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THE PROTECTIVE FUNCTION OF DEPERSONALIZATION OF THE PERSONALITY LIFE-SUPPORT SYSTEM

SUMMARY. The depersonalization of the personality life-support system is described in the article. It is used as a set of psychological defenses since other ways of coping with a stressful situation (such as superior/secondary defenses or various kinds of coping) are ill-formed, not marked and rarely used in frustrating situations.

KEY WORDS. Protective mechanisms, depersonalization, personal life support system, stress, adaptation.

Depersonalization is met as an isolated episode in the life of each person and is not always pathological. It is often observed in childhood and during the period of self-conscious development. Adults suffer from it when they have a short-term sense of unreality visiting a new unknown place. Depersonalization remains a poorly studied psychological phenomenon.

Our research is based on the following **problems**. Firstly, depersonalization is not found or incorrectly diagnosed in the majority of patients who visit a psychologist or psychiatrist. Secondly, people don't consult the doctor because they think they are just tired or exhausted. Thirdly, sometimes people with depersonalization consult therapists, sexopathologists and even oculists because they don't understand what has happened to them.

In this connection it is very important to define who will work with a client: the psychologist only or the psychologist together with the psychiatrist (to provide the client with medical treatment). At present the functions of depersonalization have not been studied.

In the history of psychology there were cases when symptoms, bearing negative effect, had a protective function with positive influence on the mind, which helped the person to cope with difficulties. The symptoms of neurosis serve a protective function and help a person to cope with painful experience or complicated emotions connected with the memory of traumas. In spite of the fact that these symptoms are unconscious, they however influence positively the person's mind and behavior.

The allocation of a positive or protective function of depersonalization is possible in the context of the life-support systems of the individual. The main functions of the system are the protection of personal integrity, life adaptation, and the development

of personality. The examination of the protective function will be made within the system of levels (psychological defenses and coping mechanisms).

The aim of this research is to find the connection between depersonalization of the first level and psychological protection in the personal life support system of the person. This connection indicates a failure at the levels of psychological defense and coping mechanisms. Thus, the protective function of depersonalization is considered as one of the mechanisms which helps to save the integrity of the system and the person's adaptation to a new stressful situation

According to A.A. Megrabian, *depersonalization* is a disorder of the consciousness wherein the perception of oneself changes. The thoughts and the actions of the person are perceived with a feeling of alienation and split personality. N.A. Ilina defines depersonalization as the comprehension of mental processes without deep disorders of mental activity.

In modern clinical psychology and psychiatry, depersonalization is accepted as the phase of transition from a normal state to disease or to changes of syndrome in the dynamic of the disease (eg. from a maniacal to a depressive state). It is met practically in all mental disorders: depressions, schizophrenia, panic, posttraumatic disorders, epilepsy and others.

According to V.U. Vorobev there are *three levels of depersonalization*. The first one is characterized by the loss or reduction of the emotional component of mental processes. People complain of the loss of love and attachment to relatives, everything around is dull, colorless and unimportant. They have the sense that things around them aren't real, or they have the feeling that they're observing themselves from outside their body. Sometimes the perception of oneself is broken and people compare themselves with a "robot" or "machine".

According to N. McWilliams, *protective mechanisms* are unconscious mental processes which reduce negative feelings, emotions and such experiences as internal conflict or frustration. The author underlines *two levels of protective mechanisms*: primary and secondary. *Primary protective mechanisms* are basic and unconscious. They influence a person's behavior, feelings and thoughts. *Secondary protective mechanisms* are connected with more developed and highly-organized protection. They influence the person's thoughts only or his feelings or behavior.

It is necessary to notice that according to N. McWilliams, there is a distinction between pathological psychological protection (or "substandard", "inefficient" functioning of protective mechanisms), which leads to social and psychological non-adaptation, and normal psychological protection. So, the protective function of depersonalization is considered as a life-support system where it can have the further development of a non-adaptation pathology.

Methods

1. Clinical interview for the first level of depersonalization. As a result of the interview two groups were allocated: an experimental group with the first level of identified depersonalization (30 people) and a control group without symptoms of depersonalization of the first level (30 people). The samples were balanced by sex

and age. The age range of people was 15-22 years old—the period when intensification of disease usually takes place. At a more advanced age it is not the first level of depersonalization, and must be diagnosed as a more serious mental disorder (for example, psychosis or schizophrenia).

2. “Lifestyle index” personality questionnaires, made by the authors R. Pluchek, H. Kellerman, G. Conte (1979), in the adaptation by L.I. Wasserman, O.F. Erysheva and E.B. Klubov (1991, 1999) were used to identify the psychological defense mechanisms of the frustrated individual.

3. Semantic differential in modification (M.V. Bogdanova) is used to define a wide range of protective manifestations of personality.

The results were processed in the program STATISTICA 7.0 with the use of the U-Mann-Whitney test to differentiate the differences between two groups.

Results

The symptoms of first-level depersonalization which occur in stressful situations tend to have a strong negative connotation.

There are some differences between the experimental and control groups. They are found in the defenses of substitution, displacement and rationalization. They are secondary and weakly expressed in the group with the symptoms of depersonalization. The persistence of these protections and the support of primary protections are connected with the hypothesis: inability or impossibility to use complex and highly organized defenses leading to the development of similar manifestations in the protected complex to defend the mind from stress degradation.

A similarity in mechanisms and results of influence is observed during the comparison of characteristics of the given protections (table 1).

Table 1

Comparison of characteristics of protection and first-level depersonalization

Secondary protection	First-level depersonalization
Exclusion—the exclusion of hurtful thoughts, feelings and desires that bring shame or sense of guilt from consciousness	The feeling of alienation of both: positive or negative emotions, wishes, and desires of your own
Replacement—the unconscious wish of the person to turn his attention from one object to the other unknown object	Self-perception as a robot with automatic movements; some difficulties with concentration on feelings and relationships
Rationalization—the attempt to explain and understand your own behavior as reasonable and controllable	Difficulty in understanding one’s own mental processes and self-control of behavior

Thus, the group of depersonalization which is unable to use secondary protection can be involved in more powerful mechanisms to keep the integrity of the mentality from any frustrated influence—first-level depersonalization.

The correlation analysis found a connection between depersonalization and such protections as *exclusion* (0.43), *replacement* (0.57), *compensation* (0.61) and *rationalization* (0.73). These are the same secondary protections of depersonalization

at the given level. In the tested group the greatest correlation is observed with the protections of negation (0.51) and projection (0.63).

As a result, there are four factors for the experimental group and six factors for the control group (table 2).

Table 2

Comparison of the factors of the experimental and control groups

Experimental group	Weight of the factor	Control group	Weight of the factor
sense of guilt	32.46	conflict—proneness	26.23
importance—indifference	22.06	justification—lack of attention	22.01
active—passive state	20.74	decision-making—indifference	10.64
self-control—obedience	9.82	internal and behavioral displays	10.09
		somatic reactions—habitual situations	7.03
		desperate situations—daily routine	6.52

The factorial structures of the control group are more balanced, polar, logical, and harmonious. In the experimental group the majority of factors are non-balanced.

In terms of content, the same methods and strategies of coping with stress are used for the experimental group. Analyzing the factors, closure of the feelings, sensations (often negative: guilt, emptiness, hopelessness) and avoidance of problem solving may be noticed more often than asking for help or the analysis of the problem itself to find the right solutions. So, the constructs of consciousness are not formed enough to provide the variants of actions.

In the control group factors, the active position is more often present than the avoidance of actions. In the constructive form it is the analysis of the situation and the identification of the reasons. As for the destructive form, quarrels and insults are present. The somatic characteristics (dry mouth, lack of energy, cold hands and trembling feet) are very often described in these factors and different ways of behavior to cope with them are given (to smoke, to complain, to get badly drunk).

Conclusion

Depersonalization is used as a set of psychological protections. All the other ways of coping with stressful situations—such as secondary protection or mental constructive ways of stress coping—are poorly formed and rarely used.

Depersonalization of the first level is represented as a protective reaction to emotional stress (a stroke, heart attack or hypertensive crisis). In cases when depersonalization lasts for a short time, its protective role is of no doubt. If deperso-

nalization has a longer character, it should be considered as a destructive reaction, a pathological protection, and at last a mental illness.

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