



The Cambridge Depersonalisation Scale: a new instrument for the measurement of depersonalisation

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Received 26 April 1999; received in revised form 15 December 1999; accepted 29 December 1999

Abstract

Existing self-rating scales to measure depersonalisation either show dubious face validity or fail to address the phenomenological complexity of depersonalisation. Based on a comprehensive study of the phenomenology of this condition, a new self-rating depersonalisation questionnaire was constructed. The Cambridge Depersonalisation Scale is meant to capture the frequency and duration of depersonalisation symptoms over the 'last 6 months'. It has been tested on a sample of 35 patients with DSM-IV depersonalisation disorder, 22 with anxiety disorders, and 20 with temporal lobe epilepsy. Scores were compared against clinical diagnoses (gold standard) and correlated with the depersonalisation subscale of the Dissociation Experiences Scale (DES). The scale was able to differentiate patients with DSM-IV depersonalisation disorder from the other groups, and showed specific correlations with the depersonalisation subscale of the DES ($r = 0.80$; $P = 0.0007$). The scale also showed high internal consistency and good reliability (Cronbach alpha and split-half reliability were 0.89 and 0.92, respectively). The instrument can, therefore, be considered as valid and reliable, and can be profitably used in both clinical and neurobiological research. © 2000 Elsevier Science Ireland Ltd. All rights reserved.

Keywords: Depersonalisation disorder; Anxiety disorder; Temporal lobe epilepsy; Diagnosis; Psychiatric rating scales; Dissociation; Derealisation; DES

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1. Introduction

A clinical phenomenon often met with in psychiatric and neurological practice, depersonalisation has been associated with a variety of neuropsychiatric conditions such as anxiety disorders, migraine and epilepsy. It can also be a disorder in its own right, and when so it tends to run a chronic course (Simeon et al., 1997). DSM-IV defines *depersonalisation* as: ‘an alteration in the perception or experience of the self so that one feels detached from, and as if one is an outside observer of, one’s mental processes or body (e.g. feeling as if one is in a dream)’; and *derealisation* as ‘an alteration in the perception or experience of the external world so that it seems strange or unreal (e.g. people may seem unfamiliar or mechanical)’, respectively (American Psychiatric Association, 1994). In this article, ‘depersonalisation’ will be used as a generic term encompassing both phenomena as there is not conclusive evidence that they are independent.

The above definitions oversimplify conditions that in clinical practice mostly present as complex phenomena. Indeed, most researchers endorse the view that depersonalisation constitutes a syndrome which, in addition to ineffable feelings of ‘unreality’, also includes emotional numbing, heightened self-observation, changes in body experience, distortions in the experiencing of time and space, changes in the feeling of agency, feelings of having the mind empty of thoughts, memories and or images, and an inability to focus and sustain attention (Lewis, 1931; Mayer-Gross, 1935; Saperstein, 1949; Ackner, 1954). Elsewhere, we have proposed a model that renders the above clinical phenomena amenable to neurobiological research (see Sierra and Berrios, 1998). In short, we suggest that the clinical features of depersonalisation result from two simultaneous mechanisms: an inhibition of emotional processing, and a heightened state of alertness (i.e. akin to vigilant attention). Emotional numbing and lack of emotional colouring accompanying perceptual and cognitive processes would result from the inhibitory process, whereas the so-called feelings of ‘mind emptiness’, increased perceptual acuity, and feelings of lack of agency would result from the heightened alertness. This model is one of the sources (other sources are

discussed below) of the scale herewith to be reported.

2. Earlier depersonalisation scales

2.1. Dixon’s scale

A self-administered questionnaire, Dixon’s scale (Dixon, 1963) addresses depersonalisation as a symptom and includes 12 items selected out of a larger pool by means of factor analysis. Piloted in a sample of normal college students, to our knowledge it has only been used in a couple of studies (Melges et al., 1970; Mathew et al., 1993). Trueman (1984) has questioned its validity.

There are two main problems with Dixon’s scale. Firstly, it includes clinical features not considered as part of the syndrome by the classical descriptors (Mayer-Gross, 1935; Ackner, 1954): for example: ‘It is as if I am about to receive some great revelation or mystical awareness’ (Item 12 is in fact redolent of a symptom typical of the pre-delusional state). Likewise, other items make the (wrong) assumption that ‘loss of ego boundaries’ is a manifestation of depersonalisation (item 7: ‘There is little distinction between “me” and “not me” — There is feeling, but it is not me feeling’).

Secondly, there is a problem with item specification: for example, some items address opposing or mutually exclusive experiences: ‘My ordinary feelings of self-awareness seem different: There seems to be a greater difference between self and non-self’ (Item 4); ‘My ordinary feelings of self-awareness seem different: There seems to be less difference between self and non-self’ (Item 6). Despite these flaws, a recent study has reported that Dixon’s scale may differentiate between patients with depersonalisation disorder and normal controls (Simeon et al., 1998). Likewise, its global score modestly correlated with the depersonalisation subscale of the Dissociation Experiences Scale.

2.2. Jacobs and Bo asso’s depersonalisation scale

This scale is constituted by 25 self-rating items,

nine of which were taken from Dixon's scale. It was also piloted in college students (Jacobs and Bovasso, 1992). Simeon et al. (1998) have shown that it can also differentiate patients with depersonalisation disorder from normal controls. On the whole, because it casts a wider net on the phenomenology of depersonalisation, this instrument shows adequate *prima facie* validity. Still, it leaves out important cognitive complaints such as: feelings of thought emptiness, changes in the subjective experiencing of memory function, inability to evoke images, and distortions in the experiencing of time, space, etc. In view of the fact that a new integrative neurobiological model of depersonalisation can explain the presence of cognitive complaints (Sierra and Berrios, 1998), it would seem that their inclusion should enhance the validity of any scale.

2.3. *Dissociative Experiences Scale*

The prevailing view that depersonalisation is a 'dissociative' phenomenon is now enshrined in most dissociation scales of which the Dissociation Experiences Scale (DES) is the most studied (Bernstein and Putnam, 1986). Based on 28 visual-analogues, the DES is meant to screen severe dissociation and has been shown to be a valid and reliable instrument (van Ijzendoorn and Schuengel, 1996). It seems to include three factors: depersonalisation, amnesia and absorption (Fisher and Elnitsky, 1990; Ray et al., 1992; Dunn et al., 1994). Recently, Simeon et al. (1998) have replicated this factorial solution in patients with depersonalisation disorder and on this basis have concluded that the DES can be used as a screen for depersonalisation disorder. Earlier applications of the DES to samples other than depersonalisation disorder found that the 'depersonalisation' factor included six items (one of which, auditory hallucinations, did not seem to have much face validity). Simeon et al. (1998), on the other hand, found that when applied to a sample of depersonalisation disorder patients, only five items loaded in the 'depersonalisation' factor.

In summary, available depersonalisation questionnaires either lack construct validity or fail to

capture the clinical aspects of depersonalisation in a comprehensive manner. Now that serious research into depersonalisation disorder is starting in earnest, a comprehensive instrument is required so that future meta-analytical studies may draw, from its repeated application, a valid and stable clinical profile. This will also allow us to differentiate between depersonalisation disorder and its behavioural phenocopies, as frequently found in association with a variety of neuropsychiatric conditions (Sierra and Berrios, 1998).

This article presents a new scale which purports to be comprehensive in clinical scope and which was validated on a sample of subjects suffering from depersonalisation disorder (see Appendix A).

3. Methods

3.1. *Subjects*

The scale was tried on a sample of 77 subjects: 35 patients meeting DSM-IV criteria for depersonalisation disorder, 22 with DSM-IV panic disorder or generalised anxiety disorder, and 20 with temporal lobe epilepsy (TLE). The mean age of the sample was 34 years (S.D. 10.2; range 18–60), and 50% were females. Patients were examined consecutively in a 'Depersonalisation and Anxiety Disorders Clinic' (GEB) and a 'Seizure Disorder Clinic' (GEB) (Addenbrooke's Hospital, Cambridge University).

3.2. *Development: item source and piloting*

A self-rating format was chosen to make administration easier, reduce interviewer bias, and eliminate the need for inter-rater reliability studies. One of the item sources was an exhaustive review of the descriptive psychopathology of depersonalisation (Sierra and Berrios, 1996, 1997, 1998) which includes a statistical analysis of 200 published cases of depersonalisation. Twenty-nine questions map as many of the clinical components of depersonalisation as possible and deal with some items in a novel way. An example of the

latter is the allocation of separate items to ‘unreality feelings’ associated with all and each of the sensory modalities, proprioception, and pain. This was done on the basis that there is clinical evidence that unreality ‘feelings’, as experienced in various sensory modalities, can occur independent from each other; if so, future research could use them as potential markers of (hitherto unknown) new clinical subtypes (Sierra and Berrios, 1998). The scale also makes subtle distinctions between feelings of mind emptiness, inability to evoke images, qualitative changes in the subjective experience of memory, and body image. Likewise, instead of including global questions on ‘emotional numbing’, different categories of emotional response are defined: loss of affection, loss of pleasure, loss of fear to threatening situations, and automatic emotional expression without concomitant subjective emotion as all these symptoms have been differentially reported in depersonalisation (Sierra and Berrios, 1997, 1998). Questions are also included about *déjà vu*, micropsia, autoscopia, and out-of-body experiences which seem frequent accompaniments of depersonalisation (Twemlow et al., 1982; Sno and Draaisma, 1993; Dening and Berrios, 1994).

Given the ineffability of some of the experiences, a special effort was made to phrase the question in ways that were both simple and did not stereotype the experience itself. To avoid halo responses, positive and negative wordings were used (e.g. ‘I have the experience of ...’; ‘I do not have the experience of ...’). To diminish ‘social undesirability’, the scale instructions state that any and all the items included might occur in normal people. Frequency and duration of the experience in a period covering the ‘last 6 months’ were measured by Likert formats as independent variables. A global score was calculated by adding up all item scores.

All scales need a score that captures the elusive clinical concepts of ‘intensity’ or ‘severity’ (which cannot help but reflect interactions between the disease and its psychosocial consequences). It is never easy to find a numerical transformation that does justice to such a qualitative notion. Given that depersonalisation often is intermittent, there was little option to creating an index

of intensity for each item out of the arithmetic sum of its ratings for frequency and duration (hence index range: 0–10). In this way, at least, the clinically valid observation is saved that a patient experiencing frequent but short-lived depersonalisation experiences should be rated as suffering from an equivalent degree of intensity to someone having less frequent but long-lasting experiences.

The initial version of the scale was piloted in 40 normal subjects, and in 10 patients with anxiety disorders. Comments were also solicited from researchers with experience in scale construction. The information obtained guided the rephrasing of some questions and the modification of the Likert scales. This explains why the Likert frequency interval is unequal (i.e. it goes from ‘rarely’ to ‘often’) in favour of higher frequency descriptors. This responded to the need to have more scalar choices at the top end of the scale so that pathological depersonalisation experiences could be better captured. In regards to duration, the same situation does not obtain, and hence a symmetrical spread of options is needed. For example, during the piloting in normal subjects, we found that some experiences (e.g. unreality) tended to be transient (seconds, minutes) whilst others (e.g. anhedonia or experiences of mind emptiness) tended to linger on for hours.

3.3. Data collecting

All the subjects of the study were: (a) examined by one or both of the authors by means of a semi-structured interview (which in a general way tried to establish whether ‘feelings of unreality’ were present but did not ask any of the specific questions included in scale) to diagnose the presence or absence of DSM-IV depersonalisation disorder (thus, clinical diagnosis was used as the *external validator*); and (b) administered the following: Cambridge Depersonalisation Scale (CDS), Zung Anxiety Scale (Zung, 1971), Dissociative Experiences Scale (Bernstein and Putnam, 1986), Beck’s Depression Inventory (BDI) (Beck et al., 1961), and the Maudsley Obsessional–Compulsive Inventory (Hodgson and Rachman, 1971). These instruments were chosen to deal

with views occasionally expressed in the clinical literature that depersonalisation may be related to depression (Lewis, 1934), anxiety (Roth, 1959) or obsessive-compulsive disorder (OCD) (Hollander and Wong, 1995).

3.4. Data analysis

Data were analysed by means of SPSS Version 6. Because the distribution of depersonalisation in the population is unknown, non-parametric statistical methods were used. Cronbach alpha coefficients and other measures were obtained by means of the 'Reliability' Module of SPSS. Clinical diagnosis (DSM-IV) and the depersonalisation sub-scale of the DES (as per Simeon et al., 1998) were used as the *external* validity criteria; correlations between BDI, OCD, and Zung scores, and scores from the non-depersonalisation subscales of the DES (i.e. 'amnesia' and 'absorption', as per Simeon et al., 1998) were used as a measure of discriminant validity. For the purposes of the analysis, it was predicted that: (1) (CDS) global scores could differentiate patients with DSM-IV 'depersonalisation disorder' from patients with DSM-IV anxiety disorders and TLE; and (2) (CDS) global scores would significantly (and specifically) correlate with the depersonalisation subscale of the DES (as per Simeon et al., 1998).

4. Results

Cronbach alpha and split-half reliability were

0.89 and 0.92, respectively, and correlations between item scores and corrected global scores ranged from 0.3 to 0.86. Lower correlations were obtained for items which, although not part of the depersonalisation syndrome, can accompany it occasionally: *déjà vu* (0.41); autoscopy (0.41); micropsias (0.56); feelings of hand or feet enlargement (0.47); and not experiencing hunger or other bodily needs (0.33). Correlations for all the core items of depersonalisation derealisation experience were > 0.6 (median 0.7). Criterion validity was tested by comparing depersonalisation scores across different clinical groups (Kruskal–Wallis). The highest median CDS global score was obtained for depersonalisation disorder (113), followed by epilepsy (44), and anxiety disorders (20) (Kruskal–Wallis; χ^2 26.1; d.f. 2, P 0.00001) (for comparison of the three groups across the other administered scales, see Table 1). Across-groups comparison showed no demographic differences, and no correlations were found between demographic variables (age, sex, schooling) and global CDS scores.

Table 2 shows the median number of items endorsed by each group as well as the median score for endorsed items. As can be seen, patients with depersonalisation disorder had more frequent and long-lasting experiences than the other two groups.

Table 3 shows a matrix of correlations for the depersonalisation disorder patient subset between the Cambridge Depersonalisation Scale (CDS) and the DES, BDI, Zung-Anxiety, and Maudsley

Table 1
Comparison of median scale scores across clinical groups

Scales	Depersonalization	Anxiety	Temporal lobe epilepsy	Kruskal–Wallis (Bonferroni-corrected)
Cambridge Depersonalisation Scale	113	20	44	P 0.0008
DES	16.2	6.2	12.8	P 0.0032
DES depersonalization	24	4	12	P 0.0008
DES amnesia	6	0.5	4.5	NS
DES absorption	17.6	10.7	18	NS
Beck Depression Inventory	16	9	14	NS
MOC Maudsley Obsessional–Compulsive Inventory	26	13	19	NS
Zung Anxiety Scale	50	47	45	NS

Table 2
Cambridge Depersonalisation Scale: clinical groups compared by pattern of item endorsement

Clinical group	Median no. of items endorsed	Median score of items endorsed (scale 0–10).	Median frequency of items endorsed	Median duration of items endorsed
Depersonalisation disorder	21 (72%)	5	2 ('Often')	3 ('Few hours')
Anxiety disorders	7 (24%)	3	1 ('Rarely')	1 ('Few seconds')
Temporal lobe epilepsy	11 (38%)	3	1 ('Rarely')	2 ('Few minutes')

OCD scales. The CDS correlated highly with the DES and with its depersonalisation subscale (as per Simeon et al., 1998). It did not correlate with either the other subscales of the DES or the other three scales. Its correlation with the global scale of the DES was, in fact, entirely due to the variance carried by the depersonalisation subscale of the latter. In the DSM-IV depersonalisation disorder group, the correlational selectivity of the CDS was not matched by the 'depersonalisation' subscale of the DES, which correlated with both its sister 'amnesia' (0.67, $P = 0.0001$) and 'absorption' subscales (0.5, $P = 0.002$).

In the group of non-depersonalisers (anxiety disorders and TLE), the CDS showed significant correlations (Bonferroni-corrected) with the following: DES (0.75, $P = 0.0007$); DES depersonalisation (0.69, $P = 0.0007$); DES amnesia (0.57, $P = 0.0007$); DES absorption (0.7, $P = 0.0007$); and Beck Depression Inventory (0.55, $P = 0.001$).

Table 3
Correlations for the DSM-IV depersonalisation disorder group between the Cambridge Depersonalisation Scale and other scales (Bonferroni-corrected)

Other scales	Cambridge Depersonalisation Scale
Dissociative Experiences Scale (DES)	0.49 ($P = 0.023$)
DES (depersonalisation)	0.80 ($P = 0.0007$)
DES (amnesia)	0.29 NS
DES (absorption)	0.25 NS
Beck Depression Inventory	0.15 NS
Maudsley Obsessional–Compulsive Inventory	0.14 NS
Zung Anxiety Scale	0.03 NS

Fig. 1 shows a ROC curve of the CDS at different cut-off points. As can be seen, the best compromise between true positive and false negative rates is at a cut-off of 70, yielding a sensitivity of 75.7% and a specificity of 87.2%.

5. Discussion

The scale reported in this article has been found to be a reliable and valid instrument to measure depersonalisation disorder. Global scores were able to differentiate patients with depersonalisation disorder from patients with anxiety disorders and patients with TLE. We take the latter as reflecting high validity of our instrument, since it is well known that patients with anxiety or TLE frequently suffer from depersonalisation experiences (in fact, 50 and 80% of our samples, respectively, reported fleeting depersonalisation-like experiences). Subjects with DSM-IV depersonalisation disorder endorsed more items and rated them as more frequent and enduring (hours as opposed to seconds or minutes for the other clinical groups). Consistent with clinical observation, the depersonalisation experiences recorded for anxiety disorders and TLE had less phenomenological richness, and were less frequent and more fleeting. Again in keeping with clinical wisdom, depersonalisation-like episodes in the TLE group lasted longer.

In the depersonalisation disorder group, the global score of our scale correlated highly *only with the 'depersonalisation' subscale of the DES* (5 items) and *not* with the 'amnesia' and 'absorption' sub-scales. The DES, on the other hand, did

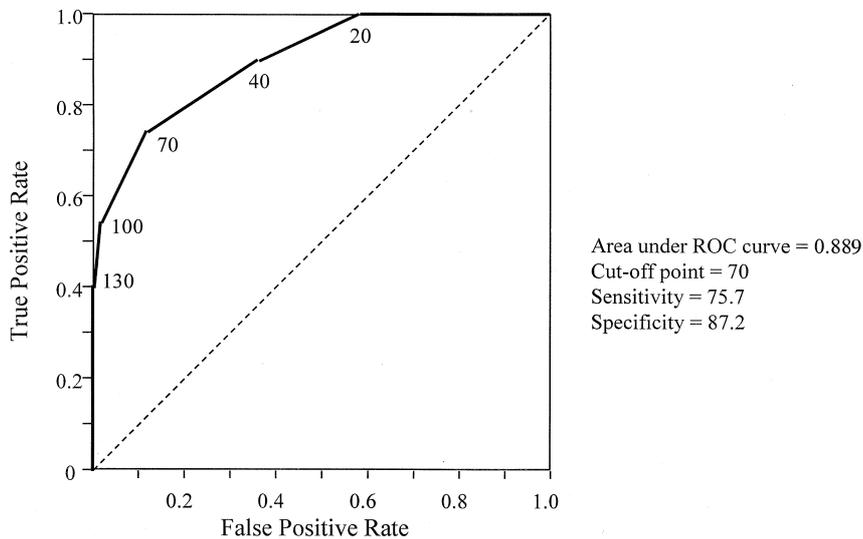


Fig. 1. ROC curve of the Cambridge Depersonalisation Scale. Numbers on the curve represent different cut-off points. The best compromise between true positive and false positive rates is at a cut-off of 70, yielding a sensitivity of 75.7% and a specificity of 87.2%.

not show this selectivity, and in the same group of patients all three of its sub-scales showed a high correlation with one another. This is likely to have resulted from the fact that the novel items of the CDS sharpened its capacity to discriminate. Interestingly enough, these results also support the view that depersonalisation disorder is phenomenologically independent from other dissociative and psychopathological conditions.

In spite of the apparent heterogeneity of its items, the CDS showed clinical coherence and stability. This supports its construct validity and shows that depersonalisation disorder is a more complex clinical syndrome than recent descriptions may suggest.

Not surprisingly, our findings were less specific in the groups including patients with anxiety disorders and TLE where the global score of our scale correlated significantly with the DES global score, its three subscales, and the Beck Depression Inventory. These findings indirectly support the validity of the CDS and suggest that fleeting depersonalisation-like experiences, as seen in anxiety disorders or TLE, might be less distinct and specific than the symptoms of the full-blown condition (depersonalisation disorder). For exam-

ple, in TLE depersonalisation symptoms are likely to be part of a global and non-specific alteration in self-consciousness (e.g. so-called 'dreamy states') whose co-varying features are expected to correlate (Antoni, 1946). Likewise, in patients with anxiety disorders or depression, symptoms of depersonalisation will be secondary to the primary condition and will correlate with it.

The results herewith reported strongly support the view that the CDS is a good instrument for the differential diagnosis of depersonalisation disorder from its many behavioural phenocopies. Our data (because of the clinical samples utilised) do not allow us to state any views on its capacity as a screening instrument, although it can be speculated that the CDS should work well at even lower cut-off scores.

6. Summary and conclusions

Despite the fact that one century has elapsed since the naming and conceptualisation of depersonalisation (Sierra and Berrios, 1996), little systematic research has been carried out in relation to its phenomenology and neurobiology. One

stumbling block has been the absence of valid and reliable scales. Available scales are not comprehensive from the phenomenological point of view, and this is a serious shortcoming for we do not know yet which clinical features of depersonalisation are relevant to the study of its neurobiology.

With this in mind, we constructed a scale comprehensible enough to map as much as is known about the classical phenomenology of depersonalisation disorder. The fact that in a group of patients with DSM-IV depersonalisation disorder the CDS correlated selectively with the four items of the depersonalisation sub-scale of the DES suggests that the inclusion of novel items, addressing hitherto neglected components of depersonalisation, does increase the sensitivity and specificity of the instrument.

Appendix A. Cambridge Depersonalisation Scale

(Sierra and Berrios, 1996)

NAME: _____
 AGE: _____ SEX: MALE FEMALE
 (please circle as required)
 SCHOOLING: PRIMARY SECONDARY
 HIGHER (E.G. UNIVERSITY)
 (please circle as required)

PLEASE READ INSTRUCTIONS CAREFULLY:

This questionnaire describes strange and ‘funny’ experiences that normal people may have in their daily life. We are interested in their: (a) *frequency*, i.e. how often have you had these experiences *OVER THE LAST SIX MONTHS*; and (b) their approximate *duration*. For each question, please circle the answers that suit you best. If you are not sure, give your best guess.

1. Out of the blue, I feel strange, as if I were not real or as if I were cut off from the world.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>
4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

2. What I see looks ‘flat’ or ‘lifeless’, as if I were looking at a picture.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>
4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

3. Parts of my body feel as if they didn’t belong to me.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>
4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

4. I have found myself *not being frightened at all* in situations which normally I would find frightening or distressing.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>
4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

5. My favourite activities are no longer enjoyable.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>
4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

6. Whilst doing something I have the feeling of being a ‘detached observer’ of myself.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>
4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

7. The flavour of meals no longer gives me a feeling of pleasure or distaste.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>
4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

8. My body feels very light, as if it were floating on air.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>
4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

9. When I weep or laugh, I do not seem to feel any emotions at all.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>
4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

10. I have the feeling of *not ha ing any thoughts at all*, so that when I speak it feels as if my words were being uttered by an ‘automaton’.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>
4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

11. Familiar voices (including my own) sound remote and unreal.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>
4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

12. I have the feeling that my hands or my feet have become larger or smaller.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>
4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

13. My surroundings feel detached or unreal, as if there were a veil between me and the outside world.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>
4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

14. It seems as if things that I have recently done had taken place a long time ago. For example, anything which I have done this morning feels as if it were done weeks ago.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>
4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

15. Whilst fully awake I have ‘visions’ in which I can see myself outside, as if I were looking my image in a mirror.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>
4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

16. I feel detached from memories of things that have happened to me — as if I had not been involved in them.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>

4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

17. When in a new situation, it feels as if I have been through it before.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>
4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

18. Out of the blue, I find myself not feeling any affection towards my family and close friends.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>
4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

19. Objects around me seem to look smaller or further away.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>
4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

20. I cannot feel properly the objects that I touch with my hands for it feels *as if it were not me* who were touching it.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>

- 3 *ery often* 3 *few hours*
- 4 *all the time* 4 *about a day*
- 5 *more than a day*
- 6 *more than a week*

21. I do not seem able to picture things in my mind, for example, the face of a close friend or a familiar place.

- | <i>Frequency</i> | <i>Duration</i> |
|-----------------------|---------------------------|
| 0 <i>ne er</i> | In general, it lasts: |
| 1 <i>rarely</i> | 1 <i>few seconds</i> |
| 2 <i>often</i> | 2 <i>few minutes</i> |
| 3 <i>ery often</i> | 3 <i>few hours</i> |
| 4 <i>all the time</i> | 4 <i>about a day</i> |
| | 5 <i>more than a day</i> |
| | 6 <i>more than a week</i> |

22. When a part of my body hurts, I feel so detached from the pain that it feels as if it were ‘somebody else’s pain’.

- | <i>Frequency</i> | <i>Duration</i> |
|-----------------------|---------------------------|
| 0 <i>ne er</i> | In general, it lasts: |
| 1 <i>rarely</i> | 1 <i>few seconds</i> |
| 2 <i>often</i> | 2 <i>few minutes</i> |
| 3 <i>ery often</i> | 3 <i>few hours</i> |
| 4 <i>all the time</i> | 4 <i>about a day</i> |
| | 5 <i>more than a day</i> |
| | 6 <i>more than a week</i> |

23. I have the feeling of being outside my body.

- | <i>Frequency</i> | <i>Duration</i> |
|-----------------------|---------------------------|
| 0 <i>ne er</i> | In general, it lasts: |
| 1 <i>rarely</i> | 1 <i>few seconds</i> |
| 2 <i>often</i> | 2 <i>few minutes</i> |
| 3 <i>ery often</i> | 3 <i>few hours</i> |
| 4 <i>all the time</i> | 4 <i>about a day</i> |
| | 5 <i>more than a day</i> |
| | 6 <i>more than a week</i> |

24. When I move it doesn’t feel as if I were in charge of the movements, so that I feel ‘automatic’ and mechanical as if I were a ‘robot’.

- | <i>Frequency</i> | <i>Duration</i> |
|------------------|-----------------------|
| 0 <i>ne er</i> | In general, it lasts: |

- 1 *rarely* 1 *few seconds*
- 2 *often* 2 *few minutes*
- 3 *ery often* 3 *few hours*
- 4 *all the time* 4 *about a day*
- 5 *more than a day*
- 6 *more than a week*

25. The smell of things no longer gives me a feeling of pleasure or dislike.

- | <i>Frequency</i> | <i>Duration</i> |
|-----------------------|---------------------------|
| 0 <i>ne er</i> | In general, it lasts: |
| 1 <i>rarely</i> | 1 <i>few seconds</i> |
| 2 <i>often</i> | 2 <i>few minutes</i> |
| 3 <i>ery often</i> | 3 <i>few hours</i> |
| 4 <i>all the time</i> | 4 <i>about a day</i> |
| | 5 <i>more than a day</i> |
| | 6 <i>more than a week</i> |

26. I feel so detached from my thoughts that they seem to have a ‘life’ of their own.

- | <i>Frequency</i> | <i>Duration</i> |
|-----------------------|---------------------------|
| 0 <i>ne er</i> | In general, it lasts: |
| 1 <i>rarely</i> | 1 <i>few seconds</i> |
| 2 <i>often</i> | 2 <i>few minutes</i> |
| 3 <i>ery often</i> | 3 <i>few hours</i> |
| 4 <i>all the time</i> | 4 <i>about a day</i> |
| | 5 <i>more than a day</i> |
| | 6 <i>more than a week</i> |

27. I have to touch myself to make sure that I have a body or a real existence.

- | <i>Frequency</i> | <i>Duration</i> |
|-----------------------|---------------------------|
| 0 <i>ne er</i> | In general, it lasts: |
| 1 <i>rarely</i> | 1 <i>few seconds</i> |
| 2 <i>often</i> | 2 <i>few minutes</i> |
| 3 <i>ery often</i> | 3 <i>few hours</i> |
| 4 <i>all the time</i> | 4 <i>about a day</i> |
| | 5 <i>more than a day</i> |
| | 6 <i>more than a week</i> |

28. I seem to have lost some bodily sensations (e.g. of hunger and thirst) so that when I eat or drink, it feels an automatic routine.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>
4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

29. Previously familiar places look unfamiliar, as if I had never seen them before.

<i>Frequency</i>	<i>Duration</i>
0 <i>ne er</i>	In general, it lasts:
1 <i>rarely</i>	1 <i>few seconds</i>
2 <i>often</i>	2 <i>few minutes</i>
3 <i>ery often</i>	3 <i>few hours</i>
4 <i>all the time</i>	4 <i>about a day</i>
	5 <i>more than a day</i>
	6 <i>more than a week</i>

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