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Anomalous self-experience in depersonalization and schizophrenia: A comparative investigation

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ABSTRACT

Various forms of *anomalous self-experience* can be seen as central to schizophrenia and other psychiatric disorders. We examined similarities and differences between anomalous self-experiences common in schizophrenia-spectrum disorders, as listed in the EASE (Examination of Anomalous Self Experiences), and those described in published accounts of severe depersonalization. Our aims were to consider anomalous self-experience in schizophrenia in a comparative context, to refine and enlarge upon existing descriptions of experiential disturbances in depersonalization, and to explore hypotheses concerning a possible core process in schizophrenia (*diminished self-affection*, an aspect of “ipseity” or minimal self). Numerous affinities between depersonalization and schizophrenia-spectrum experience were found: these demonstrate that rather pure forms of diminished self-affection (depersonalization) can involve many experiences that resemble those of schizophrenia. Important discrepancies also emerged, suggesting that more automatic or deficiency-like factors—probably involving self/world or self/other confusion and erosion of first-person perspective—are more distinctive of schizophrenia-spectrum disorders.

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1. Introduction

It has long been recognized that schizophrenic disorders involve profound alterations of mental state, in particular, changes in the experience of subjectivity, that is, varieties of *anomalous self-experience*. Although abnormalities of self or self-experience are not mentioned in the schizophrenia criteria of DSM IV-TR and ICD-10, they feature prominently in classic accounts. Bleuler (1911) stated that the malady always involves an affliction (“*Spaltung*”) of the self, writing that the self is never intact (“*Ganz intakt ist dennoch das Ich nirgends*”) (p. 58). Joseph Berze (1914) proposed that the primary disorder of schizophrenia was a fundamental alteration or “primary insufficiency” of self-consciousness.

Recently, altered self-experience has again become a key issue in schizophrenia, through a series of theoretical contributions and related empirical studies. Sass and Parnas (2003) hypothesized that the core disturbance in schizophrenia is a particular disturbance of consciousness—an alteration in the sense of “minimal self” or *ipseity* that is normally implicit in each act of awareness. The term *ipseity* comes from *ipse*, Latin for “self” or “itself,” and is synonymous with what is sometimes termed basic or minimal self; it refers to a crucial sense of existing as a vital and self-identical subject of experience, with

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an automatic “mineness” of experience (Ricoeur, 1992; Zahavi, 1999). Sass and Parnas (2003, 2007) suggest that this *ipseity* disturbance has two main aspects, which may seem mutually contradictory but are in fact complementary: hyperreflexivity and diminished self-affection.

“Hyperreflexivity” refers to a kind of exaggerated self-consciousness, a (fundamentally non-volitional) tendency for focal, objectifying or alienating attention to be directed toward processes and phenomena that are normally experienced as part of oneself. Although *hyperreflexivity* does include some fairly volitional, quasi-volitional, or intellectual processes (these might be termed “hyper-reflectivity”), the *hyperreflexivity* in question is not, at its core, an intellectual or volitional kind of self-consciousness. Most basic in schizophrenia (according to Sass and Parnas) is an “operative” hyperreflexivity: the disrupting of awareness and action by means of an automatic popping-up or popping-out of phenomena and processes that would normally remain in the tacit background of awareness (where they normally serve as a medium of implicit self-affection), but that now come to be experienced in an objectified and alienated manner (see Merleau-Ponty, 1962, p. xviii re: “operative intentionality”—*fungierende Intentionalität*). Experientially speaking, hyperreflexivity can be manifest as an emergence or intensification of experience *as such* or a prominence of proximal over distal aspects of stimuli (see, e.g., Sass, 1994, re “phantom concreteness”), or else as focal awareness of kinesthetic bodily sensations, “inner speech,” or the processes or presuppositions of thinking.

“Diminished self-affection” refers to a reduction in the very sense of existing as an aware subject or agent of action, i.e., to a diminished sense of existing as a first-person perspective on the world, an experiencing entity. One patient with schizophrenia described the condition of lacking this crucial but ineffable self-affection that is essential to normal *ipseity*: “I was simply there, only in that place, but without being present” (Blankenburg, 1991, p. 77).

Hyperreflexivity and diminished self-affection are best conceptualized not as separate processes but as mutually implicative aspects or facets of the intentional activity of awareness: whereas the notion of “hyperreflexivity” emphasizes the way in which something normally tacit becomes focal and explicit, “diminished self-affection” emphasizes a complementary aspect of this very same process—the fact that what once was “tacit is no longer being inhabited as a medium of taken-for-granted selfhood” (Sass, 2003, p. 170).

This double-faceted disturbance of *ipseity* disrupts the normal, pre-reflective sense of “presence,” that is, of being an experiencing *subject* or *self* oriented toward objects or a world distinct from itself. In Husserlian phenomenology, this self-sense is variously referred to as the “I-center” or “central point of psychic life” or, more colorfully, the vital “source-point of the rays of attention” (Bernet, Kern, & Marbach, 1993). Related work (Sass, 2003; Sass & Parnas, 2007) explores how such a disturbance might play a central explanatory role as the core feature (*trouble générateur*) of schizophrenia. In this model, primary *ipseity* disturbance underlies the psychopathology, by giving rise to further psychic disturbances that themselves become features of the condition (see Section 4).

Ipseity disturbance has been operationalized in a semi-structured interview, the Examination of Anomalous Self Experience (EASE) (Parnas et al., 2005) which examines experiences highly characteristic of schizophrenia spectrum disorders. Studies using the EASE or proxies thereof have demonstrated that such self-disturbances demarcate schizophrenia from psychotic bipolar illness (Parnas, Handest, Saebye, & Jansson, 2003) and from specific groups of non-schizophrenia-spectrum psychiatric patients (including affective syndromes, non-schizophrenic psychotic syndromes, and non-schizotypal personality disorders) (Haug et al., 2012; Parnas, Handest, Jansson, & Saebye, 2005; Raballo & Parnas, 2011; Raballo, Saebye, & Parnas, 2011), and aggregate selectively in the schizophrenia spectrum disorders identified in an at-risk population (Raballo & Parnas, 2011; Raballo et al., 2011), with high interrater reliability (Møller, Haug, Raballo, Parnas, & Melle, 2011). There is evidence that the presence of such anomalies premorbidly or early in the prodrome predicts later development of schizophrenic psychosis (Nelson, Thompson, & Yung, 2012b; Parnas, Raballo, Handest, Vollmer-Larsen, & Saebye, 2011). Several hypotheses concerning neurocognitive correlates of these *ipseity*-disturbances have been put forward (Hemsley, 1998, 2005; Legrand & Ruby, 2009; Nelson et al., 2009; Sass, 1992; Taylor, 2011).

Taking this work further requires detailed study of the psychological and phenomenological structure of these anomalous self-experiences. One strategy for addressing this is through comparisons with other conditions involving disturbances of self-experience which, though not identical to those in schizophrenia, may be similar in important respects. Anomalies of self-experience occur in other conditions, and at least some items of the EASE do appear in disorders outside the schizophrenia spectrum (Nelson et al., 2012b; Parnas, Handest, et al., 2005). Close comparison between conditions has the potential to reveal which characteristics are shared with other disorders and which are unique to schizophrenia, and may also help to illuminate how a fundamental alteration of self-experience might generate symptoms or structures of experience common in the schizophrenia spectrum. Significant overlaps with other disorders may help to clarify processes involved in schizophrenia, while disparities are also important, for they may suggest where (and perhaps why) processes differ, and what may be specific to the schizophrenia spectrum.

The purpose of the present study was to determine the extent to which depersonalization disorder (DPD)—a non-psychotic condition distinct from schizophrenia yet characterized by a somewhat analogous (we do not say *identical*) form of *ipseity* disturbance—does and does not involve particular anomalies of conscious experience that are also highly characteristic of schizophrenia.

The *ipseity*-disturbance hypothesis views schizophrenic self disorder as having several aspects (Sass & Parnas, 2003, 2007): basic (or “operative”) forms of *ipseity* disturbance, possibly rooted in neurobiological abnormalities unique to schizophrenia, as well as consequential and compensatory (defensive) forms of self-consciousness and self-affection. Although these latter develop secondarily, they become entrenched, quasi-automatized, and interwoven with the foundational

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