

Depersonalization\ Deralization Disorder - The Reality of Iraqi Adolescents

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Abstract

Recently, a group of ideas or phenomena appeared, which is originally an indication of the presence of disorder in some students, which is unknown to most parents and teachers as well as specialists in the study of psychological phenomena, because they overlap with other symptoms that let us exclude the possibility of their presence in students due to the difficulty of diagnosing them or their similarity with other symptoms, Among these disorders, which according to the fifth diagnostic manual are called Depersonalization\ Deralization disorder - the reality that some male and female students suffer from in some societies. The researcher adopted the Mul et al. (2008) test for Depersonalization\ Deralization disorder - reality and distributed into four domains that are answered according to Likert's method through binary alternatives (yes, no) and weight (0.1) expressed by the subject.

Key words: Depersonalization\ Deralization disorder - the reality - Adolescents

Introduction: - The Iraqi people have gone through difficult times, as wars, explosions and displacement which have greatly affected the lives of the people. Many of them have witnessed the death of members of their families in violent ways and lived in constant fear for their lives, and they remained stuck in their imaginations of what they went through, as the situation seems like an endless nightmare. And left an unforgettable trace in them. Some people may feel that all the things and facts that happen to them about themselves and their surroundings in which they live is not a real matter, and that it is as if they are watching a movie waiting for its end. This feeling may be normal if it is a fleeting feeling left by the nervous conditions that the person is going through, but if this condition is permanent, it expresses a psychological disorder called Depersonalization\ Deralization disorder or alienation from reality, a disorder that results from experiencing dangerous feelings of unreality that dominate A person's life that prevents normal functioning in life. Attempts to describe and understand a depersonalization state raise fundamental questions: What do we mean by sense of self? How is this feeling generated and maintained? If a person says that he feels that his surroundings are unreal and yet he knows that it is in fact real, then what might this tell us about the phenomena of experience? In the tenth edition of the International Classification of Diseases (ICD-10), Depersonalization\ Deralization is explicitly linked to the related phenomenon of estrangement from reality. In the diagnostic category, Depersonalization\ Deralization disorder - reality, where the patient complains that his mental activity, body, and / or surroundings have changed in Their quality, being unrealistic or remote, Sierra et al. (2005). That patients with Depersonalization\ Deralization -reality disorder may complain of an emotional, psychedelic experience,

intense self-observation, or altered body experience, feelings of lack of control over movement, changes in the experience of time and space, the feeling of emptiness of the mind, and the inability to imagine things as well as states. Perceptual anomalies such as the outside world that appears strangely flat and two-dimensional or that colors appear less or sometimes more vibrant than previous (Medford, 2012, p.17). The Diagnostic Manual (DSM5) 2013 defined it: 1- Depersonalization\ Derealization: experiences of unreality, separation, or the feeling of being an external observer, taking into account the person's thoughts, feelings, feelings, body, or actions) perceptual changes, a distorted sense of time, and a feeling of unreality of the soul or its absence, physical and / or emotional numbness).

2 Dissipating Reality: Experiences of separation and unreality with consideration of the surroundings) the experience of objects or individuals as unreal, dream-like, blurry, lifeless, or visually distorted (DSM5 2013). Ackner (1954) asserted that Depersonalization\ Derealization disorder - reality occurs in a group with a variety of conditions, including epilepsy, head injury, encephalitis, tumors, carbon monoxide poisoning, and delirious states, and it is difficult to ascertain definitively that Depersonalization\ Derealization - reality is occurring secondary to an organic disorder rather than a psychiatric disorder, because in most medical and neurological conditions, mental disorders coexist. In fact, their occurrence will be related to periods of emotional stress (Lambert et al., 2002, p.141), and children and adolescents are a particularly vulnerable group. Psychological harm can have a major impact on their long-term development and performance, sometimes causing problems related to strong emotions, learning difficulties, or behaviors that pose a risk to their health. Depersonalization\ Derealization disorder - reality that has been almost entirely neglected by consciousness professionals, is due to persistent misinformation about the nature of the disorder, to the reduction of its prevalence and the great difficulty in expressing it accurately. Much of the neglect of Depersonalization\ Derealization disorder - reality in both academic and popular culture - is due to the inability of non-sufferers to empathize with its symptoms, although many people have experienced it in passing and in a mild form, for example when a word or sentence is repeated. Until it seems unfamiliar (Mellor, 2015, pp. 3-4). Therefore, adolescence is considered a sensitive and critical stage of development in an individual's life. Researchers have considered this the most distinctive stage in the life of a teenager to be psycho-pathological, not only because it is a complex stage of structure, but rather it may be due to the quality of its topics being addressed and to the interest in these features, as it will guide us to the most important disorders, starting from what they are, their crises and methods of treatment. The researcher posed questions and answered them in this research: What is the prevalence of the level of Depersonalization\ Derealization disorder - reality using certain tools and indicators. Therefore, the current research aimed at: measuring the prevalence of Depersonalization\ Derealization disorder - reality among Iraqi adolescents, and finding a difference in Depersonalization\ Derealization disorder - reality among adolescents according to the gender variable (males - females).

Theoretical review of literature: Some argue that the Depersonalization\ Derealization - reality has recently become the focus of clinical research, but the dissipation of personality (DP) and the dissipation of reality (DR) are the two terms that have been covered in the conceptual debate since the beginning of psychoanalysis, more than 120 years ago. Breuer and Freud (1893) notes of the dissociative processes they observed in patients presenting for treatment. Although the term Depersonalization\ Derealization was first coined in the late nineteenth century by Dugas (1898), symptoms indicating Depersonalization\ Derealization disorder - a reality in case studies throughout the nineteenth century in relation to the

diagnosis of hysteria - were described. It is used to refer to a wide range of psychological conditions and symptoms that today fall under more explicit diagnostic categories such as schizophrenia, somatization, conversion, borderline personality, and post-traumatic stress disorder (Doherty, 2014, p. 6). And Depersonalization\ Deralization -reality may be a feature of many mental disorders, so this disorder is more common than it is thought. Societal and population studies reveal the Depersonalization\ Deralization disorder - reality (2010). Sharon Reutensa et al reported that there was a prevalence of about (1% -2%) for Depersonalization\ Deralization - reality, compared to a prevalence of (3.3) per thousand in the case of schizophrenia, as the main clinical features of Depersonalization\ Deralization - reality represents a rift within the individual's integrated sense of self. Sensory and emotional experiences are separated from the motor aspects and consciousness of the individual, which leads to the patient's description of himself in the following manner: feeling like a robot, a detachment from the individual's emotions, a strange feeling of the individual's image in the mirror, and a detachment from body movements or speech. They also complain of poor attention, concentration and memory. Neuropsychological tests confirmed the presence of attention difficulties as well as the speed of information processing and immediate visual and verbal recall (Reutens et al., 2010, p. 279). Discussions regarding Depersonalization\ Deralization - reality continued until it was classified as a depersonalization / reality disorder in the fifth classification DSM5 in 2013, after it was (Depersonalization\ Deralization disorder) in the fourth classification DSM-IV in 1994 and the revised fourth classification DSM-IV-TR. 2000 year.

The ideal dissociation theory (Putnam & Ross (1989) .

This theory explains the disintegration that initially occurs during trauma, as the dissociative symptoms known to the physician begin to develop into the experience that precedes those symptoms. These dissociative reactions are conceptually related to the dissociative symptoms by how these symptoms are transformed into the perception of classifications. A distinction must therefore be made between the dissociative pattern of functioning that leads to the diagnosis of dissociative disorder and the experience of dissociative reactions during trauma. Dissociative experience is defined as dissociation-like experiences, such as those described in classification, which is a dissociation experience of one's body as being unrealistic, and the Dissociative reaction is defined as a dissociative experience during shock and is a response to it. One being unrealistic during an earthquake, for example, would be a deconstructive reaction. A dissociative symptom is defined as a permanent or repetitive dissociation experience that occurs when no apparent external trauma occurs. (Putnam & Ross (1989) noted that the experience of one's body as unrealistic occurs when there are no external traumas and these are disintegrating symptoms, as the literature has confirmed that trauma is the cause of the dissociative symptoms (Beere, 1993, pp. 165-166). That these deconstructive reactions link the dissociative reactions in theory to the dissociative symptoms through how those symptoms are combined, by considering two issues related to the separation, namely: the dissociation as a result of trauma, and the symptoms of separation and dissociative reactions as perceptual sensory experiences. Merleau-Ponty (1962) demonstrated that perceptual experience clusters into categories that are identified as background (of ego, mind, body, world and time) which are the same perceptual domains in which the dissociative and seperative symptoms appear, and these areas are collectively defined as the perceptual background. Dissociation involves a change in how we perceive background areas. Moreover, these background domains are associated with dissociative perturbations. While the next section looks at perception on the surface and reveals that although the perception process is itself associative and dissociative, it does not adequately explain dissociative reactions. Changes in the basic organization of

natural perception will be shown to form the basis of deconstructive reactions: that is, the ever-present background elements (me, mind, body, world, time) are lost or degraded (Beere, 1993, pp. 165-166).

The Method

Participants: - A sample of intermediate and high school students affiliated with the Baghdad Education Directorates and the governorates was selected (400) students, with (200) males and (200) females, and their ages ranged between (19-14) years old, with an average age of (16.5) years.

Tool: - Apply the Depersonalization\ Deralization disorder scale - reality to the aforementioned sample, as the researcher adopted the Mul et al. (2008) measure of Depersonalization\ Deralization disorder - reality, which consists of (49) items distributed into four domains, represented by (9) items for the field of dissipating reality, and (16) items for the field of dissipating the physical-psychological personality, and by (16) items for the field of self- dissipating personality, and (8) items for the field of emotional dissipation of personality, to be answered according to Likert's method through binary alternatives (Yes, No) with the weight of (0.1) expressed by the subject. The scale was based on the criteria of the DSM-IV-TR-2000, and after reviewing the criteria for this disorder in the DSM5 classification in 2013, it was found that the criteria were the same as the same did not change from the DSM-IV-TR standards of 2000. The arithmetic mean and standard deviation were also calculated in each group and for each item of the scale of Depersonalization\ Deralization disorder - reality, and the scale was presented to a group of referees and after retrieving the questionnaires of experts' opinions, unpacking their data and analyzing them, the referees expressed their agreement on all items of the scale, except for item (35) which has been deleted. After that, the discriminatory power of the scale was extracted after analyzing the items of the Depersonalization\ Deralization disorder scale - reality using the item discrimination equation and according to the criterion of Ebel)) which confirms that the item is distinguished if its discriminatory strength is more than (30 0.) (Eble, 1972, p.140). It became clear that all the paragraphs of this scale are distinct except for item (41), where the calculated value was less than (0.30), and then it is an indistinguishable item, and thus the scale consists of (47) items. The researcher resorted to using the confirmatory factor analysis method to extract the validity of the construction, and the researcher also obtained a number of important match quality indicators that show the extent of conformity of the theoretical model adopted by the researcher with the sample included in the study, such as the Hoelter index, as the index value reached (259) and the Good Match Index (GFI). It reached (0.84), and the stability of the scale was extracted by Richard's Keoder method (20) on the answers of the total research sample of (400) examined, as the reliability coefficient for the scale as a whole reached (0.87) degree. The researcher also extracted the reliability coefficient by re-testing, and it was revealed that the value of the reliability coefficient of the scale and its fields reached (0.90).

Statistical means: - The researcher used the T-test for one sample and the T-test for two independent samples, the discrimination equation, the point binary correlation coefficient and the Pearson correlation coefficient, and also the Coder-Richardson equation (20). Among the statistical methods used are confirmatory factor analysis, as well as the torsion and kurtosis were used the mean, median, and mode: to know the psychometric properties.

Results: - The results showed that the percentage of individuals who have a high level of Depersonalization\ Deralization disorder - reality (15.30%), and Table (1) illustrates this.

Table (1)

The T-grades (modified standard) and the corresponding raw scores for the research sample individuals on the scale of depersonalization disorder – reality

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Sample	Depersonalization\ Deralization disorder- reality level	T-grades	the corresponding raw scores	No. of subjects	male	Female	Percentage
400	High	60 and more	31-47	80	48	32	15.30%
	Medium	Between (40-60)	13-30	204	87	117	
	low	Less than 40	0-12	115	65	51	

The results also showed that there are (80) male and female students diagnosed with Depersonalization\ Deralization disorder – reality located within the (high level) and by (48) males and (32) females, their crude grades range from (47-31). This result indicates the presence of Depersonalization\ Deralization - reality disorder among the sample, which was consistent with the DSM-5 criteria (2013).

The results showed that there is no difference in the Depersonalization\ Deralization disorder - reality according to the gender variable (male, female), because the calculated T value (0.15) is less than the tabular T value of (1.96) at the level of (0.05) and the degree of freedom (78) and the table. (2) Explains it.

Table (2)
The T-test for two independent samples to identify the differences in the Depersonalization\ Deralization according to the gender variable (male, female)

sample	Gender	Number	Mean	Standard deviation	T computed	T tabulated	Significance
80	Males	48	33.73	1.87	0.15	1.96	Insignificance
	Females	32	33.66	2.34			

Discussion: -Putnam (1997) explains that states of change are complex, persistent, identity-based, and discrete dissociative states that develop during childhood and adolescence and arise in the context of severe trauma that occurs early in childhood and over time become increasingly disparate (Putnam (1997, p. 175). This result contradicts the Reutensa et al. (2010) study. On the presence of a prevalence rate of about (1% -2%) to Depersonalization\ Deralization - reality compared to a period of prevalence of (3.3%) (Reutensa et al., 2010, p.1). This result contrasted with the Sirvent & Fernandez (2015) study of addicts, which indicated that the prevalence rate is (1.5%) in the Spanish community (2015, p. 2, Sirvent & Fernandez).

Conclusions:- The definition of Depersonalization\ Deralization disorder - reality and its criteria issued by the American Psychological Association (APA), needs more research and studies in all societies, and it is known that Depersonalization\ Deralization disorder - reality, it is very difficult to express it accurately. It is also mixed with some other disorders such as anxiety disorders and other separatist disorders. The rate of prevalence may increase in the coming years, and this may be due to the crises, wars and pressures that the Iraqi society has gone through in the recent period and that the shocks and fears that the research sample went through left their effects on them. And that Depersonalization\

Deralization disorder - reality is one of the influences they have shown that this disorder is rarely diagnosed.