

Are identity disturbances in Schizophrenia Clinically Significant?

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Abstract

Schizophrenia is a clinical condition where the person loses the contact with the reality. The objective of this review research paper is to examine the identity disturbances in persons with schizophrenia and present clinically significant impairments in their identity. Several online data bases as well as hardcopy publications have been used to obtain a collection of matching studies and the results showed that the available studies fall in a range of domains such as schizophrenia patients lacking personal identity, identity alteration, loss of oneness, lack of clear identity, identity being clinically troubling, identity being a dissociation. Also, the study has to focus on Narcissistic basis, the language and schizophrenic identity and gender identity as well. Conclusions were made that the identity loss in schizophrenia is not limited to single dimension, but all aspects are clinically significant during the diagnosis and recovery process.

Introduction

Schizophrenia is a clinical condition which is grouped under psychosis in many of the literature related to abnormal behaviors. Though the confusing term (Psychotic or Psychosis) historically received several definitions, none of them have achieved a universal acceptance. As mentioned in the DSM-IV “the narrowest definition of Psychotic is restricted to delusions or prominent hallucinations (American psychiatric association, 1994). Although Psychosis may consist of a group of disorders, most commonly, it appears in the form of schizophrenia; a disorder in which an individual’s social, personal and occupational functioning are severely affected.

As Scharfetter mentions, the term schizophrenia was coined by a Swiss psychiatrist called Eugen Bleuler (1857-1937). In 1902, Bleuler stated his argument with Kraepelin’s concept of ‘dementia praecox which was previously used to label schizophrenia .In this idea, it incorporated all the aspects of the disorder like onset of the disorder, symptoms, varying course and the outcomes under the same umbrella term (Scharfetter, 1972).

Bleuler used the term of schizophrenia to indicate the fragmentation of thought process, a split between thought and emotion and a withdrawal from the reality. (Comer, 1995). It seems according to Comer (1995) that in Bleuler’s conception, the nature of the most symptoms of schizophrenia is covered.

Now the definition most used is the one given by American Psychiatric Association in DSM criteria. It states that ‘schizophrenia is a disturbance that lasts for at least six months and includes at least one month of active phase symptoms.(i.e. two or more) of the following :delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior and negative symptoms).(American Psychiatric Association,1994).

The concept of Identity

Erik H Eriksson, the psychoanalyst who authored many scholarly writings on person's identity development explains the term identity as follows; " Ego identity denotes the individual at the end of adolescence, must have derived from all of his pre-adult experience in order to be ready for the task of adulthood"(Erikson,1960 in Stein, Arthur and White,1960,). Here identity implies a person's readiness to behave as an adult and it is derived from the previous experiences which are specific to him or she and which are nurtured by his own culture and group's tradition. There is a union between the senses of uniqueness of the self and the feeling of sharing with others (Especially with group members). Thus, identity can be defined as the way that individual understands on him or herself as a separate entity. Identity is merely not the self. It is included in identity. The mental model of a person or the self-image is also related to the idea of identity. Through these contrasting views are prevailing, Eriksson says that identity mean the self.

So, Identity is the search for who /what am I (Or must I be acquainted with) in a particular context with which the individual may interact (Shoemaker, 1963). Most of the time, to denote the idea of the term "Identity," the personal identity (sense of person's uniqueness) is used by psychologists are also using the concept of social identity.

Identity disturbances in Schizophrenic patients

The nature of the identity of persons with Schizophrenia has been studied by number of researchers. Some of them have paid their attention to the personal identity and its subjective dimension while some others have studied about social

identity. In these studies, most commonly, many of the researchers have used the psychological approaches to study. Some other researchers have used the social and philosophical approaches for their studies. Some of these studies have directly investigated the nature of Schizophrenic identity while others have found some concept of the identity of Schizophrenic patients in their attempts to study other aspects of Schizophrenia.

To understand whether hospitalization causes identity alteration in schizophrenia, several aspects of identity issues in Schizophrenia have been addressed i.e. when a person with Schizophrenia is hospitalized, it is said that his or her identity may be altered or may have to redefine. In this, they all acquire a new identity or lose the existing identity. To investigate this matter, Burnham (1969) conducted a study which was entitled as "Identity definition and role demand in the hospital careers of Schizophrenic patients". In this study Burnham probed into the self-definition of Schizophrenic patients after hospitalization. i.e. After entering a new situation with their label as a mental patient, they have to change their identity. The researcher examined different aspects of the patients' hospital life such as initial efforts to identity definition as a patient, phases of identity definition during the hospitalized period and responses given to the role expectations on her or him by the hospital staff members. Here Burnham analyzed the cases of four Schizophrenic patients. First of the four cases showed that the patient is completely rejecting the situation where he had to assume the role of mental patient. This was his initial response. Most prominent feature of this person's initial identity response was that he was reluctant to be labeled as a mental patient and refused to follow the treatment programs that were scheduled by the hospital staff. Initially he struggled against this ascribed identity as a mental patient. But after two months of hospitalization, his identity began to defuse during which he

claimed the identity of the other patients to whom he envied during the previous months. Finally, he showed an identity which was expected by the hospital staff. According to “Burnham”, the reason for this was that he may not belong to the group of patients, if he is going to protest the ascribed identity. So, he had acquired that identity.

In the second case example, which Burnham presented’ the patient displayed unsuccessful attempts to establish a confirmed identity. Also, he was lacking in assuming a masculine identity too. He showed doubtful or uncertain beliefs towards himself. The final example in the study of Brenham was about a patient who shows impairment in the construction of an integrated identity. He was wandering in a way to assert or establish an active masculine identity and had passively identified with the sick aspect of his mother. In the conclusion of this study Burnham remarked that hospitalizations cause the schizophrenic patient to have a lack in their identities. Further, he explained that the hospital staff have an anticipation that the patients are helpless and lacking the control cause to dissolve the identity of the patient. Finally, the researcher determined that there are complexities for schizophrenic patients to construct an identity role fit for them. This study provides extremely focused and necessary information about how the identity of the schizophrenic patients is formed and changed during their illness, especially after the hospitalization.

Some researchers have adopted approaches in which they predetermine that the schizophrenic patients lack a clear sense of identity or self. They attempted to make a sense of ownness in those patients by teaching them to have a sense. Egendorf, Arthur, Jacobson and Lawrence (1982) conducted a project to teach to make a sense of ownness for the persons with schizophrenia. Their study included 23 schizophrenic patients and the researchers aimed that through psychotherapy the

patients will improve. This intervention took place on three levels

1. at the program level
2. at the group level
3. at the individual level.

In one session the patients had to make a sense about them by asking who I am etc. Another session included self-disclosure and self-identification by the patients. Finally, this study found that patients improved in making a sense of them at the end of the project.

Is schizophrenic identity troubling? Most of the time, researchers argue that identity problem is at the heart of Schizophrenia. According to them, identity problem may exist much more like the dissociation. “Andreeasky” (1991) taking the ideas of “Von Foerster” (1974) carried out a less formal study titled “Emergence in language and some remarks on the articulation between language and personal identity”. Foerster’s idea on which Andreeasky based was that interpretations of language and objectives are linked with personal identity. In his study, “Andeeasky” presented three cases of patients who showed auto referential (related to personal identity) expressions. He concluded that there is interdependence in phenomena such as language communication and personal identity. Focusing directly on the personal identity, this study has investigated the related areas of the identity in schizophrenic patients. It provides an essential background for the study on schizophrenic identity. Similarly, Robert (1995, as cited by Bastien, Robert in 2004) did a study entitled “The psychiatric team and social definition of schizophrenia. According to Bastian, who explained reviewing

five studies related to the health promotion, this study intended to understand how the identity of the schizophrenic patients is created. “Barret” tried to understand the building structure of the schizophrenic identity.

To answer the question that is schizophrenia dissociation, some researchers are agreeing with the idea that schizophrenia is a kind of dissociation while some others deny this completely. Dissociation represents the symptoms which are much more like the diffused or scattered identity. The researchers are enthusiastic about studying the dissociated nature of Schizophrenia and interested in the studying of the clinical nature of schizophrenia. Moise and Leicharner (1996) carried out a research to find the dissociative symptoms and disorders within an adult outpatient population with Schizophrenia which study had the same title. To identify the dissociative symptoms, the “Dissociative Experience Scale (DES)” and a self- report questionnaire was administered in the first part of this study and according to the researchers; patients who are scored 25 greater were included in the second part of this study. Those patients were interviewed with the positive and Negative Syndrome Scale (PANSS) as well as the structured clinical interview for DSM- IV dissociative disorders (SDID-D) and the Dissociative Disorders interview scale (DDIS) (Moise and Leichaner, 1996). According to Leicharner (1996), Factors analysis of the results obtained showed that DES produced results on three subscales: - amnesic dissociation, absorption and imaginative involvement, and depersonalization. The PANSS produced scores also on three scales: Positive Symptoms, Negative Symptoms and general Psychopathology SCID-D of the other two produced measurements, on dissociative Symptoms, amnesia, depersonalization, de-realization, identity confusion and identity alteration. The final on the DDIS provided diagnosis for Dissociative Identity Disorders. This study which included 53 Schizophrenic

patients was grouped as those who scored more than 25 and less than 25 and those who scored above showed that Schizophrenia and dissociative identity disorders are coexisting. Also, this indicated 26% patients who scored 25 or higher in DES the results from PANSS showed that patients were presenting predominant positive symptoms.

Sass, Louis and Arnorsson (2001) did a study titled the “phenomenology of self-disturbances in schizophrenia” and the researchers described the concept of schizophrenia as a self-disorder or “ipseity” disorder with two main facets (ipseity means self in Latin). Those two facets are diminished self-affection and the hyper-reflexivity. In this study, the researchers showed that the patients with the negative symptoms denied any diminishment of self-affection. This study had investigated the identity disturbances in Schizophrenia from a phenomenological perspective and they also shed a valuable light on the clinical significance of this fact.

Sometimes the subjective perception or the subjective identity of the schizophrenic patients may differ from the situation to situation or from the location to location. The reason for this is the environment in which they live. In a study done by Verity, Humberstone (2001) examined the subjective experiences of people with schizophrenic who were living in highly staffed and supported accommodations. 13 patients were interviewed using the semi-structured method and the audiotaped data was transcribed. Then the analysis was done using the grounded theory methodology. Results of this study among other findings, showed that the schizophrenic patient’s identity was a major survival strategy to prevent the survival hazards.

Narcissistic basis of schizophrenic identity is one of the other areas which have drawn some of the researcher’s attention. In

another article, Ian health online (2003) tried to establish an association between Narcissism and Schizophrenia by discussing the commonalities of these two 38 dimensions. the Authors or author (whose names are not given) tried to add his or her / their own ideas to the ideas of R.D Laing who wrote a book an Schizophrenic identity called the “divided self” .According to the author / authors of this article, Laing’s idea that schizophrenic patients have (as quoted in the article) two selves and that they are dissociated from each other, was focused in this discussion. According to Laing, (as quoted in the article) two selves of a person with schizophrenia appear distinctly. One self which cannot be observed by others is called the “inner or true self” while the other which can be observed by others is called the “false self”. Now, the researcher/s of this article of which the aim was to discuss the relationship between Schizophrenia and Narcissism, say that this false self serves to prevent the anxiety arising from Social relationships. Schizophrenic patient may store his emotional responses in the hidden inner self. So, the author/s of this article called this as dissociative schizophrenia. The author/s made an attempt to show that the narcissistic ideas lie in the bottom to emerge this false self by protecting inner self from anxiety. This conception that schizophrenic identity is manifested through two separated selves, is allowing us to understand different facets of schizophrenic identity (Ian health online ,2003).

Matching another person’s identity may also reflect one’s own ability for the identification. Some studies have found out that persons with schizophrenia show some abnormalities on identity matching and facial emotions recognition. Martin, Baudouin, Tiberghien and Frank (2003) conducted a quantitative study which was to assess the abilities of schizophrenic patients and normal controls in emotion and identity matching, when these two dimensions are varied

orthogonally. According to the researchers of this study, “pairs of faces belonging to the same person or not and expressing the same emotion or not were presented” (Martin, Baudouin, Tiberghien and Frank, 2003). Also, the same photographs were used in two delayed matching tasks. The participants included two groups. In one group, there were twenty schizophrenic patients including 15, males and 5 females. The second group included 20 control persons who are psychologically healthy. There were 7 females and 13 males in that group. “Mini international Psychiatric Interview (MINI) was used to assess the presence of schizophrenia in the patients. In this study, color photographs of five persons expressing, five different emotions were used to stimulate the responses of both group of participants. There were two sessions for this experiment. During the first session the participants were asked to classify the faces according to their identity. In the next session they classified the faces according to their emotions. The results of this study showed that the performance of all participants was affected by the change of emotions. Nevertheless, performance was more dramatically damaged for persons with schizophrenia than for the control group. The researchers found that the persons with schizophrenia were impaired in processing facial emotion and identity in a delayed matching task. Also, the study showed that performances in emotion and identity were significantly correlated. This study brings forward the idea that identifying one’s emotion might reflect the own identity (Martin, Baudouin, Tiberghien and Frank, 2003).

Narrative telling is one of the ways in which our identity is manifested. The stories that we tell about ourselves or others are called narratives. Most commonly, we can see that our sense of self or the identity is carved primarily on narratives we construct. People build relationships from personal history to larger social history through these narratives. According to

researchers who study about these narratives that we tell about ourselves are not mere explanations facts of our lives, rather they are important to organize our experience to lead our lives. In this basis, Sneider (2003) came up with a study on “Narratives of Schizophrenic patients”. This study was carried out for a period of two months in early 2001. The participants were selected using the unintentional snowball technique and had interviewed 6 schizophrenic patients ranged from the ages of 15 to 55. The sample included four males and one female who had been diagnosed of having schizophrenia. In this study, the analysis shows that schizophrenia determines how the narratives of the schizophrenic patients are used as a resource for the construction of an identity. In this study, the researcher asked from the participants about how they came to be diagnosed and how they got to where they are now. “The researcher” identified three important features of the identity of the schizophrenic patients. One is that the patient denied that he belonged to the group of schizophrenia and attempted to construct a positive identity. The other feature that the researcher found, was that the patients rejected the idea that the schizophrenia as a motive for them to act. According to researcher, a patient presented that every act in the person’s identity are manifestations of the symptoms, but she did not deny the membership in the category of schizophrenia. The patient rejected that schizophrenia was determining her identity. The third feature that was found in the narrative of schizophrenia is that these patients tried to mobilize descriptions of themselves as normal. Though this study examined the social identity of the schizophrenic patients, it provides a very comprehensive knowledge for the study of schizophrenic identity.

Brady and McCain (2004) carried out a study titled “Living with schizophrenia: A family perspective” in which they studied the family’s role on Schizophrenia. They investigated

how the families with a patient with schizophrenia may respond to the patient. The researcher's aim was to describe the state of the research evidence about the families with schizophrenia. The researchers reviewed a total of 63 research reports from 1998-2004. The sample of studies included self-reports of the schizophrenic patients. In this review, they found that some researchers have conducted studies on the identification with the environment by the schizophrenic patient. In this review, the researchers encountered a point where there was a reference to the loss of personal identity as a normal person by the schizophrenic patients. According to this reference, the process of losing the personal identity was acquired through being labeled as a schizophrenic or a mental patient. The other reports reviewed by the researchers showed that the acquisition of the above-mentioned role was extremely difficult for a patient because they have occurred during the adolescence in which the identity acquisition is crucial. As a result of this label the patient may withdraw from the environment and the isolation from the peers may also take place. Even though this study does not directly address the topic of schizophrenic's personal identity, it has found some important points about the personal identity of the persons with schizophrenia.

The link between the language and schizophrenic identity is one of the other aspects that the researchers have studied with some interest. In a study done by "Christine" et.al (2004) found some important concepts about the identity of the schizophrenic patients. The objective of this study was to analyze the language of the schizophrenic patients who expressed negative symptoms for about three months. In this study, the research probed into the structure of the speech in people with schizophrenia. The computer based ALCESTE method was used to analyze the free speech of three patients. According to the researchers, the method is based on the top down hierarchical classification program that selects class

vocabulary, each defined by a pool of words that are mathematically linked together and occurred most frequently. Result of this study showed that the language of person with schizophrenia (who presented with negative symptom) is restricted.

Further the association between Music therapy and schizophrenic identity was studied by Bent (2005), in an article called “The principle of Polarization used in working with schizophrenic patients” This study presented the nature of schizophrenic identity by explaining a case study of person with schizophrenia, with whom Jenson, practiced music therapy to integrate through musical improvisation (Bent, 2005). (According to the researchers, Polarities include the patient giving up of music therapy when it was successful (Bent, 2005). Phenomenological understanding of schizophrenia is used on a patient and interviewed to know why he had to withdraw from the therapy when it seemed to be very successful. After the improvisation, the therapist and schizophrenic patient who was experienced a serious anxiety that the devil will harm him, listened to the music together. Explaining the interview, Bent (2005), shows his observations, as presenting a model of the nature of schizophrenia from a phenomenological perspective and the music therapy techniques to improve the patient.

Some argue that schizophrenia is a kind of self-disorders. The sense of self and identity is weakened in schizophrenia. To investigate this idea, “RedOrbit” Magazine (2005), in an article called “schizophrenia, consciousness and the self” examined the distortion in each dimension of schizophrenia. The study was carried out through two main avenues. One is Schizophrenic symptoms in disturbances of self-hood or self-experience. The other is to draw attention to clinical manifestations of self-disorder that are at the core of illness. In

this article, the researchers argue that two aspects of the disorder mutually play a key role in self-disturbances in schizophrenia. Further, this article explained that these self-disturbances can clearly be distinguished from the consciousness of from self-disturbances that are common to other psychiatric disorder.

Gender Identity in schizophrenic patients is also examined by some researchers and they have conceptualized that subjective perception of being masculine or feminine may affect the treatment and recovery in schizophrenia. Becoming aware of the suggestion given by previous studies which say that people with schizophrenia experiences disturbed sex role identification' "Sajatovic, Martha; Jenking, Janish, Strauss, Butt, Zeeshan, Carpenter and Elizabeth (2005) studied 'Gender identify and implication for recovery among men and women with schizophrenia'. The "Bem Sex Role Inventory (BSRT)" was used to assess the 'Gender Identity' of '90' men and women with schizophrenia, and schizoaffective disorders. According to researchers of this study, 'A MANOVA repeated a measure was used to compare the mean scores on masculine and feminine roles, scale for men and women for two studies. According to the result of this study, it was indicated that there is no statistical significance between the result of men and women on BSRI. Researchers explained that men and women with schizophrenia have different gender identities that are deviated from normal standards. Also, this study has found that schizophrenic men showed a less identification with traditional male gender role characteristics. So, the notion that schizophrenia is a disorder with disturbed gender identity is confirmed by this study.

Conclusions

Several research studies which have been examined in this review research show that the identity of the persons with schizophrenia have been impaired in the areas of personal identity and its subjective dimension, the fact that hospitalization causes identity alteration in persons with schizophrenia as well as such patients lacking a clear sense of identity or self. Some other researchers have studied attempts to make a sense of ownness in those patients by teaching them to have a sense while predetermining such patients' lack of clear identity. Among the studies of identity problems in Schizophrenia, there are studies which investigated whether schizophrenic identity troubling or not as well as, is schizophrenia dissociation too? The "phenomenology of self-disturbances in schizophrenia, subjective perception or the subjective identity of the schizophrenic patients, Narcissistic basis of schizophrenic identity, how schizophrenic patients match another person's identity were also deeply studied in the available related literature. Narrative telling is one of the ways in which our identity is manifested and it was also one of the aspects of schizophrenic patient's identity which had attracted researchers' attention.

Further research studies have focused their interest on studying the family's role on Schizophrenia patients' identity, The link between the language and schizophrenic identity, Music therapy and schizophrenic identity, Some researchers argue that schizophrenia is a kind of self-disorders. Gender Identity in schizophrenic patients has also drawn considerable attraction. It can be concluded that the identity loss in schizophrenia is not limited to single dimension, but all aspects are clinically significant during the diagnosis and recovery process.

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