

Design and Rationale of the WHO International Study of Somatoform Disorders

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The major objective of the WHO International Study of Somatoform Disorders is an understanding of the somatic presentation of psychological problems in different cultures. Relying on an interdisciplinary approach which draws from anthropology and linguistics as well as psychiatry and epidemiology, the study has examined the cross-cultural applicability of symptoms and diagnostic criteria of somatoform disorders as defined in ICD and DSM. Moreover, it has developed a set of diagnostic instruments for the assessment of somatoform disorders in different cultures, including the So-

matoform Disorders Schedule (SDS), the Somatoform Disorders Symptom Checklist, and the Screener for Somatoform Disorders (SSD).

The study consists of two main phases. In the first phase, instruments for the assessment of somatoform disorders have been developed and tested for cross-cultural applicability, reliability and validity. In the second phase, using the instruments, the prevalence of somatoform disorders and their characteristics in different cultures are being assessed.

THE DEPERSONALISATION SYNDROME AND RELATIONSHIP TO PANIC-AGORAPHOBIA AND OTHER DISORDERS

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The depersonalisation syndrome comprises feeling of unreality in relation to the self, the experience of detachment from the external world preserved as unreal and distant, and 'automaton' experience and disturbances of volition, inability to feel emotion and the sense of a divided self, one observing the other being observed. Distortion of perception of objects and of light intensity and *deja vu* experiences also occur. The syndrome is associated (in intermittent or continual form) with about 35-40% of cases of panic-agoraphobic disorder. In major depression the experience of blunted emotion is the only component of depersonalisation manifest in a small proportion and in schizophrenia it is a rare and transient phenomenon in the early acute stages. The fully fledged depersonalisation syndrome is associated on the one hand with anxious and obsessional personality traits and onerous stress before onset but as a specific disturbance of temporo-limbic function on the other. It represents a particularly clear example of the dual character of the commonest psychiatric disorders and the difficulty in formulating unitary theories about them.

As many normal individuals have reported depersonalisation during exposure to life threatening situations such as imminent risk of drowning or of a car accident the hypothesis is that it represents activity of a cerebral defensive system that promotes effective responses to and survival from acute danger receives some support. In the light of this the effect of the concomitant depersonalisation in panic-agoraphobic cases upon treatment response and are of interest. Some preliminary follow-up observations bearing on this question will be reported.