MedCrave
Step into the World of Research
International Journal of Complementary & Alternative Medicine

Review Article

Open Access

The No-Self Thesis: counterarguments from abnormal psychology

Abstract

The no-self thesis is said to originate in David Hume's[1] "bundle theory of self," questioning the human self as a mere bundle of fleeting perceptions without ontological reality. In contemporary discourse, the self is sandwiched between top-down and bottom-up reductionisms: those with biological and cognitive arguments that reduce the self to a lower, ontological level, on the one hand, and those who hold cultural-linguistic constructionist positions, on the other hand, reducing the self to a higher level. In both cases, self reductionism is a prelude to complete self elimination. On these conceptions, what we call "self" may be nothing other than an unintended by-product of brain processes. Nevertheless, a cursory literature review suggests that the self firmly remains indispensable to almost every contemporary field of inquiry. Research and publications on the topic of the self have increased significantly in recent years across a number of disciplines. This paper aims to offer insights into the question of the self and its realities from the perspective of Abnormal Psychology. Although conventional Psychiatry is not directly invested in exploring the concept of "self" per se, the elaborate symptomatology and in-depth treatment of disorders in practice is indispensably linked to patients' sense of self. In fact, a wide range of psychological and psychiatric disorders nowadays are increasingly being formally re-defined in terms of the "self". Above and beyond to what has come to be known as the "new disorders of the self", relevance of the self applies to classic categories of dissociation, autism, schizophrenia, personality disorders, and more. The pathological alternatives to a healthy sense of self are abound, and no effective psychotherapeutic intervention can be imagined without the concept of self.

Keywords: self, abnormal psychology, depersonalization, personality disorders, dissociation, schizophrenia

Volume 17 Issue 2 - 2024

Elma Berisha
Ibn Haldun University, Istanbul, Turkey

Correspondence: Elma Berisha, Ibn Haldun University, Istanbul, Turkey, Email elma.berish@stu.ihu.edu.tr

Received: February 28, 2024 | **Published:** March 15, 2024

A brief introduction to the No-Self Thesis

The no-self thesis stems from a wildly divergent pool of discourses that, when it comes to the human self, seem to converge on a common, emphatic endpoint: the self is an illusion. The no-self thesis is said to originate in Hume's[1] "bundle theory of self," questioning self as a mere bundle of fleeting perceptions without unity, permanence, or ontological reality. Still, the idea can be found explicitly formulated in certain early schools of eastern mysticism.[2] Buddhist reductionism, for example, maintains that self is an illusion and that the person is a con-ceptual fiction, a mere conventional convenience but ultimately not real.[3] Post-Hume, in the course of the subsequent 200 years of mainstream Western philosophy, the no-self thesis was mainly dismissed as untenable. Although, Humean scepticism triggered much intellectual counter arguing zeal, the tide turned in the age of modern positivist science, and particularly, with the ushering in of the era of post-modern deconstructionism. Wiley[4] in his The Semiotic Self discusses at length the contemporary reductionist approaches to the human self. The self is sandwiched between top-down and bottom-up contemporary reductionisms: those with biological and cognitive arguments that reduce the self to a lower, ontological level, on the one hand, and those who hold cultural-linguistic constructionist positions, on the other hand, reducing the self to a higher level. In both cases, self reductionism is a prelude to complete self elimination.

In this vein of thought, it has been suggested that the term "self" has traditionally been used as a placeholder: "This is a pity for there is enough historical information available to see that the self is a linguistic trope, a yarn, a mode of talking about people and their reasons for doing things".[5] Hence, in linguistic-constructionist terms, self is a name without a reality, a sign without its signified. In narrative-constructionist terms, self is a story we choose to tell ourselves. In socio-cultural constructionist terms, self "emerges" in mirroring interactions with significant others; it is a personal and collective fiction. Its object-referent is only a construct, i.e., a concept whose boundaries depend more upon interpretation of the historical and social context than upon intrinsic value of the object of inquiry (Berrios et al, 2002).[6] Self is an obsolete residue of "folk psychology" in need for eliminativist correction: Just because-quite obviously, and in many cultures-there is a folk-metaphysical and a folk-phenomenological concept of 'the self,' and just because someone has put this concept back on the agenda, many participants automatically assume that an entity like 'the self' must actually exist and that a relevant and well-posed set of scientific and theoretical questions relates to this entity. However, there seems to be no empirical evidence and no truly convincing conceptual argument that supports the actual existence of 'a' self.[7]

Such alleged attempts to escape from the limitations of folk psychology and to re-model a scientific approach to self, entail discursive, semantic and paradigmatic transformations. Thus, "cognition" has come to replace "brain," "brain" has replaced "mind," "mind" has already somewhat replaced "self," putting other traditional concepts such as "psyche," "spirit" and "soul" into oblivion: I emphasize extended cognition rather than extended mind because, in philosophy, discussions of the mind tend to draw heavily on commonsense intuitions or on everyday ways of thinking and talking about mental states. Such discussion of the mind is, by my lights, too wedded to pretheoretic, folk perspectives, of the sort that scientific progress has tended to overturn or radically revise in other domains.[8]

On these conceptions, what we call "self" may be nothing other than an unintended by-product of brain processes. In tune with the epiphenomenological premise, human brain causes human mind, and all that is associated with it, like consciousness, self-consciousness, intentionality, rationality, agency, and more, including the sense of selfhood. In a nutshell, the eliminativist no-self thesis debunks the self, along with the conscious experience, as the trick of complex inferential processes enabled by random, synchronized neural firing. This line of thought culminates in the eliminativist conclusion that "no such things as selves exist in the world".[9] Correspondingly, inferring a "self" entity from self-like phenomenological experienc-es, as has traditionally been commonplace, goes over and above empirical scope. Subject cannot be deduced from subjective experience; the self cannot be deduced from the sense of self. For Metzinger,[7] "It is a philosophical move that does not explain anything but just introduces a further unobservable property without argument or potential empirical evidence". In psychiatric terms, the self is not a RRUS – real, recognizable, unitary and a stable object of inquiry.[6] In the final analysis, since there is no "self," there is no such thing as the philosophical or scientific problems of the "self".[10] All of the self-related problems discussed in philosophy of mind, personal identity, semantics, moral psychology, cognitive psychology, epistemology, and so on, can be tackled and resolved "without using the word 'self.'" Hence, "there can be no reason, other than tradition, to continue to speak of the self.".[10] Ironically, Bertrand Russell[11] had arrived to a similar conclusion pertaining to human consciousness about a hundred years ago. While endeavoring to define human mind in terms of consciousness, having found "no trace of consciousness" in humans just as in animals, Russell ultimately predicted the disappearance of the term consciousness itself, deeming it to be "mainly a trivial and unimportant outcome of linguistic habits".[11] Needless to say, the science of today has not turned out favorable to such a verdict. The seemingly convoluted classic terminology of the self reality, along with today's ever-evolving contemporary scientific terms of consciousness, turn out to be not a play of words. Empirical experience teaches us that we normally are capable of a complex range of levels and features of consciousness, unless rarely, in severe ab-normal cases. The choice of terms and the transient psychological paradigms we subscribe to, do not change the fact that we all ordinarily behave like having selves, except for the psychopathologically affected cases whereby a severely distorted sense of self is diagnosed.[12]

Not in the name of science

For all intents and purposes, the self-elimination thesis is meticulously presented as scientific in nature. Nevertheless, a closer review of the discursive arguments on offer reveals serious limitations of theoretical, philosophical and ideological nature. In particular, the psychotherapeutic and clinical practice seem to offer contrary evidence. In other words, the human self firmly remains indispensable to every contemporary field of inquiry. As Shaun Gallagher testifies in his edited The Oxford Hand-book of the Self, research and publications on the topic of the "self" have increased significantly in recent years across a number of disciplines, including philosophy, psychology, and neuroscience.[2] The self is indispensable to a range of theoretical perspectives, from the psychodynamic through to the cognitive-behavioral and more phenomenological or philosophical orientations.[13] While social and developmental psychologists have shown interest in the development of the "self" and identity per se, cognitive neuroscientists have more recently attended to brain structures and functions associated with the self.[13] A growing scientific literature in Artificial Intelligence and sentient agency is seeking to understand and explain the role of self and consciousness in tandem with artificial intelligent agents.[14] Above all, the self's centrality to a wide range of pressing challenges and its resolutions becomes strikingly apparent in the case of delineating the line between psychological disorders and normal mental functioning. In an attempt to reconnect philosophical speculations on the human self back to its reality terrain of living human selfhoods, seems like our natural intuitions about self are not a whimsical preference that can be easily discarded. At times, in treading a fine line between normal and abnormal behavior, the quest for under-standing the self might be more of a matter of life and death. Ironically, even Metzinger[7] admits that the no-self argument "will always remain counterintuitive for many of us."

This paper aims to offer insights into the question of "self" and its realities from the perspective of abnormal psychology. Although conventional Psychiatry is not directly invested in exploring the concept of "self" per se, and is only keen in listing its "dis-orders",[15] the elaborate symptomatology and in-depth treatment of disorders are indispensably linked to patients' sense of self. More recently, a wide range of psychological and psychiatric disorders are increasingly being formally re-defined in terms of the "self." This not only pertains to what has long come to be known as the "new disorders of the Self" (alienation, anomie, self-harm, etc.) commonly associated with the "dehumanization" of the individual in tandem with modern societies' industrialization and urbanization rate.[16] More recently, paramount relevance of the "self" applies to classic categories of schizophrenia, dissociative identity disorder (DID), autism, anorexia nervosa, borderline personality disorders (BPDs), and more.[17] Unsurprisingly, the last 30 years of exploration of new techniques and latest scientific understandings in the case of schizophrenia "have encouraged researchers to reify the self further," laments Berrios and Marková.[5] On the contrary, pathological alternatives to a healthy sense of self are abound, and no effective psychotherapeutic intervention can be imagined without the concept of "self." In fact, the self has been seen as important in how we conceptualize and diagnose a disorder, including advancement of empirically-driven treatment approaches: The concept of the self has demonstrated numerous opportunities for advancing the understanding of psychological disorder, possibly due to its capacity to integrate seemingly disparate theoretical frameworks (e.g. phenomenological, cognitive-behavioural, psychoanalytic, social-developmental, neurocognitive), and it offers opportunities for theoretical discourse and empirical investigation.[13]

Alienation, isolation, depersonalization, altered perceptions and states of conscious-ness, have for centuries served as themes for popular culture, visual arts, and have been referenced in religious texts and other traditional sources. Before the birth of modern psychiatry in the West, mental illness was conceptualized in terms of demonic possession to be treated by exorcists. The source of mental illness was seen as an alien entity (hence: alienism), intruding and derailing the healthy, normal self. As psychodynamic approach became popular, the explanatory model took the shape of interaction between the self parts - repressed emotional and mental content, that have been disowned and dissociated, is also rendered alien to the conscious ego or self. Studies have established several key factors said to lead to the development of a weak or fragmented sense of self. The most notable is trauma.[17] Following three decades of healing work with trauma patients, Fisher (2017) found himself asking "Why do they seem to be at war with themselves?" (p.1). He also closely observed how self-alienation always impeded healing and resolution.[18] Besides, not all self-related dysfunctional conditions are developmental in nature; self-disorders may occur in genetically high-risk individuals.[19] The indispensable role of the self in normal daily functioning has also been confirmed by

Citation: Berisha E. The No-Self Thesis: counterarguments from abnormal psychology. *Int J Complement Alt Med.* 2024;17(2):67–73.
DOI: 10.15406/ijcam.2024.17.00685

a plethora of studies investigating the etiology, symptomatology and treatment of a wide range of psychological disorders including borderline personality disorders, chronic depression, eating disorders,[17] dissociative identity disorders,[20] depersonalization,[16] alienation,[21] autism ,[22,23] Schizophrenia Spectrum Disorders (SSDs),[24,25] and more. An unstable sense of self over time has been associated with a range of symptoms including depression and suicidality along with reduced adaptive functioning.[20] Other studies have also found correlations between self-disorders and social dysfunction.[19] The importance of a durable sense of self in the recovery of severe mental illnesses such as schizophrenia[26] has been consistently suggested. While lack of a healthy sense of self is directly linked to a wide range of pathological conditions, the quest to empirically define a healthy sense of self ensues, along with efforts to preempt the factors that condition its normal development. Stability of the sense of self over time, or diachronic unity of self, is one among many other self-related prerequisites for healthy mental and physical functioning. Basten and Touyz[17] (2019) provide an elaborated description of numerous such indispensable "sense of self" features, including agency, continuity, coherence, completeness, authenticity, and vitality of self. These and more are part and parcel of a core, healthy functioning self, and any lack or deficiency of any one of these self-related qualities would result in abnormal behavior, as systematically evidenced in ongoing empirical studies, past and present. In the following sections, a varied range of abnormal manifestations will be discussed, starting from the least to the most severe, with special emphasis on the role of self in its origin, diagnosis and treatment approach.

Self as the core

Henriksen and Parnas[19] describe the concept of "self" operative in the concept of "self-disorders," prior to discussing how this "self" may be disordered in the schizophrenia spectrum conditions. In line with the phenomenological tradition, they de-fine "the minimal self" as "a necessary, built-in feature of phenomenal conscious-ness, i.e. a feature that no subjective experience can lack". This is Zahavi's "minimal self,"[27] or the phenomenological "ipseity" or "core self" or the first-person perspective of "mineness," without which no subjective experience or typical mental state is deemed possible. The suggestion from Henriksen and Parnas[19] is that, unlike in other "self-related" problems such as mood or personality disorders, the self-disorder in schizophrenia spectrum disorders is far more fundamental, as it threatens the uncompromisable "minimal self." From a humanistic psychology vantage point, Fisher[18] defines "self" in terms of "innate qualities possessed by all human beings in undamaged form": curiosity, meta-awareness, creativity, calm, courage, confidence, and commitment. He, then, projects these qualities as "an anti-dote to the painful experiences suffered by exiled child parts", in other words, as therapeutic healing elements to the damaged or traumatized self. For Basten and Touyz[17] although "Sense of self" (hereafter SOS) is a cornerstone of psychological inquiry and therapy, "yet it is poorly understood." In their paper Sense of Self: Its Place in Personality Disturbance, Psychopathology, and Normal Experience, Basten and Touyz[17] provide a working definition and elaborate description of SOS and its transdiagnostic role. Drawing on a diverse range of theoretical domains including developmental psychology, identity theory, cognitive psychology, personality disorders, and psychodynamic theories, they define SOS as that "continuous experience of being a complete and authentic person who feels in control of their own activities": SOS can be defined as that personal, subjective awareness of one's self, which includes a sense of agency for one's own actions, a sense of continuity over time, and a sense of personal unity and wholeness, with a special affective energy or vitality.[17]

The role of each of these self-related foundational psychological dispositions in both engendering and healing mental illness will keep self-evidently reappearing next in the brief introductions of various symptoms and core definitions of selected psychological disorders.

From depersonalization to Schizophrenia

Depersonalization: Although depersonalization affects millions of people and is deemed the third most prevalent psychiatric symptom, after depression and anxiety, yet the average mental health professional is not sufficiently aware of it:[16] "Patients with depersonalization symptoms are commonly told that they suffer from some kind of anxiety or depression and that what they feel is secondary to their major problem". However, chronic depersonalization is now being recognized as a unique disorder of its own standing - depersonalization disorder, rather than a condition secondary to depressive, obsessional or psychotic states. According to DSM-4, depersonalization disorder is listed under dissociative disorders. In milder symptom manifestations, depersonalization has been found to occur "at least fleetingly," in 50-70% of the population; however, approximately 1-3% of the general population might suffer from chronic depersonalization disorder.[16] Detachment or estrangement from oneself, coupled with a conscious awareness of this detachment but loss of any control over it, is the essence of depersonalization: "The patient feels that he is no longer himself, but he does not feel that he has be-come someone else".[16] Other key features of depersonalization disorder as listed in Simeon and Abugel[16] are sensations of being out-side one's mental processes, one's body, or parts of one's body ("Like my mind is somewhere off to the back, not inside my body,"); lack of affective response or apathy ("the living dead,"); sensations of lacking control of one's actions, including speech ("Even when I'm talking I don't feel like it is my words,"); feelings as if the person is living in a dream or a movie ("No longer felt like a person, but rather like some kind of 'robot-like thing,', and so on. Some people find depersonalization so distressing that it downright incapacitates normal life, often expressed in terms like: "I have no soul;" "what is the point of killing myself, I'm already dead;" or "I'm not alive any more, nothing makes a difference".[16] Other authors, when discussing the severe personality disorders, have highlighted patient reports of alarming sense of falling apart, "splitting" process and the resultant sense of feeling fragmented and "not together."[17]

Derealization: Derealization or experiencing the external world as strange or unreal, is another feature of depersonalization. In the so-called macropsia unreality syndrome objects from the external world may appear too large; or too small (in micropsia); or objects may appear too far away (in teleopsia). The unreality symptoms also involve feeling that other people seem unfamiliar or mechanical, or that the bodily self is unreal: "I sometimes smack my hand or pinch my leg just to feel something, and to know it's there".[16] In milder cases of depersonalization, the feelings of unreality involve an involuntary, unpleasant sense of self-observation, an exaggerated hyperawareness of one's self. In severe cases of derealization, depersonalized people feel as if they are viewing themselves, as if watching a movie. In these psychological states the nature of perception changes in fundamental ways: the mind feels as though separated from the body and subjects feel as though they are outside their bodies, mere observers, losing any sense of control over their actions and thoughts and ownership over their personal to experience.[28] In extreme cases, the split between the observing and the acting bodily self can become an out-of-body-experience (OBE), although for most people it is not.[16] For instance, "somatoparaphrenia" is one among many other OBE extreme pathological manifestations in which the subject denies ownership of his own body parts.[28]

Citation: Berisha E. The No-Self Thesis: counterarguments from abnormal psychology. *Int J Complement Alt Med.* 2024;17(2):67–73.
DOI: 10.15406/ijcam.2024.17.00685

Dissociation: Dissociation between different "parts" of the normal self may take different interpretational connotations. Common premise is that behind the dissociation phenomenon is the disintegration of what is normally integrated under the "minimal self." Although self dualism is customarily blamed on Descartes, the premise that the (true) self and the body are separate can be found in abundance in other sources and cultures. Thus, dissociation is a psychopathological situation in which one feels detached from one's body. The body is perceived more as an object among other objects in the world than as the core of one's individual being. The individual feels that he or she is a spectator of what the body is doing rather than a participant observer.[16] One explanation comes from trauma-work suggesting that under severe pressure the self dissolves into fragments. These patterns of fragmentations can be conceptualized as trauma-related procedural learning: "it is safer to adapt using a system of selves rather than becoming a fully integrated 'self.'".[18] Evidence supporting this need to detach from the surroundings during trauma can be found in the testimonies of former prisoners of war (POWs), which suggest that some people resolve to become disconnected from their own bodies as an escape from ongoing traumatic experiences. In these cases, the sense of self and bodily ownership weakens, enabling the captive to create a safe distance from the traumatic event.[28]

The Authentic Self: The authentic self is another commonly found explanatory interpretation, for the dissociation or dichotomy between the authentic self and the false self. According to Arlow (1996, in Simeon & Abugel, 2006)[16] the anomalous self experiences in depersonalization is a dissociation of two ego functions that are normally integrated: the observing function of the self and the experiencing or participating function of the self. Approximate versions of such a theoretical split of the self between the subjective self and objective self can be found in Kant, James, Husserl, Wittgenstein and more. In depersonalization, the participating self is partially, but not completely, repudiated. The patient is still able to maintain some sense of connection and some feeling of identification. According to one interpretation (Cattell, 1974, in Simeon & Abugel, 2006)[16] only the unembodied self that functions as observer and controller of what the body is experiencing and doing, is the true self that "feels real". By contrast, the false self is the product of compliance with the expectations of the significant others or what one imagines these to be. As outlined in psychodynamic models, certain developmental settings tend to lead the infant to repress the true self, as in the true needs, feelings, thoughts, etc., while fostering the development of the false self in compliance with expectations of significant others. Winnicott (1965, 1971; in Basten & Touyz, 2019)[17] was the first to use the term "false self" to describe the inner experience of a person whose unhealthy personal experiences lead them to mask their true feelings to the point where they feel disconnected from them. Hence, depersonalization may manifest as a vulnerability later in life.[16]

Borderline personality disorders

Such an interpretation of the Authentic Self fits with certain explanations of narcissist personality behavior, which is widely seen as having at least two selves: the true self and the false self. Vaknin[29] has interpreted the damaged self to be the key problem with the narcissistic personality: "the remnants of the True Self are so ossified, shredded, cowed into submission and repressed-that, for all practical purposes, the True Self is dysfunctional and useless". When writing about the damaged self in narcissism, others have brought to attention the role of vitality in the "sense of self": "Although the body can function efficiently as an instrument, perform like a ma-chine, or impress one as a statue, it then lacks life. And it is this feeling of aliveness that gives rise to the experiences of self". Basten and Touyz[17] cited numerous studies noting cases of patients suffering from chronic depression "… whose underlying pathology is essentially BPD," as characterized by lack of vitality, a sense of emptiness, flatness and directionlessness. They also cited studies with large data sets suggesting "the existence of a general factor of personality disorder or dysfunction" in BPD cases, with indications that emptiness and fragmentation of the self potentially being "that central factor;" It is noteworthy that four of the possible nine BPD symptoms listed in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; APA, 2013) directly refer to disturbances in sense of self.[17]

Thus, another pervasive symptom of BPD directly related to the "sense of self" is what has been identified as lack of a "stable sense of self or other",[17] a "sudden shifts in identity",[30] or an "unstable mood and self-image".[31] Such pattern of marked instability is identified for both self identity and interpersonal relationships, on top of other affection-based problems. As with most mental disorders, the etiology of BPD is related to both genetic factors and adverse childhood experiences, hence, having a developmental perspective is most revealing. One of the early developmental tasks is to gradually learn to differentiate between self and other objects. The progression towards an integrated and stable sense of one's self and of others, developmentally establishes at a later stage, and is referred to as "self and object constancy".[16] Any challenge to self-constancy may result in severe disruption of healthy psychological functioning. This is best illustrated in the quote below from Simeon and Abugel,[16] which was the inspiration for the author to write this article: Case studies of patients with depersonalization disorder indicate that the difficulty with constancy lies in one of three areas: differentiating self from others, self-constancy, or other-constancy. Borderline personality patient can differentiate self from others but has trouble with constancy to the self and others. Narcissistic personality patient has achieved a tenuous self-constancy that requires the stable input and presence of others to maintain it. Neurotic personality patient does not have particular difficulties in any of these areas, but they may experience depersonalization when challenged by overwhelming internal conflict. Lastly, psychotic personality patient has difficulties in all three areas.[16]

Dissociative identity disorder

While an unstable self is a core domain of BPD, identity disturbance is also one of the core features of people with severe Dissociative Identity Disorder (DID), formerly known as Multiple Personality Disorder. In fact, pathological narcissism has been compared to Dissociative Disorder.[29] In addition, dissociation is a transdiagnostic phenomenon that has been noted across patients with different mental disorders (Fung, et al., 2023).[32] Over and above pathological dissociative symptoms like depersonalization and derealization, DID involves a disruption of identity characterized by two or more distinct personality states.[20] As a diagnostic category, DID is defined by: … fairly well-developed personalities alternating control of the same body, at least one of which is ignorant of at least some of the states and activities of another through a process of psychogenic amnesia, or dissociation.[33]

In general, dissociation is described as a disruption or discontinuity of what is normally integrated in one's cohesive personality, such as emotions, memories, motor controls, and identities.[32] Thus, this becomes a question of the level where the dissociation occurs, and at times it crosses all possible levels: thoughts, emotions, behaviors, personalities, roles, and self identities. However, before one skeptically questions its manifestation as being merely "psychological" in nature, one should recall the fact that in clinical cases such multiplicity of

Citation: Berisha E. The No-Self Thesis: counterarguments from abnormal psychology. *Int J Complement Alt Med.* 2024;17(2):67–73.
DOI: 10.15406/ijcam.2024.17.00685

self is "often the source of suffering, and in this respect, it falls within some of our culture's more settled ideas of mental disorder and its treatment".[33] The split within the core of selfhood at times is so severe and realistic from the patient's perspective, that "without unanimous consent to treatment from all the subselves",[33] practitioners may run into problems. One may infer from these psychopathological cases the appalling abnormality when a normally taken for granted single, cohesive, stable "sense of self" is maximally disintegrated. Even William James has been criticized for conceding that in cases of dissociation an individual human can have more than one personal self.[34] The general consensus within the literature has mostly been that "a sense of being a singular and unique person is a fundamental part of the subjective experience of the self".[17]

Autism

The term "autism" (etymologically, in old Greek "autos" means self-centered) was introduced by Bleuler to describe social withdrawal in adults with schizophrenia.[35] Clinical descriptions and controlled studies of children and adolescents with autism have shed further light on the nature and development of self-experience.[22] A strong case for considering autism as a disorder not only with respect to self-other relations but also to self-awareness is now being made. As with other preceding disorders referenced here so far, a clear range of self-related anomalous symptoms are revealed, on top of the core definition of autism as the disorder of self-other relations: developmentally delayed self-recognition, impaired autobiographical memory, lack of comprehension of what it means to be an "I" vis-à-vis a "you," failure to respond when one's own name is called, lack of connectedness with others, and more. In Autism and the Self, Hobson[22] also enumerates clinical cases whereby autistic children fail to relate to the other person as a whole person: "the children related not to what another person had just done, but to the hand that was in the way or the foot…, or the pin that had pricked…". Intriguingly, this is suggestive to what a relation between fragmented selves of the no-self thesis would be—autistic. No wonder, in such an unordinary "imaginative" world, persons would lack sensitivity towards the feelings of other persons. This, once they fail to perceive the latter ones as whole persons, and moreover, as uniquely authentic, feeling and knowing selves. A world without selves as integrated wholes or real per-sons behind the casual, social constructionist roles, would eventually result in a breakdown of any meaningful inter-personal and social relations. Parnas, Bovet, and Zahavi[36] also pointed out that people afflicted in schizophrenic autism experience a "loss of meaning and perplexity," on top of self and self-other disturbances: There is a unique disturbance of intentionality (e.g., loss of meaning and perplexity), there is a disturbance in the realm of self (an 'unstable first-person perspective' and other anomalous self-experiences), and finally the dimension of intersubjectivity is also fundamentally impaired (disorders of social and interpersonal functioning, inappropriate behavior). These three dimensions are inseparable: I, we, and the world belong together - and they are all afflicted in the schizophrenic autism.

Schizophrenia spectrum disorders

Schizophrenia has been the primary focus of psychopathologists over the course of the last century.[36] Drawing on empirical research, clinical experience, and phenomenological insights, Parnas and Sass,[12] in their paper Self, solipsism, and schizophrenic delusions, argue that disorders of the self represent the psychopatho-logical core of schizophrenia. Pioneer scientists studying schizophrenia had already defined it in terms of the self, something avoided and dropped later in time with the overtaking of deterministic psychiatric practice. The concept of autism, introduced by Bleuler in 1911, was the first systematic attempt to capture the clinical essence of schizophrenia.[35] Bleuler (1911, in Parnas & Sass, 2001)[12] also spoke of the "core diagnostic characteristic of schizophrenia in 'self' and 'personality' terms, and described the 'Inability to discriminate Self from not-Self in schizophrenia' as transitivism" (p.109). Another equally important pioneer scientist of schizophrenia, Kraepelin (1896, 1913 in Parnas & Sass, 2001)[12] portrayed the core feature of schizophrenia as a disunity of consciousness, and metaphorically de-scribed it as "orchestra without a conductor". More recently, claims are being made that defined schizophrenia in terms of typical symptoms as proof of a reductionist contemporary approach: For example, whilst schizophrenia is currently de-fined only by the presence of psychotic features such as hallucinations, delusions, and disorganized or negative symptoms, these symptoms were historically considered peripheral; its core was, instead, best characterized by a loss of the innermost self.[23]

Tordjman et al.[35] also think that Schizophrenia and Autism share social communication impairments that may rely partly on self-consciousness disorders: schizophrenia and autism are characterized by self-consciousness disturbance with impairments in sensory integration associated with body-self disorder and impairments in psychic and bodily boundaries between the self and the other involving particularly a deficit of theory of mind, empathy and sense of agency.

Depersonalization is listed as one optional feature among many defining the schizotypal disorders:[38] The notion of a disorder of minimal self, a disturbance of the basic, lived sense of subjectivity, offers one, highly promising, way of understanding the core features of this condition of schizophrenia and of addressing several issues of relevance to both clinical practice and scientific research on this important disorder.[38]

In schizophrenia that 'minimal self' is fragile, constantly threatened, and unstable. It seems that the normally smooth, pre-reflective sense of self loses its automaticity and transparency.[38] Ironically, once the disorder is studied past the typical symptoms, in its advanced, chronic stages of the disease, what is revealed is that schizophrenia is the loss of those basic self-intuitions and common sense associated with it, precisely the one that the no-self thesis seeks to dismiss as a useless illusion: …the entire ontological-epistemological framework of experience, normally revolving around "naïve realism" (in the Western world), is dramatically trans-formed, leading to "beliefs" that, on a purely contentual basis, are classified as the so called bizarre delusions (defined as "physically impossible"; American Psychiatric Association 1994).[12]

Discussions and Conclusion

The diagnostic manuals in use, as well as its preceding editions, have not accommodated the concept of self to date. For instance, the concept of self was not mentioned in the diagnostic criteria for schizophrenia of either DSM-4 or lCD-10. Nevertheless, Henriksen and Parnas[19] highlight that "disturbances of self-experience" or "self-disorders" have lately been included as a defining feature of schizophrenia in the beta-version of the ICD-11.1. Such recent acknowledgement move is much in line with founders of this diagnostic category [the pioneer psychiatrists Emil Kraepelin (1856-1926) and Eugen Bleuler (1857-1939) both of whom "considered pathology of self as quite essential in defining schizophrenia".[38] Parnas, Bovet, and Zahavi[36] point out how "a dramatic simplification of psychopathology that has taken place over the last decades" has led to a contemporary operationalist psychopathological practice lacking "descriptions of subtle pathology that might be useful for early, prodromal diagnosis."

Citation: Berisha E. The No-Self Thesis: counterarguments from abnormal psychology. *Int J Complement Alt Med.* 2024;17(2):67–73.
DOI: 10.15406/ijcam.2024.17.00685

A recent paradigmatic turn in favor of the concept of anomalous self-experience or "self-disorders" has in the meantime been noted by others, as the transdiagnostic role of the self has attracted both clinical and research interest. In one of their latest studies Martin, Clark and Schubert[25] advance similar recommendations, based on their empirical evaluation of anatomical, physiological, and neurocognitive correlates of Self-Disorder (SD). Their comprehensive neurophenomenological approach to Self-Disorder as "involuntary subjective disturbances of the given experience of 'minimal self,'" seeks to improve diagnostic and therapeutic practice. They key premise is that when the "minimal self" experience is disturbed, patients might report feeling as if they are detached from reality, are devoid of agency, or are a passenger in their body and mind.[25]

In the phenomenological psychiatric tradition, it is generally assumed that psycho-pathology, especially of schizophrenia, may help to inform us about normally tacit, taken-for-granted features and structures of experience and its conditions of possibility.[38] It is precisely these "taken-for-granted features and structures" of subjective experience that the no-self thesis seems to render scientifically obsolete. Take for instance the attack on "naïve realism" of folk psychology that has traditionally offered on a silver plate the "folk-phenomenological concept of 'the self'".[7] Evidence from psychopathological cases has systematically illustrated the oddly severe consequences of suddenly losing grip of such "naïve realism": autistic symptoms have been characterized by some as a "crisis of common sense" or a "loss of natural evidence" which otherwise ensures three key dispositions of sanity: a pre-reflective sense of self, others and the world.[35] Or, take for instance the widely influential deconstructionist interpretation that dismisses the self as a linguistic construction or a "linguistic trope".[5] Quite on the contrary, evidence from systematically studied and recorded cases of trauma-hit patients highlight a shortage of linguistic means: "Neither client nor therapist has a language with which to explain the internal struggles being played out inside the client's mind and body".18Self-related realities dealt with by patients rather come across as transcending the language boundaries: "'There are no words,' says a patient named Chloe, referring to the schizophrenic delusional states, 'It's like trying to explain what a bark sounds like to someone who's never heard of a dog.'"[36] Patients experiencing anomalous self-experience across the border of "self-disorders" testify to subjective experiences that are most certainly not linguistically constructed. The two quotations below are selected to illustrate such testimonies of phenomenological experiences that transcend any scope of language mediation:

The tragedy is that depersonalization discloses itself in a "negative form," as absence, such as inner pain after an amputation, which still tells us about something we once had, but lost. With depersonalization the individual does not know exactly what he had, but still experiences something that is "lost." That is why depersonalization can be so painfully hopeless, groundless. That is why there are no words to express because literally, there are no words in language to express it (Elena Bezub-bova in Simeon & Abugel, 2006).[16]

The patient feels that a profound change is afflicting him, yet he cannot pinpoint what exactly is changing, because it is not a something that can be easily expressed in propositional terms (a fact that has important implications for the nature of the diagnostic interviewing). The phrasings of such complaints may range from a quite trivial "I don't feel myself" or "I am not myself" to "I am losing contact with myself," "I am turning inhuman" or "I am becoming a monster" (18-20). The patient may sense an 'inner void' or 'a lack of inner nucleus,' which is normally constitutive of his field of awareness and crucial to its very subsistence.[32]

Parnas, Bovet, and Zahavi[36] cite empirical studies that suggest that "already from birth infants have a primitive core ability to differentiate between self and non-self, and that infants are attuned to their environment from the outset." This is a crucial break with the long-held belief of "normal autism" in developmental psychology, holding that infants have no ability to discriminate between self and the world. Studies have also showcased how Piaget's formulations of initial developmental stages in infants, discounting self among others, engage in an active repression of specific dimensions of childhood experience.[39] Propositioning a core or minimal self or proto-self in infancy is one thing; dismissing the developmental nature of that core self, is another. Gone are the days whereby one scientist finds it needful to force nature over nurture or vice versa, in order to advance a preferred theoretical framework – most contemporary theoreticians and practitioners are inclusive and open to all sources of influences. Social, developmental, linguistic, cognitive, neurochemical, genetic, cultural, even political and ideological, and more: these are all shaping influences of the self development to be reckoned with. Empirical evidence is binding over and above any transient theoretical and ideological inclinations. The no-self thesis might as well be one of those last partial attempts to forge a theoretical thesis of convenience, on the face of contrary empirical evidence.

Acknowledgments

None.

Conflicts of interest

The author reports no conflict of interest.

Funding

None.

References

1. Hume D. A treatise of human nature. Edited by LA Selby-Bigge. Clarendon Press. 1739.
2. Gallagher S. The oxford handbook of the self. Oxford: Oxford University Press. 2011.
3. Siderits M. Buddhist non-self, No-owner's manual. In: Gallagher S, editors. *The oxford handbook of the self*. Oxford: Oxford University Press. 2011;297–315.
4. Wiley N. The semiotic self. *Personality & Individual Differences*. 1994.
5. Berrios G, Marková I. The self and psychiatry: a conceptual history. In: Kircher T, David A, editors. *The Self in Neuroscience and Psychiatry*. 2003;9–39.
6. Berrios GE, Luque R, Villagran JM. Schizophrenia: a conceptual history. *Int J Psychol Psychological Ther*. 2002;3(2):111–140.
7. Metzinger T. The no-self alternative. In: Gallagher S, editor. *The oxford handbook of the self*. Oxford: Oxford University Press. 2011;279–296.
8. Rupert RD. Cognitive systems, predictive processing, and the self. *Rev Phil Psych*. 2022;13(4):947–972.
9. Metzinger T. The ego tunnel: the science of the mind and the myth of the self. *Basic Books*. 2009.
10. Olson ET. There is no problem of the self. *J Conscious Stud*. 1998;5(5–6):645–657.
11. Russell, B. *The analysis of mind*. Unwin Hyman Limited. London. 1921.
12. Parnas J, Sass LA. Self, solipsism, and schizophrenic delusions. *Philosophy, Psychiatry & Psychology*. 2001;8(2–3):101–120.

13. Kyrios M, Barnaby N, Ahern C, et al. The self in psychopathology. *Psychopathology*. 2015;48(5):275–277.

14. Arai K, Takeno J. Discussion on the rise of the self in a conscious system. *Procedia Computer Science*. 2018;123(2018):29–34.

15. Berrios GE. The concept of the self & psychiatry: epistemological vicissitudes. University of Cambridge. 2011.

16. Simeon D, Abugel J. Feeling unreal, depersonalization disorder and the loss of the self. Oxford, New York: Oxford University Press. 2006.

17. Basten C, Touyz S. Sense of self: its place in personality disturbance, psychopathology, and normal experience. *Rev General Psychol*. 2019;24(2):1–13.

18. Fisher J. Healing the fragmented selves of trauma survivors: overcoming internal self-alienation. New York & London: Routledge Taylor & Francis Group. 2017:292.

19. Henriksen M, Parnas J. Clinical manifestations of self-disorders in schizophrenia spectrum conditions. *Curr Probl Psychiatry*. 2017;18(3):177–183.

20. Dorahy MJ, Huntjens RJC, Marsh RJ, et al. The sense of self over time: assessing diachronicity in dissociative identity disorder, psychosis and healthy comparison groups. *Front Psychol*. 2021;12:620063.

21. Diamond S. Who were the alienists? *Psychology Today*. 2018.

22. Hobson PR. *Autism and the Self.* In: Gallagher Sh, editor. The Oxford Handbook of the Self. Oxford University Press. 2011.

23. Hodge N, Rice EJ, Reidy L. 'They're told all the time they're different': how educators understand development of sense of self for autistic pupils. *Disability & Society*. 2019;1353–1378.

24. Parnas J, Sass LA. *The structure of self-consciousness in schizophrenia*. In: Gallagher Sh, editor. The Oxford Handbook of the Self. Oxford University Press. 2011.

25. Martin JC, Clark SR, Schubert KO. Towards a neurophenomenological understanding of self-disorder in schizophrenia spectrum disorders: a systematic review and synthesis of anatomical, physiological, and neurocognitive findings. *Brain Sci*. 2023;13:845.

26. Wisdom JP, Bruce K, Saedi GA, et al. Stealing me from myself: identity and recovery in personal accounts of mental illness. *The Australian and New Zealand journal of Psychiatry*. 2008;42(6):489–495.

27. Zahavi D. Thin, thinner, thinnest: Defining the minimal self. In: Durt C, Fuchs T, Tewes C, editors. *Embodiment, enaction, and culture: investigating the constitution of the shared world*. MIT Press, 2017.

28. Ataria, Y. Body Without a self, self without body. *Journal of Theoretical and Philosophical Psychology*. 2016;36(1):29–40.

29. Vaknin S. Dissociation and confabulation in narcissistic disorders. *J Addict Addictv Disord*. 2020;7:39.

30. Leichsenring F, Heim N, Leweke F, et al. Borderline personality disorder: A Review. *JAMA*. 2023;329(8):670–679.

31. Dell'Osso L, Cremone IM, Nardi B, et al. Comorbidity and Overlaps between Autism Spectrum and Borderline Personality Disorder: State of the Art. *Brain Sciences*. 2023;13(6):862.

32. Fung HW, Wong MYC, Lam SKK. et al. Borderline personality disorder features and their relationship with trauma and dissociation in a sample of community health service users. *Bord Personal Disord Emot Dysregul*. 2023;10:22.

33. Radden J. Multiple selves. In: Gallagher Sh, editor. *The Oxford Handbook of the Self*. Oxford University Press. 2011.

34. Martin R, Barresi J. *The rise and fall of soul and self, an intellectual history of personal identity*. New York: Columbia University Press. 2006.

35. Tordjman S, Celume MP, Denis L, et al. Reframing schizophrenia and autism as bodily self-consciousness disorders leading to a deficit of theory of mind and empathy with social communication impairments. *Neuroscience and Biobehavioral Reviews*. 2019;103:401–413.

36. Parnas J, Bovet P, Zahavi D. Schizophrenic autism: clinical phenomenology and pathogenetic implications. *World Psychiatry.* 2002;1(3):131–136.

37. Sass L. Delusion and double bookkeeping. In: Fuchs T, Breyer C. Mundt, editors. *Karl Jaspers' Philosophy and Psychopathology*. New York & Heidelberg: Springer, 2014; p125–147.

38. Parnas J, Sass LA. The structure of self-consciousness in schizophrenia. In: Gallagher Sh, editor. *The Oxford Handbook of the Self*. Oxford University Press. 2011.

39. Sipiora Michael P. Repression in the child's conception of the world: A phenomenological reading of Piaget. *Philosophical Psychology*. 1993;6(2):167–180.

Citation: Berisha E. The No-Self Thesis: counterarguments from abnormal psychology. *Int J Complement Alt Med.* 2024;17(2):67–73.
DOI: 10.15406/ijcam.2024.17.00685