Self-disorders and psychosis in schizophrenia spectrum disorders

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What I will argue

- Schizophrenia seems to involve a disorder of the minimal self
- Present examples of self-disorders and discuss empirical results
- Self-disorders are linked to psychosis in schizophrenia (double bookkeeping)

Outline

1. The self in schizophrenia
2. Disorders of the self
3. Psychosis and double bookkeeping
4. Conclusions and implications

1. The self in schizophrenia

What is schizophrenia?

"The characteristic symptoms of schizophrenia involve a range of cognitive, behavioral, and emotional dysfunctions, but no single symptom is pathognomonic of the disorder. The diagnosis involves the recognition of a constellation of signs and symptoms associated with impaired occupational or social functioning" (DSM-5, p. 100)

1. The self in schizophrenia

What is schizophrenia?

From the perspective of phenomenological psychopathology:

- A characteristic pattern that transpires through, shapes, and to some extent unifies the symptoms and signs that may appear

- The core of schizophrenia does not consist in fluctuating psychotic symptoms but in certain trait-like features such as Bleulerian fundamental symptoms and self-disorders

1. The self in schizophrenia

Historical roots

- The core disturbance (*trouble générateur*) in schizophrenia is a disorder of the self (e.g., Kraepelin, Bleuler, Jaspers, Berze, Minkowski, Schneider, etc.)

Kraepelin (1913) claimed that a "disunity of consciousness" was a foundational feature of schizophrenia

Bleuler (1911/1950) described "ego disorders" among the complex, fundamental symptoms

Minkowski (1928/1997) argued that "The madness (⋯) does not originate in disorders of judgment, perception or will, but in a disturbance of the innermost structure of the self" (p. 114)

1. The self in schizophrenia

Historical roots

Kurt Schneider (1950/1959) argued that a specific alteration of experience was the generative matrix for the first-rank symptoms of schizophrenia:

> "a 'lowering' of the 'barrier' between self and the surrounding world, the loss of the very contours of the self⋯ loss of identity (ego-disturbance [*Ichstörung*])" (1959, p. 134)

ICD-8/ICD-9 described schizophrenia as a "fundamental disturbance of the personality, which involves its most basic functions, those that give the normal person his feeling of individuality, uniqueness, and self-direction" (p. 27)

Sass & Parnas (2003): ipseity-disturbance model, comprising two complementary aspects: diminished self-affection & hyper-reflexivity

1. The self in schizophrenia

A conceptual view

- schizophrenia involves a disorder of the self
- the ’self’ is a polysemic concept
- we will here distinguish between only two concepts of self

narrative self and **minimal self**

1. The self in schizophrenia

Narrative self

- provides the answer to the question 'who am I?'
- includes identity, characterological traits, temperamental features, values, attitudes, and beliefs
- is shaped by my interactions with others and cultural-symbolic objects, and it is sedimented in my dispositions, my 'habitus'
- it entails a nuanced and sophisticated understanding of the self's relational, dynamic, and socio-cultural aspects
- the self is called 'narrative', at least partly, because it also is a product of the stories that I and others tell about myself

1. The self in schizophrenia

Minimal self

- manifests pre-reflectively as a certain configuration of experience
- denotes that all experiences are *first-personally* manifest (Zahavi 2014)
- I am always already pre-reflectively self-aware – no reflection is needed to assure myself of being myself (Sartre 1943)
- denotes a pre-reflective sense of self-presence (cf. auto-affectivity: '*se sentir soi-même*' [Henry 1973]) that persists across time and changing modalities of consciousness
- the sense of self-presence saturates the experiential field, articulates the me/not-me boundary, and infuses the first-person perspective with an inchoate sense of singularity or proto-individuation (Parnas & Henriksen 2016)

2. Disorders of the self

How can the self be affected/disordered?

2. Disorders of the self

Disorder of the narrative self

- inconsistency in interpersonal relations
- accentuated or inconsistencies in characterological traits
- rigidity or instability in values, attitudes or beliefs

personality disorders

2. Disorders of the self

Disorder of the minimal self

- there is a failing self-ascription of mental states already at a pre-reflective level of experience
- a "felt distance" emerges between the experiencer and the experiential contents
- the sense of self-presence no longer saturates the experiential field, rendering the boundary between me/not-me frail and permeable, and allowing 'another presence' to emerge in the midst of one's own experiential field (Ey 1973; Kimura 1992; Henriksen & Parnas 2014)
- the formation of psychotic symptoms can be seen as an expression of increasing self-alienation ("alterization") in which a part of oneself come to be experienced as an Other, e.g., a persecuting, influencing or hallucinatory Other (Parnas & Henriksen 2016, 85).

schizophrenia spectrum disorders

2. Disorders of the self

- the minimal self is affected/disturbed in schizophrenia spectrum disorders and it may also affect the narrative self

	Schizophrenia Spectrum	Personality Disorders
Narrative Self	occasionally disturbed	disturbed
Minimal Self	disturbed	undisturbed

2. Disorders of the self

A few examples of self-disorders* in the schizophrenia spectrum

(ego-syntonic, non-psychotic experiential features with early onset)

- feelings of being radically different (*Anderssein*)
- anonymity of thoughts (*Gedankenenteignung*)
- perceptualization of inner speech (e.g., *Gedankenlautwerden*)
- bodily estrangement
- common sense problems
- hyper-reflectivity
- transitivistic experiences
- "solipsistic" experiences

*self-disorders are also termed anomalous self-experiences and basic self-disturbances in the current literature (e.g., Parnas & Handest 2003; Haug et al. 2015; Svendsen et al. 2018)

2. Disorders of the self

Manual

Psychopathology

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EASE: Examination of Anomalous Self-Experience

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The Examination of Anomalous Self-Experience (EASE) is a symptom checklist for semi-structured, phenomenological exploration of *experiential* or *subjective* anomalies that may be considered as disorders of basic or 'minimal' self-awareness. The EASE is developed on the basis of self-descriptions obtained from patients suffering from schizophrenia spectrum disorders. The scale has a strong descriptive, diagnostic, and differential diagnostic relevance for disorders within the schizophrenia spectrum. This version contains interview-specific issues and psychopathological item descriptions (Manual), a scoring sheet (Appendix A), a reminder list of items for use during the interview (Appendix B) and an EASE/BSABS ('Bonner Skala für die Beurteilung von Basissymptomen') item comparison list (Appendix C).

Introduction

Development of the EASE

The development of the EASE was originally motivated by the need for a detailed account of phenomena that have in common a somehow deformed sense of first-person perspective – in brief, a disorder or deficiency in the sense of being a subject, a self-coinciding center of action, thought, and experience[1].

The scale is mainly designed for conditions in the schizophrenia spectrum, but it cannot be used alone as a diagnostic instrument (self-disorders are not listed by the DSM-IV or ICD-10 as diagnostically crucial or even important features of schizophrenia; derealization and depersonalization are mentioned as nonessential features of schizotypy). The EASE does not cover all potential anomalies of experience, but focuses only on the disorders of the self [in contrast to the BSABS ('Bonner Skala für die Beurteilung von Basissymptomen') [Gross et al., 1987], e.g. perceptual disorders are not explored].

2. Disorders of the self

Distribution of self-disorders in different diagnoses

Study	Schizo-phrenia	Schizo-typy	Bipolar	OCD	Asper-ger's	Border -line	Other disorders	Healthy controls	p-value
Haug et al. (2012)	25,3 (9.6) n = 57	n/a	6,3 (4.8) n = 21	n/a	n/a	n/a	11,5 (8,7) n = 13	n/a	<0,001
Raballo & Parnas (2012)	21,4 (9,6) n = 19	17,0 (7.2) n = 8	n/a	n/a	n/a	n/a	5,7 (5,1) n = 9	n/a	<0,001
Nelson et al. (2012)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2,4 (2.5) n = 19	n/a
Nordgaard & Parnas (2014)	19.6 (8,4) n = 46	17,8 (6,8) n = 22	n/a	n/a	n/a	n/a	8,1 (5,9) n = 32	n/a	0,00
Nilsson et al. (2019)	n/a	25,2 (6,4) n = 29	n/a	n/a	7,4 (3,5) n = 22	n/a	n/a	n/a	<0,001
Rasmussen et al. (2019)	18,3 (8,2) n = 12	15,5 (3,9) n = 14	n/a	5,3 (3,5) n = 12	n/a	n/a	n/a	n/a	<0,001
Zandersen & Parnas (in press)	19,0 n = 6	16,8 n = 14	n/a	n/a	n/a	9,7 n = 3	5,6 n = 7	n/a	<0,01

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schizophrenia spectrum

2. Disorders of the self

Other selected results

- Self-disorders hyper-aggregate in schizophrenia spectrum disorders but not in other mental disorders
- Self-disorders predict incident cases of schizophrenia spectrum disorders (Parnas et al. 2011; 2016; Koren et al, in press) and transition to psychosis in an UHR sample (Nelson et al. 2012)
- Self-disorders are largely temporarily stable at 5/7-year follow-up (Nordgaard et al. 2017; 2018; Koren et al., in press; but see also Svendsen 2018)
- What about trauma? (Haug et al. 2014; 2015)

3. Psychosis and double bookkeeping

What effect does the disorder of minimal self have on a person's world view?

- The disorder of minimal self affects both the self-pole and world-pole of experience
- The disorder may destabilize the ordinary world-immersion and allow another world, a private-solipsistic world, to emerge and co-exist alongside the shared-social world
- The private-solipsistic world is not governed by principles of physical causality, space, time, and non-contradiction

Double bookkeeping is an ability to simultaneously live in two different worlds, i.e. the shared-social world and a private-solipsistic (and at times psychotic) world. Patients experience both worlds as relevant and in that sense 'real'. Yet, they seem often to experience them as two different, incommensurable, and thus not conflicting realities, allowing them to coexist and only occasionally to collide (Henriksen & Parnas 2014, p. 544)

3. Psychosis and double bookkeeping

Double Bookkeeping as cardinal feature of schizophrenia

Bleuler

"It is especially important to know that these patients carry on a kind of 'double-entry bookkeeping' in many of their relationships. They know the real state of affairs as well as the falsified one and will answer according to the circumstances with one kind or the other type of orientation – or both together" (1950, p. 56)

"As a matter of fact the contradictions with reality are, for the most part, hardly noted at all . . . Not only do delusion and reality exist consecutively in various states of lucidity, but they can also exist simultaneously in conditions of full consciousness where one would expect that they would be mutually exclusive" (ibid., p. 126)

3. Psychosis and double bookkeeping

Double Bookkeeping as cardinal feature of schizophrenia

Jaspers

"We cannot say that the patient's whole world has changed, because to a very large extent he can conduct himself like a healthy person in thinking and behaving. But his world has changed . . . Reality for him does not always carry the same meaning as that of normal reality . . . Hence the attitude of the patient to the content of his delusion is peculiarly inconsequent at times . . . Belief in reality can range through all degrees, from a mere play with possibilities via a double reality – the empirical and the delusional – to unequivocal attitudes in which the delusional content reigns as the sole absolute reality" (1997, p. 105f.)

3. Psychosis and double bookkeeping

Examples of Double Bookkeeping

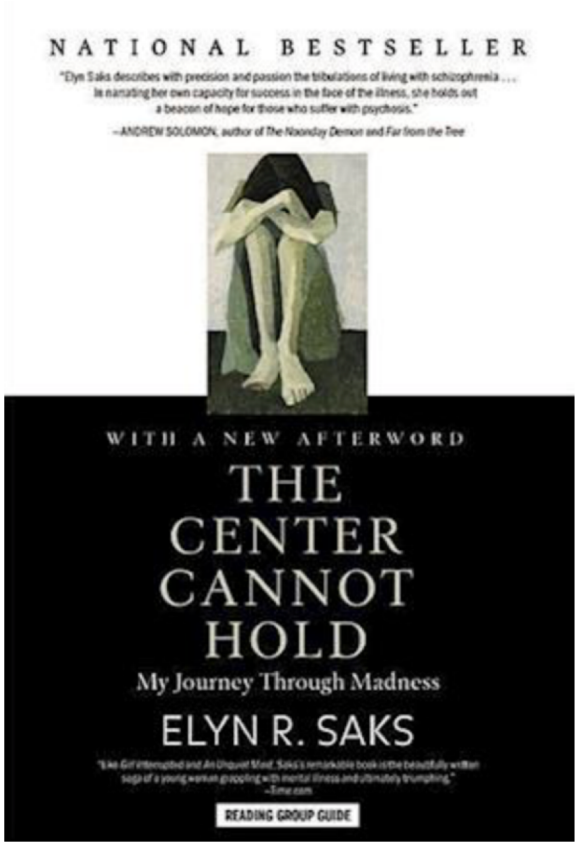
"Kings and Emperors, Popes, and Redeemers engage, for the most part, in quite banal work, provided they still have any energy at all for activity. This is true not only of patients in institutions, but also of those who are completely free. None of our generals has ever attempted to act in accordance with his imaginary rank and station" (Bleuler 1950, p. 129)

"Little by little I brought myself to confine to my friends that the world was about to be destroyed, that planes were coming to bomb and annihilate us. Although I often offered these confidences jestingly I firmly believed them (···) Nonetheless, I did not believe the world would be destroyed as I believed in real facts" (Sechehaye 1951, p. 14f.)

3. Psychosis and double bookkeeping

Examples of Double Bookkeeping

"It was at this point, I think, that my life truly began to operate as though it were being lived on two trains, their tracks side by side. On one track, the train held the things of the 'real world'—my academic schedule and responsibility, my books, my connection to my family… On the other track: the increasingly confusing and even frightening inner workings of my mind. The struggle was to keep the trains parallel on their tracks, and not have them suddenly and violently collide with each other" (Saks 2007, p. 64f.)



4. Conclusions and implications

- Schizophrenia spectrum disorders seem to involve a disorder of the minimal self
- Empirical studies document that self-disorders hyper-aggregate in schizophrenia spectrum disorders but not in other mental disorders
- Self-disorders and psychosis seem intrinsically linked in schizophrenia
- Self-disorders seem to precede psychotic episodes and persist after remission from such episodes
- Self-disorders could be an important target in psychotherapy for schizophrenia

Thank you for listening!