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The self in action: Lessons from delusions of control

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Abstract

Patients with delusions of control are abnormally aware of the sensory consequences of their actions and have difficulty with on-line corrections of movement. As a result they do not feel in control of their movements. At the same time they are strongly aware of the action being intentional. This leads them to believe that their actions are being controlled by an external agent. In contrast, the normal mark of the self in action is that we have very little experience of it. Most of the time we are not aware of the sensory consequences of our actions or of the various subtle corrections that we make during the course of goal-directed actions. We know that we are agents and that we are successfully causing the world to change. But as actors we move through the world like shadows glimpsed only occasional from the corner of an eye.

Keywords: Self; Action; Schizophrenia

1. How do we understand disorders of the self in schizophrenia?

The diagnosis of schizophrenia is largely based on what patients report about their experiences and beliefs. These experiences and beliefs are typically labelled hallucinations and delusions and are considered to be abnormal because they are false. The experiences are false in the sense that they do not correspond to the sensory input. The beliefs are false in that they are not justified by the evidence. Since misperceptions and false beliefs in this sense are rather common in the general

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population a further requirement for the diagnosis of schizophrenia is that the false perceptions and false beliefs should be outside the normal range of experience and belief. An example of such a false perception associated with schizophrenia would be that the patient hears his thoughts spoken aloud just after he has thought them (thought echo). An example of a false belief would be the claim by the patient that other people can hear her thoughts just as well as if they were being spoken aloud (thought broadcasting).

This characterisation of the experiences and beliefs of patients as being outside the normal range immediately raises a problem when we try to understand these symptoms. However hard a patient tries to give a truthful and accurate account of her experiences, she will inevitably have difficulty in communicating them. The patient has somehow to relate her own bizarre experiences to the more normal experiences shared between her and her listener (Jack & Roepstorff, 2002). Thus, though my starting point for this consideration of the experience of the self in schizophrenia is based on self-reports from patients, I will place great emphasis on second-order inferences about experience derived from behavioural paradigms. I believe we need to use such inferences to get a better understanding of what it is that patients are trying to communicate through their reports. The same problem, although to a lesser extent, applies to any self-report concerning the experience of action. Henry Ey highlighted this problem with the normal experience of the body, "Except in the case of difficulty, pain, embarrassment..., the body seems transparent and silent in the field of perception" (Ey, 1973). If our bodies in action are indeed so transparent and silent then we may need information from experiments to help us understand even our own experience of action.

2. Disordered experiences of the self in schizophrenia

Hearing voices (auditory hallucinations) are a characteristic symptom of schizophrenia (Slade & Bentall, 1988). In some cases there is evidence that 'the voice' is overtly generated by the patient since the content of sub-vocal muttering can be shown to correspond to the content of 'the voice' reported by the patient (Gould, 1949; Green & Preston, 1981).

> The patient whispers, 'The only voice I hear is hers. She knows everything. She knows all about aviation.' At this point the patient states audibly, 'I heard them say I have a knowledge of aviation.'

This observation suggests that the immediate cause of the experience of 'the voice' is a failure to distinguish between the patient's own actions and the actions of other people. This formulation links auditory hallucinations with another class of symptoms known as passivity experiences or made experiences (Sometimes referred to as Schneiderian symptoms, Schneider, 1957). In these cases the patient reports that his actions, emotions or even thoughts are not his, but are made for him by some external force. These symptoms are labelled 'delusions of control,' 'made emotions,' and 'thought insertion,' respectively. In all these cases the problem can be formulated as a failure to recognise the self in action. This formulation leads to the question as to how we normally experience ourselves in action. In what follows I shall concentrate primarily on delusions of control and the experience of limb movements. Thoughts and emotion do not lend themselves so readily to experimental study.