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Review article

## Immersion in altered experience: An investigation of the relationship between absorption and psychopathology



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### ABSTRACT

Understanding alterations in perceptual experiences as a component of the basic symptom structure of psychosis may improve early detection and the identification of subtle shifts that can precede symptom onset or exacerbation. We explored the phenomenological construct of absorption and psychotic experiences in both clinical (bipolar psychosis and schizophrenia spectrum) and non-clinical participants. Participants with psychosis endorsed significantly higher absorption compared to the non-clinical group. Absorption was positively correlated with all types of hallucinations and multiple types of delusions. The analysis yielded two distinct cluster groups that demarcated a distinction along the continuum of self-disturbance: one characterized by attenuated ego boundaries and the other stable ego boundaries. The study suggests that absorption is a potentially important but under-researched component of psychosis that overlaps with, but is not identical to the more heavily theorized constructs of aberrant salience and hyperreflexivity.

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## 1. Introduction

Over the last century, psychopathologists have developed a substantial body of research on the psychogenesis of psychosis; much of this work has focused on the prodrome and first episode, widely seen as windows into the underlying mechanisms of more acute or persistent psychotic states (Jaspers, 1968; Sass, 2001). Across sub-disciplines (spanning psychoanalysis and cognitive neuroscience), disruptions of the basic sense of self (ipseity) and self-other or self-world processing have been widely implicated (Corlett, Taylor, Wang, Fletcher, & Krystal, 2010; Gross, Huber, Klosterkotter, & Linz, 1987, 2008; Kapur, 2003; Parnas et al., 2005). Beneath this broader umbrella, however, multiple different, overlapping but distinct, psychogenetic constructs have been proposed. For the purposes of the current study, we focus on three: the ipseity hypothesis put forward by Sass & Parnas, 2003 and colleagues; aberrant salience as described by Gray, 1995; Kapur, 2003 and absorption as conceptualized by Tellegen & Atkinson, 1974.

Drawing on the work of European phenomenological psychiatrists, including the German basic symptoms school (Gross & Huber, 2010; Gross et al., 1987; Sass & Parnas, 2003) Sass and Parnas have postulated the ipseity hypothesis of schizophrenia, involving two core components of disturbed basic sense of self: hyperreflexivity and diminished self-affection. Hyperreflexivity refers to the process by which events, sensations and cognitions that would normally be experienced as tacit (or pre-reflective) become explicit; for instance, a subject's own thoughts may come to seem foreign, externalized and/or object-like. Diminished self-affection describes the loss or attenuation of a normal sense of the self existing as the *subject* (rather than object) of consciousness. In extreme cases, a patient might feel that their thoughts or bodily processes are controlled by external forces, or can no longer maintain the privacy of their own thoughts. Sass & Parnas, 2001 have also suggested that hyperreflective processes may come into play in the crystallization of psychosis: viz., the patient's self-conscious and at least quasi-agentive investment in and/or preoccupation with subtle changes in perception, affect and sense of self. Recent phenomenological research lends further support to the role of quasi-agentive processes in both patients' initial reaction to and subsequent self-conscious participation in the elaboration of nascent psychotic changes (Jones & Luhrmann, 2015).

Meanwhile, inspired by biological findings regarding the role of mesolimbic dopamine in schizophrenia, (Gray, Feldon, Rawlins, Hemsley, & Smith, 1991; Kapur, 2003) has proposed a "unified" theory of psychosis, revolving around abnormal or aberrant salience and altered stimulus-reinforcement learning, beginning in the prodrome and ultimately leading to frank delusions and hallucinations. Conversely, the efficacy of antipsychotic medication has been attributed to the attenuation of heightened salience by acting as a dopamine receptor antagonist. A translational construct, salience refers to the process whereby particular stimuli, whether external or internal, are perceived as 'standing out' from other stimuli and/or capture a subject's attention (Braver et al., 2014). Incentive or motivational salience, more narrowly, describes attention to a stimulus driven by a reflective or pre-reflective desire or by motivated interest (Jensen & Walter, 2014). In psychosis, aberrant salience has been hypothesized to contribute to misattributions of meaning or significance to random or unimportant objects, to the perception of meaningful connections between otherwise unremarkable events, and to disruptions of self-other boundaries common in delusions (and proto-delusions) of reference. For example, a subject with psychosis who comes to view the random gestures of strangers on a subway platform as not only pointedly meaning-laden but also self-referential.

Various neuronal circuits have been proposed to underlie psychosis, including, but not limited to dopaminergic, serotonergic and glutaminergic pathways (Lang, Puls, Muller, Strutz-Seebohm, & Gallinat, 2007). Recently, more global factors beyond the neuron, such as inflammation, are being examined for their role in the psychogenesis of psychotic breaks (Chase, Cone, Rosen, & Sharma, 2016). One of the primary biological mechanisms linking salience and psychosis is associated with the dopaminergic neurotransmitter system and hypothalamic-pituitary-adrenal (HPA) axis dysregulation (Davis, Kahn, Ko, & Davidson, 1991; Seeman, 1987; Seeman & Kapur, 2000). Hyperactivity of the dopaminergic system is thought to play a critical role in the development of aberrant salience (Gray, 1995; Kapur, 2003). Hyperactive dopamine transmission may also increase aberrant salience underpinning the process of self-disturbance (Nelson & Sass, 2009), though researchers generally agree that excessive dopamine cannot and does not serve as a monothetic explanation for psychosis. Likewise, environmental influences including trauma, drug abuse, and urban background have all been identified as contributing factors in the development of psychosis (Beards et al., 2013; Isvoranu, Borsboom, van Os, & Guloksuz, 2016; van Os et al., 2002; Varese et al., 2012). However, the most widely considered hypothesis of the psychogenesis of psychosis integrates epigenetic reactions to environmental influences and causative genes (Roth, Lubin, Sodhi, & Kleinman, 2009). As psychotic symptoms crystallize, they form a complex multimodal experience by which hallucinations and delusions emerge against the backdrop of altered sense of basic self (Jaspers, 1963; Rosen et al., 2016a; Sass, 2010, 2014; Sass & Parnas, 2003).

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