
THE SELF IN SCHIZOPHRENIA¹

In this article, we explore the self and its disturbance in schizophrenia. An accumulating amount of empirical studies testify that the self is disturbed in schizophrenia spectrum disorders but not in other mental disorders (Parnas & Henriksen 2014). This raises at least two important questions: what concept of self is implied in the self-disturbance in schizophrenia, and how, more specifically, is the self disturbed? Since the literature is ripe with different and proliferating concepts of the self (e.g., Strawson 1999), we present first a brief overview of three major views on the self, i.e. the ‘no-self’ view, the narrative view, and the experiential view. Against this backdrop, we explore how the self-disturbance typically manifests in incipient schizophrenia and finally we specify the nature of the self-disturbance in schizophrenia.

The no-self view

The no-self view does not form a unified position but comprises a broad range of theories and claims that denies the existence of the self. For example, Hume famously tried to find his own self through acts of introspection but was unable to find it, and subsequently he drew its existence into question². Foucault³ spoke of the ‘death’ or ‘disappearing’ of the subject and, more recently, Metzinger has defended a no-self

view, claiming that “Nobody ever *was* or *had* a self”⁴. In Buddhist philosophy, the self (or the soul) in the form of a stable, enduring, and persistent entity, distinct from the flux of consciousness – e.g., a personal self at the receiving pole of phenomenal consciousness – is considered an illusion. According to many Buddhist schools, attaining nirvana entails experientially realizing the truth of the no-self (*anâtman*), i.e. seeing through and undoing the self-illusion⁵. Crucially, many Buddhist no-self claims are in fact neither denying the first-personal givenness of conscious states nor that this phenomenal givenness brings about a sense of self but that this sense of self reflects the existence of an unconditioned, ontologically independent self, a soul-substance, apart from, preceding, and unifying the perpetual stream of conscious states⁶.

The narrative view

The narrative view represents a different approach to the self. Here, the self is considered either partly⁷ or wholly⁸ a narrative construction, i.e. a product of stories told. A personal narrative is a story that I tell myself and others and which maximizes the coherence of my personal life vicissitudes. The narrative self is formed and shaped by interactions with others, especially caregivers in childhood, and cultural and symbolic objects throughout life. These interactions may be retained in my ex-

PLICIT or implicit memory but they are also sedimented in my dispositional repertoire, in my ‘habitus’. A personal narrative helps organize and interpret the lived life. Narrativity is thus closely tied to self-understanding – what I take myself to be is, in various ways, reflected in the stories that I tell myself and others, e.g., what I tell and what I leave out, and how and why I tell it. Importantly, the personal narrative through which I understand myself is not solely of my own making – all narratives are historically situated in and dependent upon a context of pre-existent socio-cultural narratives. While the narrative view certainly offers a sophisticated and nuanced grasp of the relational, dynamic, and socio-cultural aspects of the self, this view essentially rests on certain presumptions that cannot be satisfactorily addressed within the framework of the narrative view. Most importantly, as Krueger points out, the narrative construction of the self presupposes a pre-narrative, embodied first-person perspective on the world, i.e. an experiential self that enables the creation of stories about this particular first-person point of view⁹.

The experiential view

The most prominent experiential view of the self is arguably found within phenomenology¹⁰. From a phenomenological perspective, the

self does not manifest itself as some kind of ‘object’ in our experiential life, it is not construed as a substrate of phenomenal consciousness, and yet it is also not considered absent, unconscious or otherwise experientially inaccessible. Rather, the self manifests itself pre-reflectively as a specific mode or configuration of experience¹¹. I am always pre-reflectively self-aware and have no need for self-reflection to assure myself of actually being myself. In normal conditions, I do not need to reflect upon *who* perceives the object in front of me, entertains these thoughts or moves the limbs in order to know that it is *I* who perceives, thinks, and moves. Sartre touched upon this crucial aspect of pre-reflective self-awareness, when claiming “it is a non-reflective consciousness which renders the reflection possible”¹².

According to the phenomenological approach, all experience manifests in the first-person perspective as ‘my’ experience, i.e. the first-personal givenness of conscious states implies a sense of self, which, in the literature, usually is referred to as ‘ipseity’, ‘mineness’ or ‘for-me-ness’¹³. In phenomenological literature, this is often referred to as the ‘minimal self’¹⁴. For the sake of clarity, we may distinguish between two mutually implicative aspects or moments that constitute the minimal self, i.e. a formal and an affective aspect¹⁵. The formal aspect depicts the first-personal character of experience, which remains the same

through the flux of time and changing experiences and modalities of consciousness¹⁶. In other words, the formal aspect of the minimal self depicts the *perspectival* givenness of experience – all experience appears to me within my first-person perspective as my experience. The affective aspect of the minimal self refers to the elusive, yet absolutely vital feeling of “I-me-myself”¹⁷, which permeates the experiential life and imbues the *first-person* perspective with a sense of self-presence and an inchoate sense of *singularity* or *proto-individuation*¹⁸. The persistent sense of self-presence is perhaps best understood as an incessant immanent auto-affection¹⁹, a ‘self-sensing of self’ (*se sentir soi-même*). Notably, the self-familiarity of the ‘I-me-myself’ is, as Hart²⁰ points out, paradoxical: it is ‘propertyless’ and yet foundational of our identity. In our view, the minimal self constitutes the pre-reflective and pre-narrative ‘foundation’ upon which more complex and sophisticated forms of selfhood such as narrativity, social identity, and personhood is constructed throughout our lives²¹.

Disturbance of self in schizophrenia

Systematic, phenomenologically-informed empirical studies indicate an altered subjective life in patients with schizophrenia and schizotypal disorder²², reflected in the presence of certain temporally stable or trait-

like²³, non-psychotic, anomalies of self-experience²⁴, viz. ‘self-disorders’²⁵. In the following, we explore a few of the most frequently encountered self-disorders in the schizophrenia spectrum disorders.

Very often, patients complain of feeling ephemeral, of lacking an inner ‘core’ or ‘nucleus’, and of not knowing who they are. These experiences are usually intertwined with a feeling of being different from others (*Anderssein*); a feeling that typically has persisted since early childhood and which the patient may verbalize as ‘being wrong’. While this may seem as a non-specific complaint, inquiring into what the patient means, when she says that she feels ‘different’ or ‘wrong’, often reveals something fairly specific for schizophrenia spectrum disorders, i.e. the feeling of difference reflects an experience of being *ontologically different*²⁶. This particular feeling has been well described by Prof. Saks, who lives with schizophrenia. In her autobiography, she writes, “[one] of the worst aspects of schizophrenia is the profound isolation—the constant awareness that you’re different, some sort of alien, not really human”²⁷. Regularly, patients report childhood fantasies, e.g., of being a secret adoptee, a changeling or an extra-terrestrial, which, in our view, appears to have been attempts to grasp this enduring and unsettling feeling of ontological dissimilarity, which often is a source of a solitude.

There is also often a diminished sense of presence in the world,

which regularly involves a decreased ability to be affected, drawn or stimulated by others, objects or situations – e.g., patients may complain of being at a distance to the world or ‘as if’ perceiving the world through an invisible barrier. The diminished presence may be linked to problems with ‘common sense’²⁸, which typically manifest as difficulties in grasping what is contextually relevant and appropriate and as a failing sense of what others consider self-evident, e.g., the natural evidences or the tacit, context-sensitive rules of social interaction. The following vignette offers an illuminating description of the subjective experience of loss of common sense often seen in schizophrenia:

«I have always struggled to understand why people didn’t take life more seriously. I mean, “How can you just walk around, be named ‘Angie,’ buy butter, and take riding lessons?” Every morning, when I wake up, I realize like for the first time that this is the real reality, that we are all going to die, that we don’t know why we are here, that nothing makes sense. . . This is one of the reasons why I feel different from others. They walk around and talk on their phone, plan what they want to do... It puzzles me that I haven’t gotten used to it (...) It hurts me that it is so easy and natural for the rest of the world. They don’t even think about it ²⁹.»

Notably, loss of common sense is indicative of disruptions at the level of immediate pre-conceptual resonance or attunement with the world ³⁰. Frequently, loss of common sense is associated with a tendency to hyper-reflect, which may take the form of a perpetual self-monitoring or ‘simultaneous introspection’³¹ or ‘hyperreflexivity’³², which may further impede world-immersion.

Patients also often suffer from a *failing sense of self-presence*, which allows the experiential field of immanence to become increasingly alienated and spatialized, e.g., some thoughts may appear ‘as if’ not generated by the patient or they may be reified into object-like entities, almost physically locatable to specific brain regions or be felt as pressing on the inside of the skull. Frequently, patients experience thematically unconnected thoughts breaking into and interfering with their main train of thoughts, sometimes in the form of thought pressure, i.e. an experience of rapid, parallel trains of thoughts, occurring with a clear loss of meaning – as one patient put it, “[my] thoughts are like rockets, shooting in all directions at once. It’s one big chaos”³³. There is a regularly a correlative, diminished sense of embodied self-presence, e.g., the body or parts of it may feel strange, the body may feel ‘as if’ it does not really fit, and the patient may experience various unusual bodily sensations such as numbness, stiffness or electric or thermal sensations (i.e. cenesthetic

experiences).

Finally, the boundaries between self and non-self (others or objects) may be experienced as permeable or unstable in various ways (i.e. transitivity). Very often, patients avoid eye contact because they feel that the others can penetrate into their own immanent sphere. Social anxiety and inclinations to socially withdraw are often rooted in transitivity experiences of being ‘radically exposed’³⁴. From this transformed existential position, patients also regularly describe a range of quasi-solipsistic experiences, e.g., primary self-reference (Jansson offers a paradigmatic example, “She felt that everybody was looking at her *for no reason*”³⁵), magical thinking, and insights into layers of reality that normally remain hidden from others.

Conclusion: The nature of the self-disturbance in schizophrenia

The phenomenal nature of the disturbances of self, as elicited above, indicates that we are dealing with a disorder of the minimal self³⁶. The self-disturbance in schizophrenia is far more fundamental than any ‘self-related’ problem or difficult behaviours or characterological traits that we may encounter in the disorders outside the schizophrenia spectrum, e.g., mood, anxiety, and personality disorders. In these cases, the self-related or characterological problems occur at the level of the narrative

self. Here, the minimal self, i.e. the ubiquitous first-personal feature of experience, is never at stake. Obviously, patients with schizophrenia may also experience difficulties at the level of narrative self (e.g., not knowing who they are, an incoherent/unstable organization of personal narrative, and problems with memory), but these difficulties seem largely consequential to the underlying disorder of minimal self.

Finally, it is noteworthy that the disorder of minimal self does not imply a loss or dissolution of the minimal self. While the ‘formal aspect’ of the minimal self appears unaffected in schizophrenia spectrum disorders, its ‘affective aspect, i.e. the tacit, pre-reflective sense of self-presence, is unstable and threatened, causing an incomplete saturation of experiential life and allowing normally unnoticed features of experience to emerge with alien prominence. The failing of the ‘self-sensing of self’ de-structures the field of immanence, affecting its very limits (e.g., the self/non-self boundary), and may bring about an affection of *another presence* within the very intimacy of one’s own subjectivity or sphere of ownness³⁷. In premorbid and prodromal stages of schizophrenia, the wavering sense of self-presence may bring about a variety of experiential anomalies (e.g., self-disorders). In psychosis, the sense of another presence may materialize into a persecuting, influencing or hallucinatory Other, which due to its origin and continual links to the de-structured

immanence, typically is felt as ‘hyper-proximate’³⁸ by the patients.

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¹ La traduzione italiana di questo testo (curata da Valeria Bizzari) è apparsa su *La Società degli Individui* 57, 2016/3, Franco Angeli

² D. Hume, *A Treatise of Human Nature.*, Oxford University Press, New York 2007, p. 167.

³ M. Foucault, *The Order of Things. An Archaeology of the Human Sciences*, Routledge, London/New York 2005.

⁴ T. Metzinger, *Being No One*, MIT Press, Cambridge, Mass 2003, p.1.

⁵ However, other Indian schools of thought such as Advaita Vedanta and Yoga do not follow these Buddhist schools in regarding nirvana as the realization of the self-illusion but, by contrast, in becoming aware of one’s true self (âtman). On their account, the true self is of course different from what we take ourselves to be in our everyday life, e.g., a person with a certain body, characteristics, temperamental features, values, knowledge, life history, etc. Yet, the true self is also not some kind of substrate of phenomenal conscious life, an entity distinct from the flux of consciousness, but, in their view, a stable feature of this very flux itself or, as Fasching puts it, it is “the very process of experiencing itself, as the permanence of ‘witnessing’” (see, W. Fasching, *‘I Am of the Nature of Seeing’: Phenomenological Reflections on the Indian Notion of Witness-Consciousness*, in M. Siderits, E. Thompson, D. Zahavi, (a cura di), *Self, No Self? Perspectives from Analytical, Phenomenological, and Indian Traditions*, Oxford University Press, Oxford, pp.193-216, p194). In other words, the true self—that which remains after the dissolution of the personal pseudo-self in nirvana—is not something that witnesses or perceives consciousness but this very witnessing or perceiving (consciousness) itself, i.e. a ‘witness-consciousness’; for a discussion of this central notion, see, e.g., M. Albahari, *Nirvana and Ownerless Consciousness*, in M. Siderits, E. Thompson, D. Zahavi, D. (eds), *Self, No Self? Perspectives from Analytical, Phenomenological, and Indian Traditions*, Oxford University Press, Oxford 2011, pp.79-113; M. Albahari, *Analytical Buddhism. The Two-Tiered Illusion of the Self*. Basingstoke, Palgrave Macmillan, UK 2006; e W. Fasching, *‘I Am of the Nature of Seeing’: Phenomenological Reflections on the Indian Notion of Witness-Consciousness*, in M. Siderits, E. Thompson, D. Zahavi, (eds), *Self, No Self? Perspectives*

from Analytical, Phenomenological, and Indian Traditions, Oxford University Press, Oxford 2011, pp. 193-216.)

⁶ See M. Albahari, op.cit. 2006, 2011; W. Fasching 2011; J. Krueger, *The Who and the How of Experience*, in M. Siderits, E. Thompson, D. Zahavi, (eds), *Self, No Self? Perspectives from Analytical, Phenomenological, and Indian Traditions*, Oxford University Press, Oxford 2011, pp 27-55.

⁷ For instance, A. MacIntyre, *After Virtue: A Study in Moral Theory*, University of Notre Dame Press., Notre Dame, IN 1981.

⁸ For example, D. Dennett, *Consciousness Explained*, Little Brown and Company, Boston 1991.

⁹ See J. Krueger 2011, op. cit.

¹⁰ See, for instance, Zahavi, *Subjectivity and Selfhood. Investigating the First-Person Perspective*, MIT Press, Cambridge MA 2005; and D. Zahavi, *Self and Other: Exploring Subjectivity, Empathy, and Shame*, Oxford University Press, Oxford 2014.

¹¹ Thus, the self, in phenomenology, does not fall into the category of an ontologically independent soul-substance.

¹² J. P. Sartre, *Being and Nothingness*, trans. H. E. Barnes, Routledge, London 2003, p. 9.

¹³ See: J.P. Sartre 2003, op. cit., p. 126, and D. Zahavi 2014, op. cit, p. 19.

¹⁴ See D. Zahavi, op. cit. 2005.

¹⁵ See J. Parnas, M. G. Henriksen, *Schizophrenia and mysticism: A phenomenological exploration of the structure of consciousness in the schizophrenia spectrum disorders*, in *Consciousness and Cognition* 43 2016, pp. 75-88, p. 84.

¹⁶ For a general overview: Parnas, L. A. Sass, *The Structure of Self-consciousness in Schizophrenia*, in S. Gallagher (ed.), *The Oxford Handbook of the Self*, Oxford University Press, Oxford 2011, pp. 521-546.; J. Parnas, M. G. Henriksen, *Disordered self in the schizophrenia spectrum: A clinical and research perspective*, in *Harvard Review of Psychiatry* 22(5) 2014, pp. 251-265; D. Zahavi 2014, op. cit.

¹⁷ For example, L.A. Sass, J. Parnas, *Schizophrenia, consciousness, and the self*, in *Schizophrenia Bulletin* 29 2003, pp. 427-444, p. 428; J. G. Hart, *Who One Is. Book 1. Meontology of the I: A Transcendental Phenomenology*, Springer, Berlin 2009, p. 310

¹⁸ See J. Parnas, M. G. Henriksen 2016, op. cit.

¹⁹ M. Henry, *The Essence of Manifestation*, transl. G. Etzkorn, Martinus Nijhoff, The Hague 1973.

²⁰ The text is J. G. Hart, op. cit. 2009.

²¹ See J. Parnas, M. G. Henriksen, op. cit 2014, p. 543.

- ²²J. Parnas, P. Handest, D. Sæbye, L. Jansson, *Anomalies of subjective experience in schizophrenia and psychotic bipolar illness*, in *Acta Psychiatrica Scandinavica* 108 2003, pp.126–33; A. Raballo, D., Sæbye, J. Parnas, *Looking at the schizophrenia spectrum through the prism of self-disorders: an empirical study*, in *Schizophrenia Bulletin* 37, 2011, pp. 344-51; E. Haug, L. Lien, A. Raballo, et al., *Selective aggregation of self disorders in first-treatment DSM-IV schizophrenia spectrum disorders*, in *Journal of Nervous and Mental Disease* 200, 2012, pp. 632-6.; J. Nordgaard, J. Parnas, *Self-disorders and schizophrenia spectrum: a study of 100 first hospital admissions*, in *Schizophrenia Bulletin* 4, 2014, pp. 1300-7.
- ²³J. Nordgaard, P. Handest, A. Vollmer-Larsen, D. Sæbye, et al., *Temporal persistence of anomalous self-experience: A 5 years follow-up*, in *Schizophrenia Research* 2016, <http://dx.doi.org/10.1016/j.schres.2016.10.001>.
- ²⁴J. Parnas, P. Møller, T. Kircher, J. Thalbitzer, et al., *EASE: Examination of anomalous self-experience*, in *Psychopathology* 38 2005, pp. 236–258.
- ²⁵ For a review of these and other empirical studies on self-disorders, see J. Parnas, M. G. Henriksen, *Disturbance of the experience of self – a phenomenologically based approach*, in F. Waters, M. Stéphane (ed.). *The Assessment of Psychosis: A Reference Book and Rating Scales for Research and Practice*, Routledge, New York 2015, pp. 235-244, p. 237.
- ²⁶*Ibidem*; see also Y. Motobayashi, J. Parnas, B. Kimura, D. L. Toda D.L., *'The "schizophrenic" in the self-consciousness of schizophrenic patients'*, by Mari Nagai (1990), in *History of Psychiatry* 27 2016, pp.493-503.
- ²⁷ E. Saks, *The center cannot hold*. New York: Hyperion 2007, p. 193.
- ²⁸ See W. Blankenburg, *Der Verlust der natürlichen Selbstverständlichkeit. Ein Beitrag zur Psychopathologie symptomarmer Schizophrenien*, Enke, Stuttgart 1971.
- ²⁹M. G. Henriksen, J. Nordgaard, *Self-disorders in Schizophrenia*, in G. Stanghellini, M. Aragona, (eds), *An Experiential Approach to Psychopathology. What is it like to suffer from Mental Disorders*. Springer, pp. 265-280, p.267.
- ³⁰ See M. G. Henriksen, B. Škodlar, L. A. Sass, J. Parnas, *Autism and perplexity: A qualitative and theoretical study of basic subjective experiences in schizophrenia*, in *Psychopathology* 43, 2010, pp. 357-368.
- ³¹Y. Motobayashi, J. Parnas, B. Kimura, D. L. Toda, *'The "schizophrenic" in the self-consciousness of schizophrenic patients'*, by Mari Nagai (1990), in *History of Psychiatry* 27, 2010, pp. 493-503.
- ³²L.Sass, *Madness and modernism. Insanity in the light of modern art, literature, and thought*, Harvard University Press, Harvard 1992.

³³M. G. Henriksen, J. Nordgaard, *Schizophrenia as a disorder of the self*, in *Journal of Psychopathology* 20, 2014, pp. 435-441, p. 437.

³⁴ See M. G. Henriksen et al, op. cit. 2010.

³⁵L. Jansson, *Near-psychotic phenomena in a clinical context*, in F. Waters, M. Stéphane (eds). *The assessment of psychosis. A reference book and rating scales for research and practice.*, Routledge, New York 2015, pp. 55-74, p. 57, our italics.

³⁶ We have elsewhere proposed that a generative trait feature of schizophrenia is a disorder of 'minimal' self or 'ipseity', viz. the *Iipseity Disturbance Model* (L. Sass and J. Parnas, *Schizophrenia, consciousness, and the self*, in *Schizophrenia Bulletin* 29, 2003, pp 427-444; M. Cermolacce, J. Naudin & J. Parnas, *The 'minimal self' in psychopathology: Re-examining the self-disorders in the schizophrenia spectrum*, in *Consciousness and Cognition* 16, 2007, pp. 703–714; B. Nelson, J. Parnas, & L. A. Sass, *Disturbance of minimal self (ipseity) in schizophrenia: Clarification and current status*, in *Schizophrenia Bulletin* 40 2014, pp. 479–482.

³⁷ See M. G. Henriksen, J. Parnas, *Self-disorders and schizophrenia: A phenomenological reappraisal of poor insight and noncompliance*, in *Schizophrenia Bulletin* 40, 2014, pp. 542-547, p. 545; J. Parnas, M. G. Henriksen 2016, op.cit., p. 85.

³⁸G. Charbonneau, *Introduction à la phénoménologie des hallucinations*, in G. Charbonneau (ed). *Introduction à la phénoménologie des hallucinations*, Circle Hermeneutique, Paris 2004, pp. 17-42.