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Depersonalization, the experience of prosthesis, and our cosmic insignificance: the experimental phenomenology of an altered state

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ABSTRACT *Psychogenic depersonalization is an altered mental state consisting of an unusual discontinuity in the phenomenological perception of personal being; the individual is engulfed by feelings of unreality, self-detachment and unfamiliarity in which the self is felt to lack subjective perspective and the intuitive feeling of personal embodiment. A new sub-feature of depersonalization is delineated. 'Prosthesis' consists in the thought that the thinker is a 'mere thing'. It is a subjectively realized sense of the specific and objective 'thingness' of the particular object thought about. I show that prosthesis is an important cognitive feature of depersonalization, and may be psychologically connected with the tendency of depersonalized individuals to report 'philosophical' types of thinking. Indeed, several philosophical issues concerning the identity of the self appear to have been enhanced by prosthesis experiences. Thus, far more efficient than William James's experimental attempts to uncover philosophical truths under the influence of nitrous oxide intoxication, prosthesis may be a safe and recommended experience for philosophers. The history of depersonalization theories is presented from Krishaber to Freud, and the main approaches to prosthesis criticized. Finally, a fresh approach to psychogenic depersonalization is outlined on the basis of certain cognitive similarities with visual agnosia. This paper may be understood as continuing the Jamesian tradition 'experimental abnormal psychology', that is, of examining extraordinary mental states with an eye to their philosophical implications.*

Est ist der Geist der sich der Körper baut.
Goethe

One need only shut oneself in a closet and begin to think of the fact of one's being there, of one's queer bodily shape in the darkness (a thing to make children scream at, as Stevenson says), of one's fantastic character and all, to have the wonder steal over the detail as much as over the general fact of being, and to see that it is only familiarity that blunts it.

William James, *Some Problems of Philosophy*

1. Introduction

What psychical threat connects Sigmund Freud standing on the Acropolis in Athens, Rene Descartes sitting dreamily before his fireplace, and Jean Paul Sartre, anxiously fleeing Naples in a motorboat after discovering the truth about food? The answer, of course, is depersonalization.

As he stood on the Acropolis, “and cast my eyes upon the landscape,” Freud (1936) wrote to Romain Rolland, “a surprising thought suddenly entered my mind: ‘So all this really does exist, just as we learnt at school!’ . . . The whole psychical situation, which seems so confused and is so difficult to describe, [involved] a momentary feeling, ‘*What I see here is not real.*’” Several hundred years previously, Descartes ([1641]1903) experienced the same sensation of unreality. “How often has it happened to me that in the night I dreamt that I found myself in this particular place,” he reflected, “that I was dressed and seated near the fire while in reality I was lying undressed in bed. . . . My astonishment is such that it is almost capable of persuading me that I now dream . . . I shall consider myself as having no hands, no eyes, no flesh, no blood, nor any senses,” and even that people passing on the street “are but hats and coats which may cover automatic machines.” The same experience of unfamiliarity, unreality and dehumanization was reported by Sartre. Roaming the markets of Naples, the French existentialist was unlucky enough to discover the dark “organic relation” between food and the human body, “the *truth* and the *horror* about food” (Sartre, 1974b). “I looked at these meats, all these meats,” he confessed, “those which were bleeding, those which were bloodless,” and then “I was trapped”. The surrounding people “were no longer things but flesh; wretched flowers of flesh waving in blue darkness; flesh to palpate, suck, and eat; wet flesh . . . ‘That’s it,’ I thought. ‘That’s it!’”

Nearly 50 years ago the psychiatrist Aubrey Lewis (1949) remarked to an audience of medical practitioners: “If a few *philosophers* had had this syndrome [depersonalization], and produced their philosophical works while suffering from it, no doubt their systems, or at all events their arguments, would be different than those we know” [emphasis added]. But, as I will argue in this paper, the pervasiveness of depersonalization among philosophers was far greater than Lewis had estimated. The problem is not that there is too little evidence for the presence of depersonalization among philosophers, but that there is too much.

If certain philosophical themes and arguments reflect a depersonalization etiology, the question arises whether the former are mere symptomatic manifestations of an underlying clinical entity. Lewis (*op. cit.*) attempted to argue that the depersonalization experience was a veritable storehouse of information regarding such topics as the mind–body problem, objectivity, and the existence of the self; at the same time, he argued that certain philosophical arguments were nothing but the *products* of such experiences, in the same manner in which, for example, an hallucination may be the product of and identical with a cerebral lesion. As Freud (1912) wrote about the unconscious foundations of philosophical theorizing, “the neuroses display striking and far-reaching resemblance with . . . philosophy (and cf. Tausk, 1914).

Although I shall argue that certain philosophical propositions match depersonalization criteria and may therefore be enhanced by depersonalization experiences, reductionism of the Lewis-Freud sort I explicitly reject. Reductionism of philosophical theories to clinical typology in the case of depersonalization cannot be smoothly rendered for the simple reason that philosophical thinking itself may produce depersonalization symptoms. In a recent experimental study of depersonalization (§3), it was found that a number of subjects reported that their depersonalization experiences had followed upon the consideration of highly 'philosophical' types of speculations concerning life, death, the eternity of the world, and our cosmic insignificance. A similar discovery was made by Roberts (1960), who found that a significant percentage of college philosophy students reported depersonalization as opposed to students in other disciplines. Roberts hypothesized that certain *kinds* of thoughts could precipitate depersonalization rather than the reverse.

Such findings do not implicate a wholesale reduction of the meaning of philosophical speculations to depersonalization nosology, but at most the more complex (and interesting) interactionist view that (a) certain modes of thinking characterized as 'philosophical' may produce depersonalization; and (b) depersonalization might inspire and support certain philosophical views. According to this suggestion, those philosophical views which may be psychologically connected with the presence of depersonalization episodes are not merely 'disguised descriptions' of the latter, or psychologically supervenient on underlying pathological processes. In its strongest version my claim is that these themes are enhanced by, and may allude to, depersonalization experiences.

The depersonalization experience is broadly characterized by feelings of detachment, self-observation, and personal unreality. An additional, hitherto unspecified characteristic, is what I shall entitle 'prosthesis,' or the 'thing' experience. Prosthesis, I will show, is an empirically verifiable aspect of depersonalization, and one often alluded to by philosophers.

Prosthesis takes the form of a thought. The thought may be about the outer world or some portion of the world, including one's body or some subset of its parts. Most of those who have entertained 'the thought' will immediately recognize it; others, who have not, will cast about for some suitable analogue in their own experience. But there is no similar or substitutable experience for prosthesis; the thought is what it is, and contains its own unique mental content. However, I will provide helpful directions for producing prosthesis for the uninitiated.

Prosthesis with respect to an object is the thought that the object is a thing; it consists in a subjectively realized sense of the specific and objective thingness of the object focused upon, of the fact of its being rather than not being. The thought directs and focuses attention on the materiality of the object, deleting its 'meaning' and emphasizing its corporeal embodiment or existence. To the person who has prosthesis, the meaning, function, and value of the object evaporate from cognition and perception; what is left in thought is a blob of stuff.

The most well-known type of prosthesis is 'semantic satiation'. A word is repeated several times, at which point it seems to the speaker to have lost its meaning. Phenomenologically, what the speaker hears can be compared to a grunt.

The word has been *auditorially* prosthetized. A three-dimensional object which is ‘prosthetized’ is typically one that is being auditorially, perceptually, cognitively or tactically perceived at the time. Thus, we may speak of dimensions of prosthesis, corresponding to the different sensory modalities. Self-prosthetization leads to feelings of unfamiliarity, detachment, and the sense that one’s personal identity cannot correspond to one’s being a human being; thus, it may produce the core features of depersonalization.

Parts of the body, or the body as a whole, may be prosthetized. Pierre Janet (1914) described a patient who reported prosthesis of the hand. “Her arm seems like something that does not belong to her”, Janet reported. “‘It is no longer my hand,’ she says; ‘it is not a human hand, it is the hand of an animal, a reptile’” (p. 30).

Those who have not had prosthesis may be unable to understand what prosthesis is. (“Of course this grapefruit’s a thing; almighty Husserl, what else could it be?”) Others who have had the thought will recognize it. Of 100 people asked whether they had ever had prosthesis, 36 replied in the affirmative. Many reported facial prosthesis when gazing into a mirror. I myself have had prosthesis often, and can self-induce it with respect to such objects as pencils, hands, and other people after an average of 23 seconds. Prosthesis is not involuntary.

Of what advantage is prosthesis to philosophers? If certain philosophical themes and problems are enhanced by the depersonalization experience, and mirror-induced prosthesis is a way to produce depersonalization, then it follows that prosthesis is a recommended experience for philosophers. During the experience, insight into questions concerning personal identity, physicalism, and the meaning of life can be considered (with recollection more satisfactory than that following upon nitrous oxide intoxication). The mirror, in this case, may precipitate and enhance thinking about certain philosophical questions. The mirror, it turns out, is one of the philosopher’s few empirical tools. The mirror is a *philosophical engine and prosthesis is its fuel*.

The etiological status of prosthesis is unknown. Unlike the more commonly described core features of depersonalization (detachment, unreality, and unfamiliarity), prosthesis is more elusive—the phenomenology of embodiment is felt to be ‘indescribable’. Compounding this difficulty in clinical status is the fact that prosthesis may be (although I shall dispute this) produced by the core features of depersonalization rather than vice-versa. Depersonalization is composed out of some hitherto unknown functional relationship between the core features. These give rise to a subjective sense of loss of identity, the person appearing to himself to be remote from his own body. Prosthesis of the body is perhaps (although I shall dispute this) the result of some combination of these elements, an extrapolation into consciousness of some functional change in these three dimensions; if one felt remote from one’s body, it would be impossible to identify one’s self with that body. The body, then depersonalized, would be experienced prosthetically.

Despite its conceivable supervenience on underlying factors, prosthesis is a significant mental state. Its delineation in the spectrum of psychopathologies has yet to be determined, and may play an important cognitive role in mental disorders.

Schizophrenics often complain of being empty shells or mere objects, and, for the robot delusion of the “influencing machine” seems to involve prosthesis. The schizophrenic projects a delusional double of themselves, which is conceived to be a mechanical counterpart. Second, the philosophical implications of prosthesis on our understanding of the phenomenology of perception, its relationship to depersonalization, and personal identity also await exploration. Prosthesis seems to be an interruption in the recognition of the ‘identity’ of an object, though not in its material continuity. This suggests that beliefs about identity are complex judgments involving more than beliefs about bodily criteria. Further, in the case of self-prosthesis, prosthesis may *be* a real interruption in the flow of identity. It is *an open question* whether depersonalizing self-prosthetization interrupts personal identity.

Examination of prosthesis may lead to a new understanding of depersonalization. Prosthesis is a common characteristic of depersonalization, but it is also present to some degree in the visual agnosias, the inability to recognize the nature of an object. Perceptual prosthesis and certain agnosias may be functionally isomorphic: in both cases normal object recognition and classification, which involves a holistic synthesis of properties into a meaningful gestalt, becomes conceptually-impoorerished, disconnected, non-synthetic, and ‘thingish’. Visual agnosics describe their experiences in just these ways, suggesting therefore that depersonalization may itself involve a cognitive-experiential shift of the sort described—an oscillation from an emotively informed, interpersonally engaged image of self to a more austere, truncated, and artificial view. The mechanism responsible for the shift is prosthesis. Depersonalization, I shall argue, is essentially *psychological prosthesis*.

I describe depersonalization (§2), demonstrating empirically how prosthesis is a component of the experience (§3). I then examine the relationship between philosophical themes and prosthesis (§4), present empirical guidelines for the induction of auto-prosthesis (§5), critique the theories of depersonalization and prosthesis (§6), and examine reasons to consider depersonalization as psychological prosthesis (§7).

2. Depersonalization

Depersonalization is an altered mental state consisting in an unusual discontinuity in the phenomenological perception of the self. The individual is engulfed by feelings of strangeness, unreality, and unfamiliarity in which the self is felt to lack the intuitive feeling of reality that typifies normal experience.

Under the category of Dissociative Disorders (that is, conditions in which there is a change in the usual integrity of memory, action or identity), the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R)* (American Psychiatric Association [APA], 1987) presents the following diagnostic criteria for the experience: (1) an experience of feeling detached from oneself as if one is an outside observer of one's mental processes or body; (2) the experience of feeling like an automaton or as if in a dream; (3) during the depersonalization experience, the sense of reality is interrupted, while reality testing remains intact.

The classic phenomenological description of what it is like to be depersonalized comes from the psychiatrist Paul Schilder (1928):

To the depersonalized individual the world appears strange, peculiar, foreign, dreamlike. Objects appear at times strangely diminished in size, at times flat. Sounds appear to come from a distance. The tactile characteristics of objects likewise seem strangely altered. But [they] complain not only of the changes in their perceptivity but their imagery also appears to be altered. The patients characterize their imagery as pale, colorless, and some complain that they have altogether lost the power of imagination. The emotions likewise undergo marked alterations. The patients complain that they are capable of experiencing neither pain nor pleasure, love and hate have perished within them. They experience a fundamental change in their personality, and the climax is reached with their complaints that they have become strangers to themselves. It is as though they were dead, lifeless, mere automatons. The alienated subjective life appears to have been robbed of its personal character and removed into the outside world.... The world appears as a dream, objects as though they belonged to the planet Mars. (p. 32)

Frequent accompaniments of depersonalization are dizziness, metamorphopsia or autoscopy, blunted emotional responsiveness, anxiety, changes in visual perception and time sense, hypochondriasis and fear of psychosis (Stewart, 1964). If depersonalization is the predominant disturbance and is sufficiently severe enough to cause marked distress, then a diagnosis of Depersonalization Disorder is warranted (APA, 1987). The experience has also been observed as a prodromal symptom in schizophrenia (Ackner, 1954), panic disorder (APA, 1987), temporal lobe epilepsy (Penfield & Erickson, 1941; Penfield & Kristensen, 1951; Penfield & Rasmussen, 1955), depression (Lewis, 1934; Menza, 1986), multiple personality disorder (Putnam, 1985), lycanthropic homicide (Kuklick & Pope, 1990), and even cacodemonomania (Salmons, 1987), the hallucination of having sexual intercourse with God.

Depersonalization may occur in childhood (Roberts, 1960; Stamm, 1962), and in adult populations, where as many as half of any given sample may report depersonalization (Roberts, 1960; Dixon, 1963; Myers & Grant, 1972; Trueman, 1984).

3. The experimental phenomenology of depersonalization

In two recent experiments, I demonstrated that depersonalization contains a hitherto unidentified sub-feature. Individuals reporting feelings of unreality, unfamiliarity, and detached self-observation also describe a sense that the objects of perception are 'thing-like' blobs with none of the quality or meaning that typifies them in normal experience. I term this 'prostheses'.

In the first experiment, 121 subjects (undergraduate students at Duke University) were administered a 96-item depersonalization questionnaire (DQ). The 10

most frequently endorsed items (Appendix Table I) described self-detachment, a feeling of having 'transcended' (one's personality, unfamiliarity, an increase of self-awareness, and a feeling of mental location in the head. This confirmed the three criteria for depersonalization described in the *DSM-III-R* (APA, 1987).

Of the 121 subjects, 59 endorsed items sufficient for the diagnosis of 'depersonalization'. The experience is a common one in the so-called normal population. Worrisome perhaps is the fact that DQ was assembled of items drawn from autobiographical descriptions of hospitalized patients suffering from Depersonalization Disorder.

The first study confirmed the essential soundness of the *DSM-III-R* criteria for depersonalization [1]. DQ was thus considered a valid instrument for the exploration of depersonalization. Certain adjustments being made, a second version of DQ was constructed (DQ*). Using DQ*, a second study was conducted with 141 subjects (Duke University undergraduates).

Once again, the most frequent endorsement was of items pertaining to self-detachment, unfamiliarity, and personal unreality (Appendix, Table IV), but now an additional feature was detected. This was reflected in two items, the former of which received the highest endorsement:

When I have the experience of the world's being unreal, the people I meet and see seem to be 'thing-like' creatures, and for a time I lose my conception of what 'persons' are. They just seem like objects.

When I have the experience of somehow being unreal, I feel like a 'thing', just a mere object and not really a person at all. It's as though my 'me-ness' were gone.

The items describe a circumstance in which individual concepts for objects decay and there is a subsequent phenomenological sense of remaining thingness. A new clinical sub-feature of depersonalization, prosthesis, had been discovered.

Prosthesis was fleshed out by subjects in the essay section of DQ*:

Sometimes I will be sitting in a situation and my mind wanders and people seem odd to me and I wonder what a 'person' really is and why they are here.

The strange experience that I have had has happened three times. All three times were in the morning and while I was taking a shower. It was not me washing my hair, it was just a set of arms attached to my body. During this whole time I felt dizzy and heard myself trying to rationalize this out loud, yet I was not speaking. I tried to punch myself to get out of this 'daze', but it didn't work. I wanted to sit down, my head seemed to be outside of my body sort of looking in, or the other way around perhaps. They were not attached.

It's as though my brain were a couple of feet outside the shell of my body, watching from somewhere else and able to manipulate it.

Prosthesis was most frequently in the context of staring at oneself in a plain mirror:

When I stare at myself in the mirror for a long period of time, I must convince myself that this person I'm staring at is really me and not just an object, and that I am alive in that person and living in the world around me.

In the mirror [I] don't feel like I am seeing the person who is really me, but something else, a thing.

When I look into the mirror for a long time, I have a hard time realizing it's me.

The most striking feeling while looking in the mirror was that I did not know what a person was. I was saying to myself, 'I am a human being and my name is '—'', but whereas this would normally have been a joke or a tautology because I could not imagine being anything else, here it took on significance because of having a feeling of strangeness—that is, that it could be questioned.

Sometimes when looking in the mirror at myself I am swept away by a wave of confusion, that we as humans are something grotesquely unearthly and horrible.

Prosthesis can be compared to an inverted phantom limb episode: instead of having a sensation in a limb that is not real, there is a felt-sense that one's personal being does not correspond to limbs that are real. The individual feels as though identity has become subtracted in some complete manner from their physical form, and that the body remaining is non-personalized, a mass to which no personal identity can belong.

The presence of prosthesis in altered mental states can be traced to the earliest reports of depersonalization. In Ball's famous case-report (Ball, 1882; cf. Janet, 1905) a person is described who "suddenly one morning in June, 1874, about 10:30 o'clock, . . . became conscious of a sudden change in the appearance of objects". Ball's patient told the story of his prosthesis in the following words:

I felt almost suddenly and without any pain or giddiness, a change take place in the way I saw things. Everything looked odd and strange, although forms and colors were not lost. . . . I felt myself dwindling, disappearing; after a time nothing was left of me but my empty body with its same old form. Since that time my personality has completely vanished—everything around me has grown more and more strange until now I not only do not know what I am, but I can't get a mental grasp upon things.

Case-specific explanations of the thing experience are littered throughout the psychoanalytic literature. Apparently, many analytic clients experienced 'thingness' during their sessions. Searl (Stewart, 1964) considered the lack of feeling to be the result of a disturbance in early breast-feeding; prosthesis was an expression of the impersonal bottle or parent, a representation of the early trauma. Federn *et al.* (Stewart, 1964) posited some severe physical punishment for having viewed the primal scene. The angry parents treated the child like a *piece of furniture*. Oberndorf

(1950) claimed that prosthesis is caused by a person's having identified with the opposite-sexed parent; thereby, he must homophobically defend himself against his own "eroticized psychical apparatus", his own mind. Experientially, what remains is a mere thing. Depersonalization is thus a form of "psychic castration", or a "sadomasochistic negation of the person's own body" (Schilder, 1934). According to Henrick, prosthesis is an attempt to escape psychological and physical punishment by becoming an inanimate object. Arlow (Stewart, 1964) described a patient in whom prosthesis was caused by a "strong wish to disappear, which came about by the identification of her repudiated self with a fecal mass". Arlow was possibly following the scent of Stamm (1962), whose patient's prosthesis was caused by a "strong identification with his mother's stool".

Near-death experience, which is associated with depersonalization, also involves prosthesis. Pasarow (1981; cf. Zaleski, 1987, p. 115) reported a near-death victim who described how she gazed dazed upon her body, which "now seemed *like a foreign substance*" [emphasis added]. Moody (Zaleski, *op. cit.*), described another near-death case in which the person remembered how he "didn't like being around *this thing* that looked like a dead body—even if it was me!" [emphasis added].

4. Enter the philosophers

Prosthesis is a common experience. But there is a second surprise. Prosthesis, I will argue, has a connection with philosophical activity. Many individuals experiencing depersonalization entertain questions and thoughts that are identifiably 'philosophical'. Since prosthesis is also a feature of depersonalization, prosthesis and 'philosophical' thinking may dovetail in an important connection.

The presence of such a connection is made more likely by a second factor: many philosophers have elaborated upon problems the understanding of which would require an acquaintance with the experience of prosthesis. Further, mirrors seem to play a role in producing self-prosthesis and detachment. Since these experiences reveal some relationship with philosophical cognition, mirrors may have a real utility in philosophical reflection. I stare in the mirror, depersonalize, and think. Instructions will be handed out later (§5).

Part of the questionnaire DQ* consisted of a section in which subjects were asked to describe their depersonalization episodes. Of the 141, 86 responded. A significant number of subjects—13 females and four males—reported that their transient depersonalization episodes were accompanied by ruminations on 'big questions':

I stare in the mirror and ask myself who I am. If I stare long enough, I do not recognize my face. I wonder if I really exist; these feelings often coincide with ruminations on what happens after death, and what it would be like to cease to exist.

Sometimes I feel as though I am the deep, highly philosophical, 'thinking' person in my head, but that this is not expressed in my body.

When [I experience depersonalization], I ask myself questions like, Who am I? And what if I weren't really here? How do I know I am myself and not someone else?

I have feelings of unreality when I think about life after death. I think that if there is no such things, then life on earth is almost nothing. So useless life becomes that I believe it's unreal. For why would we have only life on earth? This is why I try to think there is life after death, and thus the world is real.

Sometimes I think about the eternity of the world. I think about how the time I spend on earth is so small. I wonder if I am going to be born again in another body at a later time.

Sometimes in the middle of something I seem to withdraw and look at everyone around me and wonder, 'What am I doing?' I act in a certain way or say certain things while thinking about the reasons for them.

Sometimes I feel that the world is unreal because I am unsure about the meaning of life. When I think long and deep enough about why we are all here, I begin to doubt that we are 'really' here at all I feel unreal when I imagine time going on forever and ever, with no end.

I feel unreal... when I stare at the stars for a long time and begin to think about how small we are compared to the universe.

I sometimes feel as if I am not really part of the world when I am by myself. I begin to wonder if life is really for a 'purpose' and if people really walked on the same ground as I am walking.

That philosophical considerations should be present during depersonalization is a startling fact. One implication of this finding is that the stronger the intensity and duration of the depersonalization, the deeper the philosophical insight.

Several philosophers have posed problems and described experiences that involve prosthesis. Below the flow of logical artifice is an exceptional mental state. It is not my goal to depict these themes in all of their philosophical subtlety, but to expose the connection between certain details of their articulation and depersonalization phenomenology.

Wittgenstein's "Remarks on depersonalization"

In his memoir of Wittgenstein, Norman Malcolm (1958) reports Wittgenstein as once having "said he sometimes had a certain experience," (p. 58), the frequency of which Wittgenstein (1980b) reported as being "very rare". Wittgenstein's estimation was puzzling: in terms of sheer frequency alone, the most impressive instance of autobiographical reports of depersonalization among philosophers is certainly his [2].

Wittgenstein's remarks on the experience can be distinguished into those which make explicit autobiographical reference to episodes whose phenomenology is

sufficient for the diagnosis of depersonalization, and those that, although mentioning such phenomenology, do not relate them in an autobiographical context [3].

The following are the explicit “remarks on depersonalization”:

The feeling of the unreality of one’s surroundings. This feeling I have had once, and many have it before the onset of mental illness. Everything seems somehow not real; but not as if one saw things unclear or blurred; everything looks quite as usual. (1980b, §125)

There are feelings of strangeness. I stop short, look at the object or man . . . say, ‘I find it all strange’. (1953, §596)

Suppose someone says, ‘Everything around me strikes me as ‘unreal’—and someone else replies: ‘Yes, I know this phenomenon. That’s just how I’d put it myself’. (1980b, §535)

Two people are laughing together, say at a joke. One of them has used certain somewhat unusual words and now they both break out into a sort of bleating. That might appear very extraordinary to a visitor coming from quite a different environment. Whereas we find it completely *reasonable*. (I recently witnessed this scene on a bus and was able to think myself into the position of someone to whom this would be unfamiliar. From that point of view it struck me as quite irrational, like the responses of an outlandish *animal*.) (1980a)

I know . . . that people talk of a feeling of unreality, they say everything seems unreal to them; and now one says: everything might strike people as unreal even if they had never told anyone. (1980b, §156)

The existence of [the] feeling of strangeness does not give us a reason for saying that every object which we know well and which does not seem strange gives us a feeling of familiarity. (1953, §596)

Wittgenstein was also struck repeatedly by derealization. He reported an experience in which he “*wonder[ed] at the existence of the world*” (Malcolm, 1958, p. 58). Such episodes were characterized by unreality: “And then,” he reports (*op. cit.*, p. 59), “I am inclined to use such phrases as ‘How extraordinary that anything should exist!’ or ‘How extraordinary that the world should exist’” Derealization experiences may have played a productive role in the last several pages of the *Tractatus Logico-Philosophicus* ([1921]1961). These pages, long a mystery to philosophers, are concerned with questions concerning the meaning of life, the afterlife, and the identity of the self—precisely the themes described by depersonalized subjects. The often-commented-upon detached austerity of the Tractarian world-view may therefore be the result of Wittgenstein’s depersonalization and derealization experiences.

What's eating Thomas Nagel?

A core-feature of depersonalization is self-detachment, the subjective consideration of external and psychological reality from a extreme objective perspective. Not

surprisingly, philosophical discussions of objectivity—"feeling the world as a limited whole" (Wittgenstein [1921]1961)—often dovetail with the depersonalization descriptions of non-philosophers, suggesting the presence and influence of the experience among philosophers.

"The mind is eternal", Spinoza (1910) wrote, "insofar as it conceives of things under the form of eternity". Discussion of the nature of objectivity has received its most probing treatment from Nagel (1986). Nagel structures his discussion as a dilemma. Human beings are such that they are capable of having subjective and objective conceptions of themselves and the world around them. The former is the point of view of the person, modified by the wooly biases of individual perspective; the latter is a neutral, 'centerless' conception that includes the person but represents the world from no particular point of view. The centerless perspective is, for example, the conception of the natural sciences.

Consider the world as it is represented within the centerless perspective. Nagel (1986) pinpoints an "acute philosophical problem" that will arise:

Each of us, reflecting on this centerless world, must admit that one very large fact seems to have been omitted from its description: the fact that a particular person in it is himself.... The question actually has two halves... First: how can a particular person be me? Given a complete description of the world from no particular point of view, including all the people in it, one of whom is Thomas Nagel, it seems... that something has been left out, something absolutely essential remains to be specified, namely which of them I am....

How can it be true of a particular person, a particular individual, TN [Thomas Nagel], who is just one of many persons in an objectively centerless world, that he is me? The second half of the question is perhaps less familiar. It is this: how can I be *merely* a particular person?... How can I be anything so specific as a particular person in the world at all—any person?... It can seem that as far as what I really am is concerned, any relation I may have to TN or any other objectively specified person must be accidental and arbitrary. I may occupy TN or see the world through the eyes of TN, but I can't be TN. *I can't be a mere person.* (p. 54–55)

Now, not only is the specific particularity of one's embodiment problematic, but, in addition, the *accidental* nature of one's personhood seems to lead to difficulties:

My being TN... seems accidental, and my identity can't be an accident. So far as what I am essentially is concerned, it seems as if I just *happen* to be the publicly identifiable person TN—as if what I really am, this conscious subject, might just as well view the world from the perspective of a different person. The real me occupies TN, so to speak; or the publicly identifiable person TN contains the real me. From a purely objective point of view my connection with TN seems arbitrary. (Nagel, *op. cit.*, p. 61).

To resolve the modal dilemma, Nagel concludes that my identity is tied to a particular sort of self embodying an objective conception—the “objective self”:

Essentially I have no particular point of view at all, but apprehend the world as centerless. As it happens, I ordinarily view the world from a certain vantage point, using the eyes, the person, the daily life of TN as a kind of window. But the experiences and the perspective of TN with which I am directly presented are not the point of view of the true self, for the true self has no point of view and includes in its conception of the centerless world TN and his perspective. (p. 61)

Depersonalized, the psychological reality of the true self emerges, peering through “the window” of its particular embodiment in TN. (Nagel actually compares TN to a ‘prosthesis’.)

Nagel is aware that the recognition of these facts have their roots in experience:

These questions may strike you as ridiculous even if you ask them about yourself, but I am trying to evoke a *sharp intuitive puzzle*. We can *feel the question* apart from its verbal expression. Amazement that the universe should have come to contain a being with the unique property of being me is a *very primitive feeling*. [p. 55–56; emphasis added]

Indeed, that Nagel’s prescience is nowhere more evident than in his claim that the consideration of certain types of philosophical issues can lead to depersonalization. Consider, for example, the curious problem that attaches to each of us:

Almost every possible person has not been born and never will be, and it is sheer accident that I am one of the few who actually made it. But it is not easy to grasp in full consciousness the fact that the history of the universe might have run its course without my ever putting in an appearance at *all*. . . . If you concentrate hard on the thought that you might never have been born . . . , I believe you will find that this perfectly clear and straightforward truth produces a positively uncanny sensation. (Nagel, *op. cit.*)

What is the thought that will be produced by the thought that one’s existence is a cosmic accident? It is, Nagel confesses (*op. cit.*), prosthesis:

[The thought of being a cosmic accident] produces in me a sense of complete detachment from Thomas Nagel, who is reduced to a momentary blip on the cosmic TV screen. How can I, who am thinking about the entire universe, be anything so specific as *this*: this measly, gratuitous creature existing in a tiny morsel of space-time? . . . How can I be anything so *small and concrete and specific*?

Nagel’s questions concerning objectivity and particularity are known for their profound intuitive quality. They direct us to think certain thoughts we seem not to have thought before, or thought only hazily. One of these thoughts is prosthesis.

The lobster and the philosopher

It is from existentialist quarters that the most decisive descriptions of ‘philosophical depersonalization’ come. Sartre’s concern (1956, 1959, 1974a, b, c) is with how a theory of the psychology of meaning reveals certain aspects of concrete emotions, such as anguish, despair and nausea. In Sartre’s theory, meaning and value are brought to the world by the individual, and are neither logically or psychologically prior to the world (“existence precedes essence”). But this priority opens up the possibility that projected meaning might be subtracted or withdrawn, or absent altogether, leaving nothing but depersonalization and a sense of generalized prosthesis. In *Nausea* (Sartre, 1959), Sartre’s anti-hero Roquentin realizes that Being in general and himself in particular are contingent, gratuitous, *de trop*. Being is there, and what is outside of it? Nothing.

I knew it was the World, the naked World suddenly revealing itself, and I choked with rage at this gross, absurd being. You couldn’t even wonder where all that sprang from, or how it was that a world came into existence, rather than nothingness. It didn’t make sense, the World was everywhere, in front, behind. There had been nothing *before* it. Nothing . . . I shouted “Filth! What rotten filth!” and shook myself to get rid of this sticky filth, but it held fast and there was so much, tons and tons of existence. (Sartre, 1959, p. 181)

Existence everywhere, infinitely, in excess, for ever and everywhere; existence—which is limited only by existence. (*Op. cit.*, p. 178)

The insight is fueled by a sense of cosmic prosthesis. To Roquentin, things appear to overflow all the relationships and designations which he can attach to them. A tree-trunk is a physical object, nightmarish in its festering fluids and details. Encountering a friend, Roquentin experiences him as a thing, a “warm packet which rustles, waving its pair of arms” (*op. cit.*, p. 185). The appearance of things is a veneer; actually “there are only soft, monstrous masses . . . , naked, in a frightful, obscene nakedness” (1959: p. 162). In Sartre’s memoir, ‘Foods’ (1974a), the author, seeing a father lovingly bite his daughter’s backside, envisages a loaf of bread, not to mention “living scraps of meat, fish scales, cabbage stumps, obscene meats, fruits sliced open and soiled”. “We are a heap of living creatures”, he writes (1956). Our faces are “things” (1974c). This is the “transphenomenality of being”. Things “surpass the knowledge which we have of them” (1956); that they starkly *are* is a fact which is unlimited by anything we may say or know. “I exist—the world exists—and I know that the world exists. That’s all” (1959).

The transphenomenality of being concerns not only other things in the world, but persons themselves. Roquentin himself is existence, an “obscene superfluidity”. Sartre entitles this state “Nausea”, “the taste of the facticity of one’s own existence”, (*op. cit.*), the transphenomenality of being directed toward oneself. Nausea “is existence revealing itself—and Existence is not pretty to see. It is an insinuating, softly horrible metamorphosis . . . it grabs you from behind”. One’s face, too, may be prosthesized. “A face is a thing”, he writes (1974c, p. 68). Standing

before a mirror, Roquentin defacilizes: "The grey thing appears . . . I am shocked that anyone can attribute qualities to it, as if you called a clod of earth or a block of stone beautiful or ugly".

As described in graphic philosophical realism, Nausea is experienced as a suspension of meaning, a descent into the world of objects and things, pure Scotian "thisness" (*haecceity*, or, in Sartre's terminology, "Being-in-itself")—into precisely what we have clinically delimited as prosthesis. Here is Roquentin's description of the sensations accompanying embodiment:

The thing which was waiting was on the alert, it has pounced on me, it flows through me, I am filled with it. It's nothing. I am the Thing. Existence, liberated, detached, floods over me. I exist. (1959, p. 134).

I exist . . . There is bubbling water in my mouth. I swallow. It slides down my throat, it caresses me—and now it comes up again into my mouth. For ever I shall have a little pool of whitish water in my mouth—lying low—grazing my tongue. And this pool is still me. And the tongue. And the throat is me. (*Op. cit.*)

Sartre confessed in an interview that he "*was Roquentin*" (Sartre, 1964), an identification possibly precipitated by his earlier experiences with mescaline. In 1935, Sartre had lent himself to a psychiatrist as a subject for research on the drug. During an episode, he had the impression that the room was crawling with octopuses and crabs. "Parahallucinations", as he termed them (1964). Years later, in Venice, he was bothered by the impression that a lobster had been following him about for the whole evening (de Beauvoir, 1964, p. 216; cf. Barnes, 1973). In a chronology based on his own autobiographical reports and those of Simone de Beauvoir Sartre (1974d), in an entry dated February, 1935 describes the transphenomenality of being with a vengeance:

He [Sartre] had his old schoomate, Dr Lagache, give him a shot of mescaline. It leads to depression accompanied by hallucinations which last more than six months: "He had seen umbrellas become vultures, shoes turn into skeletons, and faces take on monstrous characteristics, while behind him, just past the corner of his eye, swarmed crabs and polyps and grimacing Things". (p. 8)

Sartre also took corydrane pills, a powerful amphetamine which he used to help him write. The connection of amphetamine and mescaline intoxication with depersonalization has been noted for several years (Feline & Jourent, 1977; Garey *et al.*, 1977; Bates & Stanley, 1985); the greater the potency of the drug, the more likely the pattern of body experience altered from the habitual baseline body landmark (Clausen & Fischer, 1973). The relationship lends credibility to the hypothesis that several of Sartre's philosophical motifs are depersonalization descriptions.

5. De person in the mirror

Many depersonalized subjects report depersonalization and prosthesis while gazing at their face in the mirror. After several seconds have passed, they describe a feeling of unfamiliarity with their reflection, and an impression that the face in the mirror is a foreign object. 'Defacialization' has been noted by many investigators (Stewart, 1964; Myers & Grant, 1972). As early as 1927, Lange observed of a depersonalized patient: "His face in the mirror seems strange to him". Mayer-Gross (1935) observed that "numerous patients... avoided looking in the glass because the picture seemed strange and did not belong to them".

In a recent examination of the depersonalization experience, 108 normal subjects (Duke undergraduates) were asked about whether they had experienced prosthesis and whether they had ever had this experience in the context of looking at their faces in a plane mirror (Table I).

Of the 241 subjects, 108 (45%) reported having depersonalization, and a total of 55 reported having these experiences before a mirror. Of these 55, 46 reported that staring in a mirror produced feelings of self-prosthesis. These results show a prevalence of depersonalization in the normal population, and the consistent with the findings of other investigators (Roberts, 1960). They also indicate that there is a slightly greater than 50% probability that depersonalization will occur (for those who tend to depersonalize) while looking in a mirror.

TABLE I. Subjects reporting depersonalization and prosthesis in a reflecting mirror

	Depersonalization	Total S=108 Mirror-experience	Prosthesis
Male (S=89)	31 34%	17 19%	11 35%
Female (S=152)	77 50%	38 25%	35 45%

Let us suppose that prosthesis is a significant feature of depersonalization, and that modes of cognition present in philosophical activity may be amplified through depersonalization. Then, given the above data, the act of gazing into a mirror may facilitate depersonalization, and through the latter, philosophical insight.

Ninety-five years ago William James (1896) attempted to explore issues in metaphysics while under the influence of nitrous oxide intoxication. The results of the experiment were disastrous. "I have sheet after sheet of phrases dictated or written during the intoxication," James concluded (p. 295), "which to the sober reader seems meaningless drivel, but which at the moment of transcribing were fused in the fire of infinite rationality". Philosophical thinking may better be accomplished under the influence of depersonalization *vis-à-vis* a mirror.

That the mirror is a 'philosophical engine' can be demonstrated by a simple, albeit speculative example.

The experience of defacialization in the mirror may result from a factor in addition to a philosophical tendency to depersonalization interacting with the mirrored reflection. The sense of one's face becoming detachment from one's identity may amount to a revelation. Darwin's (1872; cf. Browne, 1985) evolutionary account of expression suggests that facial organization is the result of "descent with modification". Our faces, which have stereotypically evolved like other parts of the organism, are not really our own, but have derived from the expressions of animals. The elements which comprise the construction of a face—joy, anger, embarrassment—transcend the individual identity.

Depersonalized prosthesis in a mirror may thus be a 'state' in which features typically taken as individually identifying are apprehended in their true evolutionary generality. Defacialization may not be an abnormal mental state, but instead an insight into our evolutionary past.

6. Theories of depersonalization and prosthesis

There is no lack of theorizing about depersonalization. The richness and number of hypotheses and explanations of the experience rival those concerning other forms of psychopathology, such as depression and schizophrenia. Herein, a pocket-guide to the history of these theories.

The earliest models of depersonalization were exhaustively materialistic (1); gradually, near the end of the nineteenth century, psychological models became popular (2, 3). Finally, during the beginning of the twentieth century, psychoanalytic models came to the forefront (4).

1. *The Nineteenth-century background*

Krishaber (1872) was the first to describe depersonalization. A patient complained to him that his ears felt stopped up, spoke of his body as non-existent, and said objects appeared to be distant and flat (micropsia). He felt he was a different being.

Influenced by Claude Bernard's demonstration of the vasomotor nerves, Krishaber claimed the syndrome was due to "cerebro-cardiac neuropathy" and "familial neuropathic diathesis". The mechanism was a "functional dythemia of the nerves centered in the brain, which occurred secondarily to vascular changes". Consequently, memory and judgment diminish, which causes a dimution for "recognizing the reality of objects... and even of [one's] own identity". There was a "sense of being lost and a metamorphosis of the ego".

Twenty-six years later Dugas termed the syndrome "depersonalization". Early work stressed the physiological and/or sensory basis of depersonalization. Taine (1870), Ribot (1895), and Pick (1904) attributed depersonalization to a disturbance in sense-perception or "picturing", an idea later emphasized in Roberts's (*op. cit.*) suggestion that depersonalization was a "perceptual anomaly involving the imagination" and Myers & Grant's (1972) attribution of a "disorder of [visual] recognition".

The measures to explain depersonalization as functions of a disorder perception

all but vanished with the emergence of late nineteenth-century French psychiatry. Pierre Janet, influenced by the British Associationism of Locke and the rationalist psychology of Kant (Apter, 1991, & forthcoming), ushered in the model of Dissociated Consciousness which would play an important role in European psychiatry. Janet (1889, 1905, 1910) argued that depersonalization was a symptom of an ineffective synthesis of consciousness (*désagrégation psychologique*), which was the result of an underlying pathological failure in "cerebral synthesis" or "tension". Perceptual and mental states are disconnected from the main body of thoughts and affect, and lose the sensed quality of reality. The organic trigger of dis-unified consciousness was "general cerebral exhaustion" that led to the dis-unity of consciousness. Janet had been strikingly influenced by Hughling Jackson's (1884) view that mental symptoms are the result of a "dissolution of the nervous system [cerebral function]".

Two theories of depersonalization in the late nineteenth century stressed the change, or plasticity of identity involved in the syndrome.

2. The organic theory

This view maintained that depersonalization was a form of alternating multiple personality disorder, a syndrome in which separate personalities temporally alternate in the same body. A generally held proposition in nineteenth-century psychiatry was that the basis of the "feeling of personality" is rooted in the "feeling of vitality or organicity". Meynert & Wernicke, for example, regarded the sum total of all organic sensations as "the primary self", which stands as an ever-constant complex against the other contents of consciousness and provides them with a sense of personality continuity. If the "primal self" should change as the result of cerebral disease, then the feeling of conscious personality would alter along with it, thereby producing depersonalization. "The old me itself has been falsified and turned into another . . . by abnormal elements of feeling", Griesinger summarized. The result is "a really new person, his old self transformed". A nineteenth-century Parfit, Ribot reached the conclusion through a hypothetical scenario:

Suppose . . . it were possible at one to change our body, and put another in its place: skeleton, vessels, viscera, muscles, skin, everything made new, except the nervous system with its stored-up memory of the past. There can be no doubt that in such a case the flux of accustomed vital sensations would produce the gravest disorders. Between the old sense of existence engraved on the nervous system, and the new one acting with all the intensity of its reality and novelty, there would be irreconcilable contradiction.

In the organic theory, prosthesis would be explained as the sensing of change in the sum total of organic sensations. Awareness would be focused on the "masses of new sensation, hitherto foreign to the individual" (Griesinger), thereby resulting in a "feeling of thing-ness".

3. The double-self theory

Perhaps the most extreme interpretation of depersonalization in terms of a dissociative model is explored in the work of Störring (1900), Geissler (1906), Grotstein (1979), Taylor (1982), and Kaplan (1952). According to the double-self theory, depersonalization involves, instead of a change of the self, the actual presence of two consciously experiencing selves. Depersonalization is a form of multiple personality disorder (Stamm, 1962). "There is a separate being living with us," Grotstein (1979) observes, "that has . . . an independent existence with independent motivation, separate agenda, etc.". This condition Störring (cf. Taylor, *op. cit.*) entitles *Doppelbewusstsein* (reduplicative paramnesia, or double mental orientation). The person experiences his perspective of conscious selfhood or "I-ness" as being transferred to a separate sense of self, the "mind parasite", and observes himself, as if he were a completely separate person. A patient of Geissler's (1906, p. 40) reported:

I had the impression, as though I led a double existence. Everything I did and said seemed to issue from one ego, yet I also had the definite impression that there was a second ego as well, and that this second ego looked on the activities of the first as though they belonged to a different being . . . I could think of this [observed] ego as one thinks of an object and was often surprised by what it did . . . What impressed me most was this incessant observation by my second ego. I moved like a machine in a strange environment.

Taylor (1982) suggests a manner in which to explain prosthesis as the result of double-ego. According to Taylor, there is a complete psychology to be told about the mental double, in particular, an *abnormal* psychology. This second 'mind' is no familiar, cognitively similar being, but instead extraordinarily different, emotionally, introspectively, and volitionally. For example, the intentional objects of the subsidiary ego are peculiar. To it, the environment appears unreal, staged and phoney; time and space seem warped and distorted; objects are sensed as flat or shrinking. Prosthesis—the thought, 'I am merely this specific thing'—may also belong to the peculiarly foreign cognitions of the second ego. To it, the host-body may seem fundamentally different.

4. The rise of psychoanalysis

There was a revolutionary paradigm shift in European medical psychology in the beginning of the twentieth century (Apter, 1991). The rise of psychoanalysis annihilated dissociationist explanations of depersonalization, replacing them with the dynamic unconscious and mechanisms of defense. Consequently, there was an abrupt slackening of theoretical and empirical interest in the conditions of multiple personality, psychogenic fugue, and depersonalization. Like hysteria, depersonalization was thought to have a clinical relationship to anxiety, repression, the instincts, and sexuality. The experience was also related to developmental disturbances.

As Freud broke from traditional European psychiatry, and thus from British Associationism, depersonalization was ceased to be looked upon as a ‘dissociative’ condition. In lieu of any uniform explanation of the condition, the psychoanalytic tradition advanced a number of different interpretations ranging from those that look upon depersonalization as an emergency *defensive* procedure against antithetical ideas (Freud, 1936) to those that look upon depersonalization as the result of a pathological *split* between the observing and acting sub-functions of the psyche (Nunberg, 1955; cf. Freud, 1915).

In Freud’s hands, the defense-theory underwent several transformations. In *The Interpretation of Dreams* (Freud, 1900), depersonalization is looked upon as a primitive defense, an emergency measure arising when repression fails to control acceptable impulses: during the dream, it seems as though one is “only dreaming”. (Depersonalization is commonly compared to dreaming.) The waking experience of depersonalization also functions to prevent anxiety-provoking wishes from entering consciousness. Later, Freud (1936) claimed that depersonalization is a defense against feelings of guilt that repression alone cannot manage. Defense theorists differed as to the severity of depersonalization, claiming that it is a highly *pathological* form of defense connected to denial. To the end, Freud disagreed with this idea.

Gradually, other psychoanalytic views of depersonalization began to evolve. Motivated by Freud’s developing “structural model”, they departed from the earlier defense-model. The views cited massive shifts in *libidinal cathexis* (economic alterations in psychical energy) as being responsible (Schilder, *op. cit.*). Depersonalization may be triggered by the actual or symbolically associated loss of an object, which appears unreal because libido has shifted to the ego (Nunberg, 1924). Others cited pathological *lack of integration* among introjects and/or secondary identifications (Wittels, 1940; Jacobson, 1959).

Nearly 100 years after Comte’s attack on introspectionist psychology, and despite it, the experience of detached self-scrutiny was taken as analytic evidence that the ego contains agentic, and perspectival parts: an actor, and a looker or checker. During depersonalization this mental split has become intensified, precipitated by a flight from anxiety. The results are detachment, unfamiliarity, and unreality. “The ego perceives [during depersonalization],” Nunberg (1955) wrote, “but the reality of the perception is not acknowledged by another part of the ego”. The sense of fundamental “bodily particularity” (prosthesis) may be conceptualized as a function of objective self-scrutiny. Detached, the depersonalized individual is able to examine himself in all his specificity.

A wholly different explanation of detached self-scrutiny was offered by Federn (1952). Federn hypothesized a break between the ego and the superego. In order to remain vigilant the individual’s conscience intensifies its observation of the remainder of the self. Federn also supposed that there was within the superego a quality called “mental ego feeling”, which he defined as “thinking without any bodily content”. The superego contained this quality, allowing it to observe, but not directly experience bodily sensations and actions.

7. Depersonalization as prosthesis

Theories of depersonalization have tended to emphasize the radical change in personal identity. This explanation is mistaken. Depersonalization is not a form of multiple personality. There is not someone new who they believe they are, but instead someone less. Instead of stressing a metamorphosis in the dimension of personal identity, phenomenological reports describe a change in the dimension of the richness of cognitive and perceptual inner life that points towards 'decay' as the basic factor. Objects become lifeless, inert, and thinglike. The meaning of things withers; other people are 'fleshy creatures'. Change is in the direction of dissolution, not personality transfiguration.

These reports suggest that in addition or in lieu of the mechanisms of dissociation, doubling or regression, prosthesis plays a major role in depersonalization.

Wherein prosthesis? The cognitive structure of this phenomenon can be unpacked by examining its presence in an entirely separate disorder, visual agnosia (VA). VA shows certain 'functional' uniformities with depersonalization that may be addressed for the purposes of descriptively illuminating the features of prosthesis. This is not to suggest that depersonalized individuals have VA. Nor should the following analysis be taken as an *explanation* of depersonalization. Addressing the plenitude of possible causes of the phenomenology of depersonalization is a distinct endeavor from the descriptive project of deciphering prosthesis.

VA is a condition that consists in a difficulty in recognizing common and previously familiar objects from vision. The perceptual apparatus of agnosics is undisturbed, yet the object does not seem to make 'sense' anymore. At the cognitive and experiential levels of object recognition, agnosia and prosthesis may fall along the same continuum described by Teuber (1965) as "percepts stripped of [their] meaning". The agnoscic is "unable to decide whether [the stimulus] is familiar, and so can be quite unaware of what it is or what it may be used for. They will fail to 'recognize' the object" (Humphreys & Riddoch, 1987). Prosthesis is also present in prosopagnosia, the inability to recognize faces. Charcot (1883) described the case of a man who lost the ability ("mental vision") to recognize his own face in a mirror. "He cannot recall his own face", Charcot (p. 155) told his audience at the Salpêtrière. "Recently in a public gallery his path seemed to be stopped by a person to whom he was about to offer his excuses; but it was merely his own image reflected in a glass". Another patient (Humphreys & Riddoch, 1987, p. 87) described how, arriving home after the first signs of visual agnosia, "the first thing I did was to go to the bathroom to wash. I looked in the mirror and saw a strange face".

VA and depersonalization differ in ways substantive enough to prevent any meaningful etiological identification. It is relatively certain, for example, that VA is caused by bilateral damage to the occipito-temporal regions that contain the visual association cortices (Damasio, 1987). No such neurological conditions have been identified in depersonalization. Mayer-Gross's (1935) hunch that "the whole syndrome [of depersonalization] is a performed functional response of the brain" has

not turned out to be accurate. A further differentiating factor is the presence of reality testing in depersonalization, but its absence in VA. The depersonalized individual and the visual agnosic may experience an object without its familiar meaning, but the former retains his knowledge of what the object is; the agnosic, however, cannot categorize the object (Goldenberg *et al.*, 1985).

Despite such differences, however, the cognitive–phenomenological similarities of the conditions are compelling, and point toward a fresh approach to depersonalization.

We are selves in an object-populated world. Ordinarily, each part of the world encountered is illuminated by some projected concept or locally holistic set of concepts, these being the products of assimilated experience that facilitate the creation of meaning, permitting us to make sense of objects in temporal and spatial dimensions, to classify them into kinds, and to see them as wholes with individuable identities. If the process of conceptual application did not transpire the world would be experienced as a collection of ‘things’.

Assume that certain forms of VA and depersonalization may be cognitively/experientially similar insofar (and perhaps only insofar) as there is a common disturbance of the projection of concepts with respect to various stimuli (objects, faces, persons). Then ‘prosthesis’ in VA may be understood as a process in which object recognition and object classification have shifted from their ideal state of gestalt richness to one of conceptual impoverishment, and ‘prosthesis’ in depersonalization as one in which the individual shifts from the conceptual operations of ‘person-making’ to a more non-synthetic, disconnected mental state in which persons appear as material items. What might therefore be entitled ‘prosthetic agnosia’ consists in an alteration from a whole visual object to a set of visual features, and ‘prosthetic depersonalization’ in a change from the psychological processes responsible for the dynamic, synthesizing construction of ‘persons’ to the more truncated and impoverished state of ‘mere’ thing-perception. (Of course, a Piagetian *caveat* is in order here: simple thing-perception is a psychologically sophisticated state in itself, which suggests that more extreme states of conceptual decay and ultra-prosthesis are possible in depersonalization.)

The view that depersonalization results from ‘psychological prosthesis’ rather than dissociation or repression has several ramifications. Most importantly, it introduces a cognitive component into depersonalization literature that has been lacking for nearly 200 years. The component is sensitive to experimental probing, of which there has also been a deficiency. The cognitive–experimental psychology of ‘dissociative states’ is now open for investigation.

The program sets several difficult questions before us. Assuming that prosthesis is *sui generis* in depersonalization experiences, how do the type of conceptual alterations alluded to produce feelings of unfamiliarity, self-detachment, and unreality? Second, why should the cognitive features inherent in ‘prosthetic depersonalization’ demonstrate an association with modes of analytic cognition present in philosophical activity, and how do these *prima facie* divergent sets of cognitive activities interact with one another?

Notes

- [1] Subjects were also asked in what contexts they have experienced depersonalization, and what phenomenological features were attendant upon it. Stress and negative affect appear to be precipitating factors. Micropsia, dizziness, depression, anxiety, time distortion, and somatic concerns, all of which are considered features of depersonalization by the *DSM-III-R*, were frequently endorsed. Tables II and III of the Appendix describe the reported frequency of context and phenomenological features, and the connection of these features with the *DSM-III-R*.
- [2] Prosthesis appears occasionally in the literature on depersonalization. Hadfield (Mayer-Gross, 1935), for example suggests that the depersonalized individual, who has a "super-imposed" personality, has actually lost his self. He has what Deutch (1942) called an "as if" self. "They are not their true selves", Hadfield claims, "because the personality they have is fictitious; they have no personality because they have lost their personality" (p. 126). For the depersonalized, prosthesis is an *accurate* perception.
- [3] Wittgenstein makes tacit, non-autobiographical reference to depersonalization phenomenology in the following texts:

Philosophical Investigations (1953), §593–§596, §650.
The Blue & the Brown Books (1958), p. 127.
Notebooks, 1914–1916 (1961a), p. 79, p. 82.
Tractatus Logico-Philosophicus (1961b), §4.01, §5.321, §6.44, §6.45.
Philosophical Grammar (1974), §165ff.
Culture and Value (1980a), §120, §121–§124.
Remarks on the Philosophy of Psychology (1980b), §126, §789.
Last Remarks on the Philosophy of Psychology (1982), §57.

Bibliography

- ACKNER, B. (1954) Depersonalization: aetiology and phenomenology. *Journal of Mental Science*, 100, pp. 838–853.
- ALEXANDER, L. (1959) Introduction, in: *Nausea* by JEAN PAUL SARTRE (New Directions, NY, USA).
- AMERICAN PSYCHIATRIC ASSOCIATION (APA) (1987) *The Diagnostic and Statistical Manual of Mental Disorders, III-R* (NY, USA, American Psychiatric Association).
- APTER, A. (1991) "The problem of who: multiple personality, personal identity and the double brain," *Philosophical Psychology*, 2.
- APTER, A. (forthcoming) *Mind Parasites, or the Seventh Riddle of Psychiatry: the warfare concerning multiple personality in nineteenth century psychiatry*.
- ARLOW, J. (1986) Psychoanalysis and time, *Journal of the American Psychoanalytic Association*, 34, pp. 507–528.
- BALL, J. (1882) *Revue Scientifique*, ii, p. 42. The case is discussed in Janet (1905).
- BARNES, H. (1956) Introduction, in: *Being and Nothingness* by JEAN PAUL SARTRE (NY, USA, Philosophical Library).
- BARNES, H. (1973) *Sartre* (NY, USA, Lippincott Co.).
- BASFORD, T. (1987) *Near-death Experiences: an annotated bibliography* (NY, USA, Garland). Cf. *The Near-death Experience: problems, prospects, perspectives* (1984) (Ill., USA, C. Thomas).
- BATES, B. & STANLEY, A. (1985) The epidemiology and differential diagnosis of near-death experience, *American Journal of Orthopsychiatry*, 55, pp. 542–549.
- BENEZECH, M., DE WITTE, J. & ETCHEPARRE, J., et al. (1989) A lycanthropic murder, *American Journal of Psychiatry*, 146, p. 192.
- BLANK, H. (1954) Repression, hypnomia and depersonalization, *Psychoanalytic Quarterly*, 23, pp. 20–37.
- BRAUER, R., HARROW, M. & TUCKER, G. (1970) Depersonalization phenomena in psychiatric patients, *British Journal of Psychiatry*, 117, pp. 509–512.

- BROWNE, J. (1985) Darwin and the face of madness, in: W. BYNUM, R. PORTER & M. SHEPARD (Eds) pp. 150–165 *The Anatomy of Madness*, Vol. 1 (NY, USA Tavistock).
- CAPPON, D. & BANKS, R. (1961) Orientational perception, *American Medical Association Archives of General Psychiatry*, 16, pp. 380–392.
- CHARCOT, J. (1883) Un cas de suppression brusque et isolee de la vision mentales des signes et des objects (formes et couleurs), *Progress Medicale*, 11, pp. 568–571. Translated in *Clinical Lectures on Diseases of the Nervous System, Delivered at the Infirmary of La Salpêtrière* (1889), by Charcot. Lecture XIII, pp. 151–164 (London, New Sydenham Society). 1889.
- CLAUSEN, J. & FISCHER, S. (1973) 'Effects of Amphetamine and Barbituate on Body Experience', *Psychosomatic Medicine*, 35, pp. 390–405.
- COLL, P., O'SULLIVAN, G. & BROWNE, P. (1985) Lycanthropy lives on, *British Journal of Psychiatry*, 147, pp. 201–202.
- DAMASIO, A. (1987) Agnosia, in: G. ADELMAN (Ed.) *Encyclopedia of Neuroscience*, Vol. 1, pp. 23–24 (Boston, USA, Birkhauser).
- DARWIN, C. (1872) *The Expression of the Emotions in Man and Animals* (London, John Murray).
- DAVIS, J. (1961) Sensory deprivation, *American Medical Association Archives of General Psychiatry*, 17, pp. 380–392.
- DE BEAUVOIR, S. (1964) *Force of Circumstance*, Trans. R. HOWARD (NY, USA, G. Putnam).
- DESCARTES, R. ([1641] 1903) *The Meditations*, Trans. J. VEITCH (Chicago, IL, USA, Open Court Pub.).
- DEUTSCH, H. (1942) Some forms of emotional disturbance and their relationship to schizophrenia, *Psychiatric Quarterly*, 2, pp. 302–333.
- DITTRICH, A., BICKEL, P., SCHOPF, J. & ZIMMER, D. (1976) Comparisons of altered states of consciousness induced in the hallucinogens (−)-Delta-sup-9-trans-tetrahydrocannabinol (Δ -sup-9-THC) and *N,N*-dimethyltryptamine (DMT), *Archiv für Psychiatrie und Nerv*, 223, pp. 77–87.
- DXON, J. (1963) Depersonalization in a sample population of college students, *British Journal of Psychiatry*, 109, pp. 371–375.
- EPSTEIN, M. (1989) Forms of emptiness, *Journal of Transpersonal Psychology*, 21, pp. 61–71.
- FAYEK, A. (1989) Narcissism and the empty words of the ego, *Melanie Klein and Object Relations*, 7, pp. 44–66.
- FEDERN, P. (1952) *Ego Psychology and the Psychoses* (NY, USA, Basic Books). Cf. Some variations in ego-feeling, *International Journal of Psychoanalysis* (1926) 7, pp. 4334–4450; and Narcissism in the structure of the ego, *International Journal of Psychoanalysis* (1928) 9, pp. 401–420.
- FELINE, A. & JOUVENT, R. (1977) Delusions and hallucinations observed in psychotic patients treated with beta-mimetic drugs, *Encephale*, 3, pp. 149–158 (in French).
- FENICHEL, O. (1945) *The Psychoanalytic Theory of the Neuroses* (NY, USA, Analytic Press).
- FEWTRELL, W. & O'CONNOR, K. (1988) Dizziness and depersonalization, *Advances in Behavior Research and Therapy*, 10, pp. 201–218.
- FREUD, S. (1900) *The Interpretation of Dreams. The Standard Edition of the Complete Psychological Works of Sigmund Freud*. Vols III–IV. Trans. J. STRACHEY (London, Hogarth Press).
- FREUD, S. (1912) *Totem and Taboo. The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. XIII. Trans. J. STRACHEY (London, Hogarth Press). Discussion of Freud's reductionism of philosophical activity to unconscious dynamics can also be found in (1911) *Psycho-analytic Notes on an Autobiographical Account of a Case of Paranoia. The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. XII; and (1913) The claims of psycho-analysis to scientific interest, *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. XIII.
- FREUD, S. (1915) The unconscious, *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. XIV (London, Hogarth Press).
- FREUD, S. (1936) A disturbance of memory on the Acropolis, *Standard Edition of the Complete Psychological Works on Sigmund Freud*, Vol. 22. Edit. and trans. J. STRACHEY (1964) (London, Hogarth Press).

- GABBARD, G., TWEMLOW, S. & JONES, F. (1982) The out-of-body experience: a phenomenological typology based on questionnaire responses, *American Journal of Psychology*, 139, pp. 450–455.
- GAREY, R., WEISBERG, L. & HEATH, R. (1977) Phencyclidine: an overview, *Journal of Psychedelic Drugs*, 9, pp. 280–285.
- GEISSLER, K. (1906) Personlichkeitgefühl, empfindung, sein und bewusstein, *Archiv für die Gesamte Psychologie*, 7, pp. 33–52.
- GOLDENBERG, G., MAMOLI, B. & BINDER, H. (1985) Simultaneous agnosia as a symptom of damage to the extrastriate visual cortex, *Nervenarzt*, 56, pp. 682–690.
- GROSTEIN, J. (1979) The soul in torment: an older and newer view of psychopathology, *Bulletin of the National Council of Catholic Psychologists*, 25, pp. 36–52.
- HUMPHREYS, G. & RIDDOCH, M. (1987) *To See But Not To See: a case of visual agnosia* (London, Erlbaum Publishers).
- JACKSON, H. (1884) Croonian lectures on the evolution and dissolution of the nervous system, in: J. TAYLOR (Ed.) *Selected Writings of John Hughlings Jackson*, Vol. II (1958) (London, Staples Press).
- JACOBSON, E. (1959) Depersonalization, *Journal of the American Psychoanalytic Association*, 7, pp. 581–560.
- JAMES, W. (1890) *The Principles of Psychology*, 2 Vols (NY, USA, Henry Holt & Co.).
- JAMES, W. (1896) On some Hegelisms, *The Will to Believe*, pp. 263–299 (NY, USA, Longmans, Green, and Co.).
- JAMES, W. (1921) *Some Problems of Philosophy* (NY, USA, Longmans, Greens and Co.). Cf. William James on Exceptional Mental States: the 1896 Lowell Lectures, E. TAYLOR (Ed.) (NY, USA, Scribners).
- JANET, P. (1889) *L'Autotisme Psychologique* (Paris, Alcan).
- JANET, P. (1905) The psycholeptic crises, *Boston Medical and Surgical Journal*, CLII, pp. 93–100.
- JANET, P. (1910) The mental state of hystericals in: D. ROBINSON (Ed.) *Significant Contributions to the History of Psychology* (NY, USA, University Publications of America).
- JANET, P. (1914) Psychoanalysis, *Journal of Abnormal Psychology*, 9, pp. 1–35.
- JONES, E. (1955) *The Life & Work of Sigmund Freud*, Vol. 2 (NY, USA, Basic Books).
- KAPLAN, R. (1952) *A Comprehensive Textbook of Psychiatry* (NY, USA, Macmillan & Co.).
- KATAN, M. (1958) The 'as if' personality, *International Journal of Psychoanalysis*, 39, pp. 265–270.
- KRISHABER, M. (1872) De la névropathie cérébrocardiaque, *Gazette Science and Médecine* (Bordeaux).
- KUKLICK, A. & POPE, H. (1990) Lycanthropy and self-identification, *Journal of Nervous and Mental Diseases*, 178, pp. 134–137.
- LEWIS, A. (1949) Philosophy and psychiatry, *Philosophy*, 24, pp. 99–120.
- LEWIS, A. (1934) Melancholia: a clinical survey of depressive states, *Journal of Medical Psychiatry*, 80, pp. 277–378.
- MALCOLM, N. (1958) *Ludwig Wittgenstein: a memoir* (NY, USA, Oxford University Press).
- MAYER-GROSS, W. (1935) On depersonalization, *British Journal of Medical Psychology*, 15, pp. 103–135.
- MELLOR, C. (1988) "Depersonalization and self-perception", *British Journal of Psychiatry*, 153, pp. 15–19.
- MENZA, M. (1986) Withdrawal symptoms in a depressed patient treated with trazodone, *American Journal of Psychiatry*, 143, p. 1195.
- MEYER, J. (1956) Studien zur Depersonalisation, *Psychiatrie et Neurologie* (Basel), 132, pp. 221–232.
- MYERS, D.H. & GRANT, G. (1972) A study of depersonalization in students, *British Journal of Psychiatry*, 121, pp. 59–65.
- NAGEL, T. (1986) Being someone, in: T. NAGEL (Ed.), *The View From Nowhere*, pp. 54–66 (NY, USA, Oxford University Press). An earlier version of this paper was published in C. GINET & S. SHOEMAKER (Eds) *Knowledge and Mind: philosophical essays* (1983) (NY, USA, Oxford University Press).
- NUNBERG, H. (1924) States of depersonalization in light of the libido theory, *Practice and Theory of Psychoanalysis* (NY, USA, International Universities Press).

- NUNBERG, H. (1955) *Principles of Psychoanalysis, Their Application to the Neuroses*. Foreword by S. Freud. (NY, USA, International Universities Press).
- OBERNDORF, C. (1934) Depersonalization in relation to erotization of thought, *International Journal of Psychoanalysis*, 15, pp. 271-291.
- OBERNDORF, C. (1950) The role of anxiety in depersonalization, *International Journal of Psychoanalysis*, 31, pp. 1-5.
- PASAROW, R. (1981) A personal account of an NDE, *Vital Signs*, 1, pp. 11, 14.
- PENFIELD, W. & ERICKSON, T. (1941) *Epilepsy and Cerebral Localization* (Springfield, IL, USA, Charles Thomas).
- PENFIELD, W. & KRISTIENSEN, K. (1951) *Epileptic Seizure Patterns* (Springfield, IL, USA, Charles Thomas).
- PENFIELD, W. & RASMUSSEN, T. (1955) *The Cerebral Cortex of Man*. (NY, USA, MacMillan).
- PETHO, B. (1985) Chronophrenia: a new syndrome in functional psychoses, *Psychopathology*, 18, pp. 174-180.
- PICK, A. (1904) Zur pathologie des ichbewussteins, *Archives Psychiatr. Nervenkr.*, 38, pp. 22-45.
- PUTNAM, F. (1985) Dissociation as a response to extreme trauma, in: R. KLUFT (Ed.) *Childhood Antecedents of Multiple Personality* (Washington, American Psychiatric Press).
- RIBOT, T. (1895) *The Diseases of Personality* (Chicago, IL, USA, DC, USA, Open Court).
- ROBERTS, W. (1960) Normal and abnormal depersonalization, *Journal of Mental Science*, 106, pp. 478-493.
- ROSENSTOCK, H. & VINCENT, K. (1977) A case of lycanthropy, *American Journal of Psychiatry*, 134, pp. 1147-1149.
- SALMONS, P. (1987) Cacodemonomania, *Psychiatry*, 50, pp. 50-54.
- SAPERSTEIN, J. (1949) On the phenomena of depersonalization, *Journal of Nervous and Mental Disease*, 110, pp. 236-251.
- SARTRE, J. (1956) *Being and Nothingness*. Trans. H. Barnes (NY, USA, Philosophical Library).
- SARTRE, J. (1959) *Nausea*. Trans. L. Alexander (NY, USA, New Directions).
- SARTRE, J. (1964) Jean-Paul Sartre's explique sur Les Mots, *Le Monde*. 18 April 1964. The interview is discussed by Barnes (1973), p. 37. Also see *The Writings of Jean-Paul Sartre*, Vol. 1: A Bibliographical Life, M. CONTAT & M. RYBALKA (Eds), pp. 446-447 (Chicago, USA, Northwestern University Press).
- SARTRE, J. (1974a) 1938, *The Writings of Jean-Paul Sartre*, Vol. 1: A Bibliographical Life, M. CONTAT & M. RYBALKA (Eds), pp. 51-61 (IL, USA, Northwestern University Press). This chapter contains various drafts of the first edition of *Nausea*, and other miscellaneous information.
- SARTRE, J. (1974b) Foods, *The Writings of Jean-Paul Sartre*, Vol. 2: Collected Prose, M. CONTAT & M. RYBALKA (Eds), pp. 60-64 (IL, USA, Northwestern University Press).
- SARTRE, J. (1974c) Faces, *The Writings of Jean-Paul Sartre*, Vol. 2: Collected Prose, M. CONTAT & M. RYBALKA (Eds), pp. 67-71 (IL, USA, Northwestern University Press).
- SARTRE, J. (1974d) Jean-Paul Sartre's chronology, *The Writings of Jean-Paul Sartre*, Vol. 1: A Bibliographical Life, M. CONTAT & M. RYBALKA (Eds), pp. 3-32 (Chicago, USA, Northwestern University Press).
- SARTRE, J. (1974e) 1964, *The Writings of Jean-Paul Sartre*. Vol. 1: A Bibliographical Life, M. CONTAT & M. RYBALKA (Eds), pp. 441-458 (IL, USA, Northwestern University Press).
- SCHILDER, P. (1914) *Selbstbewusstein und Persönlichkeitsschwerpunkt* (Berlin).
- SCHILDER, P. (1928) *Introduction to Psychoanalytic Psychiatry. Nervous and Mental Disease Publications*. Also quoted in R. NOYES & R. KLETTI (1976) Depersonalization in the face of life-threatening danger: a description, *Psychiatry*, 39, pp. 19-27, Para 25. And cf. SHASKAN (below) (1989).
- SCHILDER, P. (1934) Localization of the Body Image (Postural Model of the Body) in Localization of Function in the Cerebral Cortex, in: D. SHASKAN (Ed.) (1989), *Nervous and Mental Disease Proceedings*, 13, p. 466. Cf. Paul Schilder: *mind explorer* (NY, USA, Human Sciences Press).
- SHORVON, R. (1946) The depersonalization syndrome, *Proceedings of the Royal Society of Medicine*, 39, pp. 779-792.

- SINKMAN, A. (1983) The Capgras delusion: a critique of its psychodynamic theories, *American Journal of Psychotherapy*, 37, pp. 428–438.
- SPINOZA, B. (1910) *Ethics and "De intellectus emendatione"*. Trans. A. BOYLE (NY, USA, E.P. Dutton).
- STAMM, J. (1962) Altered ego-states allied to depersonalization, *Journal of American Psychoanalytic Association*, 10, pp. 762–777.
- STEWART, W. (1964) A panel discussion on depersonalization, *Journal of the American Psychoanalytic Association*, 12, pp. 171–186.
- STÖRRING, R. (1900) *Vorlesungen über Psychopathologie* (Berlin).
- SURAWICZ, F. & BANTA, R. (1975) Lycanthropy revisited, *Canadian Psychiatric Association Journal*, 20, pp. 537–542.
- TAINÉ, H. (1870) *De l'intelligence* (Paris, Alcan).
- TAUSK, V. ([1914] 1991) Psychoanalysis of philosophy and psychoanalytic philosophy. Originally published in *Jahrbuch für psychoanalytische Forschungen* 6. in: *Sexuality, War and Schizophrenia: collected psychoanalytic papers*, by Victor Tausk, Ed. P. ROAZEN, pp. 85–93 (New Brunswick: Transaction Publishers).
- TAUSK, V. ([1933] 1991) On the origins of the 'influencing machine' in schizophrenia, Originally published in *Psychoanalytic Quarterly*, 2. Reprinted in *Sexuality, War and Schizophrenia: collected psychoanalytic papers*, by Victor Tausk. Ed. P. ROAZEN, pp. 185–220 (New Brunswick: Transaction Publishers).
- TAYLOR, F. (1982) Depersonalization in the light of Brentano's phenomenology, *British Journal of Medical Psychology*, 55, pp. 297–306.
- TEUBER, H. (1965) Postscript: some needed revisions of the classical views of agnosia, *Neuropsychologia*, 3, pp. 371–378.
- TORCH, E. (1978) Review of the relationship between obsession and depersonalization, *Acta Psychiatrica Scandinavica*, 58, pp. 191–198.
- TORCH, E. (1987) The psychotherapeutic treatment of depersonalization disorder, *Hillside Journal of Clinical Psychiatry*, 9, pp. 133–143.
- TRUEMAN, D. (1984) Anxiety and depersonalization and derealization experiences, *Psychological Reports*, 54, pp. 91–96.
- TZAVARAS, A., MÉRIENNE, L., et al. (1973) Loss of visual recognition, amnesia and speech disorders in patients with left temporal lesions, *Encephale*, 62, pp. 382–394.
- VALLA, J. (1977) Flash, fix, flip, *Annales Medico-Psychologiques*, 2, pp. 285–295.
- WEISMAN, A. (1958) Reality-sense and reality-testing, *Behaviorial Science*, 3, pp. 228–261.
- WITTELS, F. (1940) Psychology and the treatment of depersonalization, *Psychoanalytic Review*, 27, pp. 57–65.
- WITTGENSTEIN, L. (1953) *Philosophical Investigations*. Trans. G. ANSCOMBE (NY, USA, Macmillan).
- WITTGENSTEIN, L. ([1921] 1961) *Tractatus-Logico Philosophicus*. Trans. D. PEARS (NY, USA, Routledge).
- WITTGENSTEIN, L. (1974) *Philosophical Grammar* (CA, USA, University of California Press).
- WITTGENSTEIN, L. (1980a) *Culture and Value* (Chicago, IL, USA, University of Chicago).
- WITTGENSTEIN, L. (1980b) *Remarks of the Philosophy of Psychology*, Vol. 1 (Chicago, IL, USA, University of Chicago).
- WITTGENSTEIN, L. (1980c) *Remarks of the Philosophy of Psychology*, Vol. 2 (Chicago, IL, USA, University of Chicago).
- WITTGENSTEIN, L. (1982) *Last Remarks on the Philosophy of Psychology* (Chicago, IL, USA, University of Chicago Press).
- ZALESKI, C. (1987) *Otherworld Journeys: accounts of near-death experiences in medieval and modern times* (NY, USA, Oxford University Press).

Appendix

TABLE I. Ten highest factor-item loadings (with items) from first study (≥ 0.7). Total cases: 121

-
- 0.79298—Sometimes my body seems detached, as if it and myself were separate.
- 0.79230—Sometimes it's as though I had 'transcended' my personality, as if 'myself' had receded to an image which I regard objectively and which is not the whole of me.
- 0.77383—Sometimes there is no distinction between 'me' and 'not-me'.
- 0.76517—Sometimes when I meet strangers or am in unfamiliar social situations I feel estranged to myself, as though I were not me.
- 0.76021—Sometimes I have the feeling that I am two people. One is 'going through the motions' while the other 'me' is observing.
- 0.75868—At times, my ordinary feelings of self-awareness seem different. There seems to be a greater difference between self and not-self.
- 0.72500—Time seems funny when I feel unreal.
- 0.72254—Sometimes it is as though I am looking inside my head instead of outside; it seems then that I am thinking inside of me instead of outside of me.
- 0.71816—Sometimes I just get an intense feeling of 'ME' being located in my brain just behind my eyes. I am extremely aware of myself as being alive, but the rest of my head and body does not belong to 'ME'. My body is felt as a pure biological machine.
- 0.71150—Sometimes I have the feeling that my mind is split off from my body and I cannot get them back together again.
-

TABLE II. Frequency of reported context items and felt-structure items in depersonalization. Total cases: 32

No. of subjects	Context items	No. of subjects	Felt-structure items
23	During daytime with clear mind	25	Difficulty concentrating
21	During times of stress	24	Time distortion
21	During negative affect	20	Dizziness or 'lightness'
18	When feeling fatigued	18	Feelings of unfamiliarity
16	On the way to sleep/when waking	14	Visions, hearing voices/tunes
14	When using alcohol	13	Micropsia
11	Accompanying illness	7	Body distortions, shape/size

TABLE III. Comparison of felt and context items with associated features from *DSM-III-R*. (+) endorsed

<i>DSM-III-R</i>	Felt/context items
Micropsia	+
Dizziness	+
Depression	+
Obsessive rumination	
Somatic concerns	+
Anxiety	+
Fear of going insane	
Time distortion	+

TABLE IV. Ten highest item loadings (with items) from second study (≥ 0.6). Total cases: 141

- 0.75524 When I have the experience of the world's being unreal, the people I meet and see seem to be 'thing-like' creatures, and for a time I lose my conception of what 'persons' are. They just seem like objects.
- 0.71789 Sometimes if I lift my hand and look at it, it does not seem to be mine. Or I can look down at my hands and see them writing, but they don't seem to belong to me.
- 0.7167 Sometimes I feel that I myself, as opposed to the whole outside world, am somehow unreal: it's as though I had 'transcended' my personality, as if my self had shrunk to an image which I then regard objectively and which is not the whole of me.
- 0.70591 Somehow the feeling of not being real is connected to the experience of feeling as though I am 'split in half', watching myself as if from some kind of distance.
- 0.68607 Sometimes I feel that things are unreal. I look at things as though they are unreal, and I wait to see if anything will go back to normal and regain its original perspective.
- 0.68413 Sometimes I feel as though I am observing my own actions, like a spectator: there is an observing me, and a participating, acting me. The observing me becomes detached and watches the participating me.
- 0.65389 Sometimes when I meet strangers, or am in unfamiliar social situations, I feel detached from myself, as though I were not me. I get the feeling that I am two people: one is 'going through the motions', while the other 'me' is observing and judging.
- 0.61724 During these periods, I might realize with a shock, 'I am me!'
- 0.60607 When I have the experience of somehow being unreal, I feel like a 'thing', just a mere object and not really a person at all. It's as though my 'me-ness' were gone.
- 0.60463 Sometimes people seem to me to be figures in a dream, or a movie. Things look strange, photographic, as though they are painted, and don't appear natural. They look flat, stiff, and artificial.