

Anomalous Self Experiences Outside Schizophrenia Spectrum Disorders ^{a)}

Anomalias da Experiência do Eu Fora do Espectro da Esquizofrenia

Luis Madeira*

ABSTRACT

Anomalous Self-Experiences (ASE) are probably the most important contemporary conceptual and empirical research topic in the field Psychopathology of Schizophrenia. The set of these subjective phenomena constitute particular traits of schizophrenic subjects which were shown to be present in the first episode of psychosis, in prodromal and in Ultra-High-Risk states. Outstandingly, such enquiries have raised the standard of the psychopathological examination and endorsed reconsidering that subjective phenomena might increase validity of a psychiatric category without sacrificing reliability. They include changes in thought, self and bodily experience, reality contact and existential orientation. The keynote explored new ways of ASE's symbolization as is the case of Truman Symptoms and abnormal bodily experiences subsets in Ultra-High-Risk subjects. Also, it further isolated ASE in new settings such as anxiety disorders. The keynote presented the results of three studies including two studies in Ultra-High-Risk subjects and in Panic Disorder subjects characterizing their profile and considering possible differences

from schizophrenia. All of them aim to be a necessary first step to sanction a new set of enquiries contemplating other subjective phenomena that might occur in schizophrenia and recognizing the possible role of addressing subjectivity in determining psychopathology of other disorders.

Key-Words: Self-experiences; Schizophrenia; Phenomenology; Ultra-high-risk; Panic-disorder.

RESUMO

As Anomalias da Experiência do Self (AES) são, muito provavelmente, o mais importante e contemporâneo tópico de investigação (empírica e conceptual) no campo da Psicopatologia da Esquizofrenia. No seu conjunto estes fenómenos subjetivos parecem manifestar-se como traços que acompanham os indivíduos com esquizofrenia ao longo de sua vida tendo sido possível mostrar que estão presentes no primeiro episódio de psicose, em estados prodrómicos da doença e mesmo em estados de elevado risco. A identificação destas novas

* Departamento de Neurociências e Psiquiatria, Faculdade de Medicina da Universidade de Lisboa;  luismadeiram@gmail.com.

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experiências e a sua exploração nestes diferentes grupos parecem possibilitar um exame psicopatológico mais aprofundado e endossar a importância de reconsiderar os fenômenos subjetivos – estes poderão um dia melhorar a validade desta (e outras) categoria psiquiátrica sem sacrificar a fiabilidade bem como permitir o diagnóstico e intervenção precoce. No seu conjunto estas experiências incluem perturbações da forma de pensar, da experiência de si e do seu corpo, do contato com a realidade e da sua orientação existencial. Esta apresentação explorou novas formas de simbolização da AES (Experiências Corporais Anômalas) e também procurou mostrar novos subconjuntos de experiências (por exemplo sintomas Truman) em indivíduos em elevado risco de psicose. Também mostrou que é possível encontrar AES em outras situações, como as Perturbações de ansiedade. A apresentação promoveu os resultados de três estudos, incluindo dois estudos em indivíduos Ultra-Elevado-Risco de Psicose e em indivíduos com Perturbação de Pânico, caracterizando o seu perfil de experiências e considerando as diferenças deste com as de pacientes com diagnóstico de esquizofrenia. Todos estes estudos pretendiam ser um primeiro passo para garantir um novo conjunto de perguntas científicas com base na subjetividade. Incluindo estas outros fenômenos subjetivos que possam ocorrer na esquizofrenia mas também que avaliar a subjetividade possa ser relevante na melhor caracterização da psicopatologia em outras perturbações psiquiátricas.

Palavras-Chave: *Experiências do Self; Esquizofrenia; Fenomenologia; Ultra-High Risk; Perturbação de Pânico.*

The model of self-disorder for schizophrenia is key to understanding its complex symptoms and to capture some of presenting heterogeneity^{1,2}. Cardinal features of anomalous self experiences (ASE) include disturbances of *ipseity*, hyper-reflexivity, diminished-self-presence and disturbances “grip” or “hold” on reality – all collapsed into one phenomenologically based semi-structured interview “Examination of Anomalous Self Experiences³. Extensive research of these experiences is now available both in schizophrenia spectrum, the first psychotic episode and its prodromal and ultra-high-risk syndromes⁴⁻⁷. It seems that it fits longitudinal progression and short-term situationally-reactive and defensive variability of symptom-expression that can occur in schizophrenia. It has also allowed the segregation of the schizophrenic spectrum from those having affective disorders^{2,8,9}. Detail onto this sub-sets have allowed a new interview to arise namely Abnormal Bodily Experiences Questionnaire^{10,11}. Also, it seems that there might be an overlap between some of the phenomena and those occurring in other conditions such as dissociation (depersonalization and derealization)¹², anxiety disorders¹³ and even introspection¹⁴. Acknowledging both shared and distinguishing symptoms might be key to a phenomenologically informed psychopathology and the necessary first step towards a psychopathologically grounded psychiatric practice and research¹⁵. Research has allowed translational research where these inputs

from phenomenology have been linked to neuro-correlates^{16,17}. Indeed, recent endeavours aim to create a bio-pheno-social model of schizophrenia bridging all paradigms (subjective, objective and neurobiological features) varieties of self experiences in and beyond the schizophrenic spectrum¹⁸.

The keynote presented three studies on Anomalous Self-Experiences which added to the conceptual and empirical research topic in the field of Schizophrenia^{13,19,20}. These aimed to raise the standard of the psychopathological examination as they've endorsed reconsidering subjective phenomena to increase validity of a psychiatric category without sacrificing reliability. It presented Truman Symptoms (TS), a contemporary way of symbolizing depersonalization/derealization experiences, to identify their relevance in UHR and considering their relation with ASE²¹. TS seem to represent a fresh cultural symbolization of the initial phase of psychosis and yet no empirical enquiry has set their bearing in the risk of psychosis, found possible analogies to ASE or a relation with other clinical measures. It continued by addressing the subset of bodily ASE, of which the relevance in a schizophrenic sample has been recently reconsidered. Deploying a new instrument – the Abnormal Bodily Phenomena Questionnaire – it examined the UHR states drawing the relation of these unique subjective elements with established ASE and other clinical measures¹⁰.

The keynote also settled how characterizing the presence of ASE in a well-established, almost archetypal, nosological category of anxiety – Panic Disorder – could contribute

to the characterization of the psychopathological forms of subjectivity of these subjects¹³. Such enquiry seems fundamental to the use of ASE in many other populations including UHR where anxious settings are extant and therefore identifying particular *clusters* which could be representative of more severe disturbances of “basic-self” as crucial for their clinical relevance.

Overall, all three considerations spread the understanding of anomalous self-experiences outside schizophrenia spectrum disorders studying their relevance as markers of risk of severe mental disorders and their possible status in anxiety disorders. First, that Truman Symptoms might occur in Ultra-High-Risk (UHR) subjects endorse the need of their enquiry and finding if they predict clinical outcomes²⁰. Possibly they display a contemporary way of formulating Anomalous Self Experiences (ASE) in UHR states. Second, Abnormal Bodily Phenomena might be a relevant psychopathological *cluster* in Ultra-High-Risk Subjects¹⁹. Therefore, that a comprehensive phenomenological inquiry of this subset of ASE could be relevant to enrich the understanding of UHR states. Third, a *cluster* of “secondary” ASE emerged in subjects with Panic Disorder allowing the identification of new psychopathological particularities of this category¹³. The results in Panic Disorder expose how these subjects lack more profound disturbances of basic self, which are present in schizophrenia. Notably, they illuminate the yet unmapped field of subjective phenomena, which might carry new meanings to the psychopathological examination. All three branches of this keynote aim for a critical appraisal of basic-self paradigm.

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