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Depersonalization: Standing in the Spaces Between Recognition and Interpellation

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Depersonalization is the experience of profound estrangement and alienation from *Self* and *Reality*. Although highly prevalent in our postmodern world, the syndrome of depersonalization has been systematically understudied, misdiagnosed, and unsuccessfully treated. In this paper we summarize our theoretical conclusions after a decade-long empirical study of this population and discuss both etiology and recommendations for treatment. Our main objective here is to place what psychiatrically we would consider *pathologies of personhood* within the larger context of culture. We include a clinical vignette to demonstrate how we work with the premise that depersonalization is not only a private event. Perhaps more than other *problems-in-living*, it reveals the centrality of the individual's relationship to discourse, *the State*, and the culture in which we breathe. We discuss depersonalization and the dissociative structuring of the mind as psychological responses to particularly problematic experiences around subjection and conclude with the function of *shame and humiliation* in maintaining and resisting (in the political sense) this pressure to fragment.

The Human shows through in a moving and mysterious way only in those who are bereft of it.

— Baudrillard (1997)

Clive sometimes says he is looking at what's happening between us from a place other than his chair. Sometimes he's on the ceiling, and sometimes it's hard to tell. Today his body-in-the-chair seems to him heavy, numb, and of inhuman proportions. Hands too large. A day like all other days, O.J. Simpson's trial is all over the news. As he speaks I am aware of his black skin, my whiteness, all accentuating the Vienesse décor that has managed to dominate my then-office. Clive tells me what happened while he was in the waiting room; one of my also-white-suite-mates walked in, her gaze on him for a brief moment, betraying silent fear: "*She thought there's a black man gonna rob the office.*" Clive is struggling to blow off shame, her gaze having morphed him into an intruder on the perfectly White order. Now in my office, I seem to him very far, small, unfamiliar. He leans

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forward in his chair, and his shame is catapulted back to me. Now we both seem distorted in some inexplicable way. He tells me he can hear his voice but his words have no meaning, even though *I* thought I heard them loud and clear. Yet, the more I listen, the more his speech does sound kind of hollow. Hollowed of what? I stare at his face looking for signs of the Clive I know, the Clive-and-I we've had, and a queasy absence settles.

(Clinical examples in this paper are from the practice of OG)

THE PHENOMENON OF DEPERSONALIZATION¹

Depersonalization can hit like a clap of thunder; in a split second all tilts toward the surreal and the trusted sense of reality evaporates. It can seep in insidiously, settling in for relentless decades of profound estrangement and detachment. Some are propelled in and out of transient episodes in response to triggering events, and some actually willfully induce states of depersonalization to avoid the claws of unacceptable reality (Guralnik, 2008b). Phenomenologically, like Clive, people describe witnessing their lives as if it were a movie or "from the ceiling," an experience often accompanied by a bitter deadening of affect: "*The emotional part of my brain is dead. ... My laugh is automatic; there just doesn't seem to be anything there ...*" (Patient reports, Mt Sinai; from here on: PRMS). The integrity of time, space, mind and body falls apart: "*The times have gone. ... Everything around me is very far away and tiny. ...*" (Shovron, 1946), "*I enter the house I lived in for the past 7 years and feel like I've never seen it before. ... I look at my hand and it does not belong to me, it looks large and foreign....*" (PRMS). The unity of intention and action fragments: "*I can hear my voice talking, but it does not seem to be coming from me. ...*" (PRMS). The result of these various fragmentations is that for the depersonalized what used to be implicitly relied on as "*me*" and "*reality*" is pulled from under, leaving one de-clothed of a familiar self, in an alienated landscape.

Although prevalent,² depersonalization is poorly studied and unfamiliar to even seasoned clinicians. It is a subjectively felt altered state of consciousness, not an affect or a disturbance of thought, yet the actual "symptoms" are terribly difficult to describe. It infects a rather abstract psychological register in which one draws conclusions, grounds, and narrates what their *Self*, and ultimately *Reality*, means to them³ (we return to this register in later sections). When mentioned in the

¹Much of the thinking collected in this paper is based on a series of NIH- and NARSAD-funded studies of the phenomenology, etiology, cognitive processes, biological correlates, and treatment of depersonalization. These were conducted over 8 years by a research group we founded at the Mount Sinai School of Medicine in New York City (Director: DS) with more than 350 patients for whom depersonalization was the primary symptom. Our main findings are summarized in a selection of our papers: Guralnik, Giesbrecht, Knutelska, Sirroff, & Simeon (2007); Guralnik, Schmeidler, & Simeon (2000); Simeon et al. (1997); Simeon et al. (1998); Simeon et al. (2000); Simeon, Guralnik, Knutelska, & Schmeidler (2002); Simeon, Guralnik, Schmeidler, Sirroff, & Knutelska (2001); Simeon, Knutelska, Nelson, & Guralnik (2003); Simeon, Riggio-Rosen, Guralnik, Knutelska, & Nelson (2003).

²When we launched our study (see footnote 1) we were operating under the assumption that depersonalization was a rare syndrome. The literature systematically demotes depersonalization from its epidemiological prominence, repeating the defeated conclusion that little was known about its phenomenology, etiology, or treatment. Yet over time and after encountering so many people with hitherto undiagnosed chronic depersonalization as their primary symptom, we concur with Catell & Catell (1974) that it is the third most common psychiatric symptom.

³Neodissociation theories (Hilgard, 1994; Woody & Bowers, 1994) attempt to capture something of this register in describing dissociation as a weakening of *highest order executive control functions*, leaving "infrastructures" (perception, memory, consciousness, and identity that cohesively define *selfhood*) more freedom to operate independently and revealing the mind's underlying inherently fragmented nature.

literature, depersonalization typically gets incorporated into existing categories and misattributed as an epiphenomenon of more familiar disorders of affect such as depression and anxiety. The implication is that depersonalization cannot be engaged with directly but will somehow lift when other problems clear. Indeed, people with relentless depersonalization typically grow increasingly alienated and hopeless after migrating from one mental health professional to the next, misdiagnosed, misunderstood, and treated with no success.

As far as definitions, depersonalization should be distinguished from the concepts of dissociation and repression. As a *diagnostic category*, depersonalization is classified by the *Diagnostic and Statistical Manual of Mental Disorders* (APA, 2000) as one of four primary dissociative disorders. All four come under the roof of dissociation because they share the mental operation of splitting apart and excluding from consciousness psychic materials that are typically integrated into one experience (self-states or “identities” in Dissociative Identity Disorder, a renounced self in Fugue, autobiographical memories in Amnesia, personhood and real-hood in Depersonalization and Derealization). Thus, depersonalization is a subtype of dissociation. Often when clinicians refer to their patients’ dissociation they are actually describing the very specific experience of depersonalization.

As *dynamic psychic mechanisms* both dissociation and repression are ways to banish mental contents from consciousness. They have different implications regarding psychic structure and dynamics. In repression the hidden elements are *thing-representations* of particular contents. In dissociation they are structures, potential ways of being a person in the world. Repression disallows conscious representation of once-known, anxiety-provoking “things” like memories, wishes, and fantasies. Under the supervision of the ego’s censor, neurotic distortion renders these thing-representations unavailable to the conscious mind. Dissociation, in contrast, segregates or de-links “states” rather than things, matrixes of self-other relationships and their related affects.⁴ The parallel operator to the repressive censor in the case of dissociation would be avoidance of attending-to and formulating into meaning (Stern, 1997). As a subcategory of the ability “*to dissociate*” one also has the capacity “*to depersonalize*,” whereby one becomes detached and certain aspects of self become inarticulate or unavailable, instigating the subjective dis-ease of depersonalization.

AIM

The purpose of this paper is to familiarize the reader with depersonalization and propose a model in which we understand it as a response to the structuring forces of social discourse. In exploring depersonalization, we expand beyond the traditional psychoanalytic focus on one’s object world and contend that the “editorial instructions” on what should be designated “Me” actually occur largely outside the individual, in the cultural milieu in which we live. Our model does not come to replace but augment other psychoanalytic approaches. We believe that in a successful treatment of depersonalization analysts must grapple with how the social is implicated in the seemingly private

⁴The mind’s ability to segregate this way has been vastly generalized. We now easily refer to separate “self-states” to describe common psychological ways of organizing one’s experience in response to particular contexts. This is not the experience we refer to in depersonalization, which has an unmistakable experiential flavor of unreality and distortion of the regular ongoing experience of self and surroundings.

individual psychological sphere, as “if you go deeply enough into one, you come upon the other” (Dimen, 1986, p. xv).

A few words to contextualize the language we are using to build our argument: When referring to *discourse* we mean the culturally shared *how to* communicate (society’s language and implicit modes of communication) and *what can* be spoken of (the limits of acceptable speech).⁵ In “*discursive instructions*” we mean the kind of cultural messages (often unconscious and implicit) that sanction ways of being that are normative and acceptable (and therefore intelligible) and foreclose others. Psychoanalysis is a discipline that has always paid close attention to language. In this paper we lean into the poststructural and hermeneutic disciplines that situate language in the context of one’s place and time. From this perspective, language does not mirror reality but rather constructs and reinvents it. Language is one of the discursive instruments that constitute what kind of subject an individual can become: The subject will follow the contours and constraints of what is speakable. Postmodern, Feminist, and Marxist theories help us keep in mind that individuality and subjectivity are no simple matter and are always in the service of perpetuating large socio-political structures and the power relations they embody. Weaving these perspectives implies that we do not take subjectivity as a given (as assumed by modernist beliefs in an original true self) but see it as constituted in discourse.

We believe depersonalization reveals how the very discursive instructions that constitute the subject can also paradoxically be responsible for her psychic fragmentation. Good psychoanalytic work with depersonalized patients must embrace this dialectic. Given our perspective, our use of the category *depersonalization* is riddled with paradox, which we ask the reader to bear with; we are simultaneously diagnosing and arguing that such hegemonic moves—designating what is healthy and what is not—are what underlie pathologies of personhood.

We now turn to a selective review of the psychoanalytic literature, which mostly discusses depersonalization in the language of ego and object relations theory. Drawing on critical theory we will introduce our model and then illustrate it with a clinical vignette. The final part of the paper focuses on the role of shame in maintaining depersonalization and on clinical implications.

A SELECTIVE REVIEW OF THE LITERATURE

Classical formulations of depersonalization generally portrayed an intrapsychic drama in which the ego made tyrannical attempts to deal with intersystemic conflicts in which the superego starred. Traveling with his brother to the Acropolis, Freud (1936) was overwhelmed with the sensation of depersonalization—incredulity and doubting reality. Freud interpreted his depersonalization as an Oedipal symptom, a repudiation of reality that defended his ego from the forbidden gratification of going further than his father. Later Searl (1932) saw depersonalization as an attempt to escape superego punishment by assuming the immunity of inanimate objects, a theory that Obendorf (1950) revisited as the formation of a superego inharmonious with the body ego.

⁵We are using discourse as derived from the work of Foucault and further developed in feminist studies, anthropology, cultural studies, and literary theory. Foucault (1972) defined discourse as systems of thought composed of ideas, attitudes, courses of action, beliefs, and practices that systematically construct the subjects and the worlds of which they speak. He traced the role of discourses in wider social processes of legitimating and power, emphasizing the construction of current truths, how they are maintained, and what power relations they carry with them. Power is always present and can both produce and constrain the truth. Discourse is the medium through which power relations produce speaking subjects.

Somewhat relaxing the boundary of this hermetically sealed classical self, theories of the '50s and '60s attributed depersonalization to conflicting or repudiated identifications with significant others (Arlow, 1966; Jacobson, 1959). Other theoretical formulations that remained influential until Sullivan's breakthroughs were variations on the ego splitting into an observing part of the ego while defensively disowning the participating part (Bradlow, 1973) or discontinuity between the ego and the self structure (Frances, Sacks, & Aronoff, 1977). The general notion of a supreme ego that monitors internal homeostasis and acceptability continues to reverberate through much later models of depersonalization and dissociation.

The interpersonal school influenced psychoanalysis to contextualize the person within their culture. Fromm has particular historical relevance here. He spent formative years influenced by the Frankfurt school, importing Marcuse's ideas into psychoanalysis and linking self and culture. Fromm describes an individual that springs out of nature pure and free, yet due to gradual submission to economic and socio-political conditions develops pseudo acts and feelings, and ultimately escapes from freedom into *automaton conformity*. Fromm describes a large-scale alienated and depersonalized society. Although a breakthrough for his time, Fromm's approach is a good example of the Modernist binary that continues to reverberate through psychoanalytic discourse: The individual originates as a pure and true self and clashes with potentially damaging societal forces outside. James and Jane Cattell revisited this theme in the 1970s, writing specifically about depersonalization being a reaction to "centralized bureaucracies" that were routinized, humiliating, and dehumanizing (Cattell & Cattell, 1974). Per the Cattells, this process starts within the family but gets amplified within the embrace of the modern corporation that binds employees to their dehumanizing jobs.

Sullivan further challenged psychoanalysis to deal with the fact that interiority develops in the context of a communal life. He believed early interactive patterns with others are internalized and responsible for the structuring of the self. Sullivan's "I" is structured around constraints of significant others; "*Not-me*" experiences originate in responses to intense forbidding gestures by the mother. What is not incorporated by the I and quarantined in the Not-me dissociated zone, he termed the parataxic level of experience (Sullivan, 1953). Although he writes about dissociation, Sullivan's parataxic experiences are often precise portrayals of depersonalized states in their uncanny and bizarre quality. In many ways our project is to extend Sullivan's brilliant theory beyond the mother-baby dyad, a dyad we see as always-already embedded within the constraints of social discourse.

TRAUMA: DISSOCIATION/UNINTELLIGIBILITY: DEPERSONALIZATION

Twentieth-century psychoanalytic discourse saw a gradual shift from a preoccupation with intrapsychic conflict and fantasy back to the impact of "real" events on people's psyches. Trauma gradually replaced drives as an explanatory factor, and dissociative mechanisms have become an alternative model of mind to the repressive mechanisms relied on by earlier theory (Bromberg, 1998; Davies, 1998; Stern, 1997). Many empirical studies have supported the link between trauma and dissociation. Specifically with regards to depersonalization, our studies established that a history of childhood emotional maltreatment predicted severity of depersonalization symptoms;⁶ im-

⁶When emotional trauma was paired with sexual trauma, it predicted broader dissociation, such as amnesia.

pingement and entrapment by other thinking minds are particularly implicated, including threats, screaming and intimidation, humiliation and belittling, intrusion, double-binds, and mind-control maneuvers (Simeon et al., 2001).

The dominant model weaving in and out of theories linking trauma and dissociation (that can be traced back to Janet, 1889) contends that dissociative fragmentation protects the psyche from affective overwhelm and dysregulation (Van der Kolk, 2002). Contemporary theories take psychic multiplicity as a given and dissociation is understood as an expression a defensive in-articulation of experience (Stern, 1997) or a refusal to mentalize by de-linking the declarative-symbolic system from the subsymbolic (Bucci, 2007). *Health* has become the ability to “stand in the spaces” and tolerate the affect that comes with the internal conflict multiple self-states generate (Bromberg, 2003).

In its focus on the wider intersubjective field, relational theory makes it possible to consider the role of one’s discursive context in the formation of dissociation (Aron, 1996; Layton, 1995; Reis, 2005). Davies and Frawley’s (1994) model implies that the context will mediate how the psyche will respond to trauma; dissociation is partially attributed to the fact that the sexual abuse could not be spoken about. Grand’s (2003) *thing-self* register (a clearly depersonalized state, reminiscent of Bradlow’s, 1973, formulation of depersonalization) develops in response to being traumatized and being pulled into an *it-it* relation; “Just as culture can give birth to, and organize the psyche-soma, so culture can give birth to, and define a disembodied, nonhuman thing-self” (p. 330). Ryle’s (1997) Reciprocal Role Procedures model of dissociation similarly emphasizes that people’s ability to elicit reciprocation and confirming responses from others can protect them from dissociation.

Here we would like to mull over another angle of how discourse can shape the psyche, and not only through people’s object relations. Consider the view that diagnostic categories, including the categories of dissociation, do not simply describe intrapsychic reality but create new possible ways of being. Hacking (1995) demonstrated how since the development of the multiple personality disorder (MPD) diagnostic category one became able to “switch between alters.”⁷ Rivera (1989) described how alter personalities of MPD patients are not idiosyncratic but reproduce the stereotypical ways gender is constituted in a patriarchal society; one will often find female-identified personalities such as the vulnerable child, a seductress, and a masochistic-compliant alter, as well as male-identified aggressive predators and protector selves. Thus, seemingly interior structures and dynamics are actually made possible and greatly influenced by one’s discursive context.

From our perspective, one’s internal emotional economy is only one feature of what makes events traumatic. A major aspect of what is traumatic for the depersonalized is being designated socially unintelligible and having to incorporate what society wishes to turn its back on. What can be formulated (hauled up and mentalized; Stern, 1997) is not only intrapsychically determined. Experiences deemed less than human and unrecognizable to society are then unrecognizable to one’s internal regime, which is not so internal after all. The traumatized individual is holding what others wish to repel, that which has no place in collective reality and which is situated outside the symbolic order (society’s *excess* and *object*; Kristeva, 1982). Events that threaten the taboos of social order (such as incest) or that make large demands on people’s fragile compassion resources

⁷Little did Hacking know that by the time of writing this article, the popular TV network Showtime would air a new primetime series based on a protagonist with dissociative identity disorder (*United States of Tara*) that instantly became their number one popular show.

(such as the unspoken grief of veterans; Guralnik, 2008b) are easier to disavow than to ingest. As per Butler (2004), social norms of recognition deem some losses grievable and others not. From this perspective depersonalization marks what cannot be grieved or processed and is melancholically foreclosed as unthinkable, unspeakable or not-real.

SUBJECTIVITY

Depersonalization is not only a private event. The shape of one's subjectivity mirrors a battle occurring in culture over what in a person will be intelligible, or what will be considered a livable life. In our work with depersonalized people the battle around subjection has been very obvious along categories such as sexual orientation, race, and class, where there are clear discursive instructions that make certain possibilities "less than human," and to which *some* respond with depersonalization (see clinical example). However our theory is generalizable to much subtler situations once the complexity of the dynamics between the individual and their discursive context are attended to. Why do certain individuals respond so painfully to these prevailing discursive instructions?⁸ We are arguing here that one of the central axes upon which one fragments is the degree to which their *self* corresponds to "*what-goes*" in discourse.

Psychoanalysis is all about the seam between self and world. We use concepts like internalization, identification, introjection, and recognition to mark the negotiation along the boundary inner/outer, self/world. Bound by modern philosophical underpinnings, psychoanalysis for the longest time assumed a singular self intruded on by a hostile and disappointing world. This Self is often imagined as a true body-ego, whereas the symbolic and cultural are placed "outside the line that divides inner from outer" (Winnicott, 1986 p. 36; see Kahn, 1986).

When speaking of depersonalization we then ask, What gets depersonalized? Do we still imagine a *true self* that gets split off and protected by its false, automated, depersonalized cover? Or do we incorporate postmodern sensibilities and think of a self that is a social artifact?⁹ The position we take here is that subjectivity is a state arrived at, the product of some originary potential being constituted by discourse, rather than an essential, true state that then gets messed up by one's environment. We do believe individuals come with a quasi-natural load or *matter*—their *self-in-itself*.¹⁰ However closer to Stern's (1997) *unformulated*, or Kristeva's (1982) *semiotic* (the emotional force or instincts that exist in the fissures and prosody of language), we also believe this

⁸In any discussion of psychopathology the question of *symptom choice* surfaces: why depersonalization and not another symptom in response to this constellation and impasse between *self-in-itself* and discursive context? The mysteries of human variation will obviously not be resolved in this paper. Typically such questions become less acute when the category itself becomes more familiar.

⁹Foucault and Chomsky's famous debate of 1971 (Chomsky & Foucault, 2006) articulates the dialectic of our position regarding the "innateness" of human nature. On one hand stands Foucault, whose subject does not possess any intrinsic nature but is entirely the product of social political forces. Foucault regards the humanistic premise that people have a true nature as dangerous, having been used to justify all acts of domination in society. On the other hand stands radical Chomsky, who is just as intent on deconstructing the violent societal forces exercising power, yet argues that humans *should* be attributed essential, even biologically based capacities, such as the ability to be creative in their use of language and, ultimately, to give expression to absolute justice. Psychoanalytic theory, particularly the notion of drives, leans heavily toward the Chomskian argument.

¹⁰A working term we coined with a nod to Kant's *thing-in-itself*, to refer to the philosophical realization that this is a concept, we cannot claim direct access to what we are trying to refer to in this notion of self.

originary *matter* has no meaning prior to being applied form. Meaning can emerge when the structuring forces of language and the rest of one's discursive cultural context are applied to the self-in-itself to constitute the subject, and, hopefully over time, her capacity for some internal freedom and resistance. Holding this perspective also implies that as psychoanalysts we are not only interested in how individuals respond to the hotbed of their attachment relationships. We are equally interested in tracing the meeting of individuals and the social political context in which we all breathe, shorthand the *State*.

RECOGNITION, INTERPELLATION AND THE SPACE IN BETWEEN

Speaking from a psychoanalytic intersubjective perspective, Benjamin (1998) described recognition as "that response from the other which makes meaningful the feelings, intentions, and actions of the self. It allows the self to realize its agency and authorship in a tangible way" (p. 12). Bakhtin described how one comes to know oneself in the eyes of another:

I am conscious of myself and become myself only while revealing myself to another ... a person has no sovereign territory; he is wholly and always on the boundary; looking inside himself, he looks into the eyes of another or with the eyes of another. (as cited in Howell, 2005, p. 123)

Recognition is the life-giving exchange with the world.

Here we would like to introduce the concept of *interpellation*, a term coined to capture the process by which one is recognized by *the State* to become part of the social order. Interpellation is a relative of recognition. Briefly, modern Marxists like Gramsci described how modern democratic societies maintain social order, no longer by way of violent force (army or police), but rather by the collective belief in "ideologies"—false doctrines that present themselves as natural and necessary. These ideological methods are soft and subtle and provoke no resistance; the collective comes to share an unconscious secret that results in obedient and productive citizens (Foucault, 1988–90). Foucault actually sees psychoanalysis as one of the most intrusive methods to so control subjects, through its circulation of dominant ideologies.

Althusser (1969/2000) used the term (rather than coined) *Interpellation* to describe the very mechanism through which ideology takes hold of the individual. The authoritative voice of the State recognizes the individual and hails him into social existence. From a psychological perspective we can see how this voice meets the individual's basic need for recognition and allows them their transformation into subjects. Althusser's famous example is of how we feel when hailed by a policeman: "*Hey you!*" toward which we turn guiltily: "*What did I do?!*" We immediately morph into *self-as-criminal*, thereby revealing where the force of the State and our identity as individuals meet.

Interpellation captures a doubleness: In this society we share the ideological belief that we are sovereign beings, autonomous subjects of ourselves. Yet in such moments we are exposed as defined and possessed by forces beyond us. Our passionate attachment to the exact subordination that deprives us of possibility is revealed; our need to invite regulatory powers in so we can be constituted. Internalizing norms and developing a "superego" are essential to the production of psychic interiority and to assuming any power and agency (Butler, 1997). Yet this doubleness is too humiliating for us to be aware of and needs to be repressed. In sum, interpellation reveals a more intimate connection between the Self and the State than psychoanalysis has cared to pursue.

The space between recognition and interpellation is where one's sense of personhood is repeatedly carved out; it is where the psychological need for recognition in order to *become*, and the social force of interpellation that allows one to be—meet, or collide. Our claim here is that this slippery space is the psychological register in which depersonalization takes place. Being interpellated provides a basic point of reference to “reality.” Our *self-in-itself* responds to recognition and to interpellation, nurtured into expansion and pressured into constraint. To resist interpellation means to loosen that tether to reality—the chief complaint in depersonalization.

The experience of Personhood is a momentary expression of a harmonious and synchronous relationship between one's *self-in-itself* and the world-context of language, social order and culture, including their powerful ideological forces. The degree of reciprocity between one's cultural context and ever-forming-interiority will determine how easily one will come to feel like a three-dimensional person. The issue then becomes about the goodness of fit, which will vary across individuals and across cultures. We are in a bind; a *livable life* requires norms, whereas living outside the social order places one at great risk.

Depersonalization occurs when there is a serious impasse between social-linguistic structures that represent the dominant social order, and the *self-in-itself*. We think of depersonalization as both a *failure* to fit well into normative categories of intelligibility and as an act of resistance. As resistance, depersonalization is the psyche's withdrawal and refusal to be interpellated by the shaping forces of discourse; an attempt to shield the self from the traumatic demands of the social order. As a brief example of this dual function, consider this recent moment in the life of a patient: Baladine, a young Turkish woman suffering from a low-grade chronic depersonalization, has begrudgingly started taking antidepressants to stabilize her mood and help her through law school. At some point her physician added another medication to “help her sleep,” to be used as needed. Four months into this new regime and stable on her meds, by sheer coincidence Baladine discovered the “sleeping pills” prescribed were actually antipsychotics. She responded with acute depersonalization: “I forgot who I was. It's like I didn't have a name, or a past, and didn't even know where I was standing.” She felt gripped by the new implications of her as a crazy person. She described her registry of “self” reorganizing from a person coping with stress to a broken, crazy person. Like Robert Patrick's T-1000 character in *Terminator 2*, who morphed from liquid metal into a humanoid structure, Baladine's metamorphosis was fast and furious and accompanied by an astonishing evacuation of her previous notion of herself. Yet she also felt a simultaneous refusal to take all of that on. The prescription pad and the dominant hegemonic structures behind it (the field of medicine) now held defining power over her, which she hated. The sheer force of interpellation. Depersonalization is a case of the reification of such relations into psychic structure; a portrait of the State branded onto the psyche.

In importing the concept of interpellation into the psychoanalytic dictionary we are trying to trace one's relationship to social discourse. Discord with one's discursive environment is very different from problematic object relations. Interpellation is different from “portals” such as internalization and introjection. The commodities negotiated through one's object relations have to do with patterns of attachment and emotional coloring, whereas the commodities negotiated between subject and the State, through interpellation, are mostly ideological instructions as to what is human and speakable. This is why the suffering of the depersonalized is not mainly in the realm of affects or interpersonal relations. It mostly affects the register in which one's personal epistemology of self, reality, and world gets constituted; it is where “being in the world” as a citizen/subject takes form.

We now turn to a clinical example (from OG's work) that illustrates the model we have been espousing (for other clinical examples, see Guralnik, 2008a, 2008b; Simeon & Abugiel, 2006). The vignette will be described in first person from the viewpoint of OG. We have come to believe that in many cases of depersonalization the most powerful therapeutic action lay in the dyad's ability to analyze the discursive context that situates the patient's particular object relations.

GRACE

Grace was a smart and hilarious children's puppeteer of 35 when she started analysis. Warm, psychologically minded, certainly able to hold in mind conflicting and intense affect, Grace was easy to establish a good working relationship with. This bond afforded us a complicated and intense, long analysis in which we slowly tracked and infused life into foreclosed aspects of her psyche. Although her analysis took on many dimensions, for the purposes of this paper I focus on background directly relevant to her depersonalization and then give an example of how we engaged the discursive third.

Despite being a superpopular kid, Grace always felt different and separate from others. She grew up a churchgoing, good Catholic girl who during adolescence was afflicted by unutterable, foreign urges that years later translated into a lesbian lifestyle. Long into her rich and committed relationship with Lila, she noticed she has been living *as if in a dream* for most of her life (what we later diagnosed as chronic depersonalization). Grace described a lifelong of grinding preoccupations centered on undoing sins and repairing a mysterious rupture. As an adolescent "receiving" those unspeakable *urges* (Hartman, 2005) she would invite her mother for daily walks, obsessively confessing and begging forgiveness for any stray thought: small theft, jealousy, masturbation. No matter how reassuring her mother was, no confession hit the spot. Tormented, she often gave up her attempts to "fix it" and resolved to spending long stretches in the bathroom holding her breath till she "saw stars" or fixing her gaze in the mirror, till it "all went quiet." As an adult, her depersonalization solidified into a mixture of chronic life-as-a-movie detachment, exacerbated in moments of intense out of body experiences. Dissociation: the "escape when there is no escape" (Putnam, 1994).

Grace grew up in a Christian world where people are straight and girls are not sexual. Although she spent most of her life in New York City, she did not grow to identify with queer culture. She came out to her parents in college. Although coming out went exceptionally well on the face of it, there were other feelings, unspeakable and alienating, lurking in the prosody of perfect language, music that conveyed the regulatory dimensions of the world they all belonged to. Grace was the youngest of five. Both parents worshiped her flamboyant character. Her father, although a demanding character, was mostly recalled as an admiring benign presence. Her mom took great delight in her being rowdy, uninhibited, and breaking loose. Their love was deep and blue like the ocean. With its undertow. There were certain places the two of them just could not go.

There are many dimensions to explore in Grace's history and object world that tie into her depersonalization. Unpredictable raging outbursts of the WWII veteran dad, muted by the mom's pleas for silence, the implicit demands from Grace to "be good" in order to preserve her dependent relationships and the price she paid for these attachments. However, for our purposes we are advocating a read of her depersonalization as intromitted by social discourse. The most powerful expression of this impasse was in her life negotiation about the possibility of lesbian embodiment,

desire, and maternity. Grace's parents, church, teachers and classmates, and educational system were all hostilely blind to that possibility. And Grace, the kids' puppeteer, believed *her* uterus was not meant to bear children, being of an unnatural body that is lesbian. There were plenty other aspects of her life that felt quite real and satisfying: her work, her friendships, the pleasure and power she derived from pleasing her audience. There was nothing false about those experiences of self. Yet she had been chronically hailed into melancholically evacuating too many other possibilities.

Recently, Grace relayed the following incident. She and Lila were at their neighborhood dive bar where they met with their straight drinking buddies, Joan and Joe. Becoming increasingly comfortable with her life choices, Grace playfully asked the buddies if they knew Grace and Lila were gay. Friends met play with play: "Duh ... of course we knew!" Grace pushed on, sharing that they were thinking of having a baby. Giddy and excited, the group erupted into a surprising turn of conversation: Joan was offering Joe up for sperm donation. Grace and Lila exclaimed how attractive Joe indeed was but coyly declined. Joan insisted. Grace and Lila refused. At some point in the evening Grace found herself momentarily alone with Joe. He proceeded to come on to her, confessing how attracted he was to her and standing alarmingly close. Grace wriggled away, and soon after she and Lila left.

Grace came into session the next day in a state of excitement and confusion. Her depersonalization was intense. She was both closer and further away from having a baby than ever. A giddy mixture of flattered yet befuddled, she told me the story, evoking the kind of countertransferential confusion I have learned to understand as signaling the presence of mixed and seductive transmissions from the *great big hegemony*. She was craving an interpretation that would anchor her in the normative, a sign that she could terminate her exile. She was shift and uncomfortable, a thick smog of shame and unreality surrounding her.

If I were to focus on the object-related and interpersonal material packed in that moment I would have missed a chance to track the forcefulness of interpellation at work. Instead I was interested in analyzing what happened "out there" that ended up messing her up "in here." In coming out to a straight world, claiming the desire and entitlement *to have what others do*—a child of their own—Grace and Lila were sending shockwaves into the social order. The shockwaves are to be boxed back in. A quote from President Bush (2003) at the time of this phase of our work nails it: "*The homosexuals getting married leave the people with no recourse.*" There are people, and there are homosexuals. *And a snippet from our conversation:*

G: Maybe I'm straight after all?

Me: It's reassuring to be embraced by the straight world, isn't it.

G: He was really coming on to me. Why am I ashamed?

Me: It's like he'd throw himself in front of a train to offer you some way back from being gay. You follow, but rather than find you lose something.

I spoke with Grace about my read of Joe as fulfilling his hegemonic role, hailing her from the locale of a heterosexual man: "*hey, you woman, I want you,*" and of the destabilizing effects on her. Grace and Lila's subversive choice compelled both Joe and Joan to "retaliate" with their desire to straighten out the situation. This force was stronger than their lover's bond of monogamy and exclusivity! The immediate effect such interpretations had on Grace was to move the smog of shame from the very interior toward the transitional space between her and her environment. Ultimately, these kinds of interventions were at the heart of Grace's slow emergence out of depersonalization.

What is a livable life? In this clinical vignette and political arena violence was waged against Grace. Living outside the norm places one at risk of death, sometimes actual death, but more frequently the social death of delegitimization.

SHAME & RESISTANCE

In the final parts of this paper we explore the connection between shame and the loss of cultural intelligibility and suggest that humiliation and shame serve to petrify depersonalization into mental structure. As discussed earlier, interpellation captures a doubleness; it constitutes and abjects; one depends on it and resents it. The developing subject comes into contact with various sets of cultural beliefs and values that define who they will be, what will be considered good, healthy, natural, “passing” and socially mobile. These instructions help a person elaborate who they are and gain strength from the power of being aligned with the social order. Grace, tiptoeing between countless sources of shame in her life, has also proudly established herself armed with strong friendships, a loving wife, a great education, and work she enjoyed. Shame (a most effective interpellative tool) becomes relevant and invades the person’s psychic landscape when he or she brushes up against the boundaries of social intelligibility.

Shame is to the depersonalized what anxiety is to the repressed; it marks the return of the abject. Depersonalization releases one from the burning experience of shame, leaving the subject untouched but bereft. With her depersonalization Grace could detach from most experiences. Baladine, the Turkish patient mentioned earlier, aptly described her earliest memories of depersonalization: At age 7 she was standing at the top of the monkey bars, kids gathering below to make fun of her: “Fatso! Fatso!” The kids that were originally up there playing with her slowly dropped to the ground to join her taunters, and with each kid more and more of Baladine’s self. Her mind kept “falling back” into deeper and deeper states of detachment, by joining in with “them.” By the time the last kid jumped down, there was none of her left up there; *she* was with the group, a great *self-laughing-at-itself*. Shame is always an expression of being subjected to the gaze of the other and being found *Other*. It is the horrifyingly unanticipated sense of exposure of unrecognized/unspeakable parts of oneself, to oneself, via the gaze of Others. Grace, held for a moment in the eyes of another couple, morphed from a hopeful lesbian to a humiliated stray woman. Baladine, bewitched by her doctor’s prescription pad, became a “crazy person,” and taunted by her classmates became a self-mocking bully. How easily, abjected by the other, one can lose one’s sovereign equilibrium and fragment. Who does this personal identity really belong to?

Thinking of shame as a social phenomenon, it is a powerful method to keep the forbidden on the margins. Ziv (2008) talked of shame as an interpersonal/societal tool and site, where the hegemony, normative regulation conducts its negotiation with the elusive subject. Shame’s function is to shape the subject; the laws of social conduct are branded into desires, actions, and thoughts of the subject by the threat of loss of recognition as human. Aspects of the self that do not align with the social order are “decategorized,” and their appearance will bring about shame. The resulting fragmentation and retreat into depersonalization over time become calcified into a way of being.

The late New York artist David Wojnarovic incorporated in his visual art and journals extensive texts about his own chronic depersonalization. In “Between C & D” he captures the power of the state legal apparatus to interpellate, to utterly churn one’s insides, and his depersonalized response. He also offers the option of creative rage as resistance to subjugation. Here is the text:

A few months ago I read in the newspaper that there was a Supreme Court ruling which states that homosexuals in America have no constitutional rights against the government's invasion of their privacy. The paper stated only that homosexuality is traditionally condemned in America and only people who are heterosexual or married or have families can expect these constitutional rights. There were no editorials or nothing; just flat cold type the morning paper informing people of this. In numerous areas of the U.S.A. it is possible to murder a man and when brought to trial one only has to say that the victim was a queer and that he tried to touch you and the courts will set you free. When I read the newspaper article I felt something stirring in my hands; I felt a sensation like seeing oneself from miles above the earth; like looking at ones reflection in a mirror through the wrong end of a telescope. Realizing that I have nothing to lose in my actions I let my hands become weapons, my teeth become weapons, every bone and muscle and fiber and ounce of my blood become weapons, and I feel prepared for the rest of my life; in my dreams I crawl across freshly clipped front lawns, past statues and dogs and cars containing your guardians; I enter your houses through the smallest cracks in the bricks that keep you occupied with a feeling of comfort and safety; I cross your living rooms and go up your staircases and into your bedrooms where you lie sleeping. I will wake you up and tell you a story about how when I was ten years old and walking around Times Square looking for the weight of some man to lie across me to replace the nonexistent hugs and kisses from my mom and dad I got picked up by some guy who took me to a remote area of the waterfront in his car and proceeded to beat me up because he was so afraid of the impulses of heat stirring in his belly and how I would have strangled him but my hands were too small to fit around his neck; and I will wake you up and welcome you to your bad dream.

Many a depersonalized patient was encouraged by us to study this work of art as a manifesto of our approach, a way to understand symptoms of depersonalization in their social context. One is trapped into shame following the need for interpersonal recognition and meeting hegemonic abjection. However, one may also wish to resist the shaming, to look straight back at its source. Wojanrovic, upon transforming and connecting to his body as a weapon, wishes to wake his interpellators up and tell them his story. Over the years, from a sheepish whisper of a step Grace developed the capacity to storm into OG's office. Armed with this political awareness she went through a pregnancy proudly pushing back against incredible scenes of disavowal. Agamben (1998) discussed the dialectic of struggling against shame, the insistence on being recognized and categorized:

It is nothing less than the fundamental sentiment of being a subject, in the two apparently opposed senses of this phrase: to be subjected and to be sovereign. Shame is what is produced in the absolute concomitance of subjectification and de-subjectification, self-loss and self possession, servitude and sovereignty. (p. 107)

This ambivalent moment is the locale of resistance to the interpellative force of shame. It is an indication of the subject's autonomy and agency. And this is the part we as psychoanalysts want to hook up with to do our work.

CLINICAL IMPLICATIONS

Clinically, in working with depersonalization, moments marked by the struggle with shame are the potential site to carve out a new sovereignty that will allow a fuller sense of personhood. Continuing the legacy of psychoanalysis as potentially a revolutionary space, we seek to join such moments of resistance (in the political sense) to redraft the person back into fuller existence. Individuals are not free to recognize their subjugation. One's paradoxical dependence on their agents of

socialization and interpellation is humiliating—the humiliation of not being self-sufficient and sovereign, of having sacrificed their unique experience of *Reality* in favor of social inclusion (Butler, 1997). As discussed earlier, this humiliation prevents the subject from reckoning with being constituted by interpellation and with how easily they turn and morph in response to being hailed, “*Hey you!*”

Without getting into the vast literature on the analyst’s authority, what is implied by our position here is that whether we like it or not, we perform and are experienced by our patients as powerful agents of interpellation. In our reactions and ability to recognize some and foreclose other, we speak to the particular social order we are embedded in, with its prohibitions and consecrations as to what is a livable life. In our self-analysis we should seek to grasp the degree to which we are sealed within that matrix and cannot see beyond the speakable. Our gaze is the source of shame for our patient. A *traumatic reliving* happens in the consulting room every time the patient’s experience and pain are again unseen and unintelligible to us, unsymbolized by the discourse expressed in the language of patient-analyst. Such foreclosures are marked by the thick and bitter experience of the patient’s shame. A rupture, especially one blanketed by shame, is a signal to us that we should be deconstructing our own gaze for its interpellative load (an impasse that differs from empathic failure).

Working with our patients, we spend much of our time in this space between recognition and interpellation. This is true not only in how we analyze situations outside the office, but our analytic gaze itself is layered with discursive determinants. Our own freedom to recognize and understand an-Other is constrained by our discursive horizons. Importing the ideas of Levinas into psychoanalytic discourse, Rozmarin (2007) described how the act of knowing is necessarily an act of aggressive appropriation. There is no way for one subject to comprehend an other than through her own lens. In this act of knowing, what is *Other* in the other cannot survive. Knowledge becomes oppression, a means for forcing the other into *my* image of the world, and making her essentially same. Our efforts to recognize and understand are multilayered. Indeed, people suffering from depersonalization experience a profound dilemma when others make efforts to understand them, and often respond with confusion and discomfort to mirroring interventions. Bromberg (1998) noticed the dissociator’s exquisite sensitivity and trouble withstanding the impact of another person’s mind, including their compassionate analyst. They suspect that their truth cannot take shape in the intersubjective field. Caruth (1995) saw the crucial problem in treating traumatized people as “how to help relieve suffering... without eliminating the forceful truth of the reality that they face... to *cure* oneself... seems to many to imply the giving-up of an important reality, or the dilution of a special truth” (p. vii). She called on the person listening “anew” to the traumatized other to seek “different ways of thinking of what it means to understand and what kind of truth are we looking for” (p. viii). A new way of listening would require listening for what our cultural-political discourse disavows and abjects. Can we think of depersonalization as resistance, a stance of refusal to be interpellated one more time by being “*understood*”?

The question we are left with then is whether we have any degrees of freedom to negotiate our patient’s otherness, our pressure on them to change, without only reproducing interpellation. This is obviously part of a larger existential quandary: Could there be a Self that is in and of the world but not damaged by it? When working with depersonalization, we believe we need to be committed to thinking of mental syndromes as expressions of the “can and cannot” of discourse just as much as other factors. Thinking of the analytic situation as a scene of address in which powerful negotiations around subjection occur opens up an important dimension of analysis. We assume a

transparent practice of examination and deconstruction of our socio-political positions, as reflected in our way of understanding our patients and the very particular disruptions-to-social-order they bring. Our patients' struggle to face our interpellative gaze. Their shame and rebellious rage are moments of grace during which we might be able to cocreate new sites of sovereignty and possibility.

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