not as part of something clearly real. Others mention impairment in feeling daily events as actually happening.

Because this model's face is the only body part in contact with the world where she actually lives (not under the water), we think this image is particularly representative in terms of depicting depersonalization disorder, which is usually very difficult for unaffected persons to comprehend. There is a frontier between the world outside and the underwater world, and this boundary appears to be tenuous but in reality is insurmountable.

References

- Simeon D: Depersonalisation disorder: a contemporary overview. CNS Drugs 2004; 18:343–354
- Hunter EC, Sierra M, David AS: The epidemiology of depersonalisation and derealisation: a systematic review. Soc Psychiatry Psychiatr Epidemiol 2004; 39:9–18
- Simeon D, Knutelska M, Nelson D, Guralnik O: Feeling unreal: a depersonalization disorder update of 117 cases. J Clin Psychiatry 2003; 64:990–997
- Belli H, Ural C, Vardar MK, Yesılyurt S, Oncu F: Dissociative symptoms and dissociative disorder comorbidity in patients with obsessivecompulsive disorder. Compr Psychiatry 2012; 53:975–980
- Lochner C, Seedat S, Hemmings SM, Kinnear CJ, Corfield VA, Niehaus DJ, Moolman-Smook JC, Stein DJ: Dissociative experiences in obsessive-compulsive disorder and trichotillomania: clinical and genetic findings. Compr Psychiatry 2004; 45:384–391

6. Stein DJ, Koenen KC, Friedman MJ, Hill E, McLaughlin KA, Petukhova M, Ruscio AM, Shahly V, Spiegel D, Borges G, Bunting B, Caldasde-Almeida JM, de Girolamo G, Demyttenaere K, Florescu S, Haro JM, Karam EG, Kovess-Masfety V, Lee S, Matschinger H, Mladenova M, Posada-Villa J, Tachimori H, Viana MC, Kessler RC. Dissociation in posttraumatic stress disorder: evidence from the World Mental Health Surveys. Biol Psychiatry (Epub ahead of print, Oct 11, 2012)

JOÃO RICARDO MENDES DE OLIVEIRA, M.D., PH.D. MATHEUS FERNANDES DE OLIVEIRA, M.D.

From the Department of Neuropsychiatry, Federal University of Pernambuco (UFPE), Recife, Pernambuco, Brazil; and the Department of Neurosurgery, Hospital do Servidor Público Estadual de São Paulo, São Paulo, SP, Brazil. Address correspondence to Dr. Fernandes de Oliveira (mafernoliv@yahoo.com.br). Image accepted for publication December 2012 (doi: 10.1176/appi.ajp.2012.12111413).

Photograph (Weeki Wachee Spring, Florida, 1947) is from the Toni Frissell Collection at the Library of Congress.