

DISSERTATION PROPOSAL

**Depersonalisation, or, Dasein's Uncanny Doppelgänger:
A Phenomenological Inquiry into Existential Dread**



Portrait of Edward James by René Magritte, 1937

In experiences of clinical depression, the symptom of depersonalisation is one of the most prominent¹. Depersonalisation is described in the DSM-V as ‘a sense of unreality, detachment, or being an outside observer with respect to one's thoughts, feelings, sensations, or body.’² Using Heideggerian and Freudian concepts of existential dread and The Uncanny, I will theorise how depersonalisation can be understood as a manifestation of Dasein's angst-inducing ‘confrontation of the unheimlich’³ and how typical experiences of depersonalisation, such as ‘no longer recognising one's own reflection’⁴ can be read as the emergence of the suddenly-conspicuous⁵ Uncanny⁶ self in mental disorder and illness. Ultimately, my aim is to reveal how experience of such mental unease marks a radical shift in existential perspective – of Being-in-the-

¹ Note I am focusing on depersonalisation as a *symptom* of depression and *not* – as it is commonly confused with – a standalone dissociative identity disorder.

² ‘Depersonalisation’ diagnostic criteria [<https://traumadissociation.com/depersonalization>] [accessed 07/01/20]

³ M. Heidegger, *Being and Time*

⁴ M. Ratcliffe, *Feelings of Being* (Oxford University Press) 2008, p51

⁵ H. Carel, *The Phenomenology of Illness* (Oxford University Press, 2016) p27-29

⁶ S. Freud, *The Uncanny* (1919)

world⁷ – which results in the ‘phenomenological disconnect’ between the ‘objective’ body and the ‘lived’ body⁸, and furthermore, how re-orientation in the now-uncanny world reveals the now-uncanny self through the psychiatric symptom of depersonalisation. With the aforementioned texts as primary sources, I will also use Ratcliffe’s *Feelings of Being* (2008) as my key secondary source from which to illustrate how specific psychiatric feelings of depersonalisation (such as the detached sense of ‘observing’ one’s life rather than actively participating; the ‘feeling of unreality’⁹ where once was familiarity; the experience of our body as ‘imposter’ or an unfamiliar ‘doppelganger’ of our former well selves) can be explained and understood in a philosophical and phenomenological context.

Proposed supervisor: Dr. Ian James Kidd - Ian has unrivalled expertise in the philosophy of illness and his teaching first nurtured this interest in me - therefore he is my first, only choice of supervisor. I would like to add that Philip Goodchild’s expertise in Heidegger would be extremely valuable.

Bibliography

M. Heidegger, *Being and Time* (1927)

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

H. Carel, *The Phenomenology of Illness* (Oxford University Press, 2016) p27-29

S. Freud, *The Uncanny* (1919)

⁷ M. Heidegger, *ibid.*

⁸ Such theories of embodiment (a distinction between the physical body and the ‘lived’ body) are key principles in phenomenological framework: Merleau-Ponty demonstrates the two aspects of the body (*le corps*) – the ‘actual body’ and the ‘habitual body’ – using the example of a phantom limb. The actual body refers to the objective body (with the lost limb) whereas the habitual body represents the patient’s psychic sensation of the intact (phantom) limb. An understanding of such key principles will be presumed in my dissertation.

⁹ M. Ratcliffe, *ibid.*