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**ASSOCIATIONS BETWEEN DEPERSONALIZATION, MINDFULNESS AND  
CHILDHOOD ADVERSITIES IN PAIN-PATIENTS AND NON-PATIENTS**

**Budapest, Hungary** – *“I feel strange, as if I were not real or as if I were cut off from the world; I feel 'automatic' and mechanical as if I were a 'robot'; I have to touch myself to make sure that I have a body or a real existence.”* These are descriptions of a state of consciousness termed depersonalization. Depersonalization occurs on a continuum from transient episodes that are frequently reported in healthy individuals under certain situations, to a chronic mental disorder that causes considerable distress with a prevalence of approx. 2% in the general population. Despite this high prevalence depersonalization is underdiagnosed and poorly treated. Depersonalization is conceptualized as a kind of mental escape from the full experience of reality. Overwhelming affects and emotional maltreatment during childhood have been postulated to constitute the etiological basis for the formation of depersonalization.

The state of detachment in depersonalization contrasts with certain aspects of mindfulness. Mindfulness is a state of consciousness characterized by being in touch with the present reality. High mindfulness is qualified by the ability of becoming non-judgmentally aware of one's thoughts, feelings and sensations. Mindfulness is stemming from a buddhist meditative background. A mindful state of consciousness can be cultivated through certain meditative exercises. Mindfulness has recently received considerable attention as a variable potentially relevant for mental health. Recent studies indicate that interventions encompassing mindfulness exercises are effective in the treatment of a broad variety of somatic and mental disorders.

Against this background we investigated associations between depersonalization, mindfulness and childhood adversities in a mixed sample of non-patients and chronic non-malignant pain-patients. We found a high prevalence for severe depersonalization of about 21% in the pain patients and of 8% in the non-patients. Secondly we found a strong inverse correlation between depersonalization severity and mindfulness in both samples. In the non-patient sample emotional maltreatment during childhood was associated with depersonalization severity and a lower ability for mindfulness.

These pilot data suggest an antithetical relationship between depersonalization and certain aspects of mindfulness and thus encourage future studies on mindfulness-based interventions for depersonalization. The prevalence of depersonalization is likely underestimated, both among the general population and clinical groups. Childhood maltreatment and neglect are among its likely precursors.