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From Self-Disorders to Ego Disorders

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Abstract
While the concept of disorders of basic self-experience as the clinical core of schizophrenia spectrum disorders has gained increasing significance and empirical support, several questions remain still unresolved. One major problem is to understand how the basic and prodromal self-disturbances are related to Schneider's first rank symptoms, in particular to the so-called 'ego disorders' found in acute psychotic episodes. The study of the transition from prodromal to first rank symptoms, for example from alienated thoughts to thoughts aloud or thought insertions, is of particular importance for understanding the nature and course of schizophrenia. The paper analyses the emergence of ego disorders from basic self-disorders in phenomenological terms, taking the examples of motor passivity experiences and thought insertion. It is argued that full-blown delusions of alien control are ultimately based on a disturbance of the intentionality of thinking, feeling and acting. This disturbance, for its part, may be traced back to anomalies of self-experience in prodromal stages of schizophrenia.

Introduction

Since the beginning of this century, there has been a growing interest into disorders of self-awareness in schizophrenia. Phenomenological psychopathology has contributed subtle analyses of the patients' basic self- and world experience which is fundamentally altered frequently many years before the onset of acute psychosis [1–5]. This has led to a phenomenological reconceptualization of the illness, focusing not on the productive symptoms of the acute phase (i.e. delusions and hallucinations), nor on higher-level cognitive processes such as 'theory of mind' or 'meta-representation', but instead on the insidious erosion of embodied self-awareness, perception and action which may date back even to the patients' childhood. The prereflexive, practical immersion of the self in the world normally mediated by the lived body is impaired or lost. This 'disembodiment' results in functional psychopathology that includes

(a) a diminishment of the basic, prereflexive sense of self or self-affection, also termed disturbance of *ipseity* [3],

(b) a corresponding tendency towards self-objectification or hyperreflexivity [6, 7],

(c) a disruption of implicit bodily functioning in both perception and action,

(d) disturbances of 'common sense' and the habitual interbodily relations with others, with subsequent disconnection from the social environment [8, 9].

Despite increasing consensus within phenomenological psychopathology and growing empirical support for this reconceptualization [10–12], several questions still remain unresolved. One major problem is to understand how the basic and prodromal self-disorders are related to Schneider's first rank symptoms which are far more specific and therefore still crucial for the diagnosis of schizophrenia in acute psychotic episodes. Among them, the so-called 'ego disorders' *(Ich-Störungen),* that means disturbances of ego demarcation or self-other boundaries,

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are of particular interest. As is well known, Schneider [13] coined this term for the peculiar experience of one's thoughts, actions, feelings or bodily sensations being 'made', influenced or manipulated by others. It may be assumed that these phenomena of profound self-alienation are somehow related to the basic disturbances of self-awareness. Thus, the study of the transition from prodromal to first rank symptoms, for example, from merely alienated thinking to thoughts aloud or thought insertions, is of particular importance for understanding the nature and course of schizophrenia.

However, the difference between self-disorders and ego disorders is far from clear. For further analysis, a prior distinction between 'self' and 'ego' seems necessary. In its most basic sense, 'self' refers to the implicit, prereflexive self-awareness that is present in every experience without requiring introspection or reflection. Thus, any sensation, any perception or action directed towards an object implies a tacit self-awareness; it is immediately, non-inferentially given as mine. The basic subjectivity of experience constitutes a general medium in which specific modes of intentional consciousness are articulated; it may also be called 'mineness' or *ipseity* [14, 15]. Ipseity is bound to the background feeling of the body, including interoceptive, proprioceptive and kinaesthetic awareness, and implies a basic auto-affection or the 'feeling of being alive' [16].

Whereas basic self-awareness characterizes subjectivity already in the earliest stages of life, 'ego' usually refers to the higher-level, reflexive self-consciousness which emerges in the course of early socialization, depending on the development of perspective-taking and autobiographical memory from the 2nd year of life on. Its fundamental structure is intersubjective and reciprocal, for it includes seeing oneself 'in others' eyes' [17] and an understanding of oneself and others as intentional agents. The 'ego' then results from the self-identification among others, implying the ability to explicitly distinguish oneself from them [18]. What Schneider called the lack of ego demarcation or the permeability of ego boundaries in schizophrenia is therefore only possible on the level of reflexive self-consciousness.

In his *General Psychopathology* [19], Jaspers distinguished what he called ego consciousness *(Ich-Bewusstsein)* from object-directed consciousness and characterized it by (1) ego demarcation in contrast to the external world and to others, (2) sense of activity, (3) identity over time and (4) unity. The second corresponds to what is termed *agency* today, meaning the sense of being the initiator or author of one's thoughts or actions [20]. A disturbance of this component of self-consciousness in schizophrenia could then lead to a loss of ego demarcation and to the full-blown passivity experiences or ego disorders as conceived by Schneider.

Remarkably, neither the term 'self-disorder' nor 'ego disorder' appears in the latest editions of the International Classification of Diseases (ICD-10) or the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Instead, thought insertion, thought withdrawal, made actions or feelings are regarded as bizarre delusions, commonly referred to as delusions of influence, control or passivity. However, this conception of ego disorders as mere delusions arguably misses their core disturbance, which consists not in a cognitive distortion of reality but in a more fundamental alteration of self-awareness and self-demarcation [21, 22]. Only secondarily do these disturbances of self-experience give rise to corresponding delusional beliefs. The concept of ego disorders therefore characterizes a group of core schizophrenic symptoms which may not be ranged on the same level as, for example, simple delusions of persecution.

In what follows I will analyse the emergence of ego disorders from basic self-disorders in phenomenological terms. Introducing a bridging concept, I will argue that full-blown delusions of alien control are based on a disturbance of the *intentionality* of thinking, feeling and acting. This disturbance, for its part, may then be traced back to anomalies of self-experience found in early stages of schizophrenia. I draw from clinical observations in our own studies of self-disorders, from investigations based on the Examination of Anomalous Self Experience developed by Parnas and his group [23–25] and finally from research into the transition from basic symptoms ('Basissymptome' [26, 27]) to full-blown psychosis carried out by Klosterkoetter [28, 29]. Although the concept of basic symptoms is not grounded on a phenomenology of self-awareness but rather on a medical symptom model, there is nevertheless a considerable overlap of the interviews with phenomenological assessments, thus allowing for a synoptic analysis.

The Lack of Basic Self-Awareness and Its Impact on Intentionality

According to recent phenomenological approaches [3, 7], schizophrenia at its core implies a diminishment of the basic self-awareness or self-affection which permeates all dimensions of experience. Patients frequently describe feelings of a pervasive inner void or lack of presence. They may complain about a certain numbness or opacity of con-

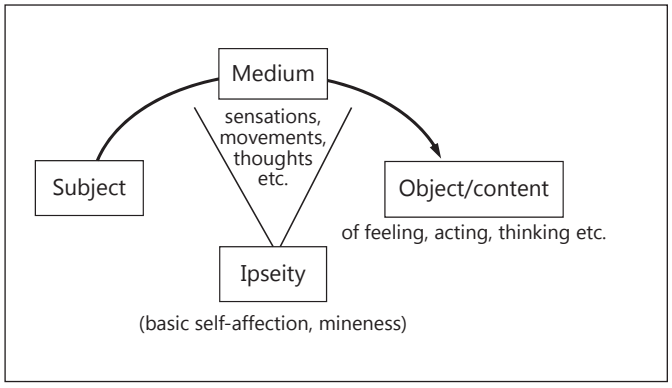

Fig. 1. Intentional arc.

sciousness (feeling 'in a fog'), an experiential fissure from their own body, a distance to the environment ('like behind glass walls') and a general alienation from the world:

> It is as if I am not a part of this world; I have a strange ghostly feeling as if I was from another planet. I am almost non-existent [24].
>
> It is as if I am not really sitting here. It's just my body that you see, but somehow I am not in it (own interview).

Accordingly, Minkowski [30] already conceived of schizophrenia as implying a *loss of vital contact with reality*. The fundamental disturbance of immersion in the world leads to a hyperreflexive self-observation which, however, cannot compensate for the lacking sense of self:

> I constantly have to ask myself who I actually am. It is hard to explain … most of the time I have this very strange thing: I watch myself closely, like how am I doing now and where are the 'parts' … I think about that so much that I cannot do anything else. It is not easy when you change from day to day. As if you were a totally different person all of a sudden [31].

The level of experience that is affected in these patients is not that of the ego or reflexive self, but concerns the implicit, prereflexive self-awareness that is present in every experience without requiring introspection. This tacitly felt self-presence is the presupposition for reflexively identifying myself – but as becomes evident in schizophrenia patients, its diminishment may not be compensated by reflexion. On the other hand, despite their pervasiveness and highly irritating character, such basic self-disturbances are obviously still very different from the experience of passivity and alien control in acute schizophrenic episodes. How can the concept of ipseity disorder account for these?

A possible bridge is provided by the phenomenological concept of *intentionality* which means the inherent directedness of consciousness towards its contents and objects. This intentional relation is mediated through single sensations, movements, perceptions or thoughts that are combined and synthesized to form meaningful patterns or *gestalten*. When reading this sentence, for example, you are immediately directed to its meaning through the single letters or words that you are reading – you read the letters *as* the meaning you are directed to. One could also say that the letters and words as such withdraw from our attention and become transparent for the meaning they convey [32, 33]. This is also expressed by the notion of the 'intentional arc' coined by Merleau-Ponty [34]: through the medium or vehicle of integrated sensations, movements or thoughts, the subject is directed towards the object or content of its conscious acts (fig. 1). The arc may also be described as a *double-layered intentionality:* a prereflexive, bodily or 'operative intentionality' [34], mainly based on habitualized performances, serves as the medium for the active or explicit intentionality that is directed towards the object.

This mediation, in turn, is based on ipseity: the intentional arc is embedded in the subject's basic self-affection. Ipseity is what 'animates' the mediating vehicles of the intentional arc and endows them with a sense of mineness.[1] In contrast, a lack of self-affection leads to an opacity of the medium. To take an everyday example: if we temporarily lose the sensation in our arm because of a nerve compression, the arm does not only feel numb and somehow alien, but the hand no longer functions as a medium of touch either. Its operative intentionality is disturbed. Instead of conveying a sense of the touched surface, the movements of the hand will become awkward or clumsy, and it will appear as an alien, thing-like object – an obstacle instead of a medium. Thus, the mineness of the mediating elements is what makes them transparent, while a loss of mineness results in a growing opacity of the medium.

Now we can apply this principle to schizophrenia: if a lack of ipseity or basic self-affection extends to the single bodily sensations, movements, perceptions or thoughts,

[1] Similar concepts of a bodily, affective background consciousness in which object-directed intentionality is embedded are proposed in affective neuroscience, for example by Damasio [35] or Solms [36]: 'The internal type of consciousness consists in states rather than objects of consciousness … The internal body is not an object of perception unless it is externalized and presented to the classical senses; it is the subject of perception. It is the background state of being conscious. … We may picture this aspect of consciousness as the page upon which external perceptions are inscribed. The relationship between the two aspects of consciousness – the objects and the subject of perception – is also what binds the components of perception together; objects are always perceived by an experiencing subject (cf. the "binding problem")' [36, p. 7].

they will no longer serve as implicit media of active intentionality but become resistant and opaque. The subject is experientially separated from the mediating processes which it normally embodies, and these processes will become increasingly disintegrated or fragmented, resulting finally in what may be called a 'disembodied mind' [4, 32]. The relation of the subject to the world is then deprived of its 'mediated immediacy' (to use Hegel's term), leading to a fundamental alienation. Sensations, perceptions, movements or thoughts will increasingly appear in one's awareness as objects or obstacles that conceal the world instead of giving access to it. Consciousness will be like a window that has become stained or blind.

However, the reciprocal relationship applies as well: a disintegration of habitual patterns of perception, movement or thought may also lead to a sense of alienation and loss of mineness. To a certain degree, this is a normal experience: if we repeat a familiar word several times slowly and aloud it may sound strange to us – the implicit coupling of syllables and meaning is dissolved. In the same way, when focusing on a single part of the body, it no longer functions as a tacit component of integrated habits. If the musician concentrates on his single fingers, he will stumble in his run, as we also will when running down the stairs and thinking of the single steps. Hence, the explication of single elements through focused or hyperreflexive awareness disturbs the former familiarity and leads to an alienation and loss of mineness. This may also occur in schizophrenia, as a 'pathological explication' caused by the disintegration of habits or gestalten [7, 37]. In both cases, the fragmentation of the intentional arc leads to an increasing alienation and finally externalization of processes that would normally remain tacit, such as bodily sensations, single movements or inner speech.

From Self-Disorders to Ego Disorders

On this basis, I will now analyse the transition from basic self-disorders to ego disorders in schizophrenia. In general, four stages may be distinguished:

1 Alienation of operative intentionality, resulting from a lack of mineness or ipseity
2 Disintegration of the intentional arc, explication and objectification of single elements
3 Externalization, experienced in an 'as if' mode
4 Breakdown of the 'as if' and transition to delusion

I will take a closer look at these stages, using the examples of (1) passivity experiences and (2) thought insertion, and presenting typical case examples for each of the stages.

Passivity Experiences

Alienation of Operative Intentionality

In passivity experiences or delusions of alien control, schizophrenia patients misattribute self-generated actions to an external source (be it an agent or a machine, through hypnosis, rays etc.). A first stage of the trajectory from basic self-disorders to this type of ego disorders may be seen in an alienation and 'disautomation' of habitual motor actions which is found in prodromal phases:

> There were periods in which I felt extremely badly coordinated, when I just made a movement with the arm, and the arm had moved further than I wanted it to move. But I also found myself to be extremely clumsy, somehow, when walking. I therefore constantly observed my walking and my movements … Climbing the stairs was also very extreme, when you need a bit of concentration and a feeling of balance. I really thought each step after the other, as it were, each movement… [31].
>
> I walk, and I look around … and I'm dizzy and all is like a machine. … I just didn't have much control over myself. … I have this robot-like feeling in my head, to be looking through cameras, and you observe your whole body, and the steps you take towards the bench [31].

These and similar reports [38, 39] may be interpreted as resulting from a weakened sense of mineness or self-affection which normally subserves the smooth flow of coordinated movements. A gap arises between one's explicit intentionality (e.g. walking towards a goal) and the operative intentionality of the body. As a result, the units of meaningful actions become fragmented and must be replaced by targeted attention and action of the will, leading to a hyperreflexive awareness of normally tacit performance [3]. Patients then often experience themselves as robots or human machines, becoming the passive spectators of their body's action.

Disintegration of Intentional Arc

The next step consists in a disintegration of the intentional arc, characterized by fragmented impulses, automatisms or motor blockades which interfere with the course of action:

> First, she only noticed difficulties in doing her housework. All the time something interfered, other thoughts, but also disturbing movements. Thus, right in the midst of cooking, her hand suddenly moved to her forehead several times … The movements occurred on their own accord, she didn't have control over them. … From then on, she observed each movement carefully and noticed that she actually walked around like a robot [28].

With the disintegration of overarching action units, movement fragments may pop up and attract one's attention – a phenomenon termed 'pathological explication'

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above. On the other hand, motor blockades can render the patients incapable of willfully releasing an action they intend to perform:

I could no longer do what I wanted. … I wanted to get up, and then I could no longer move my legs. They were stiff. I was sitting somehow, looking at something, then I wanted to stand up and it did not work. … It was as if I was no longer in control of my movements, as if my legs … would no longer serve me. … I started to wonder whether I still could move myself. At every step I thought: 'Are these your own movements, is it you who is moving now?' I tried to check that, I walked back and forth, or I ran a bit. That worked alright, but I thought: 'It could still be programmed that you are now doing this' [28].

In this case, the alienation and interruption of the intentional arc already lead to the feeling of external influence, which announces the next stage.

Loss of Agency and Externalization

At this stage, the alienation of self-generated movements reaches the point where they seem to be 'made' or performed by an alien force, even though this is still questioned or expressed with the reserve of an 'as if'.

A schizophrenic patient began to doubt whether it really was his own arms or somebody else's that performed a task. While working, he had to observe his arms carefully to make sure that they were his own, and repeatedly looked behind himself in order to see if there was not somebody else who moved them [37, 39].

When I ate this morning, I felt as if somebody else's head would also be there and would eat with me. It feels like other people would stick their head into my head. When I am chewing, it seems that another tongue comes and takes the food [40].

In these cases, the unity of the initiative to work or to eat and the corresponding bodily action (moving the arm, jaw or tongue) is no longer achieved. The intentional arc which normally connects both components is torn apart, and they are experienced independently of each other. The motor actions are performed, yet without being embedded in self-affection. Hence, they only convey a sensory or kinaesthetic feedback but lack the sense of prereflexive bodily agency, thus being experienced as if performed by an alien agent. This is already the stage which can be termed 'ego disorder', since it implies a dissolution of the boundary between self and other. Subsequently, the externalization under reservation of 'as if' transitions into full-blown delusion.

Delusion

At the last stage, the reservation of the 'as if' breaks down under the pressure of the frightening experiences, and the patients gain certainty that others are able to actually manipulate their movements. Thus, the patient already mentioned at the beginning of the section Disintegration of Intentional Arc further reported:

She was now convinced that extraterrestrial powers were able to control her and steer her movements. How this worked and to what purpose she did not know. Yet under these influences, she really had become a marionette [28].

They inserted a computer in my brain. It makes me turn to the left or right [41].

The alteration which has occurred at this stage is twofold:

1 The breakdown of the 'as if' implies the loss of the ability to take an external or intersubjective point of view from which what is experienced 'cannot be true'. This is the hallmark of delusion and the reason for its incorrigibility: taking another's perspective and, thus, a distance from oneself has become impossible [9].
2 Due to the externalization of agency, passivity experiences are characterized by an 'inverted intentionality' [42] or self-centrality: an alien, overwhelming intentionality takes over and causes the patients' bodily actions. Instead of acting, they feel acted upon. Moreover, in delusional elaboration, the manipulating agent is not hidden anymore, but gains a concrete, often technical shape.

Thought Insertion

Alienation of Operative Intentionality

The second example for the transition from self- to ego disorders concerns thought insertions. I start with a historical case of hyperreflexive self-observation:

If a thought passed quickly through his brain … he was forced to direct back his attention and scrutinize his mind in order to know exactly what he had been thinking. In one word, he is preoccupied by the continuity of his thinking. He fears that he may stop thinking for a while, that there might have been 'a time when my imagination had been arrested …'. He wakes up one night and asks himself: 'Am I thinking? Since there is nothing that can prove that I am thinking, I cannot know whether I exist' [43] (quoted in Parnas and Handest [44, p. 128]).

In vain, this patient tries to banish his existential fear of losing himself by constantly observing his own thoughts. His attempt towards self-assurance fails because reflection cannot compensate for the lacking self-affection in which the thinking process is normally embedded. If the intentional act is no longer supported by ipseity, it remains unrealized and has to be repeated emptily, resulting in anxious hyperreflexivity.

Disintegration of Intentional Arc

On the other hand, the alienation of the thinking process may also arise from a primary disintegration of the intentional arc, as in the case of formal thought disorder:

> While speaking, I suddenly lose the thread and don't know what I was going to say. – Sometimes there are strange thoughts in me that come out of the blue. – I have to pick out thoughts and put them together. I can't control the actual thoughts I want. … I think something but I say it different … (Last time) I could not get the words that were correct to make up a sentence and I knew I was not saying the right thing [38].

In these reports we can notice a 'lack of tension' in the intentional arc which normally keeps the thoughts on the track and prevents unfitting thoughts or words from intruding. As in the case of motor alienation, fragmented thoughts or blockades may interfere with the intended course of thinking or speaking. Huber et al. [45] spoke of a 'loss of the conductivity of thinking' which also implies an increasing awareness of the single elements of thinking instead of its overall intention. Thus, the fragmented thoughts gain object-like character, as shown in the following cases:

> Each time I think a thought I get a counterthought on the other side of my brain. – Thoughts always pass down obliquely into the very same spot [24].
>
> Sometimes my own thoughts are audible in my head as if I would speak them (own interview).

With the medium of thoughts being alienated, they lose their transparency for intentional content. Instead, thoughts are like material objects localizable somewhere in the head, or they become audible and the patient listens to his own thinking (thoughts aloud). Nevertheless, there is no complete alienation of the thoughts, because they are still experienced as one's own; in other words, the sense of agency is preserved.

Loss of Agency and Externalization

At the next stage, the dissolution of the intentional arc advances to the point where the fragmented and intruding thoughts appear to be imposed on the patient from the outside:

> I could no longer think the way I wanted to … It was as if one could no longer think oneself, as if one were hindered from thinking. I had the impression that all what I think were no longer my own ideas at all … as if I wouldn't be the one who is thinking. I began to wonder whether I am still myself or an exchanged person [28].

What this patient experiences is not only loss of conductivity, but a passivity and disempowerment of her thinking process as a whole. Again, this loss of agency is equivalent to an incipient ego disorder: the thoughts are no longer experienced as self-generated, but *as if* they were made or inserted from outside. Further externalization combined with sensualization may also turn the audible thoughts into auditory hallucinations or 'voices'. This applies in particular to a type of thoughts that is derived from normal 'inner speech', consisting of running commentaries or self-criticism:

> Each time he does something, smoking a cigarette or eating, then it says: now he smokes, now he eats … these are certainly not his own thoughts, one could hear them outside, in the next room [46].

Now the sensualized thoughts are no longer recognized as self-generated but appear as completely foreign to oneself, in this case as 'commenting voices'.

Delusion

At the last stage, the 'as if' breaks down, leading to full-blown delusions of thought insertion:

> Everybody is able to transmit thoughts onto him. Sometimes he tries to defend himself … but then they try to wipe out his own thoughts by pressure. His own and alien thoughts are intermingled … This 'speech in the head' *(Kopfsprache)* is constantly present and emanates from his comrades [46].

Here the loss of agency for intruding thoughts has resulted in the delusion of thought insertion. Again, this implies a disturbance of both aspects of intersubjectivity: on the one hand, the patient is no longer able to clearly distinguish between himself and others. On the other hand, he is unable to take the other's perspective, that means to transcend his own point of view and to call his delusional conviction into doubt [9].

The trajectory of the four stages that I have now described need not be regularly passed through. Frequently, one or more stages may be skipped or do not show themselves explicitly. In any case, however, there is a dynamics of increasing alienation from basic over prodromal to acute stages of psychosis which can be classified according to the scheme presented here. Research into these transitional phenomena carried out by Klosterkoetter [28, 29] supports such a typical sequence, but more empirical studies are still needed to confirm the phenomenological concept of the nature and emergence of ego disorders.

Conclusion

In this paper I started from the concept of schizophrenia as a disturbance of basic self-awareness, marked by diminished self-affection or ipseity. This can be found in

its pure form particularly in the prodromal stages, leading to a growing sense of alienation, a 'disembodiment' and a separation from the world and others. While the patients are still aware of their personal self and are able to reflect on themselves, this (hyper-)reflexion always comes too late and cannot compensate for the lack of basic self-affection.

As I have further proposed, the relation of these basic disturbances to ego disorders can be grounded on the concept of intentionality. The intentional arc of conscious thinking, feeling and acting is normally realized through the mediating or tacit function of sensations, perceptions, movements or thoughts which, being connected and integrated, become transparent for the subject's overarching intentions or goals. This transparency however depends on the basic medium of self-affection or ipseity. Hence, the lack of ipseity in schizophrenia results (1) in an alienation and growing opacity of the intentional arc. The operative or mediating intentionality decouples from the active intentionality that it normally sustains. (2) Now the otherwise tacit or mediating elements appear in the field of awareness as thing-like obstacles: intruding movements or fragmented thoughts are the remnants of the dissolving intentional arc. (3) At the next stage, the increasing alienation leads to the externalization of the fragments which are no longer embedded in an ongoing sense of agency. Now the experiential field is characterized by an increasing self-centrality and a corresponding 'inversion of intentionality'. This results in passivity experiences or ego disorders which involve a loss of boundaries between self and other. (4) While these experiences are still accompanied by an 'as if', this last reservation finally breaks down, leading to the delusions of influence, thought insertion and alien control which mark the climax of the alienation process.

Other ego disorders, such as thought withdrawal, thought broadcasting, 'made' feelings, somatic hallucinations etc., may be attributed to analogous psychopathological trajectories. Similarly, an alienation of the intentional arc of *perception* has been shown to lead to delusional mood, delusional perception and delusions of reference [42]. Finally, as pointed out above, *auditory hallucinations* can be conceived as an alienation of thought fragments (thoughts aloud) in which the sensualization is predominant so that they are not experienced as inserted thoughts. Though having the same roots, voices do not count among ego disorders because they do not remain 'within the subject', as it were, but are completely externalized, thus leaving the self-other boundary as such unaffected.

To summarize, in ego disorders, the basal schizophrenic self-disorders reach the point of a fundamental disturbance of subjectivity, marked by a loss of the boundaries between self and others. Thus, delusions of alien influence or control are not primarily cognitive misconceptions or higher-level meta-representational failures but rather the final result of a diminishment of self-affection and self-presence on the prereflexive level. Hence, one can conclude that the absence of the notion of the self and its disorders in international psychiatric classifications means a severe drawback for a differentiated psychopathology of schizophrenia.

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