The Concept of the Self & Psychiatry: Epistemological vicissitudes

Prof G E Berrios
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geb11@cam.ac.uk
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HOW TO STUDY THE CONCEPT OF SELF

Historico-Philosophical Methodology

- ‘Discovery’ vs Constructivism
- Linear vs Epistemic Narratives

Questions

- What kind of ‘object’ is the Self?
- What ‘Self’ is compared in transcultural studies?
- Should Western categories be used as a paragon?

Boundaries of the documentary database

- What to leave out & what to include?
(Reflexive Pronoun, Pronominal Adjective)

έγώ
Ego & ipse
Self (Object & Subject self)
Yo
Ich, selbst
Le Moi, Soi (Coste)
Io
1. That which in a person is really & intrinsically he (in contradistinction to what is adventitious);

2. The ego (often identified with the soul or mind as opposed to the body);

3. A permanent subject of successive and varying states of consciousness (identity criterion).

**Ego:** That which is symbolized by the pronoun I; the conscious thinking subject, as opposed to the non-ego or object
THE BOUNDARIES OF THE SELF

Differentiating Self from non-Self

- Divine decision
- Intuition
- Inner conviction
- Sens intime
- ‘First-hand’ access
- Biological evolution

Problems

- Reliance on intuition
- Pliable boundaries (e.g. fashion, ownership)
- Collective selves (other cultures)
SELF AS A SELF-REFLECTIVE CONSTRUCT

- Self-reflective: “Awareness of being aware”
- Awareness of the boundaries, mechanisms & contents of the Self
- A defining component of the Self
- As “Selbstbesinnung” (‘autognosis’) it has been used as a criterion to differentiate the Social from the Natural sciences (e.g. Dilthey)
THE SELF & FAMILY OF TERMS IN WESTERN CULTURE

prosopon
individuum
soul
intersubjectivity
logos

personhood
spirit
social self
Self-reflexivity

SELF
Ontological
Theological
Epistemological
Social
identificatory

consciousness
identity
individuality
agency

subjectivity
ego
ownership
personality
As a Pronoun (Signifier), the Self is expected to have a Referent (Signified):

- Ontological (objectual)
- Epistemological (subject & object-self)
- Experiential (self-awareness)
- Effortful (agential)
- Historical (biological, hermeneutic)
- Dialogical (intersubjective)
- Narrative (linguistic construction)
- Post-Modern (contingent, illusory)
The Self is posited as the internal ‘reality’ or substratum onto which ‘psychological phenomena’ may rest & converge.

The relationship between the psychological phenomena and the Self can be conceptualized in various ways (e.g. as features or accidents are attributed to a substance).

The ontological referent of the Self also services notions such as person, subject, consciousness, agent, awareness, etc.
Considering the Self as a substance has encouraged its reification (via ‘naturalization’) (e.g. by effectively reducing the Self to a ‘region of the brain’)

- Reified Selves have been conceptualized in Ontological (Anatomical) or Dynamic (Physiological) terms.

- It has also been suggested that the Self has been ‘assembled’ by biological Evolution & become ‘hard-wired’ in the brain

- The ‘substance’ view of the Self facilitates the claim that Selves can become:
  a) disordered (pathological); and
  b) liable to legal & ethical responsibilities.
THE HISTORICAL CONSTRUCTION OF THE SELF

- Debate on Individuation of Experiences (*Plato, Aristotle*)
- The *hêgemonikon* as a unitary Self (*Stoics, Plotinus*)
- The Private Inner Space (*Augustine*)
- *Res Cogitans* & the Epistemological Self (*Descartes*)
- The experiential or ‘psychological’ Self (*Locke*)
- The empirical & the transcendental Self (*Kant*)
- The sceptical Self (*Hume*)
- The hyperbolic Self (*Fichte*)
- The *Sens Intime* & the effortful Self (*Maine de Biran*)
- The psychodynamic Self (*Freud, et al*)

The ‘disorders’ of the self

It is claimed that anomalous experiences & behaviours are met with in clinical practice whose functional content is redolent of features conventionally attributed to the theoretical structure of the Self (e.g. boundaries, functions, contents)

- Can the ‘Self’ be disordered?
- Can narratives/theoretical entities be disordered?
SELF IN PSYCHIATRY: main contributions

- Mental disorders as distortions of ‘unconscious self’ (Griesinger)
- ‘Primary & secondary’ Selves (Meynert)
- Self as a ‘mediator’ (Freud)
- Anomalien des Ichbewusstseins (4 criteria) (Störring)
- Pathologie des Ich-Bewusstseins (Pick)
- Veränderungen des Selbsbewußtseins (Oesterreich)
- Criteria for awareness of Self (Jaspers [4] / Schneider [5])
- Ichstörungen (Grühle)
- Störungen des Persönlichkeits-Bewusstseins (Haug)
- ‘True’ & ‘false’ Self (Winnicott)
- ‘Tragic’ & ‘guilty’ Self (Kohut)
- The ‘new’ disorders of the Self (Cicchetti, Feinberg, etc.), etc.

‘Disorders’ of the Self according to its Epistemological components

a) *Ichstörungen* named defects of the boundaries and functions of the self (as per schizophrenia)

b) *Pathologie des Ichbewusstseins & Störungen des Personlichkeits-Bewusstseins* mainly concerned disturbances of the functions of the Self.

c) The ‘new disorders of the Self’ seem to relate to changes in experiential contents and functions unrelated to conventional definitions of the Self (e.g. Gilles de la Tourette syndrome, suicidality, etc).
"Mental pathology & normal psychology alike teach us that the Self is a complex notion and the really important question to ask is what its individual constituents are.”

The constituents of the *Ichbewusstseins* are:

1. Awareness of one’s own body
2. Feelings of activity
3. Awareness of our capacity to perceive and feel
4. Awareness of Continuity with the past (identity) (p290-294)
Jaspers established four formal criteria for awareness of the self (which he first called ‘awareness of the personality’): as contrasted with the external world and others; feeling (awareness) of agency; of identity through time; and of unity in the present. To these four criteria we added the criterion of awareness of existence; Jaspers adopted it as part of his feeling of agency criterion. Under the name ‘experience of our own existence’ we hold it to be an independent fifth criterion.
CONCLUSIONS (1)

- Literature on the Self is enormous & repetitive
- The ‘Self’ is a member of a family of concepts developed in the West to deal with internal cultural needs concerning identification, agency, ownership and ethical & legal responsibility.
- Western concepts of the Self include (often incompatible) ontological, epistemological, social, historical, relational, dialogical, etc., formulations
- Western views of the Self are not universal. Claims that such difference can be explained by the fact that the Western ‘Culture’ is ‘more advanced’ than others are meaningless.
The fact that Western views on the Self are multiple and not universal suggests that:

a) the Self is not a unitary construct; and
b) it unlikely that it can support meaningful & stable correlations with brain sites.

Conventional Psychiatry makes use of ready-made definitions of the Self and is only interested in listing its ‘disorders’.

Given all the meanings & functions attributed to the Self, the concept of a ‘Disorder of the Self’ has little meaning. Indeed, currently it is being applied to all manner of psychiatric complaints.