# STRUGGLE WITH UNREAL AND UNREAL STRUGGLE: CRITICAL VIEW ON STUDIES OF DEREALISATION

The human consciousness, ability to perceive and analyse reality is one of the most fundamental problems in philosophy and science. Western civilisation more than other relies on the mind as the main tool to access the world. Even after decades of critique and search for alternative approaches, Cartesian "Cogito, ergo sum" continues to reveal itself in new forms. By extension, the concept of mental disorder, the irrational, the deviation of mind, also attracts attention of many theorists and researchers. The connection that existed between philosophy, psychology and psychiatry since Plato's ideas of soul (Calian, 2012) has only strengthened by the end of the 19th century. The intersection of these disciplines resulted in the invention of psychoanalytical theory. Within it, mental illness not only studied, but also often applied as a method to analyse the world or as an analogy for certain phenomena.  This is especially true for Deleuze and Guattari, who in their Schizoanalysis appropriated scientific methodology and phenomenological experience of disorder itself (Deleuze and Guattari, 1983). From one point of view, it opens new perspectives in cultural and social studies, helps to develop critical views on psychiatry, revealing concepts like "norm" and "madness" as relative. However, it also often results with medical terms and mental disorders being removed from the context of their origin, misinterpreted, or misjudged. Such a situation raises concerns about the method itself and ethical implications.

This essay explores these questions in relation to DPDR - depersonalisation and derealisation disorders. The terminology itself and concepts of alienation from one's self and the world make it tempting for theorists to apply them in a broader context. At the same time, relatively low number of studies in the field and low awareness about this disorder, pose a high risk for misinterpretation and for erasure of clinical aspects of the disorder. It is all the more important to analyse the current practice to write about the topic and re-establish the connection between science and theory.

Depersonalisation and derealisation are considered aspects of the same condition and until specified most of the researchers combine these

concepts under the term depersonalisation or use as interchangeable. This is also characteristic for historical analysis, especially because derealisation  emerged only in the 20th century to describe certain manifestations of depersonalisation (Berrios and Sierra, 1997). However, despite certain difficulties with definition, phenomenology of depersonalisation remained stable for the last 100 years (Sierra and Berrios, 2001), nearly as long as it was described in psychiatry. This stability makes it suitable to analyse disorder with focus on cultural changes and perspectives surrounding it.

Early theories, in a typical for positivists' 19th century way, proposed the idea of body malfunction and disconnection from sensory input (Sierra, 2009). Later, Ludovic Dugas, following general changes in psychiatry methods, suggested a more mind-oriented approach. He explained depersonalisation through memory disconnection and disturbances and had seen it as a phenomenon related to déjà vu (Dugas, 1996). And, finally, psychoanalysis considers depersonalisation an ego disturbance, disconnection between ego feeling and ego consciousness (Federn, 1932).

Today, there's still no clear agreement on how to conceptualise depersonalisation disorder. Recent studies of it often include modern and adapted interpretation of described approaches. However, the shared element that also can be seen in Dugas' theory is a presence of prediction errors that may be the reason behind feelings of unreality and disconnection. It can be found in studies on interoceptive processing (Gatus, Jamieson and Stevenson, 2022), however present analysis requires a focus on purely psychological disturbances and how they are rooted in culture.

The way depersonalisation presents itself is connected with an already existing perception of self and the world. This leads to a certain connection between prevalence of the disorder and cultural and background. Highly individualistic societies are more likely to show higher prevalence of depersonalisation due to pre-existing alienation between its members and higher prevalence of anxiety disorders (Sierra-Siegert and David, 2007). Depersonalisation also may occur in cultures with higher levels of dogmatism and social restrictions, or otherwise encourage distancing from one's experience (Donnelly and Neziroglu, 2010). Other important factors are general social instability and prevalence of traumatic experiences, including those connected with systematic oppression, cultural assimilation or generational trauma. Remarkable the role of political and social violence in this. Even indirect exposure often leads to derealisation (Dorahy et al., 2003) and, in

return, depersonalisation can make more vulnerable for indoctrination and desensitisation, repeating the "cycle of violence" (Daisy and Hien, 2014).

But are those effects and complex relations of condition represented in studies outside the clinical field? And if so, how exactly?

In some cases, the same terms have different origins, but may preserve some implication and have similar context of use. One of the most influential examples is the idea of "derealisation" introduced by Judith Butler. Instead of an innate feeling of alienation it represents the ontological idea of denying reality of Others (minorities, oppressed groups), their struggles and grief to be real, to even exist in the discourse and in consideration (Butler, 2006). From one point of view, this theory and definition have little ties to clinical understanding of derealisation as a condition. However, closer analysis of theory reveals connection with the same processes that are characteristic to the cycle of traumatic experience, derealisation and violence. Butler emphasises the role of emotional response to certain events, how certain forms of grief, anxiety and rage become a tool of political manipulation. This type of absorption into the processing of certain experience followed by disconnection as a defensive mechanism is similar to the relationship between trauma and derealisation in clinical context. Other similarities also allow us to assume that trauma-related and depersonalisation experience can have connection with enforcement of certain social biases. However, it's important to problematize Butler's approach towards derealisation, as it not only may interfere with further research on the topic due to terminological confusion, but also has the ability to reinforce stigma around the disorder.

Philosophy, cultural studies, psychology and clinical science have their own methods and tools of analysis. However, when applied to the same phenomenon, like depersonalisation and derealisation, when applied separately they create gaps in information and understanding of the complexity of the problem. At the same time, the multidisciplinary approach to depersonalisation helped to highlight previously overlooked intersections and potential complications, opening new perspectives to research.

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