Depersonalisation and derealisation: the 'uncanny' self in illness

I. Introduction and Concepts

This dissertation will explore the psychiatric symptoms of depersonalisation and derealisation using phenomenological inquiry and philosophical concepts, namely Heidegger's *Being and Time* (1962[1]) and Freud's *The Uncanny* (1919). Indeed, both *Being and Time* and (albeit to a lesser extent) *The Uncanny* have been rich sources of inquiry into developing an understanding of the essence of the illness experience as 'uncanny' across broader contexts. It is my aim, however, to focus on the phenomena of depersonalisation and derealisation as symptoms of depression, explaining how the 'otherness' of such experience(s) may be philosophically explained using Heidegger's concept of the 'unheimlich' Being-in-the-world in anxiety [Angst], and how feelings of 'detachment', 'unreality', 'unfamiliarity' may be further understood using Freud's *Uncanny*. Firstly, I frame depression (and illness) as an existential re-attunement and then explore its symptoms of depersonalisation and derealisation as the 'uncanny' manifestation of a 'severed connection' to the self and world, arriving at the notion of the ill body as present-at-hand [Vorhanden]. When investigating the phenomenology of illness, it is necessary to interact with narratives of patients, therefore I explore clinical experiences of depression, taken primarily from Radcliffe's (2011) depression questionnaire[2], and attempt to investigate such feelings using the aforementioned Heideggerian and Freudian concepts.

[1] The author acknowledges the German *Sein und Zeit* was originally published in 1927, but will be referring to the English translation, published in 1962.

[2] Ratcliffe, M. *Experiences of Depression* (Oxford University Press, 2014) p26

Depersonalisation and derealisation

Depersonalisation and derealisation are symptoms – most commonly seen in mood disorders such as chronic depression and/or anxiety – that occur in 'around 80%' of psychiatric in-patients[3] and involve an unpleasant, frightening, and disabling alteration in experience of self and environment. Patients, for example, most commonly report feeling 'detached', 'unreal', 'living in a dream'.[4] Depersonalisation and derealisation are often used interchangeably and commonly present comorbidly albeit with subtle differences: depersonalisation is more centred around a sense of detachment of the self, whereas derealisation is more a sense of detachment to one's external surroundings. Due to the very nature of experience, however, this slight variation – between self and world – may, as I will argue, seem phenomenologically indistinguishable; indeed, in experiences of depersonalisation and derealisation, there is a 'consistent association between anomalous bodily experience and a sense of the world as no longer real'[5] therefore I shall adopt the umbrella term 'DP/DR' found in existing medical literature. Transient episodes of DP/DR can occur in otherwise mentally well people in times of trauma[6], stress, tiredness, illness, bereavement, or as a symptom of intoxication.[7] For the sake of this dissertation, however, I want to focus exclusively on the emergence of DP/DR as symptom(s) of chronic depression; to conceptualise such phenomena as the result of an existential re-alignment and to show how, in the ontological shift of depression – in understanding, in belonging, in attunement-towards-the world/self – Dasein's phenomenology of *being* is profoundly altered; presenting as the 'uncanny' experience of self and world characteristic of depersonalisation and

[3] Medford, N. '*Understanding and treating depersonalisation'* in Advances in Psychiatric Treatment 11(2):92-100 March 2005

[4] Ratcliffe, M. *Feelings of Being* (Oxford University Press, 2008) p182

[5] Ratcliffe, M. ibid.

[6] Disassociation is primarily a coping mechanism, activated by the body's fight-or-flight response, episodes of disassociation are referred to as 'freezing.'

[7] Ratcliffe, M. ibid.

derealisation, respectively. Not to be confused with dissociative disorders or psychotic episodes, DP/DR does not feature the kind of 'disassociation' that is characteristic of amnesia or personality disorders, nor does it consist of delusions or hallucinations.[8]

Why Phenomenology?

Phenomenology, most generally, is a philosophical approach that 'focuses on phenomena (what we perceive and experience) rather than on the material reality of things (what there is).'[9] When applied to medicine and psychiatry, a phenomenological method can provide tools to explore and assess the ontological and experiential features of illness – somatic or mental, chronic or acute, congenital or acquired. In engaging with phenomenological accounts of illness, healthcare professionals may 'be provided with insight of the radically unique existential perspectives of patients.'[10] A phenomenological approach ensures that first-person descriptions are not necessarily treated as clinical data to be analysed but regarded as 'testimony to interpret'[11] – helping to 'bridge the gap' between 'the physician's conceptualisation of a disease and the patient's way of experiencing it.'[12]

In cases of DP/DR, phenomenological inquiry is crucial: Radovic and Radovic (2002) note that experiences of depersonalisation and/or derealisation are identified 'solely on the basis of experiential reports', given that 'no common aetiology has been identified and that no

[8] A way to distinguish between delusions and DP/DR is that, in the latter patients report (for example) '*I* ***feel*** *as if I* am dead' as opposed to patients suffering from the Cotard delusion who state '*I* ***am*** dead.'

[9] Carel, H. *Phenomenology of Illness* (Oxford University Press, 2016) p20

[10] Madeira, L. & Leal, B. et al. '*The Uncanny of the Illness Experience: Can Phenomenology Help?'* in Psychopathology 2019;52:275–282 (2019)

[11] Ratcliffe, M. *Experiences of Depression* (Oxford University Press, 2014) p31

[12] Toombs SK. *'The meaning of illness: a phenomenological approach to the patient-physician relationship.'* in J Med Philos. 8;12(3):219–40 (1987)

distinctive kinds of behaviours are reliably associated with it.'[13] Phenomenology is therefore of central importance – both to patient and clinician – when it comes to describing, identifying, and understanding what DP/DR is.

Heideggerian Concepts

To understand Heidegger's concept of the uncanny, first we must grasp the Heideggerian terminology and the basic premise of anxiety [Angst] in his magnum opus *Being and Time* (1962). Succinctly, then, in *Being and Time*, Heidegger introduces the fundamental role of Dasein (being-there) as the experience of Being that is unique to human beings. Ontologically, Dasein is not only close to us – 'we are it, each of us, we ourselves.'[14] Crucial to this concept is the fact we are situated *in* the world and not separate from it; we find ourselves within the world, rather than 'gazing upon it from some mysterious external standpoint.'[15] Following this, Heidegger stipulates that Dasein experiences the world via various modes of attunement, otherwise known as 'moods' [Stimmung]. Moods constitute and can indeed alter Dasein's sense of belonging. Mood is primordial, 'presupposed by the intelligibility of all our experiences, thoughts, activities'[16], and Dasein is always *in* a mood – happy, angry, sad – even the seeming absence of a mood is 'never nothing.'[17] Mood is essential to what Heidegger calls our 'thrownness' – our sense of being situated in the world, because, as previously stated, we do not experience the world as something *separate* from ourselves; there is to distinction between experience of 'internal' states and of an 'external'

[13] Radovic, F. and Radovic, S. *'Feelings of Unreality: A Conceptual and Phenomenological Analysis of the Language of Depersonalization'* in Philosophy, Psychiatry, and Psychology 9 (3):271-279 (2002)

[14] Heidegger, M. *Being and Time.* (Harper & Row, New York, 1962) p36

[15] Ratcliffe, M. *Feelings of Being* (Oxford University Press, 2008) p43

[16] Ratcliffe, M. ibid.

[17] Heidegger, M. ibid.

world: indeed, moods are how we find ourselves *in* the world. Therefore, Dasein's attunement is not fixed; 'understanding [of Being] can develop or decay along with whatever kind of Being Dasein may possess at the time.'[18] For Heidegger, Dasein 'has always understood itself and always will understand itself in terms of possibilities'[19]; it encounters beings as 'ready-to-hand' [Zuhanden] – ready to utilise for limitless possibilities or projects and is always faced-towards the future. However, such ready-to-hand experience of the world can become radically altered by the mood of anxiety [Angst][20], a thrownness which occurs when – in the everyday-ness of the world – in averageness, in inauthenticity, pandering to the They of society – Dasein drifts 'towards an alienation in which its ownmost potentiality-for-Being is hidden from it.'[21] As Dasein falls, thrown in anxiety [Angst], it becomes 'alienated and expelled from itself'[22] – everydayness is lost, familiarity collapses: the 'Being-in' of Dasein 'enters into the existential mode of the not-at-home'[23] : the world becomes uncanny [unheimlich] [24], and tools move from the realm of practicality and 'ready-to-hand' [Zuhanden] to the 'present-at-hand' [Vorhanden.]

Now, although a crucial part of conceptualising Heideggerian anxiety, it is not my intention to focus on the implicit societal undercurrents in *Being and Time;* how meaningless patterns of public anonymity, idle talk, and conforming to the notions of the They leads Das Man to an inauthentic existence. Rather, I wish to focus on an alternative way in which Dasein may reach the existential state of anxiety [Angst] – through the alienation of illness, in this case,

[18] Heidegger, M. ibid. p37

[19] Heidegger, M. ibid. p185

[20] As my dissertation deals with psychiatry, for the sake of simplicity I will add '[Angst]' when discussing Heideggerian anxiety, to make a clear distinction from the nervous disorder, which often presents alongside depression.

[21] Heidegger, M. ibid. p222

[22] Heidegger, M. ibid.

[23] Heidegger, M. ibid. p223

[24] Scholars use uncanny and unheimlich interchangeably, so I will take the liberty to do so where appropriate in this thesis.

chronic depression. Heidegger does not much concern himself with emotions or exploring the effect such existential reorientation has on Dasein's phenomenological sense of self, but, if Dasein 'understands itself and the world in terms of possibilities'[25], there is room to theorise a mode of attunement Dasein adopts when such 'possibilities' are snatched away or taken from it. If Dasein only 'has meaning sofar as the disclosedness of Being-in-the-world can be filled in by the entities discoverable in that disclosedness'[26] then it is my focus to explore a world bereft of meaning, a self bereft of possibilities, and what this means, phenomenologically, for Dasein. I shall now introduce the Freudian account of the uncanny, adopting its (arguably more) experiential quality to assist with describing experience of the uncanny *self*, in an intrinsic overlap and alignment with Heidegger's uncanny *world*.

Freud and the Uncanny

In his 1919 seminal essay *The Uncanny*, Freud traces 'the uncanny' ('das Unheimlich') back to the most familiar and homely (Heimlich), and sees it as 'something that was long familiar to the psyche, but has since been estranged.'[27] The concept of 'the uncanny' is mostly associated with literary criticism (a large portion of Freud's essay revolves specifically around 'uncanny' moments in E.T.A Hoffman's *The Sandman*, for example) as a descriptor for moments when an author, fictional character, or reader 'experiences the return of the primitive in an apparently modern and secular context.'[28] However, in this dissertation, it is my aim to take Freud's integral logic of uncanniness – the central issue of both foreign-ness and eerie familiarity – and show how it can be applied to experiences of DP/DR.

[25] Heidegger, M. ibid. p188

[26] Heidegger, M. ibid.

[27] Freud, S. *The Uncanny* (1919) pxliii

[28] Freud, S. ibid. pxlix)

It is not my intention to dwell on linguistics, but for the sake of this dissertation, I wish to firstly draw attention to the word itself: uncanny – the standard English translation of the German 'unheimlich'. Note the translation does not use the cognate 'home' but 'canny'; a word of Scottish origin 'carrying the senses of knowing, comfort, coziness.'[29] Uncanny, then, is intrinsically made up of this sense of strangeness – the home that becomes unhomely; its eerie familiarity still present (in semantics, in feeling) despite its unfamiliarity. In this way, we can understand why German usage allows for the familiar (das Heimlich) to switch to its opposite (das Unheimlich) and vice versa: the uncanny element is nothing new or strange, but 'something that was hidden to the psyche and has now come into the open.'[30] the uncanny element is nothing new or strange, but something that was hidden to the psyche and has now come into the open. In this dissertation I will argue that the same can correspond with awareness of our own mortality – previously hidden but made visible in illness.

Of course, nowadays, the term 'uncanny' is most popular in the field of robotics – the phenomenon of the 'uncanny valley' – a term used to describe the relationship between the human-like appearance of a robot and the emotional response it evokes; increasing in unease and revulsion the more 'human' the robot appears – resulting in a disturbing sense of awareness that something is 'not quite right, not quite human.'[31] As Freud notes: "[…] severed limbs, severed head, a hand detached from the arm, automatons: all of these have something highly uncanny about them, especially when they are credited with independent activity."[32] I will show how Freud's ideas about this 'uncanny effect' can be used to offer insight into disturbing phenomenological features of DP/DR.

[29] Withy, K. ibid. p2

[30] Freud, S. ibid. p148

[31] Freud, S. ibid.

[32] Freud, S. ibid. p150

II. Phenomenology of Illness

Bodily Doubt

In order to delve into the phenomenology of depression and DP/DR using concepts of Heideggerian anxiety and the uncanny, it is first crucial to establish a phenomenological inquiry into how sense of self may be disrupted in illness.[33] I will do this using the concept of 'bodily doubt', taken from Carel's *Phenomenology of Illness* (2016).

In health, in proficiency and capability, our bodies are fully immersed in the world, drifting into the background of consciousness; there is a 'seamless interface' between the physical 'objective' body, and the phenomenological 'lived' body: a tacit, implicit trust – a 'bodily certainty'[34] – an inherent sense of 'I can' that pervades our actions.[35] In *Being and Time* (1927), Heidegger illustrates this inherent 'ready-to-hand'-ness using the example of a hammer[36] – something Carel (2016) assigns to a similar case of using a keyboard:

> *Most of the time when I type, I pay no attention to my typing and take for granted the speed, ease, and painlessness of this activity. I know very little about the neurology and physiology*

[33] That is, illness in its most simplified form: "a period of sickness affecting the body and/or mind." Whilst arguably more studies exist regarding how chronic somatic illness impacts the phenomenology of lived experience – in part owing to physical dis-ability or injury (descriptions of the physical body as a 'faulty piece of machinery' not working the way it once did in health, for example) – illness should be understood, philosophically speaking, as 'never entirely mental or entirely somatic.' (Carel, 2014 p.29)
Toombes' (1987) 'five losses' (wholeness, certainty, control, freedom, and familiarity) suggest that all illnesses 'give rise to a change in one's body and world.'

[34] Carel, H. *The Phenomenology of Illness* (Oxford University Press, 2015) p74

[35] Carel, H. ibid.

[36] Heidegger, M. ibid. p36

involved in typing and have little interest in typing over and above its practical use to me. This kind of taken-for-grantedness—unreflective, disinterested—characterizes bodily certainty.

(Carel, 2016. p90)

Carel's example indicates to us that when using a keyboard, the individual keys and our typing fingers merge seamlessly in a context of practical activity; there is no phenomenological distinction in the context of our experience. That is to say, as we employ tools in the world and become unreflectively absorbed in our activities and projects, we are 'unable to clearly distinguish ourselves'[37] from them. In the context of the body, Sartre (1956) notes that the body is not explicitly thematised *as* body – we do not experience our body as a biological organism or as a sequence of biological functions; our notion of body is essentially 'surpassed' as we 'carry out projects in the world.'[38] Merleau-Ponty (1962) understands the body as 'a vehicle of being in the world [through its] perpetual engagement therein'[39], in other words, the body is not the *object of* experience of the world but the channel *through which* we experience the world. In health, then, where pre-supposed bodily automacity and autonomy reign, the world is a realm of practical, purposive relations that we inhabit – we take for granted an implicit ability to carry out our projects with limitless horizons. But what of the world in ill-health? Indeed, what Heidegger terms 'perturbations in everyday attunement'[40] (or, in Husserl's terms: disturbances of the 'habitual body'[41]) can move bodily doubt and dis-trust into the foreground of consciousness and 'erode the

[37] Ratcliffe, M. *Experiences of Depression* (Oxford University Press, 2014) p44

[38] Sartre, JP. *Being and Nothingness* (Routledge, 1956) p429

[39] Li, M. *The Lived Body in Heidegger, Merleau-Ponty, and Derrida* (LSU Digital Commons, 2015)

[40] Ratcliffe, M. *Feelings of Being* (Oxford University Press, 2008) p51

[41] For an overview of Husserl's Phenomenology of Embodiment, see https://iep.utm.edu/husspemb/#H7 [accessed 19/05/21]

familiarity through which we encounter the world.'[42] Recalling Carel's example of a keyboard which disappears into the foreground of activity -- the tool becomes conspicuous and 'unready-to-hand' *only when* it fails to function: as I type and nothing appears on the screen, the keyboard is extricated from my activities and singled out, appearing as something that stands in the way of my project. If equipment in the world can become conspicuous when 'damaged, missing, or otherwise disruptive'[43] then likewise, with the body: if, for Heidegger, we experience the world itself as 'full of possibilities' and beings in the world as 'ready-to-hand', then in illness these become merely present-to-hand; there but yet not there: we no longer find ourselves practically immersed in the world or in its projects, because they have lost all significance. Phenomenological experience of chronic illness, therefore, is not characterised by the intricate mechanics of biological malfunction, but by the marked 'impossibility' of what illness means in the context of a world catered to universal health; pre-supposed ideas of difficulty and ease, interpretive and expressive capacities, spatial and temporal perceptions, and tolerance of uncertainty and risk are just some of the things that are (sometimes drastically) re-appropriated and 'determined by the particularities of illness.'[44] The invisible 'able privilege' once possessed in health and wellness only becomes glaringly obvious when we find we can no longer carry out projects the way we once did. The journey from possessing tacit, implicit bodily trust in health to the oppressive discernibility of bodily doubt in illness – in which the intrinsic ability of, and confidence in, our bodily capabilities comes into question – marks a dramatic and disturbing sense of existential re-alignment which pervades the whole structure of experience: our sense of self and identity become 'lost'; the physical body becomes an object of frustration and unpredictability; the world an 'alien realm.'[45] In any kind of chronic illness, there is a sense of

[42] Leder, D. *The Absent Body* (Chicago University Press, 1990) p92

[43] Ratcliffe, M. ibid. p45

[44] Conway, K. *Beyond Words: Illness and the Limits of Expression* (University of Michigan Press, 2007)

[45] Ratcliffe, M. *Experiences of Depression* (Oxford University Press, 2014) p55

'foreignness that permeates the ill life'[46], characterised by bodily doubt and the uncertainty of future prospects and possibilities.

Depression as 'Unhomelike' Being-in-the-world

In the previous section, I touched upon how chronic illness may impact and disrupt lived sense of embodiment. With that in mind, I will now explore phenomenological accounts of clinical depression which focus on a 'disconnect' from the external world (taken from Ratcliffe's 2011 study), and compare these with Heideggerian concepts, namely the 'mood' [Stimmung] of Dasein's thrownness in anxiety [Angst]. It is, ultimately, my aim to establish the experience of depression as an unhomelike Being-in-the-world. This is essential in order to investigate the experiential results of such an existential shift – namely, the uncanniness of DP/DR – in the following chapter.

Clinical depression is defined by a low mood that can last persistently for weeks or months and, although not entirely situational, is usually triggered by a combination of difficult events or a dramatic change in circumstance (such as illness or bereavement).[47] Causes of depression vary from individual, therefore an exhaustive list is neither possible nor relevant to stipulate in this dissertation. It is merely important for us to think of depression as a 'mood' [Stimmung] one finds oneself in, following x, y, or z. For his book *Experiences of Depression* (2014), Ratcliffe conducted a depression questionnaire through the UK mental health charity SANE. The questionnaire focussed on experiential trends that feature prominently in narratives of depression. A shift in a sense of belonging is arguably the most consistent

[46] Svenaus, F. *'Illness as unhomelike being-in-the-world: Heidegger and the phenomenology of medicine'* in Medicine, Health Care and Philosophy 14 (3):333-343 (2011)

[47] NHS, *'Causes of depression'* https://www.nhs.uk/mental-health/conditions/clinical-depression/causes/ [accessed 13/05/21]

theme in Ratcliffe's findings, where depression is almost always described as a 'feeling of profound disconnect'[48] : patients feel "cut off from the world" and 'detached' from others.[49] This experience of disconnectedness is not, however, a kind easily remedied by a change in social circumstances. Rather, in depression, one feels 'irrevocably estranged from the rest of humanity.'[50] This existential alignment recalls Heidegger's notion of the present-to-hand [Vorhanden] in anxiety [Angst] – the complete collapse of a former implicit 'interconnected web of practical purposes and connections; an 'all-enveloping shift in one's sense of belonging to the world.'[51] For some patients, there is the notion that depression 'reveals the world as it truly is'[52] echoing Heidegger's sentiment that in anxiety [Angst], the 'veil of familiarity falls.'[53] People suffering from depression remark on the 'strangeness' of it, citing 'loneliness and isolation from others.'[54] There is a sense of feeling trapped or 'incarcerated'[55] in depression, attributed by Ratcliffe to a 'loss of certain kinds of possibility of experience.'[56] This perception of impossibility pervades the breadth of human experience: one may no longer be able to commit to long-term plans or goals; others unable to even muster the energy to complete simple or habitual tasks.[57] Depression includes a 'sense of inability'[58]

[48] Indeed, Ratcliffe writes that a feeling of disconnectedness features in 'almost every account of depression' (Ratcliffe, 2014. p69)

[49] Ratcliffe, M. ibid. p31

[50] Ratcliffe, M. ibid. p70

[51] Ratcliffe, M. ibid.

[52] Ratcliffe, M. ibid. p69

[53] Heidegger, M. ibid.

[54] Ratcliffe, M. ibid. p.15

[55] ibid.

[56] Ratcliffe, M. p70

[57] NHS*, 'Symptoms of depression'* https://www.nhs.uk/mental-health/conditions/clinical-depression/symptoms/

[58] Carel, H. ibid. p.29

that permeates everything one does – a sense of inability, or doubt in one's abilities, that does not feature in the experience of mentally well individuals, who tacitly encounter the world as open and full of practicality. If – in the vein of Husserl[59] – Heidegger argues that 'Dasein understands itself in terms of possibility'[60] then it is understandable why the very sense of *being* is altered in experiences that cut off potentiality, such as depression.[61]

> *'A mood assails us. It comes from neither outside nor from inside but arises out of Being-in-the-world, as a way of such Being.'*
>
> (Heidegger, 1962. p176)

Heidegger talks of mood [Stimmung] as 'primordial.'[62] Simply, mood 'colours' our experience of the world; it is presupposed and penetrating like that of background tone or atmosphere, infiltrating all experience, and is indiscernible from consciousness. This, by no means, is to suggest that depression is to be understood as merely a 'state of mind' one can overcome by thinking their way out of it, but rather, on the contrary, as a sort of existential attunement one cannot separate from the intelligibility of all experience, thought, and activity. If mood [Stimmung] constitutes a sense of belonging to the world, then the doubt Dasein experiences in a once-reliable body permeates outwardly, to doubt in a once-reliable world. In depression, there is 'a change in the feeling of 'ability' to act which 'alters all the aspects –

[59] Husserl speaks about a sense of 'rootedness' in the world, that 'access to kinds of possibility and certainty is integral to our experience' (Ratcliffe, 2014. p.51)

[60] Heidegger, M. ibid.

[61] Illness is just one of the ways through which the world can become 'unhomelike'; I would argue that any traumatic event (including grief or bereavement) that halts a sense of 'normality' (certainty, possibility, potentiality) shifts the world into the experientially 'unhomelike'.

[62] Heidegger, M. ibid. p176

'self' 'agency' 'freedom' – of finding oneself in-the-world.'[63] Dasein is thrown towards-anxiety [Angst] when such 'perturbations of everyday attunement'[64] compromise or limit its scope of possibilities. Indeed, phenomenologists such as Svenaus (2011) have therefore conceptualised the experience of illness as an 'unhomelike' Being-in-the-world.[65]

Phenomenology of DP/DR

DP/DR is a challenging phenomenon to discuss as it possesses a somewhat ambiguous and inconsistent aetiology.[66] Nevertheless, an attempt will be made. In the context of this dissertation, I will be investigating it as a secondary symptom of a primary symptom: a symptom of the depression which occurs as a result of existential re-alignment following x, y, or z; a mode of attunement [Stimmung] when Dasein finds itself in anxiety [Angst]. As before, the first-hand accounts of experiences of DP/DR are taken from Ratcliffe's work in phenomenology. A number of self-reports find that patients with DP/DR:

> *"…describe themselves as feeling 'like a robot', 'different from everyone else', 'separate from myself', 'half asleep', 'as if my head is full of cotton wool'. External reality may appear 'painted, plastic' 'not natural' 'two dimensional' or 'as if everyone is acting out a role on stage and I am just a spectator.' […] A similar description of depersonalisation is offered by the DSM-IV, according to which 'the individual may feel like an automaton or as if she or he is living in a dream or movie.'"*
>
> (Ratcliffe, 2008, pp. 182-183)

[63] Ratcliffe, M. *Feelings of Being* (Oxford University Press, 2008) p164

[64] Svenaus, F. ibid.

[65] Svenaus, F. ibid.

[66] Radovic, F. and Radovic, S. ibid.

The ‘disconnectedness’ experienced in depression seems exacerbated in DP/DR and turns inward when a connection to the realm of practical possibility is severed inexplicably or indefinitely; patients themselves report feeling as if there is a ‘severed connection’; as if theirs is ‘a life lived behind glass.’[67] Inability to tacitly ‘act’ in depression changes ‘how the world as a whole appears’[68], resulting in the ‘[…] unfamiliarity in the sense of reality’[69] one experiences in DP/DR. Some first-hand accounts state that things ‘look unreal’ and ‘loved ones seem unfamiliar’, ‘people’s faces look like alien, moulded flesh […] frightening.’[70] Indeed, the feeling of ‘unreality’ may be so intense and disabling that some sufferers of DP/DR take to grounding techniques such as wearing an elastic band around their wrist.[71]

The feeling that one is disconnected from not only the world, but one’s *self* is arguably the most unsettling component of the DP/DR experience; the sense that one ‘feels like a spectator’, ‘watching from outside’, ‘on autopilot’, bodily actions feeling ‘mechanical.’[72] One’s voice, reflection, body parts may seem unfamiliar; “I know these hands are my hands, but something about their appearance feels disconnected from myself; my reflection feels somehow artificial; not quite my own.”[73] The theme of separation from world and self –

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[67] Ratcliffe, M. *Experiences of Depression* (Oxford University Press, 2014) p55

[68] Ratcliffe, M. *Feelings of Being* (Oxford University Press, 2008) p164

[69] Ratcliffe, M. *Experiences of Depression* (Oxford University Press, 2014) p15

[70] Foulds, A. *The Quickening Maze* (Jonathan Cape, 2009) p142

[71] Under the section *‘Suggestions to Cope with Unreality’* author Melancauli proposes to “wear a rubber band or elasticated bracelet on the wrist. Each time an unreal feeling begins, snap the band hard on your wrist to remind yourself not to react with fear: you are here.” https://healthproadvice.com/mental-health/Depersonalization-and-Derealization-Symptoms-of-Severe-Anxiety(2017) [accessed 10/06/21]

[72] Ratcliffe, M. *Feelings of Being* (Oxford University Press, 2008) pp182-183

[73] Author’s own experience with DP/DR.

feeling like a mere 'onlooker, a participant'[74] – is often attached to a foreboding sense of doubt in the world and self; a 'tormenting […] feeling that one lives in an 'unreal world' in which 'things [are not] what they seem' and where 'attempts to connect fail, as if there were a glassy wall between [the person] and the surrounding world.'[75] It is clear from Ratcliffe's findings that a consistent theme of DP/DR is a pervasive feeling of 'strangeness' and 'distrust'; a tangible awareness of difference in bodily feeling makes encounters with the world and its beings feel 'threatening.'[76]

III. DP/DR and The Uncanny

The final part of my dissertation will be to analyse DP/DR using the Heideggerian and Freudian concepts of 'the uncanny/the unheimlich' and to explore why these ideas offer insight and understanding into the often-incomprehensible experience of DP/DR. Firstly, I explore why and how the symptomatic experience of DP/DR applies to themes of the uncanny. I then argue that DP/DR may be understood in Heideggerian terms as a manifestation of the lived body as a 'broken tool'; as 'present-at-hand' rather than 'ready-to-hand'.

What makes DP/DR uncanny?

The experience of DP/DR can be described as 'uncanny' because of its unique structure, setting it apart from other psychological symptoms of illness. It feels frightening, unsettling (one's first experience with DP/DR may most likely be during a panic attack, for example; where there may be a dread-filled sense of not knowing what is happening; a fear of losing

[74] Ratcliffe, M. ibid.

[75] Ratcliffe, M. *Feelings of Being* (Oxford University Press, 2008) p53

[76] Ratcliffe, M. ibid.

control, of dying, etc.), the eerie language surrounding it can be explained by its sheer inexplicability; in causation, in globalisation, in temporality: DP/DR, as opposed to physical injury or symptom, does not have a clear 'end' in sight, nor can it be treated or alleviated directly; DP/DR is not treated, as it lifts when the depression (or other primary symptom) lifts; it is inexplicable, indefinite, yet pervasive; it is something one has to 'tolerate' or 'ignore' although it infiltrates all lived experience. The closest feeling one might compare to an experience of DP/DR is the disconcerting and eerie phenomenon of déjà vu, but unless one has researched it – and that is presumably following the discomfort of experiencing it – there is a good chance that prior knowledge (or even awareness) of DP/DR will be lacking; indeed, 'even doctors have to google it.'[77] The fear and revulsion of experiencing the self as though 'unreal' or 'robotic' may be simply explained by Freud's re-appropriation of Jentsch (1906)'s theory of 'the uncanny effect in inanimate objects' (such as waxwork figures and automatons):

> *"the uncanny effect can also be produced by epileptic fits and manifestations of insanity because these arouse in the onlooker vague notions of automatic – mechanic – processes that may lie hidden behind the familiar image of a living person."*
>
> (Freud, 1919, p.182)

If 'the uncanny may be construed as the experience of oneself as a foreign body'[78], then the physical body's seemingly 'automatic' or 'mechanical' functions – occurring at the same time as the lived body's feelings of detachment and disconnectedness – recall the 'uncanny

[77] Swains, H. *'Depersonalisation disorder: the condition you've never heard of'* The Guardian, 2015. https://www.theguardian.com/society/2015/sep/04/depersonalisation-disorder-the-condition-youve-never-heard-of-that-affects-millions [accessed 10/06/21]

[78] Royle, N. ibid. p2

effect' and therefore feel disturbing. Furthermore, Freud's idea that an 'uncanny effect often arises when the boundary between fantasy and reality is blurred, when we are faced with the reality of something that we have, ultimately until now, considered imaginary'[79] can be applied to confronting the sudden restriction and loss of limitless possibility in a world – in a body – that no longer feels familiar or 'homely.' For Freud, our most 'haunting and disturbing experience of otherness tells us that the alien begins at home' – with ourselves; and that certain experiences – illness, traumatic events, bereavement, awareness of our own mortality – may (to use the appropriate Heideggerian terminology) 'attune' us to an awareness of it.

The body as present-at-hand / Dasein's 'Uncanny' Doppelganger

In *Being and Time*, Heidegger says that a broken tool remains understood in terms of its inherent ready-to-hand -ness (its referential totality), yet this ready-to-hand -ness now becomes visible *(as in the 'conspicuous body' in illness).* We are made aware of the tool's purpose, and how it fits into the context of other tools, precisely because it can no longer do this *(as in 'bodily doubt').* The broken tool 'announces itself' [Meldet sich] as 'present-at-hand' *(through sign or symptom).*

In the existential attunement toward-anxiety [Angst], Dasein has 'lost itself; is living away from itself.'[80] Finding itself face to face with the 'nothing' – the possibility of the impossibility of existence – Dasein is deprived of 'any ontological at-homeness'[81] and essentially becomes incapable of having a sense of belonging or involvement with the world *(as in depression).* When the world loses its significance and the body its inherent ready-to-hand -

[79] Freud, S. ibid. p150

[80] Heidegger, M. ibid. p233

[81] Withy, K. ibid. p6

ness, Dasein is 'living away from itself' (detached, disconnected) yet its physicality is present-at-hand: it may only ponder the possibilities and projects it can no longer (and in mental disorder, as opposed to physical injury or illness, often inexplicably) engage in; the body is simply 'there', reduced to a sense of 'mechanical' function and not practically immersed in the world *(as experienced in DP/DR).* The feelings of experience as 'dreamlike' and 'unreal' can therefore be explained by 1) awareness of a *lack* of future potentiality, but also – importantly – by 2) awareness of the *absence of prior unawareness of* previously tacit potentiality. The uncanny should not be understood as something merely 'unfamiliar' but as a *sense of something familiar* that has been repressed; alienated, brought to the surface in a new, unfamiliar way. The feeling of 'unfamiliarity' in body (DP) and/or in world (DR) is thus a 'variant of the familiar'[82]; a new and disconcerting awareness of the way things tacitly were, but inexplicably no longer are or will be.

> *"This uncanny element is actually nothing new or strange, but something long familiar to the psyche and previously estranged from it."*
>
> (Freud, 1919, p.132)

Freud associates the uncanny with 'destabilisation and uncertainty of identity, estranged from oneself.'[83] Svenaeus (2011) conceptualises the structure of illness as 'an alienation of past and future, whereby both one's past and future appear alien'[84] – exemplified by a 'temporal disconnect' from the healthy past-self which one 'no longer recognises', and the 'uncertainty' of the future-self's prospects and possibilities. The physical manifestation of

[82] Ratcliffe, ibid. p54

[83] Withy, K. ibid. p6

[84] Sveneaus, F. ibid.

this, arguably, is experienced in DP/DR as an uncanny sense of ourselves as 'not quite ourselves'; our reflection as 'intruder'[85]; experiencing our own body parts as 'plastic', 'mechanic', 'abject'.[86] Indeed, the uncanny element of depression and its symptoms has to do with a 'sense of ourselves as double, split, at odds [with ourselves.]'[87] Freud's idea of 'the double' [Doppelgänger] as 'a disturbance of the ego'[88] which 'involve[s] a harking back to single phases in the evolution of the sense of self; a regression to times when the ego had not clearly set itself off against the world outside and from others'[89] recalls the destabilisation and uncertainty of identity in DP/DR; still ourselves but somehow, synonymously, inexplicably estranged from ourselves: in what Heidegger describes as 'the call to consciousness', Dasein – having been stripped of possibilities and therefore stripped of itself – is 'anxious […] in the face of itself.'[90] Lost in 'the nothing and nowhere', the caller [of conscienceness] is 'Dasein itself'[91] – displaced, alienated, uncanny – calling itself back [to authenticity]. Freud pursues ideas of return and repetition; the 'same feeling of hopelessness, the same sense of uncanny' occurs when there is an 'unintentional return'[92] (being lost in a wood but returning to a familiar spot, groping around in the dark in an unfamiliar room and colliding with the same piece of furniture, and – perhaps most aptly –

[85] Freud, S. ibid.

[86] This is a deliberate reference to Kristeva's work on the theory of abjection; a similar concept to the uncanny which draws upon Freud's ideas but – it should be noted – "Essentially different […] more violent, too, abjection is elaborated through a failure to recognize its kin; nothing is familiar, not even the shadow of a memory." (Kristeva, 1980. p5)

[87] Royle, N. ibid. p6

[88] Freud, S. ibid. p162

[89] Freud, S. ibid. p143

[90] Heidegger, M. ibid. p321

[91] Heidegger, M. ibid.

[92] Freud, S. ibid. pli

the disturbing 'sight of [our] own reflection, unbidden and unexpected.'[93]) Freud's conception of the uncanny relies heavily on a sense of distrust and wariness, echoing the anxiety in self and surroundings which is so characteristic of experiences of DP/DR; the sense that things – now revealed to the psyche – may not be what they seem. If the 'conspicuous' body is the ill body, then DP/DR – the disturbing hyperawareness of embodiment, whilst, at the same time, the perturbing sense of detachment and disconnect from the self – is the phenomenological manifestation of the unheimlich: the body; the home – no longer at home.

IV. Conclusion

Throughout this dissertation, an attempt has been made to reconcile Heidegger's unheimlich with Freud's, and to show how these similar concepts may be brought together to frame phenomenological understanding of the psychiatric experience of DP/DR. I have shown how Heideggerian concepts may be used to illustrate the existential realignment of the self in depression (the previously 'ready-to-hand' self and world, which become 'present-at-hand' when implicit potentiality is severed), and how the symptom of DP/DR in depression can be therefore understood as an uncanny manifestation or embodiment of that disconnect. I have explored patient narratives of both depression and DP/DR in philosophical contexts, and I have also tried to account for how certain phenomenological features of both can be understood and explained in terms of the uncanny.

Word count: 6,104

[93] *"I realised to my own astonishment that the intruder was my own image, reflected in the mirror."* (Freud, 1919. p161)

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