

Bodily Feeling in Depersonalisation 1

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Bodily Feeling in Depersonalisation: A Phenomenological Account

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Abstract

This paper addresses the phenomenology of bodily feeling in depersonalisation disorder. We argue that not all bodily feelings are intentional states that have the body or part of it as their object. We distinguish three broad categories of bodily feeling: noematic feeling, noetic feeling and existential feeling. Then we show how an appreciation of the differences between them can contribute to an understanding of the depersonalisation experience.

KEYWORDS: bodily feeling, depersonalisation, phenomenology

Bodily Feeling in Depersonalisation: A Phenomenological Account

Introduction

Bodily feelings are often construed as states that have the body or part of it as an intentional object, as feelings *of* the body. However, we suggest that the body can also be that *through which* we experience the world, a *subject* rather than an object of experience. We distinguish three ways in which one's body can be experienced. We argue that sensitivity to the differences between them not only facilitates a more nuanced and accurate account of bodily feeling; it also enables us to better interpret psychiatric conditions that involve anomalous bodily feeling. We focus specifically upon depersonalisation, given that anomalous bodily self-awareness is one of its characteristic symptoms. We first review some recent descriptions of this disorder, then move on to distinguish various forms of bodily self-awareness and bodily feelings, and finally return to depersonalisation in light of these distinctions.

Depersonalisation and Detachment from One's Body

Accounts of the experience of depersonalisation, offered by both patients and clinicians, emphasise a detached and alienated attitude towards oneself, including one's body. This is associated with symptoms such as derealisation (the world looks unfamiliar, flat, unreal, remote), hypoemotionality (loss of emotional feelings in response to events and

people) and excessive rumination (continuous reflection on one's own condition).

Patients still feel physical pain, but may report being indifferent to it, oddly cut off from it.¹ The experience may last for a few seconds or several years. It is frequently associated with conditions such as depression and schizophrenia, and also with events such as trauma, bereavement or drug use. Although it often accompanies other forms of illness, it is also recognised as a condition in its own right (Simeon & Abugel, 2006).

Depersonalised subjects typically report feeling as though they are actors being watched “from outside”, or even that they are lifeless robots, automata, and that their thoughts are somehow cut off from their body. However, they are not delusional, given that “feeling as though it were *p*” does not add up to “believing that *p*”. Here is how Simeon and Abugel (2006: 80) sum up the experience of detachment from the body, drawing on several first-person reports:

My thoughts are separate from my body, as if my mind exists in one place and my physicality in another. I see myself doing things, like I'm in a movie. I go through the motions as if I'm in a play. How can I be inside myself while watching myself at the same time? Words come out of my mouth, but they don't seem to be directed by me. ... My arms and legs don't feel like they're mine. How do I control them? What makes them move? I look in the mirror to try to recenter myself, but I still feel like I'm in the 'twilight zone.'

For someone who has never experienced depersonalisation, it is difficult to have a sense of what it feels like. Indeed, patients often complain that an inability to understand

or articulate their experience adds to its unpleasantness. Hence, as Simeon and Abugel (2006: 77) remark, the “vast terrain of depersonalization would benefit from a broader lexicon to help find words for the unspeakable”. We propose that a more refined understanding of bodily feeling can contribute to this task. There is something almost paradoxical about depersonalisation. As one sufferer comments, it is a bit like “staring in the mirror so long that you no longer recognize your face” (Simeon & Abugel, 2006: 7). The odd thing about such an experience is that, although one perceives the face as strangely unfamiliar, it only appears strange because one *does* still recognise it as one’s own. If one did not, one would lack a feeling of familiarity, as opposed to having a pronounced *feeling of unfamiliarity*. The feeling revolves around a tension between the acknowledgment that this is one’s face and the sense that it is not. This same tension lies at the heart of the depersonalisation experience: people feel strangely detached from a body that they still appreciate as their own. How can we make sense of this experience? In what follows, we will sketch an account of bodily feelings that, we think, can help to do so.

Noematic Bodily Feeling

“Noematic bodily feelings” are feelings *of* the body—bodily feelings in which the body is an intentional object of awareness. It is important to distinguish the body as “intentional object” from the body experienced as a mere “object”, as the former does not require the latter. To this aim, it is useful to introduce the distinction, respected in the German language, between two senses of the term “body”. In German the term *Leib* refers to the

lived, feeling and expressive body, whereas the term *Körper* refers to the body as it appears when examined like any other extended object.²

When one touches one's arm or focuses on one's breathing, parts of the body or bodily activities are intentional objects of awareness, but they are not *objectified*, namely experienced as mere things or processes. In other words, here it is the *Leib* and not the *Körper* that is an object of awareness.³ Emotion experience illustrates this point particularly well. When one notes one's hands shaking nervously while holding a glass of champagne at a party, or when one intentionally takes a deep breath to calm down, one's body here is an explicit object of awareness but is also taken for granted as a locus of experiencing, as a lived body. In these cases, one does not intend one's body as just a physical object, even though one may wonder why it is operating in a specific way, worry about it, or take pleasure in it.

However, *Körper* can also be an object of awareness. Examples include measuring one's waistline, looking at the size of one's belly in the mirror, and observing the wrinkles in one's hand (as Legrand and Ravn 2009 would put it, these examples involve a "scrutinizing" attitude towards one's or another's body). Here the objects of awareness present themselves as physical, "thing-like" features of the body, rather than lived, feeling bodily parts.

The whole body or parts of it, from viscera to muscles, can become intentional objects of awareness. Also, when the intentional object is the lived body, bodily feeling can come with different hedonic and affective qualities—as pleasant, annoying, tickling, surprisingly sudden, painful, etc. Importantly in order for the body or part of it to be an object of experience, it need not be at the centre of our attention. Hence we can draw a

distinction between *pre-attentive* and *attentive* noematic feelings. We regard this as a distinction between kinds of feeling, rather than maintaining that exactly the same feeling can be experienced in two different ways, as the act of attending to a feeling can itself contribute to the quality of that feeling. Others have spoken of “pre-reflective” and “reflective” self-consciousness (Legrand, 2007; Gallagher & Zahavi, 2008), and one might regard our use of “attentive” as synonymous with “reflective”. However, the latter term suggests to us an act of voluntary attention, and many attentive noematic feelings do not take that form. Importantly, the body or parts of it can become objects of awareness spontaneously or involuntarily, by “popping out” into awareness so to speak (think of a cramp in the foot suddenly grabbing your attention), or by way of a voluntary act of paying attention to the body. If one stops one’s activity (e.g. typing this paper) and proprioceptively scans one’s body from head to toe, all sorts of previously unnoticed bodily sensations enter awareness—corrugated eyebrows, shrunk shoulders, bloated stomach, cold feet, etc.”

Hence we can introduce here a further distinction between *involuntary* and *voluntary* noematic feelings (which can be applied to both *Leib* and *Körper*). This distinction corresponds to one drawn by Seigel (2005) between “reflexivity” and “reflectivity”. As he puts it, the former should be reserved “for the passive kind of reflection that takes place in involuntary reflexes or in a mirror, and ‘reflectivity’ for the more active attentiveness that establishes a new relationship, and sometimes a distance, between consciousness and its contents” (13). The two terms are often used interchangeably in both philosophy and psychiatry, but in fact they indicate almost opposite phenomena: “reflectivity” indicates a voluntary, distanced, second-order stance

towards first-order experience, whereas “reflexivity” indicates an automatic, reflex-like exaggerated self-intimation of a first-order experience. As will become clearer when we return to depersonalisation, it is important to respect this distinction.

Noetic Bodily Feeling

Not all bodily feelings are feelings *of* the body, that is, feelings that involve the body or part of it as an intentional object of awareness. We are often aware of our body as *that through which* we experience the world, namely as a feeling, seeing and touching body (rather than a felt, seen and touched body). Consider exploratory touch with the hand for example. When one runs a hand along a table, the object of feeling is the textured surface. However, the touching hand does not wholly vanish from experience and neither does it linger on as a peripheral object of perception. Rather, it is experienced in a different way, as an organ of perception, as that through which the surface is felt (Ratcliffe, 2008, chapter 8). Hence we can distinguish *noetic bodily feeling*, where the body is felt as that through which something else is experienced, from *noematic bodily feeling*, where the body is the intentional object of the experience.

Noetic bodily feeling come in different varieties. Of course, one might argue that in some cases the body altogether disappears from experience, that it is “absent”—as when a skilled driver “forgets” her movements while listening to music in her car (Leder, 1990). We do not deny that this sometimes happens. However, we maintain that there are other cases where bodily feeling continues to contribute to experience without being an object of experience. Although the body as perceiver is often inconspicuous, it need not

completely disappear from awareness. Take a situation in which one is sitting in a delayed train proceeding very slowly, just before a flight. In this context, one is not paying attention to one's body, but is focusing on the world: one checks the time on the watch, looks out of the window to gauge the speed of the train and listens to the conductor's announcements. However, even though attention here is immersed in the world, the whole experience has a quality of urgency characterised by a sense of tightness and confinement. The body is not attended to, but is not absent either, for it contributes to the quality of the experience (one of anxiety, in this case) in the form of a "background" awareness of a tense and constrained body.⁴ Or take the example of being on a roller-coaster. The objects of experience might be the impending drop or the speed of one's descent, rather than parts of one's body. Even so, it would be misleading to maintain that visceral and other feelings are all subdued throughout the experience. Rather, the intensity of bodily feeling manifests itself as the intensity of the situation.

Existential Feelings

There is a further kind of "background" bodily feeling that is neither noetic nor noematic, which we might call "existential feeling" (Ratcliffe, 2005, 2008). People sometimes talk of all-enveloping feelings of unfamiliarity, unreality, heightened reality, surreality, strangeness, and so on, which are inextricably bound up with our bodily phenomenology. Indeed, descriptions of body and world are often interchangeable—"I feel strange", "my body feels strange" and "the world seems strange" can be different ways of referring to the same experience. Existential feelings are neither objects of experience nor ways of

perceiving something else. Rather, they are “ways of finding oneself in the world” that constrain the kinds of experience one is capable of having, a context *in which* one has intentional states with a noetic-noematic structure (which is not to say that we can’t reflect upon them and thus make them objects of experience too). Hence we might describe them as “pre-noetic” or “pre-intentional”.⁵ For example, experiencing the world as strangely and wholly bereft of all practical significance would be an existential feeling. This would render one incapable of experiencing anything as practically significant, enticing, urgent, and so on. The experienced world would no longer incorporate the possibility of such scenarios and thus of certain kinds of intentionally directed experience. And a loss of practical significance is at the same time a loss of bodily vitality, of certain felt dispositions to act (Ratcliffe, 2009).

Bodily Feeling in Depersonalisation

We have distinguished three broad categories of bodily feeling: noematic feeling *of* the body (which can take the form of voluntary or involuntary awareness of the body as *Leib* or *Körper*), noetic feeling *through* the body, and existential feeling. We will now briefly indicate how these distinctions can be put to work in interpreting the experience of depersonalisation.

Let us begin with what Medford et al. (2005) call the experience of “desomatisation”. As we have seen, sufferers report feeling “as if” they were observing their body “from outside”, and sometimes even that they feel “like robots”. In his respect, they appear to have lost the sense of their body as the experiencer, as that through which

the world is experienced. In other words, desomatisation can be seen as a loss of *noetic* bodily feeling. Feelings of “derealisation” can also be interpreted this way. As one loses the sense of one’s body as that through which the world is experienced, one also loses the ordinary sense of the world as “affording”, in a Gibsonian sense, bodily actions. Indeed, depersonalised subjects report that external reality appears artificial, “as if ‘painted, not natural’, or ‘two-dimensional’ or ‘as if everyone is acting out a role on a stage, and I’m just spectator’” (Medford et al., 2005: 93); “[f]amiliar things look strange and foreign ... They’re just shapes, objects, things, with no personal connection to me” (Simeon & Abugel, 2006: 80-81). It is not simply however that many noetic feelings are lost. Rather, there is an alteration in “how one finds oneself in the world” and, in the context of this, certain kinds of experience are no longer possible. Hence these reports also indicate a more general shift in *existential* feeling: an all-encompassing change in the sense of reality and belonging that shapes all of one’s experiences and thoughts. This is inextricable from a change in bodily self-awareness. Indeed, certain definitions of depersonalisation and derealisation may amount to “different ways of describing the same experience” (Sierra et al., 2005: 1530).

In depersonalisation, experience of at least some kinds of emotion is also reduced or absent:

I have no moods. Things that used to cause a response in me do nothing. A beautiful painting or a vivid sunset that once moved me no longer arouses me. ... I remember once feeling the change of seasons in my stomach, filled with memories and nostalgia. I can’t feel all that anymore. Nothing sparks any kind of

emotion in me, except possibly fear. I feel as if I am dead. ... All I feel is a strange void. (Simeon & Abugel, 2006: 80)

Arguably, this dampening of emotion experience is just another aspect of the loss of noetic bodily feeling and also symptomatic of a broader existential change: the world ceases to matter, people and events are not salient anymore. With this, the world ceases to move and affect one through one's body.

This is not the whole story however. First, it is important to appreciate that not *all* capacity for noetic bodily feeling is lost in depersonalisation. It appears that some noetic bodily feelings are maintained in at least some domains. For example, depersonalised individuals are not indifferent to startling noises (claps, sighs). On the contrary, they respond quickly, like anxious subjects, indicating that they are in a heightened state of alertness (Sierra et al., 2002). Practices that invite them to focus on the outside world rather than themselves can help them feel more “grounded” (Simeon & Abugel, 2006, chapter 9). Also, depersonalised subjects do not complain about their sense of touch so much, and derealisation is generally more pronounced with respect to the visual modality—objects appear flat and two-dimensional.⁶ This also supports the point that some capacity for feeling-through-the-body is maintained: feeling the texture of an object by touching it and recognising that an object is smoother than another involve a noetic bodily experience of touching.⁷ Finally, although emotion experience is generally dampened, fear and anxiety are still present. We have found no evidence to suggest that patients are somehow detached from their anxiety or that it differs qualitatively from anxiety in people who are not suffering from depersonalisation.⁸

Second, the experience of depersonalisation also involves a disturbance in *noematic* bodily feeling. This can be interpreted as, in part, a response to the disturbance of noetic feeling. Sufferers often obsessively check themselves, voluntarily turning attention to their body. This *reflective* (not “reflexive”), or better *hyper-reflective*, attitude may well be an attempt to regain a sense of ownership over one’s body, when noetic feeling is disrupted or partially lost. However, making the body into an object of awareness is not in itself sufficient to restore “feeling through” one’s own body (one does not “feel through” one’s hand by merely looking at or even touching it). Hence this attempt will merely become a further source of anxiety and “desomatisation”.

However, depersonalisation appears to involve primarily *involuntary* noematic bodily feeling. Some sufferers report that they “suddenly” felt as if they were looking at their body from outside (Simeon & Abugel, 2006). This “popping out” into awareness of one’s body-as-object is in this case a manifestation of *reflexive* noematic bodily feeling. Sass and Parnas (2003) provide an analogous characterisation of disorders of self-awareness (“ipseity”, in their words) typical of schizophrenia. They use the term “hyper-reflexivity” to refer to phenomena and processes that would normally be in the “background”, and that in schizophrenia automatically pop into awareness.

Third, we also need to appeal to the distinction between *Leib* and *Körper* to make sense of bodily feeling in depersonalisation. Partial disruption of noetic bodily feeling, and predominance of noematic bodily feeling, are not sufficient to account for the experience of self-alienation often reported by sufferers, specifically for the experience of feeling as if one’s body were detached from one’s thoughts, and of feeling like a robot or automaton. These reports suggest that the body experienced in noematic feeling also

loses its character of *Leib* and appears more like a *Körper*. In other words, its merely physical and “thing-like” features become a primary focus of awareness. We all have a sense of our body as a physical entity, but in depersonalisation this sense appears exaggerated, and the *Körper* rather than the *Leib* comes to predominate in awareness. This interpretation is consistent with the fact that depersonalised people often slap or pinch themselves, and that there is evidence that inducing moderate pain can be used to attenuate their symptoms; physical exercise also helps them feel more “grounded” (Simeon & Abugel, 2006). It may be that pain and physical exercise help sufferers restore the *leibliche* features of their noematic feeling, and with those, perhaps, also a noetic sense of the body as the experiencer.

The alterations in noetic, existential and noematic feeling we have identified need to be understood in dynamic rather than static terms. A world that looks strangely artificial, for example, could provoke various kinds of bodily feeling, which themselves then shape how things are experienced, and so on. From a developmental perspective, involuntary, reflexive awareness of one’s body as a *Körper* may be the outcome of a previous voluntary attempt to detach oneself from one’s suffering body, and of a hyper-reflective attitude towards it (depersonalisation can be induced by traumatic experiences). Yet once the body is mainly felt as a *Körper*, the strangeness of the bodily experience is likely to occupy attention even more, enhancing feelings of detachment in a vicious circle that can eventually lead to permanent self-scrutiny, rumination and self-obsession (indeed permanent depersonalisation is often preceded by isolated episodes and has been linked to obsessive-compulsive disorder; see Simeon & Abugel, 2006).

Hence we can now begin to account for the experience of detachment from one's own body that occurs in depersonalisation, where one's body is experienced at the same time as "mine" and "not mine". As we have seen, there is a change in existential feeling, an all-encompassing shift in one's sense of self, world and the relationship between them. This incorporates partial disruption of noetic bodily feeling, which induces a voluntary turning of attention to one's body i.e. a reflective form of noematic bodily feeling; there is also (perhaps as a consequence of the former), an involuntary or reflexive coming into awareness of the physical and object-like features of one's body. This shift induces a feeling of detachment from one's body. However, because there is simultaneous retention of noetic bodily feeling in some domains, some involuntary sense of ownership of one's body is retained. This amounts to the strange and paradoxical experience mentioned earlier, in which one's own body is felt as detached and alien, and at the same time still acknowledged as one's own.

Conclusions

We will conclude by raising a further issue: are there different kinds of depersonalisation? If so, we should be wary of over-estimating the reach of any one phenomenological analysis.

Depersonalisation is not a single, invariant "symptom" that one either has or does not have. It is more complex than that. For example, Simeon et al. (2008) identify a number of dimensions ("numbing", "unreality of self", "perceptual alterations", "unreality of surroundings" and "temporal disintegration"), which—they claim—have at

least a degree of independence from each other. To further complicate matters, depersonalisation is frequently associated with both schizophrenia and melancholia, and some have argued that these illnesses can involve quite different kinds of bodily experience. If this is indeed so, it would be difficult to maintain that there is a unitary “depersonalisation experience” common to all. According to Fuchs (2005), for instance, both melancholia and schizophrenia involve a “loss of transparency” of one’s body, namely of what we have called noetic bodily feeling. However, whereas the melancholic identifies herself with her body (Fuchs calls this phenomenon “corporealisation”), in schizophrenia one’s body is experienced as detached, viewed from the outside, and not belonging to oneself anymore (a kind of “disembodiment”; see also Stanghellini 2004). Sufferers also “often speak of a split between their mind and body, of feeling hollowed out, like a machine or a robot” (Fuchs 2005: 102; see also Sass 2004).⁹

The characterisation of depersonalisation we have offered better complements Fuchs’s account of schizophrenia, as both emphasise a kind of detachment from one’s body, where there is a heightened noematic experience of one’s body as *Körper*. According to Fuchs, the body of the melancholic is not deprived of bodily subjectivity; the body loses “lightness” and “fluidity”, and turns “into a heavy, solid body that pumps up resistance to the subject’s intentions and impulses; its materiality, density, and weight, otherwise suspended and unnoticed in everyday performance, now come to the fore and are felt painfully” (Fuchs 2005: 99). This evocative description is not of an object-like body, but of a subjectively lived body whose painful condition fully absorbs one’s attention. As Fuchs (2005: 100) points out, depersonalisation is a “clinical core feature of the most serious melancholic episodes” too. However, given that there may be quite

different bodily experiences involved, it is possible that “depersonalisation” is an umbrella term for various subtly different predicaments, all of which involve various changes in bodily feeling. Although we do not attempt to distinguish them here, we maintain that any attempt to do so will require sensitivity to the various qualitatively different kinds of feeling that are at play. Without that sensitivity, accounts of bodily feeling in depersonalisation, and in anomalous experience more generally, will remain vague and ambiguous.

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Endnotes

¹ See, for example, Sierra and Berrios (1998), Radovic and Radovic (2002), Medford, Sierra, Baker, and David (2005), Sierra, Baker, Medford, and David (2005), Simeon and Abugel (2006) and Baker, Hunter, Lawrence, and David (2007).

² The phenomenological relevance of this distinction was noted already by Scheler (1973), and was further emphasized and developed by Husserl (1983).

³ See Legrand and Ravn (2009) for an extended discussion of this point. See also Shusterman (2008).

⁴ See Colombetti (in press) for a more detailed discussion of background bodily feeling in emotion experience.

⁵ Gallagher (2005) also uses the terms “noetic” and “noematic” when discussing bodily experience. He also uses the term “pre-noetic”, which could be used to describe “existential feeling”. However, Gallagher regards the pre-noetic as “sub-personal” or “non-conscious”, whereas we understand “existential feeling” as a phenomenological category.

⁶ The Cambridge Depersonalisation Scale (Sierra & Berrios, 2000) does have one entry dedicated to touch, which reads: “I cannot feel properly the objects that I touch with my hands for it feels *as if it were not me* who were touching them” (from Simeon & Abugel, 2006: 76, italics in original). However, none of the literature we have cited emphasises touch, and most discussions do not mention it.

⁷ It would be interesting to explore whether this has therapeutic implications. Having subjects stroke objects of various textures might help to put them back in touch with their lived body.

⁸ It should also be noted that depersonalisation is not invariably accompanied by anxiety. For some, depersonalisation is “so distressing that every living moment is a nightmare”, whereas for others, “the dissociation is a safe, comforting place for them to retreat” (Simeon & Abugel, 2006: 72)

⁹ See Ratcliffe (2008, chapter 7) for some criticisms of the phenomenological distinction between corporealisation and disembodiment.