



# Self-disturbance and schizophrenia: Structure, specificity, pathogenesis (Current issues, New directions)



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## ABSTRACT

This paper offers an overview and clarification of the ipseity-disturbance or self-disorder hypothesis regarding schizophrenia, with focus on some recent and recommended research and theoretical refinements. There is need to expand research and theorizing in several directions—in order to: 1, specify more precisely what is truly distinctive in the schizophrenia spectrum, 2, explore internal structure and explanatory potential of this purported disturbance of minimal- or core-self experience, 3, generate testable hypotheses concerning pathogenic pathways and psychotherapeutic interventions.

Comparative studies can make a crucial scientific contribution. Some recent, exploratory studies are described: published reports were examined for alterations of self-experience in conditions outside the schizophrenia spectrum—mania, psychotic depression, and depersonalization disorder—and in one unusual attitudinal stance: intense introspection (as refined in early 20th century psychological research). Remarkable similarities (e.g., alienation/reification of thoughts and bodily experiences, fading of self and world) as well as some important differences (e.g., absence, outside schizophrenia, of severe erosion of minimal self-experience or real confusion of self and other) in types of self-anomalies were found. These support but also refine the ipseity-disturbance model. Future research should treat self-experience as an independent variable, manipulating and measuring this dimension (in both schizophrenic and non-schizophrenic populations) to study its associations with anomalies of cognition, affect, expression, and neural functioning already identified in schizophrenia.

The self-disorder model offers an integrative and dynamic view of schizophrenia congruent with recent trends in cognitive neuroscience and consistent with the heterogeneous, varying, and holistic nature of this enigmatic illness.

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## 1. Introduction

“Schizophrenia” has long been a controversial category, its boundaries uncertain, its essence ill-defined. This remains true more than a century after it was first conceived. Voices questioning its validity have been recently on the rise: some reject the category, claiming it conflates distinct illnesses and impedes research and treatment. Other, more cognizant of psychiatric history, are less sanguine about discarding it, but seek refinements. “Schizophrenia” is the worst of all diagnostic concepts, so it may seem—at least until one considers the alternatives (Jaspers, 1963 p. 568).

Prominent among recent attempts to define schizophrenia is the ipseity-disturbance or self-disorder hypothesis (Sass and Parnas, 2003; Sass, 2010), a contemporary formulation of something long recognized: the presence of difficult-to-define yet distinctive alterations of consciousness or the sense of subjectivity. Jaspers, Schneider, and Conrad were among those who emphasized a “radical qualitative change

in the thought processes” that involved diminished first personal givenness and mineness of experience (*Meinhaftigkeit*) (Schneider, 1959, p. 100). This paper clarifies the contemporary self-disorder hypothesis and its current status, then focuses on lacunae in current understanding and on some recent and future research that might further its investigation.

With all its flaws, the construct “schizophrenia” does seem to indicate some subtle but underlying factor at the core of a psychiatric condition that is perhaps best conceived as a syndrome (and probably represents a final common pathway with diverse etiological origins). But how best to characterize this condition, given its protean and ephemeral manifestations and varied definitions? Jasper's criterion of incomprehensibility and Rümke's of recalcitrance to empathy (*praecox-feeling*) may best identify the prototypical instances of this strange Gestalt (Parnas, 2012). Both criteria seem largely intuitive, however, and neither offers an orienting theoretical account. The ipseity-disturbance hypothesis seeks an account flexible enough to encompass the diverse and varying symptoms yet specific enough to be clinically useful and relevant for research, neurocognitive and otherwise.

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## 2. Self-disorder model: current status

### 2.1. Theory

According to the contemporary self-disorder model (Sass and Parnas, 2003), the essential disturbance of schizophrenia is grounded in a two-faceted disturbance of core or minimal self, also known as *ipseity*, that is normally implicit in each act of awareness. *Ipseity* derives from *ipse*, Latin for “self” or “itself”; it refers to the most basic sense of selfhood or self-presence: a crucial sense of self-sameness, a fundamental (thus nearly indescribable) sense of existing as a vital and self-identical *subject* of experience or *agent* of action (Ricoeur, 1992; Zahavi, 2005). This “central nucleus of the Self” (William James, 1981), grounded in the lived body (Merleau-Ponty, 2012) and implicit temporality (Fuchs, 2013), is experienced not as an entity in one’s field of awareness, but as the unseen point of origin for experience, thought, and action, as a medium of awareness, source of activity, or general directedness towards the world (Sass, 1998). It grounds the first-person givenness or for-me-ness of subjective life.

The self or *ipseity* disturbance in schizophrenia is hypothesized to have two main aspects that may seem mutually contradictory but are in fact interdependent. “Hyper-reflexivity” refers to an exaggerated self-consciousness, a tendency (fundamentally non-volitional) for focal attention to be directed toward processes and phenomena that would normally be “inhabited” or experienced (tacitly) as part of oneself (Sass, 1992). “Diminished self-affection” refers to a decline in the (passively or automatically) experienced sense of existing as a subject of awareness or agent of action. Whereas “hyper-reflexivity” emphasizes that something normally tacit becomes focal and explicit, “diminished self-affection” emphasizes what is probably a complementary aspect of this 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; Sass, 2010). Despite this interdependence, there are patients, and periods of illness, in which one facet or the other emerges as more prominent. It is difficult to determine whether hyper-reflexivity and diminished-self-affection are best conceived as complementary facets or tightly interacting processes; perhaps both conceptions are needed (Sass et al., in press).

A third, interrelated aspect is a concomitant disturbance of the *field* of awareness labeled “disturbed hold” or “grip” on the world (Sass and Parnas, 2003, 2007; Sass, 2004). Disturbances of spatiotemporal structuring of the world, and of such crucial experiential distinctions as perceived-vs-remembered-vs-imagined, are grounded in abnormalities of the embodied, vital, experiencing self. One writer with schizophrenia, Antonin Artaud (1976), brought these notions together by describing consciousness as “the essential illumination” or “phosphorescent point at which all reality is recovered,” around which everything “clusters”—the “very substance of... the soul.” He associated “dispossession [of this] vital substance” with what he experienced as “constant leakage of the normal level of reality” (pp. 82, 44; Sass, 2003). This disturbed hold or grip, typically involving perplexity or loss of common sense (Störing, 1987; Stanghellini, 2000), is often associated with forms of *hyperconsciousness*. Thus Artaud (1976) described his “dispossession” and “disorganization” as compatible with a “lucidity” that was “total, keener than ever.” What declined was Artaud’s sense of engagement and vitality: he spoke of “emaciation of my self” and “sever[ing of] vital ties” (pp. 82–83, 169, 91–94).

The *ipseity*-disturbance model of schizophrenia synthesizes ideas from classic European psychopathologists—including Eugene Minkowski and Wolfgang Blankenburg (Sass, 2001) as well as Karl Jaspers and Klaus Conrad. Jaspers (1923/1963, p. 122) emphasized loss of the *cogito*, the very feeling of existing as a consciousness. Conrad (1997/1958, A, II,5,6,7 & A,III,2) described “anastrophe,” a “constant reflexive attention” or “stepping-back” from experience, and concomitant alterations of the field of awareness (*apophany*).

Most arguments for the non-specificity of “schizophrenic” features rely on research using structured interview techniques; these can be faulted for the superficiality of their symptom assays, which may miss subtler aspects of psychopathology perhaps better captured by a phenomenological approach (Nordgaard et al., 2013). The *ipseity*-disturbance hypothesis argues that apparently diverse symptomatic manifestations may mask underlying commonalities—as with (so-called) positive, negative, and disorganized syndromes, which, though superficially different, may share forms of disturbed *ipseity* (Sass and Parnas, 2003). The *ipseity*-disorder model views both florid and “negative” psychotic symptoms as manifestations of subtle but profound alterations in the very foundations of subjectivity and selfhood. It addresses the complex mixing of “act and affliction” in schizophrenia (Sass, 1992, pp. 68–74), the interplay of passively determined, neurocognitive abnormalities with limited but important forms of agency on the patient’s part. Like any attempt to define a controversial category, the *ipseity*-disturbance model is not, incidentally, directed at a fixed and clearly delineated population, but is, in part, an attempt to *define* such a population by suggesting adequate criteria for inclusion.

### 2.2. Examination of Anomalous Self Experience (EASE)

The EASE (Parnas et al., 2005) is a qualitatively rich, 57-item semi-structured interview that operationalizes and quantifies the *ipseity*-disturbance model and is designed to detect sub-psychotic experiences (Parnas et al., 2005; also see Nelson et al., 2013). Many EASE items target diminished self-affection (e.g., 2.1: Diminished sense of basic self, 2.16: Diminished initiative), forms of hyper-reflexivity (1.7: Perceptualization of inner speech or thought, 2.6: Hyper-reflexivity), or disturbed “hold” or “grip” on the world (1.10: Inability to discriminate whether an experience is perception/fantasy/memory, 2.12: Loss of common sense/perplexity); others may involve two or more aspects (e.g., 4.1: Confusion with the other).

Studies using the EASE (or EASE-proxies) demonstrate that such self-disturbances discriminate schizophrenia or schizotypal patients from patients with psychotic bipolar disorder (Parnas et al., 2003; Haug et al., 2012) and from other heterogeneous samples (Parnas et al., 2005; Raballo and Parnas, 2011). Self-disorders aggregate selectively in those at risk for schizophrenia, either in genetic relatives (Raballo et al., 2011) or in prodromal individuals (Parnas et al., 2011; Nelson et al., 2012), broadly supporting the *ipseity*-disturbance hypothesis.

## 3. Theoretical clarifications

The intrinsic nature both of basic self-consciousness and of the schizophrenic anomalies resists definition by conventional discourse; while a lack of consensus for conceptualizing selfhood and subjectivity (one philosopher counts 21 notions of “self” in current literature (Strawson, 1999)) breeds conceptual confusion (Sass et al., 2011). Many neurobiological, behavioral, or commonsensical variables can be more reliably defined; these may, however, fail to capture the subtle experiential abnormalities that largely *define* psychopathology (Parnas et al., 2013). Ignoring subjectivity certainly places psychiatry at odds with contemporary neuroscience, where consciousness and self-experience have become defining concerns (McGilchrist, 2009; Damasio, 2010). Selfhood is perhaps akin to the black hole in cosmology: something we are forced to postulate and investigate, even while recognizing its enigmatic, even self-concealing nature.

*Ipseity* (or its disturbance) is not a monolithic concept. It is neither a simple quantifiable dimension nor some mysterious x-factor that cannot be further analyzed. *Ipseity*-disturbance does have a holistic, Gestalt-like quality; it may come in degrees. However, it is also necessary to consider its structure or component aspects in order to effectively explore its variability, pathogenesis, and neural correlates. This, in turn, requires considerable openness to theoretical or

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