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Definition: Depersonalization

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Introduction

One of the first clinical recordings of depersonalization occurred obliquely through the diagnosis of “Shell Shock” to soldiers during the First World War. Soldiers found wandering from battle, with no memory of their names or what had happened to them, were originally thought to have sustained organic injuries due to proximity to exploding shells (Vermetten, Dorahy, and Spiegel, 2007). Only later was depersonalization seen as a relatively common response to extreme stress and traumatizing conditions. More recently, depersonalization has been associated with childhood interpersonal trauma, particularly chronic emotional abuse and neglect.

Depersonalization Disorder has also been linked with recreational drug use, including cannabis, Ecstasy, and hallucinogens (Simeon and Abugel, 2008). The experience of depersonalization is typically described as ubiquitous across cultures and is associated with prosaic life events as well as mental disorders. When understood as a mental disorder, depersonalization is thought to arise with extreme fatigue or stress, emotional turmoil, and intense fear. However, it can occur during meditation and other hypnagogic states. Furthermore, depersonalization is associated with some illnesses, including migraines, and can be caused by seizures correlated with changes in the temporal cortex, a region of the brain that plays a role in integrating sensory information with internal representation of the self (Vermetten, Dorahy, & Spiegel, 2007). In Western clinical settings, after anxiety and depression, depersonalization is identified as the third most common psychiatric complaint. Depersonalization can accompany Anxiety Disorders, Borderline Personality Disorder, Panic Disorders, Mood Disorders, Posttraumatic Stress Disorder, Obsessive Compulsive Disorder and Schizophrenia (Van Der Hart, Nijenhuis, and Steele, 2006). When chronic or prolonged, depersonalization is thought to become a disorder in itself, and is identified as a type of Dissociative Disorder by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and an Anxiety Disorder by the International Classification of Diseases (ICD-10).

Definition

Generally understood, depersonalization is the experience of feeling detached from one’s self and body. Depersonalization can take many forms, including, distorted self-perceptions, being dissociated from emotions, feeling unreal, feeling like a robot, or feeling split into both participant and observer of one’s actions. Depersonalization has been described as a dreamlike state of observing oneself, and it has been associated with out-of-body experiences.

Depersonalization has also been identified with reduced feelings of empathy for others. When chronic, depersonalization can take the form of internal conversations with an imaginary person. There may be a sense of lack of control, including of speech acts, although the capacity for

reality testing remains intact. Few find the experience of depersonalization a pleasant one, however some deliberately induce it through recreational drug use (Steinberg & Schnall, 2000). Depersonalization is also characterized as a psychological defense that emerges when the sense of being detached from one's self or one's body is useful for coping with traumatizing circumstances. As such, it is not unlike other dissociative defenses that protect against the potential psychological impact of threat. Like all responses to traumatic stress, depersonalization can become a habitual coping defense when it has been repeatedly activated in response to chronic traumatization (Sierra, 2009). In John Turner's self-categorization theory, the term depersonalization is used to identify the process of constructing personal identities through identification with properties of the group. According to self-categorization theory, depersonalization occurs when the self is seen as interchangeable with other members of a group based on self-identified stereotypical behaviors and beliefs associated with stereotypes of group members (Turner, Hogg, Oakes, Reicher, and Wetherell, 1987).

Keywords

Anxiety Disorders
 Depersonalization Disorder
 Dissociative Disorders
 Media
 Out-of-body Experiences
 Panopticon
 Postmodernity
 Western Society
 Self-categorization Theory

Traditional Debates

Western culture (and the conditions of late modern/postmodern societies) has been accused of contributing to increased likelihood of instances of depersonalization. Some point to the traumatizing conditions of modern society as causing depersonalization, such as wars, genocides, and the stressful conditions of urban environments in which most of the world's population currently lives (Simeon and Abugel, 2008). Others identify the media as culprit, particularly its influential role in identity construction in the postmodern world. For example, psychologist Kenneth J. Gergen has argued a person whose identity is constructed predominantly from interactions with media and technology have less opportunities to mediate self-representations through relationships, which historically have influenced the meaning and value given to ideas about the self. Gergen claimed media-based identity construction leads to a "spectacular solipsism" in which there is difficulty distinguishing internal states from the external world, which is much like the experience of depersonalization (See Fee, 2000). Simon Gottschalk has also examined the impact of media on postmodern identity. He concluded an outcome of media-saturated identities is fragmentation, in which the self is as torn apart as the often contradictory, multiple images displayed on screens. Central to Gottschalk's observations is the role of perception and how the ways we perceive our environments ultimately determine how we also perceive ourselves (See Fee, 2000). The competitive nature of capitalism, as well as Enlightenment notions of the self, have been described as contributing to the widespread

compartmentalization of emotions, which has also been associated with states of depersonalization. The modern practice of multitasking—or functioning “polyphasically”—has also been described as potentially contributing to the type of split awareness seen in depersonalization and other dissociative disorders (Steinberg and Schnall, 2008).

Critical Debates

In some respects, Michel Foucault’s interpretation of Jeremy Bentham’s panoptic prison structure, in which prison wardens can observe inmates without their ability to determine if they are being watched, resonates with the experience of depersonalization. Foucault described the panoptic gaze as the internalization of the experience of being watched, in which a person sees her- or himself as if viewed by another. Institutions, including their discursive practices, can contribute to depersonalization and panoptic vision. This form of self observation is laden with the power dynamics associated with the institutions and practices from which it is derived. According to Foucault, “He who is subjected to a field of visibility, and who knows it, assumes responsibility for the constraints of power; he makes them play spontaneously upon himself; he inscribes in himself the power relation in which he simultaneously plays both roles; he becomes the principle of his own subjugation” (1979, pp. 202-203). Dana Crowley Jack (1991) made a similar observation about the experience of women and depression. According to Crowley Jack, the perspective of the self from the viewpoint of the other—what she calls the “over-eye”—conforms to outer imperatives and perceived expectations in order to gain approval from others and protect the “authentic” self (1991, p. 94). It is the presence of the “over-eye” which she claims leads to a woman’s depression because it obscures her authentic experiences. The extent to which depersonalization can be witnessed as a culturally determined practice can also be seen in Western scientific representations of the body. Western representations often ignore or omit presumably irrelevant contextual dependencies of the object represented, such as its size, its relationship to objects that are typically coexistent with it, its color, or the relationship with the object that the perceiver of the representation commonly has. Thus, the Western practice of abstracting objects from their context rests on the assumption of an internal invariance and the premise that there exists an underlying causal structure that transcends contextual dependency. Representations of the body are expected to relay true essences, which presumably requires shedding contextual dependencies.

References

- Crowley Jack, D. (1991). *Silencing the self: Women and depression*. (New York: HarperCollins, 1991).
- Fee, D. (Ed.). (2000). *Pathology and the postmodern: Mental illness as discourse and experience*. London: Sage Publications.
- Foucault, Michel. (1979). *Discipline & punish*. Trans. Alan Sheridan. (New York: Vintage Books, 1979).
- Jordon, B. (1987). “Modes of teaching and learning: Questions raised by the training of traditional birth attendants.” Institute for Research on Learning. Report No. IRL87-0004.

Sierra, M. (2009). *Depersonalization: A new look at a neglected syndrome*. Cambridge: Cambridge University Press.

Simeon, D. & Abugel, J. (2008). *Feeling unreal: Depersonalization disorder and the loss of self*. Oxford: Oxford University Press.

Steinberg, M., & Schnall, M. (2000). *The stranger in the mirror: Dissociation—the hidden epidemic*. New York: HarperCollins.

Turner, J. C., Hogg, M. A., Oakes, P. J., Reicher, S. D., & Wetherell, M. S. (1987). *Rediscovering the social group: A self-categorization theory*. Cambridge, MA: Basil Blackwell.

Van Der Hart, O., Nijenhuis, E. R. S., & Steele, K. (2006). *The haunted self: Structural dissociation and the treatment of chronic traumatization*. New York: WW Norton & Company.

Vermetten, E., Dorahy, M. J., & Spiegel, D. (Eds.). (2007). *Traumatic dissociation: Neurobiology and treatment*. Washington DC: American Psychiatric Association Publishing, Inc.

Online Resources

Depersonalization Research Unit, Kings College London
(<http://www.kcl.ac.uk/iop/depts/ps/research/neurobiologicalmechanisms/depersonalisationresearchunit.aspx>)