Depersonalization Disorder (DPD)

A Model System for Consciousness?

Levente MÓRÓ

Consciousness Research Group, Centre for Cognitive Neuroscience, University of Turku, Finland <leve@utu.fi>

Scientific studies of consciousness have proposed various models of consciousness: visual system (Crick & Koch), anesthesia (Flohr), dreaming (Revonsuo), coma (Laureys), epilepsy (Blumenfeld)

A model should cover the constitutive subsystems of consciousness (1975):

exteroception, interoception, input processing, memory, sense of identity, emotions, evaluation and decision making, subconscious, motor output, and space/time sense

These may be categorized into Somatic, Perceptual, Cognitive, and Emotional components.

? What 'explanatory correlates' should these models describe?

Four fundamental properties characterizing most if not all conscious experiences (Seth 2009):

- (i) the co-existence of segregation and integration in conscious scenes
- (ii) the emergence of a subjective first-person perspective
- (iii) the presence of affective conscious contents, either transiently (emotion) or as a background (mood)
- (iv) experiences of intention and agency that are characteristic of voluntary action

? Are there also model candidates in clinical neuropsychiatry?

A comparative search through comprehensive diagnosis lists (e.g., the DSM-IV) for disturbances, deficits, and impairments in the components and correlates of consciousness:

DSM-IV	Symptoms (disturbances, deficits, impairments) by component				Reality testing?
disorder category	Somatic	Perceptual	Cognitive	Emotional	recurry testing.
Adjustment				+	
Anxiety	+			+	1
Cognitive			+		1
Childhood	N/A	N/A	N/A	N/A	
Dissociative	+	+	+	+	Intact
Eating	+	+		+	
Factitious	+		+		1
Impulse-Control			+	+	1
Mood				+	1
Personality			+	+	
Schizophrenia	+	+	+	+	Impaired X
Sexual	+		+		
Sleep	+				
Somatoform	+				
Substance Related	+	+	+	+	Impaired X

In dissociative disorders, practically all subsystems of consciousness are affected. Depersonalization disorder (DPD) 1 is a dysfunction of the subjective experience, where reality testing remains intact.

! DPD as a noteworthy candidate model system for consciousness!

No recognized treatment for DPD, but conditions and methods that may...

...induce DPD-like symptoms: psychological stress, psychoactive substance use κ-opioid receptor agonists (KOR) 1 ...reduce DPD-like symptoms:

pharmacotherapy: κ-opioid receptor antagonists (naloxone, naltrexone), SSRI antidepressants, cognitive-behavioral therapy (CBT)

! DPD-like symptoms may be induced by κ -opioid agonists!

Symptoms of DPD and acute effects of Salvia divinorum — a recreationally used hallucinogenic plant containing the κ-opioid agonist salvinorin-A:

C	Symptoms of DPD	Salvia divinorum / salvinorin-A effects		
Component	(Medford et al. 2005)	(Sumnall et al. 2010)		
Somatic	Desomatisation : Diminution, loss or alteration of bodily sensations, sense of disembodiment; there may be a raised pain threshold	changes in the perception of size, weight, and posture		
Perceptual	Derealisation : Threatening sense of unfamiliarity or unreality in the environment, perceptual anomalies may be present, other people may feel like actors in a play	no boundaries between inner and outer reality, a sense of unity, 'wherever I looked was especially beautiful'		
Cognitive	Depersonalization: Disturbing sense of being 'separate from oneself', observing oneself as if from outside, feeling like a robot or automaton	understanding the universe, feeling beyond or outside of time, consciousness/mind located outside the physical body, 'at the same time I was also someone or something else', 'I experienced thoughts that I believed were not my own'		
Emotional	De-affectualisation: Diminution or loss of emotional reactivity: emotions seem to lack spontaneity and subjective validity; this may affect intimate relationships	sense of reverence, more connected to other people		

! Salvinorin-A induces brief and positive DPD-like dissociative symptoms!

Exploring consciousness by clinically induced depersonalization?

- the subjective experience of "feeling unreal"
- studying self-awareness, embodiment, and metacognition
- the concept of "being no-one" in the philosophy of mind

- Exteroception
- Interoception
- Input processing
- · Memory
- Sense of identity
- **Emotions**
- Subconscious
- Motor output
- Space/time sense
- **Evaluation and** decision making



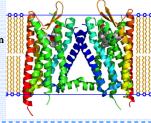
Depersonalization Disorder (DPD)

- a feeling of being detached from one's mental processes or body
- accompanied by intact reality testing
- DSM-IV: 300.6 (Depersonalization disorder)
- ICD10: F48.1 (Depersonalization-derealisation syndrome)
- "feeling unreal"

(DSM-IV TR 2000)

The κ-opioid receptor (KOR)

- 1 of 4 opioid receptor types no morphine-like effects Agonists:
- produce dysphoria & delirium
- in nature: Mentha spp.
- therapy: addiction treatment
- Antagonists:
- naloxone, naltrexone
- therapy: antidepressant



(Tejeda et al. 2012)

Salvia divinorum ("diviner's sage")

- a hallucinogenic mint/sage
- traditional use in Mexico
- recent recreational use
- smoked or chewed
- short duration 10-25 min
- psychoactive: salvinorin-/
- potent κ-opioid agonist
- effects reported 'unique'
- space/time distortions
- entity encounters (!)



(Sumnall et al. 2010)

Clinically induced depersonalization by salvinorin-A could be an interesting method for exploring and modelling consciousness!

References

APA [American Psychiatric Association] (2000). Diagnostic and statistical manual of mental disorders (4th ed., text revision). Washington, DC: Author. Medford, N., Sierra, M., Baker, D., & David, A. S. (2005). Understanding and treating depersonalisation disorder. Advances in Psychiatric Treatment, 11(2), 92-100.

Seth, A. (2009). Explanatory Correlates of Consciousness: Theoretical and Computational Challenges. Cognitive Computation, 1(1), 50-63.

Sumnall, H. R., Measham, F., Brandt, S. D., & Cole, J. C. (2010). Salvia divinorum use and phenomenology: results from an online survey. Journal of Psychopharmacology

Tart, C. T. (1975). States of Consciousness. New York, NY: E.P. Dutton & Co

Tejeda, H., Shippenberg, T., & Henriksson, R. (2012). The dynorphin/x-opioid receptor system and its role in psychiatric disorders. Cellular and Molecular Life Sciences, 69(6), 857-896.