

# A Phenomenological Test of a Theory of Depersonalization

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### HYPOTHESIS AND PREDICTION

The view that depersonalization experiences can "be regarded as occupying a position somewhere between the delusional and the non-delusional" was first suggested by Ackner (1954) who gave as an example the depressive's experience of malaise. If this is accepted into the normal framework of experience it will be attributed to illness or fatigue. If it is accepted and organized into a delusional framework, the depressive delusion that the body is rotting away (for example) may be exhibited. If, however, the experience cannot be accepted into either a normal or a delusional framework it will remain peculiar, foreign, strange, and unreal and will appear as depersonalization. Ackner commented that if delusions should develop, experiences of change "will tend to be included" within them, and thus not appear as depersonalization. Discussing depressive depersonalization in particular, he considered that "with delusional development, the unreality feeling tends to recede".

The prediction from Ackner's hypothesis, therefore, is that depressives who are deluded are less likely to exhibit depersonalization than depressives who are not deluded.

### METHOD

The full case notes of all cases (398) of depressive psychosis admitted to the Professorial Unit of the Maudsley Hospital over a four-year period, were studied. The detailed procedure has been described previously—Gittleston (1966).

Cases were assessed for the presence (or absence) of depersonalization (using the criteria of Ackner (1954)), and of delusion-like ideas (in the sense of Jaspers, 1946) of Cancer, Bowel and Throat Blockage, or Poverty.

### RESULTS AND CONCLUSIONS

The table of results shows clearly that the

incidence of depersonalization in the depressives who are deluded is not significantly different from the incidence in depressives who are not deluded. There is thus no clear support for Ackner's hypothesis.

TABLE

*The Relationship between the Presence of Delusion-like ideas of Cancer, Bowel and Throat Blockage, or Poverty and the Presence of Depersonalization*

	Deluded		Not deluded	
	No.	%	No.	%
Female:				
Depersonalized	8	18	44	20
Not depersonalized	36	82	171	80
Male:				
Depersonalized	5	10	8	9
Not depersonalized	44	90	82	91
Sexes together:				
Depersonalized	13	14	52	17
Not depersonalized	80	86	253	83

Sexes together:  $\chi^2=0.29: .7 > P > .5$

### SUMMARY

The hypothesis is stated that depressive depersonalization is due to the failure to integrate the feeling of change into a normal or delusional framework of experience.

This hypothesis predicts that deluded depressives will exhibit a lower incidence of depersonalization than depressives who are not deluded.

The case notes of 398 cases of depressive psychosis admitted to the Professorial Unit of the Maudsley Hospital were studied.

The presence or absence of delusion-like ideas of Cancer, Bowel and Throat Blockage, or Poverty, was not associated with any sig-

nificant difference in the incidence of depersonalization.

The hypothesis was not confirmed.

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