The Social Dimension of the Self:
Self-formation as Revealed by Depersonalization

by

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Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Abstract

In this thesis I investigate the social and cultural dimensions of the self through an examination of the psychiatric disorder of depersonalization. Specifically, I apply Thagard's Multilevel Interacting Mechanisms framework to depersonalization, which reveals the complex interaction between the phenomenal nature of the illness, and the (culturally construed) conception of the self. I argue that in addition to being a factor for this particular mental illness, the Western independent conception of the self is descriptively incomplete. These conclusions have both bioethical implications for the optimal treatment of depersonalization, and conceptual implications as to our understanding of the self. In the former case, I advocate for greater recognition of the social and cultural contributions to depersonalization, and a more pro-active response to potentially unhealthy self-concepts. With respect to the self, I argue that despite the lack of a 'single monolithic self-concept', the self can be understood as unified both phenomenally, and more broadly by taking a multilevel approach.

Depersonalization has been chosen for this project as it is challenging (and ultimately revealing) on two fronts; first it is an incredibly subtle yet disturbing phenomenal experience that affects approximately 2.5 percent of the Canadian population, making it an ideal subject for fostering an understanding of the phenomenal subtleties of selfhood. Secondly, the rates of depersonalization vary dramatically across cultures, and I shall argue that this is largely a result of divergent conceptions of the self. An integrative multilevel account of depersonalization will help explain how these phenomenal and social components operate within the larger phenomena of selfhood.

Acknowledgements

First of all, I must thank my supervisor Paul Thagard, who guided me through this process, kept me motivated when the project looked daunting, and struck an exceptional balance between support and criticism with respect to my work. I also wish to thank my secondary readers Chris Eliasmith and Mathieu Doucet, both of whom gave thoughtful feedback and helped me identity and clarify some of the weaker passages in my thesis. I am truly grateful to have had my thesis read by such acute and careful minds.

Additionally, I would like to acknowledge the graduate students of the philosophy department, who often felt like a surrogate family during my time in Waterloo. In particular, I would like to extend special thanks to Eric Hochstein, who was like a philosophical mentor, and introduced me to ideas that have significantly shaped my present (and likely future) philosophical investigations.

I also wish to extend gratitude to my family. Thank you mum and dad; you both helped me believe I could pursue this year in philosophy. Thank you also to my brother Maxim, for helping me challenge a wide set of assumptions.

Lastly, Nora; thank you for everything. I cannot even list the ways you've helped me in realizing this thesis, both acutely and broadly. You are an inspiration in all dimensions of life.

Dedication

My dedication is inspired by Gary Snyder's poem "For The Children," published in his 1974 collection *Turtle Island*. It is simultaneously a prescient warning of the large troubles ahead, and a dedication to the future generations that will have to overcome them. In order to "climb these coming crests" I believe a change in how we understand the nature of the self will be required. I therefore wish to echo Snyder's own words for future generations:

stay together
learn the flowers
go light [1]

[1] *Turtle Island* (New Directions, 1974).

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Chapter 1: Depersonalisation and its Cultural Variation

> In certain forms of melancholic perversion of the sensibilities and reactive powers nothing touches us intimately, rouses us, or wakens natural feeling. The consequence is the complaint so often heard from melancholic patients, that nothing is believed in by them as it used to be, and that all sense of reality is fled from life. They are sheathed in india-rubber; nothing penetrates to the quick or draws blood, as it were. According to Griesinger, 'I see, I hear!' patients say, 'but the objects do not reach me, it is as if there were a wall between me and the outer world!
>
> - William James, (1890, vol. 2, p. 298)

Section 1.1: The Self as a "Mixture of Unity and Diversity"

In the above passage from *The Principles of Psychology*, William James offered one of the first descriptions of what is now called depersonalization disorder. In the same work, James also attempted to carve out a new theory of the self that opposed (but also integrated) aspects of what he perceived to be the three major conceptions of his day. These were the theory of the soul, the associationist model (which he ascribed to Bentham and Hume), and the Kantian transcendental model of the self. The theory of the soul is premised on a need to account for the centrality and unity of the self, which James believed he could explain without recourse to popular religious metaphysics. James saw Kant's transcendental model as simply reintroducing these notions with greater rigor and verbosity. The associationist model was more agreeable to James in that it recognized much of the complexity in understanding the self, yet he believed that it "pour[ed] out the child with the bath" (James, 1890, vol. 1, p. 352) by neglecting to explain the aspects of unity in the self:

> As [the spiritualists and transcendentalists] say the self is nothing but unity, unity abstract and absolute, so Hume says that it is nothing but diversity, diversity abstract and absolute; whereas it is that mixture of unity and diversity which we ourselves have found so easy to pick apart. (James, p. 352)

One hundred and twenty years later, the transcendental or spiritual conceptions of the self, and the associationist or reductive materialist models still exist. For example, in the former category there are contemporary philosophers such as Wittgenstein and van Fraassen (2002, 2004) who have espoused views compatible with Christian theology, while in the latter category we have philosophers like Daniel Dennett (1991), as well as Buddhist perspectives, both of which view the self as an elaborate fiction.

And indeed, we also have many integrative models that one might characterize as being in the lineage of William James, in that they attempt to accept the validity of different dimensions of the self, without necessarily deferring to metaphysical speculation. For example, Dominic Murphy's medical model as defended in *Psychiatry and the Scientific Image* (2007) as well as Paul Thagard and Joanne Wood's Multilevel Interacting Mechanisms (MIM) model (*forthcoming*), both attempt to preserve metaphysically austere conceptions of the self without 'throwing the baby out with the bath water.'

In this paper I shall apply Thagard's integrative framework to the psychiatric disorder of depersonalization, with the intent of providing insight into the phenomenal and social dimensions of the self. In addition to being a factor for this particular mental illness, I shall argue that the Western independent conception of the self is descriptively incomplete. These conclusions have both bioethical implications for the optimal treatment of depersonalization,

and conceptual implications as to the nature and boundaries of the self. On the subject of bioethical considerations, I shall advocate for greater recognition of the social and cultural influences that contribute to depersonalization, and a more pro-active response to potentially unhealthy self-concepts. With respect to our understanding of the self, this examination of depersonalization reveals that the whole self is an expansive entity, operating at many levels of description, from which we pragmatically carve different particular self-concepts depending on the contextual requirements of the moment. However, despite the lack of a 'single monolithic self-concept', the self can be understood as unified both phenomenally, and more broadly by taking a multilevel approach.

Why use depersonalization for this project? Depersonalization disorder is challenging (and ultimately revealing) on two fronts; first it is an incredibly subtle yet disturbing phenomenal experience that affects approximately 2.5 % of the Canadian population (Ross et al., 1990, as cited in Sierra, 2009, p. 53). As William James' description attests, suffers often struggle to explain the nature of the experience through metaphorical descriptions. This is because depersonalization involves highly self-conscious states, making it an ideal subject for fostering an understanding of the phenomenal subtleties of selfhood. Secondly, the rates of depersonalization vary dramatically across cultures, and I shall argue that this is largely a result of divergent conceptions of the self. An integrative multilevel account of depersonalization will help explain how these phenomenal and social components operate within the larger phenomena of selfhood.

A Roadmap for the Discussion Ahead

The remainder of this chapter will provide a background on depersonalization, and discuss the evidence suggesting that variations in national rates of depersonalization correlate with the location of their cultures on the spectrum between individualism and collectivism. I shall then tie these cultural trends to the individual level, by discussing the psychological distinction between *independent* and *interdependent* 'modes of being.' The combined picture suggests that the Western independent conception of the self contributes to the prevalence of depersonalization.

In chapter two I shall deepen the understanding of the relationship between cultural variation and the experience of depersonalization by providing a schema for interpreting its phenomenal nature. Central to this account will be the psychological process of evaluating objects and events on a self-vs-nonself continuum, and the related role of emotion in colouring our experience of the world.

Chapter three will further integrate this phenomenal account of depersonalization with the social factors discussed in chapter one by implementing Thagard and Wood's multilevel interacting mechanisms model of the self. Doing so will reveal the dynamic relationship between the social and psychological dimensions in the formation of our self-concepts, and the prominent role self-concepts play in depersonalization. This will lead into a discussion of the danger of failing to recognise the socially and culturally dependent nature of the self in the field of psychiatry. Specifically, I shall look at the relationship between Western mind-body dualism and the independent conception of the self. It has recently been found that Western psychiatrists intuitively employ a kind of mind-body dualism with respect to responsibility when dealing with a patient. The concern is that the psychiatry may be unwittingly endorsing a

culturally specific conception of the self, resulting in an inability to address the social dimension of mental illness. While biological, neurological and psychological levels are typically addressed in treatment plans, the broader social and cultural level is often neglected.

In chapter four I shall suggest some ways of actively fostering healthier social conceptions of the self that could potentially be recommended by a psychiatrist. This shall include recommendations that invoke community engagement, environmental education, media literacy and technological awareness. Finally, in chapter five I shall reflect on the implications of this discussion of depersonalization for our understanding of the self more generally. I shall pay particular attention to the problematic issue of drawing boundaries for the self, as well as the sense in which a highly independent conception of the self is descriptively erroneous. Collectively, this study of depersonalization reveals the conceptual and bioethical errors of uncritically accepting a culturally specific conception of the self.

Section 1.2: A Brief Background of Depersonalization

The Contemporary Understanding of Depersonalization

Despite being the "the third most frequently reported psychiatric symptom after anxiety and depression" (Lambert et al, 2001, p. 250; Cattell & Cattell, 1974), depersonalization disorder remains a largely unknown phenomena to the public. Indeed, one Canadian study estimated its prevalence at 2.5 % (Ross et al., 1990, as cited in Sierra, p. 53), while a more recent German study found a prevalence of 1.9% (Michal et al., 2009, as cited in Sierra, p. 53). Further complicating matters, sufferers typically go 7 to 12 years from the original onset of the disorder before the correct diagnosis is made (Hunter et al., 2003; Sierra, 2009, p. 54).

This paradoxically elusive yet prevalent disorder is most tersely characterized as "a subjective experience of unreality and detachment from the self" (Lambert et al., 2001, p. 250), and is effectively defined as such in the *Diagnostics and Statistical Manual of Mental Disorders* (DSM-IV). It is often accompanied by derealization disorder, "the sensation that the external world and other people appear strange or unreal" (Lambert et al., 2001 p. 250; Hunter et al., 2003, p. 1451). Derealization disorder has been viewed as both a distinct disorder, and as a variant of depersonalization (Lambert et al., 2001, p. 250). As the two disorders frequently accompany each other, others have suggested that the two disorders are in fact one, only characterized or described differently by the sufferer, or that they are different variations in the symptoms of the same general disorder. For the purposes of this work, I shall use 'depersonalization' to refer broadly to both phenomena.

Typical descriptions given by sufferers involve the suggestion that everything feels like "living in a dream", or as though one is "viewing life from behind glass" (Hunter et al., 2003, p. 1542). However, such experiences are not merely the product of delusion; the subject is aware that these are the result of a subjective shift in phenomenal experience. This contributes to the challenge of recognizing depersonalization as a disorder, as the experience may be interpreted as simply a strange mental state. Studies have found that between 34 % and 70 % of non-clinical populations will experience at least one transient episode of depersonalisation (Hunter et al., 2003, p. 1542).

Depersonalization can occur independently of any other illness (primary depersonalisation), or in conjunction with other illnesses such as depression, anxiety disorders, epilepsy, or some vestibular diseases (secondary depersonalization) (Lambert et al, 2001, p. 250; Sierra, 2009, p. 69-100). However, none of the presently developed scales for diagnosing

depersonalization are capable of distinguishing between primary and secondary depersonalisation (Lambert et al. 2001, p. 252). Further, attempts to develop accurate surveys for discovering depersonalization have found that 'pure depersonalisation', where no associated derealization is present, is very rare (Lambert et al., 2001, p. 255). Some existing scales for depersonalisation include *Fewtrell Depression Scale* (Lambert et al., 2001, p. 250) the *Dissociative Experience Scale* (Lambert et al., p. 251), and the DSM-IV scale, called the *Structured Clinical Interview for Dissociative Disorders.* However, these scales can be both highly interpretative, and in the case of the DSM-IV scale, highly time consuming. The *Structured Clinical Interview for Dissociative Disorders* takes a full three hours to complete, making it a logistically inconvenient tool for diagnosis (Lambert et al., 2001, p. 254).

Issues in Phenomenal Self-Reporting

What accounts for the average of 7 to 12 years from the original onset of depersonalization before the correct diagnosis is made? The principle obstacle to a correct diagnosis appears to be the great difficulty in communicating what the experience is actually like to another individual. Unlike more acute sensations like pain, the phenomenal nature of derealisation is like a mood that tinges the rest of one's experience. As a result, depersonalization has few of the salient characteristics that make pain the standard example in the philosophical study of phenomenal experience. Depersonalisation has no overt behavioural aspects akin to pain-behaviour; at best it is associated with anxiety disorders and anxious behaviour. Further, unlike in the case of pain, where the experience is rather self-evident, it is hard for even the sufferer of derealisation to pin down or communicate the phenomena. However, the experience of depersonalization is not trivial, it is an uncanny and highly

distressing phenomenon. Given that it is the actual change in experience that constitutes the 'disorder' of depersonalization, it is not possible to be unaware of its presence for an otherwise mentally healthy individual.

Additionally, derealisation does not (to the best of our present knowledge) necessarily correlate with any other diseases, leaving the possible mechanisms at play largely unknown. As a result, depersonalisation is primarily diagnosed through the patient's phenomenal reporting rather than any external behaviour or observable features (Modigh, 2002, p. 285). However, given the diffuse character of the disorder, patients often have difficulty in explaining exactly what they are experiencing. This lack of confidence in the verbal reporting contributes to the uncertainty as to whether depersonalisation and derealisation are different characterisations (or differently emphasised versions) of the same phenomena (Radovic & Radovic, 2002, p. 274). In their paper "Feelings of Unreality", Radovic and Radovic write that patients suffering from depersonalisation often evaluate their own descriptions as failing to capture the experience, and are often disappointed or frustrated by such a difficulty, further exacerbating associated symptoms of anxiety and depression (2003, p. 272).

Evidence of Cultural Dependence

In the 2009 book *Depersonalisation*, Mauricio Sierra summarizes the large body of evidence that points to a strong cultural dimension for the disorder. Indeed, his research into studies across the globe has found that the variation in diagnosed cases of depersonalization ranges from 7 % to 80 % for psychiatric in-patients (Sierra, 2009, p. 101). For example, while one American study of psychiatric in-patients found that 40% of their patients demonstrated at least five depersonalization symptoms (Noyes et al., 1977), a study of Indian psychiatric in-

patients (Parikh, 1981) found the prevalence of dissociative disorder symptoms to be so rare as to call in to question the validity of the diagnostic category (as cited in Sierra, 101). In the Indian study, the *Dixon Depersonalization Scale* was used to assess 288 Indian psychiatric in-patients, and found that only 7.6 % presented any depersonalization symptoms. Typically, five symptoms must be present in order to officially diagnose a case of depersonalization using the Dixon scale.

Corroborating such disparities, in 1973 the World Health Organisation produced the "International Pilot Study of Schizophrenia." It found that the prevalence of derealisation in schizophrenic in-patients was significantly higher in the United States and Western European countries, compared with the countries of Asia, Latin America and Eastern Europe.

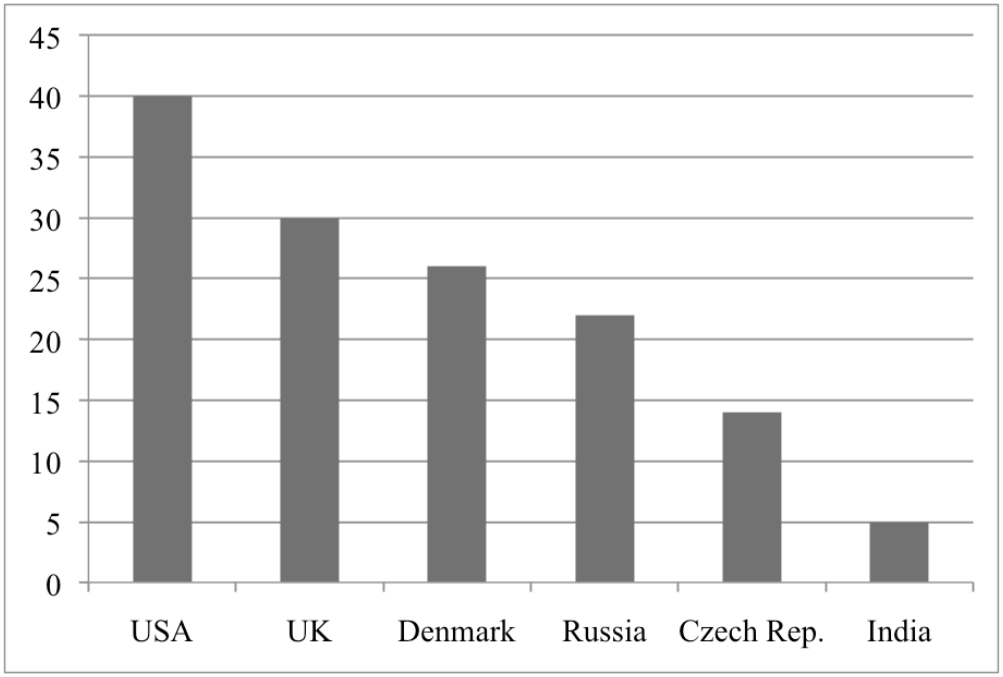

Fig. 1. depersonalization in schizophrenic in-patients by nation

Figure 1 demonstrates the correlation; the vertical axis represents the percentage of in-patients experiencing depersonalization (data from Sierra, p. 102). More recently, a 2006

Chinese study that used a version of the *Dissociative Experiences Scale* found that only 1.6 % of psychiatric out-patients presented evidence of depersonalisation (Sierra, p. 102).

Individualism, Collectivism and Depersonalization

What accounts for this dramatic variation in the prevalence of depersonalization symptoms? Sierra postulates that the distinction in social psychology between cultures that are predominantly *individualistic* as opposed to *collectivistic* may be helpful in explaining the disparity. These concepts have been developed in the works of Harry Triandis (Triandis et al., 1984, 1986, 2001) and by Hazel Rose Markus and Shinobu Kitayama (1991), and have been the subject of much ongoing research (ex. Kitayama & Cohen, eds., 2007). The concepts of individualism and collectivism form a continuum, rather than a set of binary options. Cultures that are strongly individualistic emphasise a notion of the person as being highly autonomous and independent; "the bearer of an invariable set of attributes not affected by social context" (Sierra, p. 103). Cultures that endorse collectivism on the other hand, understand "the self as a permeable entity, in constant interdependency with the surrounding context, so that here it is the 'other' or rather, the 'self-in-relation-to-other' that is central to individual experience" (Sierra, p. 103). Recent scholarship has generally established that 'Western' countries (such as the UK, the United States and Canada) are predominately individualistic, whereas the cultures of Africa, Asia and much of Latin America lean strongly towards collectivism (Triandis et al., 1984, 2001, 2002, as cited in Sierra p. 103).

Further studies appear to confirm or at least provide strong supporting evidence for this interpretation of the disparity. A 2009 German study (Michal et al., 2009) found that even when controlling for socio-demographic variables, the prevalence of depersonalization

symptoms was much higher in Western Germany than in the areas previously under the control of communism. The authors therefore concluded that the disparity was the result of higher levels of individualism in West Germany. Corroborating this interpretation, Sierra points out that in the 1973 WHO study, the Czech Republic, which at that time was still a communist state, had much lower rates of depersonalisation than its neighbouring countries (Sierra, p. 105). It should be noted that while the standardization of the WHO study helps reduce the likelihood that the variation is a result of either better diagnostic practices on behalf of Western physicians, or better marketing effects on behalf of pharmaceutical companies, it cannot rule out those explanations as co-factors. However, the evidence does seem to provide sufficient support for the claim that individualism plays a part in the prevalence of depersonalization.

Section 1.3: An Explanatory Account of the Cultural Variation

The Individualistic Conception of the Self

The connection between individualism and depersonalization across cultures is only a correlative observation; it does not provide the explanatory mechanism for this correspondence. In the following sections I shall discuss how individualistic cultures nurture *a conception of the self* that is more prone to depersonalization. In brief, individualism fosters a notion of self that is highly divorced from 'the world,' both conceptually and emotionally. This separation leads to a fear of losing control, self-absorption and a lack of perceived social support, all of which contribute to the phenomenal experience of depersonalization. In seeking to explain the nature of this separation, I shall make use of Kitayama, Uchida and Duffy's (2007) distinction between independent and interdependent 'modes of being.' In chapter two I

shall then provide an account of the mechanisms behind the actual phenomenal shift in depersonalization, where the active role played by emotion will be made clear.

Independent and Interdependent Modes of Being

In a paper titled "Self as Cultural Mode of Being," Kitayama, Uchida and Duffy develop the distinction between collectivism and individualism at the psychological and personal level. At this level of description, individualism correlates with an *independent mode of being*, while collectivism correlates with an *interdependent mode of being* (2007, p. 138). A *mode of being* is a social pattern that involves self-regulating, and self-organising features, which means that it influences some of the most fundamental levels of representation. In order to enact any mode of being, "one has to represent the surrounding environment in which action takes place (cognition). Within this environment, one then has to represent both the self and other relevant people (*self-other representation*)" (p. 138). To summarize, one's mode of being forms the foundation for evaluating the world on a self-vs-other continuum, thereby creating the space for a notion of selfhood.

As mentioned previously, the independent mode of being is much more prevalent in Western countries such as the United States, Canada and the UK. According to the authors, the principle feature of the independent mode of being is an emphasis on *self-directedness*. Such self-directedness leads to:

- An influence-oriented style of action
- Self-centricity in self-other representations
- Analytic cognition

(Kitayama, Uchida, Duffy, p. 139).

A passage by Clifford Geertz is often quoted for its concise summation of this mode of being, as it is typically found in North America. According to Geertz, the highly independent

individual is "a bounded, unique, more or less integrated motivational and cognitive universe, a dynamic center of awareness, emotion, judgement, and action organized into a distinctive whole and set contrastively both against other such wholes and against its social and natural background" (Geertz, 1975, p. 45; Gibbs, 2006, p. 18; Kitayama, Uchida, Duffy, 2007, p. 144). The notion of the self as a distinctive wholeness possessing clear boundaries with the social and natural environment will be of particular relevance for understanding the nature of depersonalization.

Conversely, the interdependent social pattern primarily emphasizes *social responsiveness*. The three principle features that result are:

- An adjustment-oriented style of action
- Other-centricity in self-other representation
- Holistic cognition

(Kitayama, Uchida, Duffy, p. 139).

The interdependent social pattern is more characteristic of Asian cultures such as Japan, China and India, which have dramatically lower rates of depersonalization. How exactly do these social patterns contribute to the actual experience of depersonalization? For the remainder of this chapter I will offer some contributing psychological factors for depersonalization that are encouraged by individualism and the independent mode of being. In chapter three this account will be deepened by looking into the phenomenal mechanisms behind depersonalization.

Losing Control, Self-Absorption, and Social Support

A meta-study (Sierra-Siegert & David, 2007) points to a few important psychological traits that contribute to the higher rate of depersonalisation in individualistic cultures. It looked at 456 studies from around the world to create an "Individualism Index and Frequency of Panic

symptoms across Western and Non-Western countries." The meta-study found that the 'fear of losing control' was highly correlated with both individualism and depersonalization. These "findings were interpreted as suggesting that 'feelings of lack of control' might be a relevant experience mediating the effects of individualism on depersonalization" (Sierra, 2009, p. 106).

In addition to the fear of losing control, other specific psychological traits have been found to correlate with individualism. Several studies have shown that 'self-absorption' is more frequently found in predominantly individualistic cultures (Smith, 1990; Roberts and Helson, 1997; Twenge and Zhang, 2004, as cited in Sierra, p. 108). Self-absorption results in "a more externalized locus of control, which makes [the individual] more sensitive to threat, to feelings of alienation and of not being in control" (Sierra, p. 108). This appears to contrast with a feeling of *implicit social support* commonly held by those from highly collectivistic societies. This sense of implicit social support has been shown to have a protective effect on those under threatening or stressful circumstances. Compared to a control group, those with an implicit sense of social support experience "attenuated psychological and biological responses (blood pressure, heart rate, cortisol levels) to experimental stressful conditions (Taylor et al, 2007; Shen et al., 2004)" (Sierra, 108).

Sierra points to a 2001 study to support the claim that the experience of 'implicit social support' results in reduced stress and depersonalization experiences (Aderibigbe et al., 2001). This epidemiological study looked at the correlation between church attendance and the prevalence of depersonalization symptoms. The results show that higher church attendance correlated with reduced depersonalization symptoms, regardless of the strength of religious belief held by those in the study, suggesting that "the social aspects of church attendance may be related to the decreased reports of dissociative symptoms" (Sierra, p 108).

The psychological traits of self-absorption, a fear of losing control, and a lack of 'implicit social support' help to explain why the independent mode of being correlates with higher rates of depersonalization. In the next chapter this account can be deepened by looking into the phenomenal components of depersonalization. A greater understanding of the associated phenomenology will also help elucidate the active and interwoven role of the social realm in the formation of the self.

Chapter 2: Understanding the Phenomenal Dimension

Section 2.1: A Phenomenal Model of Self-Consciousness

To obtain a better grasp of the mechanisms behind the social and cultural aspect of depersonalization, one must not only understand how this domain interfaces with the psychological domain, but also how cultural variation gives rise to alterations in phenomenal experience. As discussed in section 1.2, depersonalization, as an experience, can be very difficult to describe. In order to help communicate their experience, sufferers of depersonalisation often resort to metaphorical or abstract language. "Sufferers describe their experiences of unreality as if they are living in a dream, and their sense of detachment from the world as though they are viewing life from behind glass" (Hunter et al., 2003, p. 1452). Furthermore, it is the phenomenological experience itself that constitutes the 'disorder' of depersonalization. To therefore help explain the experience of depersonalization and its relation to cultural level phenomena, one should account for the associated phenomenology. In this chapter I shall introduce (and adapt) a framework of self-consciousness developed by Tilo Kircher and Anthony David, that helps elucidate the phenomenal mechanisms at play in depersonalization. This framework reveals how social and cultural variation in emotional responsiveness and self-relevance ascriptions to external objects, can account for the subtle phenomenal shift encountered in depersonalization.

Kircher & David's model of Phenomenal Self-Consciousness

In "Self-Consciousness: An Integrative Approach from philosophy, psychopathology and the neurosciences" (2003), psychiatrists Tilo Kircher and Anthony David attempt to

develop a conceptual framework for discussing self-consciousness that is informed by recent neuroscience, phenomenology, cognitive science and philosophy. While Kircher and David apply this model to depression, I shall employ its most useful features to help explain the phenomenology of depersonalization. The primary phenomenal concepts introduced by Kircher and David are *transparency*, *presence*, *ipseity*, *self-qualia*, *introspective self-consciousness*, and the *self versus non-self continuum*. It should be noted that despite their attempt to be highly multi-disciplinary, some of Kircher and David's terminological selections can be rather awkward in light of the related philosophical and cognitive science literature. As a result, while their concepts are of great utility, some of their selected names for these concepts will be ignored or improved upon.

Transparency and Presence

Borrowing from Metzinger (1995), Kircher and David argue that phenomenal consciousness is characterized by three central properties: transparency, presence, and perspectiveness. *Transparency* (which is perhaps better named *illusory transparency*) refers to the inability to consciously perceive the actual mechanisms behind our own cognitive activity. While our brain constructs our experience of reality, "the mechanism of this construction is not represented in it. The representational character of phenomenal consciousness is not accessible to consciousness" (Kircher & David, 2003, p. 447). That is, the phenomenal nature of experience presents itself to us as direct and self-revealing, when it is only demonstrating a particular scaffolding of reality.

The concept of *presence* is much simpler; it refers to the focus of attention in our conscious states. This concept is important because it raises the subject of exclusivity in terms

of what is presently brought to conscious attention. For example, the immediate presence of sensation A (say a painful pin prick) may make one unaware of sensation B (for example, a moderate level of hunger).

The 'I', Self-Phenomena and Foundational Ambience

A third component of phenomenal consciousness is the presence of what Kircher and David simply call the 'I' (p. 448), which I interpret as a perspectival orientation that provides a predominantly unified phenomenal experience. Kircher and David refer to this unified phenomena as '*perspectiveness*,' and suggest that there are two components*: Self-Qualia* and *Ipseity* (p. 448). As used by Kircher and David, 'self-qualia' involve different aspects of self-consciousness, such as self-agency, self-coherence, self-affectivity and self-history (p. 449), all understood as experiences, rather than psychological components. For example, there is a phenomenal notion of self-coherence, and a more objective psychological notion. In the phenomenal case, we are referring to the actual experience of feeling like a coherent being, whereas a psychological use of the term might refer to the set of psychological mechanisms that collectively result in coherence. While there is a strong connection between these concepts, phenomenal coherence does not necessarily entail psychological coherence. For example, various psychological self-coherence mechanisms could become corrupted in schizophrenia, resulting in a disturbance of phenomenal self-coherence. In other cases however, they may be inversely correlated. For example, an individual might exhibit numerous persistent examples of incompatible beliefs that would normally cause cognitive dissonance, without any attempt to bring these divergent thoughts into a state of coherence. Nevertheless, at the phenomenal level, such an individual may experience himself as highly coherent. I shall

therefore use the phrase '*conscious self-phenomena'* for this body of concepts, as this will help facilitate the integration with Thagard's MIM model in chapter three, as well as avoid the unnecessary distractions associated with the literature on qualia.

Ipseity is an even subtler concept, perhaps made more mysterious by the strange choice in terminology. It refers to the underlying foundation for self-consciousness, which largely arises from unconscious background cognition. As used by Kircher and David, ipseity is the "unifying basic tone of the first-person givenness of all experiences" (p. 447). A broader explanation provides a clearer picture; ipseity denotes the aspect of phenomenal experience that forms the underlying mood or atmosphere, colouring the rest of one's experience. In addition to providing the atmosphere behind experiences, ipseity also ties them together; "it is this feeling of ipseity that makes our experiences feel a united, single being" (p. 449). Instead of using the term 'ipseity', I shall use the much clearer phrase *foundational ambience*. This foundational ambience differs from the aforementioned self-coherence in that it deals with the coherence of the apparent and experienced world, rather than the coherence of one's thoughts or beliefs. The role of foundational ambience will become even clearer once we consider the example of depersonalization. However, before we do so, we much introduce the concepts of introspective consciousness and the self-vs-nonself continuum.

Second Level Self-Consciousness and the Self-vs-Nonself Continuum

So far, Kircher and David believe themselves to have only discussed the first level of self-consciousness, which they distinguish from a second level of *introspective self-consciousness* (p. 449). Introspective self-consciousness is the "reflective awareness" of our own conscious self-phenomena (p. 449). They explain that this level "may be conceptualized

as a perception-like, higher-order representation of our own mental states" (p. 449). For example, we are capable of reflecting back on our own thoughts to consider the character of a pain sensation, or more subtly, the character of our sense of self-confidence or self-coherence. Occasionally (or famously, in Hume's case), when we reflect upon these phenomena, their previously self-evident character can become uncertain or ill-supported, either due to their lack of mechanistic transparency, or because the act of self-reflecting fundamentally changes the phenomena in question.

For our purposes, one of the most important aspects of introspective self-consciousness is the notion of *self-valence*; the evaluation of things on a self versus nonself continuum. Because the term 'self-valence' conjures up the traditional concept of emotional valence as it is used in psychology, I shall use the term 'self-relevance' in its place. Kircher and David argue that all of our conscious experiences, from memories and feelings to perceptions, are evaluated on this self-vs-noneself continuum:

> For example, autobiographical content of being in love has a high self-valence, whereas the insignificant event of a bee landing on a flower (observed by you) has a low self-valence. This means that the content of phenomenal consciousness and introspective consciousness is processed on a self versus nonself continuum. (p. 450)

The concept of self-valence concerns the degree to which objects and events are experienced as having a close relationship to the self, rather than simply being an actual component of the self. Objects like one's own cerebral cortex, and events like one's birth obviously fall on the high end of the spectrum. For the average North American, some

interstellar dust on the outskirts of the solar system could be an example of something that would typically rate as on the extreme low (nonself) side of the continuum.

A high value (one closer to the self) on the self-vs-nonself continuum does not necessarily correlate with a positive emotional response, nor does a low value on the self-vs-nonself continuum necessarily correlate with a negative emotional response. A high rating on the self-vs-nonself continuum only means that the designated object is perceived as being highly interconnected with the self; this could be emotionally positive or negative. For example, a toxic tailing pond from the Alberta oil sands may score highly on the self-vs-nonself continuum for a local resident, but this does not mean that it will invoke a positive emotional response; obviously it elicits quite the opposite. However, another individual may witness the same tailing pond but perceive it as having very little to do with themselves, and therefore have little (or no) emotional response. A third individual may experience a moderate rating on the self-vs-nonself continuum while witnessing the tailing pond, but a very positive emotional response, as it is part of a project that generates economic prosperity (perhaps directly for his or her family), and helps distribute an important resource.

As this example shows, an event that scores highly on the self-relevance scale can have either a positive or negative emotional response. However, some kind of emotional response is more likely with higher self-relevance ratings. The reason for this is rather simple; things which are more interrelated with the self are more likely to play an active role in one's safety or harm, while objects or events that score extremely low on the self-relevance scale are likely to be irrelevant to one's well-being. Of course, sometimes we are completely ignorant of something's relation to our well-being; for example, our knowledge of smoking in the 1930s.

When we do become newly aware of an object's self-relevance, our emotional response to it changes accordingly.

The terminological choice of 'self-relevance' also helps clarify the nature of the phenomena at issue, as it is not a question of directly identifying the self with events like the bee landing on a flower, but rather a question of whether one perceives an event as strongly (or weakly) interconnected with the self. However, there is also clearly some overlap self-relevance and self-identity; as shall be explored more specifically in chapter five, the self is a relational entity, and our understanding of ourselves is partly constituted by our particular interpretation of these relationships.

Application to the Phenomenology of Depersonalization

This set of phenomenological conceptual tools can help provide some clarity in understanding the experience of depersonalization. In their discussion of these concepts in relation to depression, David and Kircher make an offhand suggestion that depersonalization and other similar disorders may 'overthrow' the normal 'self-construct' (p. 449). The normal 'self-construct' refers to our usual experience of our own self-coherence, self-agency and other conscious self-phenomena that can be altered or disturbed. This disturbance is made additionally puzzling to us because we believe we experience our selves directly (or *transparently*), in the style of a naive direct realism. The transparency therefore falsely suggests that the normal mode of the self-construct reflects a stable self, as though it were a concrete entity. But as depersonalization demonstrates, even the self involves a great deal of contextual construction that can be altered or corrupted by various disorders, like Capgras syndrome or schizophrenia.

This suggestion by Kircher and David provides an initial sketch of the possible mechanisms behind the phenomenology of depersonalization, but a consideration of the other phenomenal concepts provides a fuller picture. As a disorder, depersonalization is experienced as an introspective self-consciousness phenomenon, where one's own underlying conscious state is the object of one's conscious attention. This focus on one's own consciousness appears to be the result of an alteration, or shift in the overall character of one's experience, which suggests that depersonalization is the result of a change in the foundational ambience. As operations in the realm of the foundational ambience provide the "unifying basic tone of the first-person" of experiences (p. 447), this would explain why depersonalization is not a specific acute sensation (like a piercing noise or a bitter taste), but rather, an overall atmosphere, colouring all of experience. Perhaps this alteration makes the foundational ambience more noticeable (*present*), or alternatively, it becomes more noticeable simply because it has undergone an alteration. Either way, in depersonalization one's reflective self-consciousness becomes focused on the altered foundational ambience.

Additionally, the process seems to create a positive feedback loop, where increased introspective self-consciousness contributes to depersonalization, and depersonalization in turn increases reflective self-consciousness (evidence for which shall be provided at the psychological level in the next section, and more broadly in chapter three). In terms of conscious self-phenomena, this inward focus that involves both self-absorption and self-monitoring results in alterations to one's self-construction, self-image, and of course, self-consciousness.

Second-Order Thought, Attention, and Stress

Two pieces of evidence that support the claim that introspective self-consciousness is involved in the phenomenology and manifestation of depersonalization include the success of particular cognitive therapies, and a strong relationship to anxiety. Substantial success in reducing depersonalization symptoms has been found in treatment strategies that emphasize the 'reduction of self-focussed attention' (Hunter et al., 2003, p. 1461). This typically involves a cognitive exercise called *refocusing*:

> Refocusing through the use of specific, predetermined, words, objects, images, or self-statements can help the person increase their contact with reality, orientate them to their immediate environment, and break the cycle of increasing self-focussed attention on their symptoms. (Hunter et al., 2003, p. 1461)

The success of this treatment strategy points to the possibility that the act of inwardly focusing one's conscious attention contributes to the manifestation of depersonalization. In the act of refocusing, it is as though the mind unwinds the inwardly focused attention back out toward the world, thereby alleviating the symptoms.

It has been mentioned that anxiety often accompanies depersonalization (Lambert et al, 2001, p. 250), and recent research has demonstrated a strong correlation. For example, Michael and colleagues (2005b, as cited in Sierra, 2009) found a very strong relationship between social anxiety and depersonalization disorder, while an earlier study of adolescents found that those with a disposition towards increased self-consciousness had an increased likelihood of developing depersonalization (Roth, 1998, as cited in Seirra, 2009). Increased self-consciousness on otherwise automatic psychological processes is also frequently brought

on by the experience of stress, a topic discussed by Thagard and Wood (forthcoming). They point out that many tasks that are performed automatically and with great ease can become hampered under high stress circumstances such as job interviews. Under these circumstances, people can "become much more aware of their own mental states and location in a social interaction. This awareness has an identifiable psychological side, as people become alert to their own personal behaviour and the way in which they are mentally representing what is happening in their environments, as well as their own beliefs and emotional feelings" (Thagard & Wood, 30-31). It is this kind of second-order awareness of previously automatic processes that constitutes the disorder of depersonalization, although it differs from the regular experience of stress, in that one's foundational ambience seems to have permanently changed.

Section 2.2: Emotion and Self-Relevance

The Origin of the Phenomenal Shift

This account, combining Kircher and David's framework with recent research, has helped to elucidate the phenomenal shift that occurs in depersonalization. However, the original source of the alteration in consciousness has yet to be explained. For the remainder of this chapter, I shall explore the possibility that emotion plays a role in initiating this phenomenal shift. A shift in one's emotional processing can originate from many domains; at cultural and psychological levels there are pressures to have appropriate emotional responses to particular stimuli, while at biological or neurological levels there are disorders that can disrupt normal emotional processing, such as prosopagnosia (the inability to recognize faces) or Capgras delusion (where friends and family are suspected to be imposters). After reviewing the relation between emotion and the phenomenal experience of depersonalization, I will show how emotion is

clearly and strongly connected to our cultural environment through our designation of things in the world on a self-vs-nonself continuum (self-relevance).

Emotional Numbing and Visual Hypoemotionality

Emotional numbing is highly correlated with depersonalization, with some studies finding it present to some extent in 100 % of patients (Sierra, p. 142). Recent research in neuropsychology and the cognitive sciences has found evidence that disturbances in one's emotional capacity are comparable with the phenomenal characteristics typical of depersonalization. As disorders like Capgras delusion and episodes of amnesia demonstrate, one's emotional functioning is deeply connected to the recognition of others and one's sense of self. In his review of the recent literature, Sierra writes that "a reduction in the affect attached to an autobiographical memory can cause it to be experienced as if one had been a detached external observer at the time, rather than a direct participant " (Sierra, p. 142). Similarly, if your experience or perception of your own body does not illicit the accustomed emotional response, it can lead to disorders where your own body is interpreted as 'unreal' or not belonging to yourself. Examples of this include forms of alien hand syndrome, and mirrored self-misidentification.

There is also neurological evidence that emotion should be considered a 'core experiential component of perception,' as opposed to a passive addition to your otherwise emotionally sterile visual experience. As Halgren and Marinkovic write, "in addition to a pathway of information processing leading to semantic recognition, there is a parallel pathway in charge of assigning emotional significance to percepts " (Halgren and Marinkovic, 1994, as cited in Sierra, p. 143). Sometimes referred to as 'emotion colouring mechanisms,' it is

hypothesized that these are responsible for phenomenal experiences such as 'atmosphere,' 'immediacy', and 'vividness' (Gloor, 1990, as cited in Sierra, p. 143). Further, there is evidence that this emotional processing is a pre-conscious event, which explains why perception is already 'emotionally coloured' when it arises in consciousness (Sierra, p. 143).

While depersonalization patients may experience a lack of emotional response to certain stimuli, they do not suffer from a global emotional processing malfunction, which suggests that in depersonalization the disruption occurs specifically in "the process which allows emotion to gain conscious representation" (Sierra, p. 144). Sierra suggests that *'visual hypoemotionality'* can be used as a framework neurological model for depersonalization (hypoemotionality simply refers to disorders that reduce, either partially or completely, one's emotional responsiveness). Visual hypoemotionality occurs in cases of prosopagnosia, where the failure for proper emotional processing leads to the inability to properly register and recognize familiar faces. Patients diagnosed with the disorder suffer from the aforementioned lack of vividness and 'emotional colouring.' One patient offered the following description of the change in experience:

> I loved flowers so much before...Their charm doesn't enter my mind any more. Looking at the landscape through the window, I see the hills, the trees, the colours, but all those things cannot convey their beauty to me... Everything looks ordinary, indefinite. I feel indifferent about it. What I lack is feeling. (Habib, 1986, p.578, as cited in Sierra, p. 148)

In a report by Lopera and Ardila (1992) a highly-educated 58 year old male is interviewed who suffered a severe head trauma (bilateral basal temporo-occipital haematomas)

and resultant prosopagnosia and visual hypoemotionality. This man offers another lucid and enlightening description of the change in experience:

Interviewer: "What is it for you to look at flowers, or a landscape?"

Patient: "Flowers to me have lost their essence, I fail to see them as part of nature. They have become almost synthetic, artificial, I seem to lack a kind of knowledge, no its not really a knowledge, rather a certain clarity to see nature itself. I fail to see the flower in all its authenticity."

Interviewer: "What about landscapes?"

Patient: "Just as with flowers, there is also an emptiness to landscapes. I cannot appreciates them, I cannot grasp the beauty of nature. I lack a kind of lucidity; a lucidity in my vision that would normally allow me to appreciate it; its colours, the temperature of its colours so to speak. I cannot think of a right word to explain it. I just cannot enjoy that sense of beauty that nature brings."

Interviewer: "Can you tell beautiful from ugly things?"

Patient: "Not in my current state. There is a lack of feeling to what I see. I recently went for holidays to the mountains in California, and whilst I was there, I realized that the snow failed to evoke in me that particular, indefinable feeling of 'snowness.' It rather seemed as something made out of plastic. It did not bring up any feelings even as I walked on it."

(as quoted in Sierra, 149)

The suggestion that emotional processing is an innate, subconscious component of perception is consistent with Kircher and David's account of self-consciousness. The 'fundamental ambience' appears to be altered in the event of hypoemotionality, leading to the sudden strangeness of perception, and the increased sterility or 'otherness' of the apparent world. Changes in emotional processing are very likely playing a similar role in the manifestation of depersonalization.

Emotion as a phenomenal modifier also provides a possible explanation for the differences between derealization and depersonalization. Perhaps in cases of derealization, one's emotional response to the world is numbed, resulting in the interpretation that it is somehow unreal. In cases of depersonalization on the other hand, one's emotional response to one's own internal sense of self, one's own self-history, has become numbed, leading to an interpretation that one's own self is not fully real, or is being viewed 'through a glass darkly'.

Alternatively, it could be that the differentiation of depersonalization and derealisation is a result of divergent understandings as to the boundary between the self and the world. In each case the sufferer could be having a reduced emotional response to 'the world', with those who hold a more permeable notion of the self and world experiencing this effect also applying over themselves. To take an example from the history of philosophy, Wittgenstein didn't identify the self with the physical body or anything in the external observable world. In the *Tractatus* he famously said that if he were to write a book entitled "The World as I Found It," in addition to describing the physical environment, it would also have to depict his physical body, and the aspects of it that are under his control. However, the self, or subject would remain isolated by this account, not a component of the describable world (5.631). Perhaps a more common view is that the self extends out to the boundaries of the body and skin, a practical conception for medical concerns. Further still, philosophers like Andy Clark have argued that the mind and its faculties extend all the way out into the world (Clark, 2008), presumably taking the self along for the ride.

Each of these cases involve internal representations of the self, or 'self-concepts,' a subject I shall discuss in greater detail in section 3.1. For now, the important point is that one's own evaluation as to the boundaries of the self, and one's self-relevance evaluations of the

world, may affect the phenomenal character of depersonalization. If one has a disposition toward thinking of one's own body as being more a part of the world than part of the self, then perhaps it is more likely to be subject to reduced emotional response in depersonalization, whereas those who rate the body closer to the self on the self-relevance scale do not as easily experience alienation and hypoemotionality towards it.

Emotionality, Self-Relevance and Flowers

The similarity to hypoemotionality suggests that an alteration in emotional processing and the designation of the boundary between the self and the world collectively play an essential role in the phenomenology of depersonalization. It seems easy to underestimate the pervasive role that emotion plays in cognition. Recall David and Kircher's example of witnessing a bee land on a flower (p. 450). They used this 'insignificant' event as an example of something that has a very low self-relevance (that is, an event that is perceived as being well into the non-self side on the self-vs-nonself continuum). While it is likely true that such an event would rank low for the average North American, he or she will none-the-less experience some kind of emotional colouring while witnessing the act. If this were not the case, the event may appear 'plastic' or without the regular 'fullness' that perception provides.

Other cultures however, may experience this event as having higher self-relevance, thereby altering (or perhaps enhancing) the emotional colouring, while decreasing the sense of independence from the environment. In particular, collectivistic cultures with a worldview that contains a form of animism, or a belief in the personal 'meaning' of events in the world (for example astrology, superstitions and omens), may rank such events highly on the self-vs-nonself continuum. Examples of such cultures include the traditional Shinto religion of Japan,

which views everything in nature as imbued with its own spirit, and many of the pre-Colonial Indigenous religions of North America before they became more monotheistic under the influence of Christian missionaries (Cave, 2006). Alternatively (or concurrently), a culture may simply encourage an acute awareness that an act of pollination is necessary for their food crops and entire way of life.

The implications of this cultural variation in self-relevance evaluations are significant for depersonalization. From a perspective where the self and world are more interwoven, the natural environment may act like a social support community, similar to that of a human community. Recall the study by Aderibigbe and colleagues (2001); it was shown that a sense of 'implicit community support' correlated with a decrease in the experience of depersonalization symptoms. A sense of implicit community support implies a degree of emotional connection and recognized interdependence with others in the community. It is possible that some indigenous communities, by possessing a greater degree of emotional responsiveness to the natural environment, experience it as another community of support, thereby further protecting them from emotional isolation, anxiety, and depersonalization.

Chapter 3: Multilevelism and Mind-Body Dualism

Section 3.1: An Integrative Account of Depersonalization

I now wish to integrate these phenomenal, psychological and social components into a broader account of depersonalization that reflects the multilevel nature of the illness and the self. For this, I will employ the framework of Paul Thagard's Multilevel Interacting Mechanisms (MIM) approach, which has been previously been applied to both mental illness (Thagard and Findlay, forthcoming), and the self (Thagard and Wood, forthcoming).The MIM model acknowledges four particularly relevant levels for understanding both the self and mental illness: the molecular, biological, psychological and social. Using the MIM model will help situate the role of social and cultural contributions to the formation of the self, while also accounting for and giving proper credit to the phenomenal and psychological aspects of the disorder. By gaining a broader vantage point of the mechanisms behind depersonalization, one can more clearly see the dynamic interaction that occurs between these levels, often resulting in feedback loops that reinforce depersonalization. Additionally, the MIM model incorporates the environment at every level, providing an expansive account that can accommodate a diversity of cultural conceptions of the self. Finally, the MIM model is fruitful for our purposes, as it recognizes that the social level and the psychological level can play an active causal role in the manifestation of mental illness, or in particular, that the Western conception of the self contributes to the occurrence of depersonalization.

In section 3.2 I shall argue that psychiatry may be unwittingly endorsing an independent conception of the self, a result of the lingering influence of Western mind-body

dualism. This failure to recognize the social and cultural level the self (and by extension, mental illness) has two implications. First, the MIM model suggests that mental illness is best treated when it is addressed at all levels: molecular, biological, psychological and social. If psychiatry fails to recognize the social level of mental illness, it will also fail to suitably address this level. Secondly and more broadly, there is a danger that psychiatry may be employing a Western culturally specific notion of selfhood in its approach to mental illness globally. In chapter four I will discuss some options for pro-actively addressing this level of mental illness.

Thagard & Wood's Multilevel Interacting Mechanism Model of the Self

Thagard and Wood's multilevel system theory of the self is laid out in their forthcoming publication "Who are You?" This model is an alternative to both transcendental views of the self (which involve metaphysical entities such as souls that escape scientific investigation) and deflationary views that resolutely deny the reality of an existing self (p. 3), reminiscent of William James' alternative to the transcendental and associationist models of the day.

Another resemblance is found in the recognition of the multiple dimensions of the self, without losing their overall unity. James discussed three selves; the material self, the social self and the spiritual self (by which he meant the introspective capacity of consciousness) (James, 1890, vol.1, p. 329). Similarly, under a MIM model of the self, there are systems operating at a variety of different levels, with each system consisting of an environment, parts, interconnections and changes (EPIC). As mentioned, the MIM model proposes four principle levels of relevance for the self; the social, the psychological, the neural and the molecular. One

of the major characteristics of the MIM model of the self is that each level interacts causally with every other level, giving appropriate credence to each dimension (whereas transcendental views privilege the psychological and perhaps cultural to the exclusion of the others, while deflationary views do the reverse).

To provide one clear example of the appreciation for multiple level interaction, consider the 'downward causality' from the psychological to the molecular seen in the phenomena of epigenetics: it has been found that in some mental illnesses, such as major depressive disorder, one's psychological state can affect gene expression (Thagard & Findlay, forthcoming, p. 24-26). However, Thagard and Wood unambiguously assert that we should not take this to mean that there are four separate selves; rather, it is the *unification* of these levels that compose the self. The self is simultaneously a multiplicity encompassing a variety of 'self-phenomena,' and a unified collective whole (I shall return to the issue of unification in chapter five). Thagard and Wood refer to this general approach as *multilevelism* (p. 3).

I should note that I am not endorsing an ontological reading as to the relevance of these four particular levels, that is, I am not suggesting that the molecular, biological, psychological and social planes all exist with equal objective ontological status. Rather, these levels are selected for understanding the self and depersonalization on epistemologically pragmatic grounds. I understand this pragmatism to be shaped both by the kinds of explanations desired, as well as the cognitive capacities and intuitive modes in which we scientifically investigate the world. Cognitive capacity is relevant in terms of how complex a system we wish to use in understanding a phenomena. For example, while there is likely a molecular representation of introspective self-conscious phenomena, it would be massively complex for us to 'see' and understand it. Presently, it is efficient and more intuitive to examine such phenomena from the

psychological level. For mental illness and the self, the four levels of the MIM approach appear to be comprehensive for understanding the relevant mechanisms involved, their interactions at different scales, and their combined effect. Of course, this also complicates the nature of the 'causality' between levels, a topic too large to deal with at present. For the immediate purposes, this causality will also be understood pragmatically, given our orientation as epistemic agents. As such, I am taking a largely descriptive approach to MIM.

Reviewing the Four Levels of Depersonalization

In the paper "Conceptual Change in Medicine: Explanations of Mental Illness from Demons to Epigenetics" (forthcoming), Thagard and Findlay apply the MIM model of analysis to mental illness, showing that mental disorders are best understood as operating at the same four principle levels: the social, psychological, neural and molecular. Although we have focused on the social and psychological levels of depersonalization, it is clear that it also operates at neurological and molecular levels. I shall now briefly review the principle components of depersonalization as these levels.

The molecular and neural levels are the least understood in the overall mechanism of depersonalization, and I shall address them together, although much of the known information is weighted towards the neural domain. At these levels, the environment includes the neurochemistry and neurological composition present in the human body. The parts include chemicals (such as norepinephrine), neurons, and the entities they compose in the brain. The interactions and changes involve alterations in the presence of the relevant hormones and neurotransmitters, as well as variations in the degree of neural activity in different areas of the brain. Unfortunately, much of the molecular evidence is presently conflicted. For example,

Seirra points out that studies have shown norepinephrine and cortisol levels to be both raised and reduced in patients with depersonalization, compared to a control group (p. 135, 140).

However, some neuroimaging studies have been more successful in identifying relevant neurological aspects of depersonalization. One study using positron emission tomography (PET) scans found anomalous activation patterns compared to a control group (Simeon et al., 2000, as cited in Sierra, p. 136). Specifically, patients showed increased activity in areas of the parietal and occipital lobes, and decreased activity in the right superior and middle temporal gyri, regions considered responsible for association. Other functional magnetic resonance imaging (fMRI) studies have pointed to reduced activity in the areas of the amygdala and the insula (both of which are related to emotional processing), as well as "attenuated autonomic response to arousing emotional stimuli" (Sierra, p. 139). Again, there was also evidence of increased activity in the prefrontal cortex regions that are associated with emotional control (Sierra, 139). Finally, a degree of treatment success with serotonin-selective reuptake inhibitors (SSRIs), as well as opioid antagonists suggest that serotonergic mechanisms and the opiod system are involved in the manifestation of depersonalization (Sierra, p. 113-120).

I have been primarily concerned with the psychological and social levels of depersonalization. The psychological environment is incredibly broad, and includes phenomenological experience, as well, as well as the various psychological mechanisms and capacities. The parts are slightly harder to carve at the psychological level, although we can point to some psychological processes, as well as mental representations such as beliefs, intentions and desires, and in particular self-concepts.. We have already discussed a number of associated factors of depersonalization that operate at the psychological level. Some of the reinforcing factors discussed include:

- the independent mode of being
- self-absorption and self-centricity
- stress and anxiety
- a reduced emotional responsiveness (hypoemotionality)
- reflective second-order consciousness

At the social level, the *environment* includes "all the objects that people causally interact with, including natural objects such as rocks and lightning bolts, artefacts such as houses and cars, and social organizations such as teams and governments" (p. 6). The social level is incredibly broad; it includes everything from individual to individual level interaction, all the way to up to larger features of social organisation, both overt (for example, political government structure) and subtle (as seen in cultural assumptions). The multitude of relations between people (who are also the *parts*), from mere glances on the bus to love affairs and political allegiances, constitute the *interconnections*. Lastly, the *changes* include the entirety of the constant dynamic interaction occurring between peoples, both acute (as in a conversation between two individuals) and defused (as in the overall impact made by new technological methods of communicating, like cell-phones, *Twitter etc*).

At the social level, a number of factors have also been discussed. These have included:

- an individualistic culture
- a community that provides 'implicit social support'
- a large disparity between self and world on the self-vs-nonself continuum
- socially contextual self-concepts

Dynamic Interaction between Psychological and Social Levels

Although the factors contributing to depersonalization can be broken down into these distinct levels, the mechanisms operating at each are highly interwoven, often creating positive feedback loops. Unfortunately, as the understanding of the neurology behind depersonalization

is still in its infancy, little can be said presently about the interaction between this level and the psychological and social levels. Seirra does hypothesize that the concomitant anxiety and hypoemotionality associated with depersonalization could be responsible for the conflicting results about cortisol and norephinephrine levels. In the case of cortisol, anxiety would be raising levels while hypoemotionality simultaneously reduces it (Sierra, p. 135, 140). This would be an example of two competing factors of 'downward causality', from the psychological level to the molecular and neurological. However, Sierra concludes that not enough research has been performed to say anything with a great deal of certainty (Sierra, p. 140).

As we know far more about the psychological and social domains, most of the presently observable feedback systems occur in their dynamic interaction. Both levels possess a variety of interwoven and reinforcing factors for depersonalization. If one tries to tell a kind of causal story stringing these factors together, one will find that it alternates between the social and psychological domains. For example, an individualistic culture nurtures an independent mode of being. An independent mode of being contributes to a clear delineation of the self and world on the self-vs-nonself continuum. This contributes to self-absorption and self-centricity, which correlate with particular independent self-concepts that will contribute to hypoemotionality, anxiety and a lack of perceived implicit social support.

Let's break this down a bit. Recall that the Sierra meta-study showed a high correlation in Western countries between the "fear of losing control" and depersonalization symptoms. Culturally, Western countries are predominantly individualistic, and an individualistic self-representation results in a greater disposition for anxiety and stress, as Geatner and colleagues demonstrated:

> At the level of the individual (as opposed to cultures) self-experience has also been shown to be influenced by both 'individualistic' and 'collectivistic' self-representations. It has been experimentally found that, as compared with people whose 'collective self' is threatened, those whose 'individual self' is threatened typically experience the threat as being more severe, experience a more negative mood and report more anger. (Gaertner et al, 1999, as cited in Sierra, p. 108)

It is hypothesized that a fear of losing control is partly responsible for increased anxiety and stress in Western society, which also correlates with a greater chance of experiencing depersonalization (Michael et al., 2005b). The 'fear of losing control' may be amplified by two cultural phenomena. The first is an overall value placed on self-dependence, which requires a belief in a significant degree of self-control over the environment. A related consideration is an excessively delineated conception of the self, which is at odds with the great physical interdependence of the self and the world, and the great deal of chance and circumstance involved in this relationship. For example, Western culture encourages early financial independence in youth, and encourages planning for complete financial independence during one's senior years, whereas parts of Europe still encourage youth to remain home with the family until marriage, and expect to care for seniors in the later years. Circumstances beyond one's control (such as illnesses or financial recessions), can make it difficult or impossible to be entirely self-sufficient, creating a degree of dissonance between cultural expectations and one's viable options.

In addition to fostering an impossible sense of control (and the associated anxiety that increases the disposition for depersonalization), this set of self-relevance evaluations, and the associated conception of the self directly contributes to the underlying phenomenology of

depersonalization, through the aforementioned reduction affectivity, changing one's foundational ambience.

Self-Phenomena, Self-Concepts and Social Influences

We therefore have a story that is constantly alternating between the social and psychological domains, with multiple reinforcing factors at play. A central component of this account of depersonalization is the phenomena of self-representation. Thagard and Wood (forthcoming) offer a taxonomy of self-phenomena, from which the *self-representing* family is of greatest relevance to depersonalization, and in particular, the representation of *oneself to oneself.* This discussion of depersonalization has made it apparent that how one represents oneself to oneself is highly dependent on the social and cultural environment.

Additionally, recent psychological research has shown that we possess a variety of self-representations, or *self-concepts* (which include one's beliefs, thoughts and self-knowledge) (Thagard & Wood, p. 23; Gibbs, 2006, p. 20). At any given time, a particular self-concept may be emphasized, due to the associated context and norms. Markus and Kunda (1986) call the self-concept that is presently used in consciousness the *working self-concept* (as cited in Thagard & Wood, p. 24). Different dimensions of our lives contribute to differently framed self-concepts; for example, our working self-concept likely varies while in religious, political and work environments. Raymond Gibbs writes that even at the bodily level, there is a huge variety of self-concepts; "the complexity of our bodily experiences promotes an equally complex set of self-identities" (Gibbs, 2006, p. 20) Gibbs goes on to say that individuals "talk about their inner selves in different ways at different times, using a range of metaphorical

concepts that arise from their varied bodily experiences in the physical and social world" (Gibbs, p. 20).

Similarly, there are also social self-concepts that correlate with the social environment. Thagard and Wood summarize some of the supporting psychological evidence for the social dependence of the working self-concept. For example, consider the psychological mechanism of *priming*; if one were to ask a subject about themselves after having watched a political documentary, the subject may be more likely to provide a politically tinged self-description. A similar phenomena called *social comparison* demonstrates that individuals offer self-descriptions that are relative to the norms of their immediate social circumstances (Wood, 1989, as cited in Thagard & Wood, p. 24). For example, a 30 year old individual is more likely to employ a working self-concept involving youth while visiting a retirement home, and a self-concept related to maturity while visiting a local high school.

In addition to physical and acute social circumstances, there is a third realm of even broader cultural influences that may be ever-present, and therefore constantly shaping one's working self-concepts. The consideration of the cultural domain brings us all the way back to the distinction between individualism and collectivism, the broadest level of influence associated with depersonalization we have examined. Cultures located on different ends of this spectrum nurture different modes of being at the individual level. And one's cultural mode of being is going to influence the whole spectrum of self-concepts one is likely to employ, as they provide different norms for interpretation the nature of the self and its relationship and boundaries with the world. As discussion, this variation in self-relevance evaluations contributes to variations in the fundamental ambience, or emotional colouring of the

environment. Furthermore, reduced emotional responsiveness to 'the world' has been shown to correlate with an increased likelihood of depersonalization.

The placement of a culture on the spectrum between individualism and collectivism depends on an innumerable set of influences, some overt, others historical and subtle. Within Western culture, one historically and conceptually important notion for the self is found in the lineage of mind-body dualism. In section 3.2 I shall discuss the connection between mind-body dualism and the independent conception of the self, as well as its lingering influence in psychiatry. I will then conclude this chapter by discussing the dangers of not recognising the broad cultural influence on our conception of the self for the field of mental health.

Section 3.2: Psychiatry, Mind-Body Dualism and the Self

Western Mind-Body Dualism and Judgements of Responsibility

I have two purposes in discussing mind-body dualism with respect to depersonalization. The first point I wish to make is that the western lineage of mind-body dualism contributes to the dominance of the independent conception of the self, by providing a metaphysical and conceptual framework for drawing a clean line between the self and the world. Secondly, I want to raise the concern that mind-body dualism continues to influence psychiatry, shaping how judgements of responsibility are made. The combined conclusion is that Western psychiatry may be importing a culturally specific conception of the self in its approach to mental health, thereby failing to address all levels of contributing factors for mental illness.

The Western cultural and conceptual legacy of mind-body dualism can have an influence both as an overt metaphysical belief, and as an underlying metaphysical assumption. Although it has come to be associated with Rene Descartes, the metaphysical delineation of the

mind and body can be traced back at least as far as Plato, with dualism permeating Greek culture and philosophy quite broadly. Within the field of medicine specifically, Greek physician Galen was already distinguishing between 'natural' involuntary processes and voluntary actions by the second century (Brownell, 2009, p. 32), an early delineation of responsibility with respect to the mind and body.

The supporting role that Western dualism plays in maintaining an independent mode of being is apparent upon reflection. By providing the conceptual framework for making a clear divide between the internal mental self and the external world, individuals are granted a significant degree of internal independence from other sentient beings, and the insentient world. Furthermore, this metaphysical dualism lays the groundwork for our *interpretation* of depersonalization, as a disconnection of the self from the world. To be clear, this conceptual distinction is not a required feature for the general phenomena of depersonalization, but it will shape how the phenomenal experience of the disorder is interpreted. And, given that the disruptive aspect of depersonalization is the phenomenal shift, one's interpretation of the experience is of particular importance.

Of course, there are also distinctions between the mind and body in Eastern cultures, but these two aspects are typically understood to be in a more interconnected relationship. For example, Brownell writes that "in classical Chinese medicine, there is a 'mind-body synthesis' in contrast to the 'mind-body dualism' of the West. Qi constitutes a 'third term' mediating between the psychological and the physiological, or mind (xin) and the body (xing/shen), which cannot be understood from the standpoint of Western mind-body dualism" (Brownell, 2009, p. 32). Byran Turner and Zheng Yangwen (2009) point to a similar distinction in Japan:

> [The Cartesian view] of the mind-body distinction is very different from Buddhism, if we take the example of the Japanese tradition, where mind and body are seen to be mutually dependent. Mind and body in Zen Buddhism should be brought into harmony; while in secular Cartesianism they must be divided and separated. In Japanese Buddhism, the body is a field of energy or power (ki). In acupuncture, martial arts and dance, the aim is to increase awareness and control of this force, enhancing its flow through the body (Yuasa 1993). This practical awareness is acquired through experience rather than through intellectual contemplation. These techniques of performance which are central to this practical experience are found in the tea ceremony, archery and theatre, and hence we can argue that these embodied practices shape the particular habitus of Buddhist practices. (Turner and Yangwen, 2009, p. 9-10)

The picture is a bit more diverse for Indian conceptions of the mind and body, which range from non-dual schools of thought like Avaita Vedenta, to various forms of dualism or three-part distinctions (Chakrabarti,1999). Of course, a comprehensive review of the differences and similarities is beyond the scope of this project; our present concern is the relationship between Western mind-body dualism, depersonalization and contemporary psychiatry. The suggestion that Cartesian dualism has uniquely contributed to psychiatric disorder is not new, and has been explored in recent feminist literature. In *Unbearable Weight*, Susan Bordo has argued that the underlying Cartesian dualism of Western culture is a contributing factor for disorders such as bulimia and anorexia nervosa, and describes "psychopathology as the crystallization of culture" (Bordo, 1993, p. 139). Similar approaches are found in the work of Foucault (1961) and Deleuze & Guattari (1972, 1980); however, these have tended to grossly overemphasize the social domain to the exclusion of biological and neurological levels.

Furthermore, Bordo's account looks primarily to the general population's sense of mind-body dualism; an additional concern is that this delineation also persists in our professional approach to mental health. Although Western mental health professionals may consciously maintain a scientific, materialist disposition, they can still deploy unconscious dualistic assumptions when faced with issues of choice, responsibility and other notions related to the self. Cultural psychiatrist Laurence Kirmayer has examined the prevalence of dualistic thinking in contemporary Western psychiatry, and its roots in both our culture and our intuitive conceptual reasoning. In a study with Marc Miresco (2006), they write that the mind-brain dichotomy "reflects a basic cognitive schema that is used intuitively to understand human behaviour and, in particular, to make sense of troubling events" (p. 913).

According to Kirmayer and Miresco, *judgements of responsibility* play a central role in determining whether something is perceived to be the result of the mental realm or the physical realm. Judgements of responsibility concern whether someone was in control of an undesirable event (and therefore blameworthy and deserving of scorn) or subject to uncontrollable circumstances (and therefore deserving of compassion and sympathy) (p. 913). The issue of responsibility raises an import link between what one perceives as falling under the category of selfhood, and therefore self-control, and the kind of emotional response that is therefore appropriate to certain circumstances. As discussed earlier in section 3.1, a fear of losing control was found to correlate highly with experiences of depersonalization. Excessively individuated conceptions of control may lead one to believe that he or she should have control over (and therefore be responsible for) actions or objects that are under the influence of a variety of other additional influences. The problem of control therefore points to one of the relationships between how one carves the world on the self-vs-nonself continuum, and the kinds of

emotional responses that one is therefore predisposed to experience. I will now discuss the evidence for the persistence of responsibility-based dualism in psychiatry.

The Persistence of Mind-Body Dualism in Psychiatry

In a fascinating study by Miresco and Kirmayer, it was shown that despite efforts to the contrary, mental health professionals continue to (covertly) operate using dualistic assumptions about the mind and body in addressing their patients (Miresco & Kirmayer, 2006, p. 913). Their study involved a self-report questionnaire sent to 270 psychiatrists and psychologists at the Department of Psychiatry at McGill University, of whom approximately 50 percent responded. The questionnaire involved clinical vignettes, from which the participants were asked to rate the degree of "intentionality, controllability, responsibility, and blame attributable to the patients" (p. 913). Additionally, the participants were asked to evaluate the role of "neurobiological, psychological, and social factors in explaining the patients' symptoms" (p. 913). Each vignette described a man in his 30s, and consisted of both a condition and a problematic behaviour. The three conditions were 1) serotonin related manic episodes, 2) narcissistic personality disorder, and 3) heroin dependence. The three behaviours were 1) spending all of his money and going bankrupt, 2) knowingly engaging in high-risk sexual behaviour and contracting HIV, and 3) stabbing his wife (p. 914).

Miresco and Kirmayer found that "mental health professionals tend to use a mind-brain dichotomy in their reasoning about clinical vignettes and suggest that this dualistic thinking reflects, at least in part, the implicit judgments of responsibility that they make regarding patients' symptoms" (p. 916). Specifically, they found that clinicians tended to associate intentionality, controllability, responsibility and blameworthiness with mental illness, whereas

"they tended to view behaviours with a biological etiology as unintentional, uncontrollable, not within the patient's sphere of personal responsibility, and less blame-worthy" (p. 916). This is not to suggest that all notions of responsibility are a priori invalid or metaphysically dubious; rather this finding is a warning against the assumption that medicine (and psychiatry specifically) has moved beyond dualism, and perhaps a motion to more critically consider what forms of dualistic reasoning with respect to responsibility are appropriate in psychiatry. Miresco and Kirmayer suggest that it would be fruitful for mental health professionals to "acknowledge its continuing influence on their thinking and to consider carefully the potential implications of this kind of reasoning" (p. 918).

Terminological Provincialism, Culture and Psychiatry

How does this mind-body dualism continue to influence psychiatry? In addition to the general cultural background from which the profession has evolved, there are acute ways that culturally specific concepts can continue to enter psychiatry. One such way is through the phenomenon of terminological provincialism, which is touched upon in Dominic Murphy's 2006 book *Psychiatry in the Scientific Image*. He explains that "few psychiatric terms are in fact technical coinings with no outside use. They tend to be taken from the wider culture (like 'self-esteem,' which many people think is a crossover from therapy but was in fact coined by Milton) or drawn from other sciences" (Murphy, 2006, p. 332). The result is that concepts are introduced into psychiatry carrying their cultural connotations.

With respect to depersonalization, the concern is that psychiatry may be employing a culturally specific conception of the self that may obscure possible causes and dimensions of mental illnesses. If we are unable to observe, and therefore address cultural dimensions of the

self, we will also be missing cultural dimensions of mental illness. Kirmayer has researched the cultural variation in the manifestation of mental illnesses such as depression (2001). On this subject, Kirmayer wrote:

> The clinical presentation of depression and anxiety is a function not only of patients' ethnocultural backgrounds, but of the structure of the health care system they find themselves in and the diagnostic categories and concepts they encounter in mass media and in dialogue with family, friends and clinicians. (Kirmayer, 2001, p. 22)

Through his study of cultural variation, Kirmayer became acutely aware of the danger of applying the same diagnostic disease treatments uniformly across cultures. He writes that in our globalized world, conceptions of illnesses are "in constant transaction and transformation across boundaries of race, culture, class and nation. In this context, it is important to recognize that psychiatry itself is part of an international subculture that imposes certain categories on the world that may not fit equally well everywhere and that never completely captures the illness experience and concerns of patients" (Watters quoting Kirmayer, p. 197).

Of course psychiatry, as a project with the normative goal of helping those suffering from mental illness, will always be value-laden. As Rachel Cooper writes in *Psychiatry and the Philosophy of Science*, "at the level of practice, psychiatry is clearly affected by value judgements at every turn. Perceptions of neediness and worthiness affect who is diagnosed, and whether and how they are treated" (Cooper, 2007, p. 127). While we cannot make psychiatry a project free of normative values, we can reduce the degree to which it enforces a kind of cultural hegemony by applying a singular treatment model universally. A simple recommendation is therefore to actively acknowledge culturally assumed concepts and terminology, and be mindful of the possibility that they play a role in the manifestation of a

particular mental illness. With respect to depersonalization, we have seen that one's culturally shaped conception of the self can greatly increase the likelihood of experiencing depersonalization. However, if psychiatry is uncritically importing Western language and thought pertaining to the notion of the self, it may not recognize this aspect as a variable in mental illness.

If the social realm is found to play an active role, as it does in depersonalization, the second step is to address this level; recall that a major implication of the MIM model of mental illness is that disorders are best treated when the contributing factors at each level are addressed. In the treatment of depersonalization, patients are often prescribed SSRIs or other pharmaceuticals that address the neural and molecular levels, in combination with treatments like cognitive behavioural therapy (CBT) that focus on the psychological level, and to some extent the social level, by addressing immediate levels of interpersonal interaction. But the broader cultural or social level appears to be largely unrecognized and therefore neglected. In addition to being simply unrecognized, this neglect may be due to the relative difficulty of altering one's cultural environment or cultural self-concepts, but it is not an a priori impossibility.

If a patient is suffering from depersonalization in part due to an independent self-concept, what can be done to foster greater interdependence? In chapter four the viability and options for pro-actively altering the social and cultural dimension of the self will be explored. In the final chapter I shall then reflect on the implications for our broader understanding of the self, revealing that in addition to contributing depersonalization, an independent self-concept is poorly descriptive of the dynamic nature of the self.

Chapter 4: Altering the Cultural Self-Concept

Section 4.1: Intentional Modification of the Social Self

Perhaps the first move in considering how our cultural self-concepts might be made more interdependent is to look at existing alternatives. Following a brief review of some cultures that exemplify interdependence, I shall discuss the limits to self-concept voluntarism. I shall then discuss two examples where socially influential self-concepts have been consciously altered; an advertising ban on plastic surgery in response to rising unhealthy body images, and a comprehensive pharmaceutical strategy to change an entire nation's conception of mental illness. In section 4.2, the insights gathered from these cases will be used to form some recommendations for fostering greater interdependence in Western self-concepts. Lastly, in chapter five I shall conclude by reviewing the implications for our understanding of the self, its boundaries, and relationship to the world.

Pre-Existing Alternative Conceptions of the Self

There are numerous cultures that incorporate more interdependent conceptions of the self, but for brevity I shall simply discuss some trends in North American Indigenous cultures, and Zen Buddhism. Indigenous philosopher Anne Waters (2004) has examined the different 'ways of being in the world' between historical first peoples and contemporary North Americans, and she writes that this disparity is predominantly "cashed out in notions about personal and social identity" (Waters, 2004, p. 106). Specifically, Waters contrasts the non-binary ontology common to Indigenous cultures with the more binary contemporary disposition. She describes a binary ontology as one that possesses "dualist constructs [with]

rigid boundaries that do not interact or ‘cross over’ to other constructs" (p. 99), whereas non-binary ontologies embrace more continuous notions of objects. One real life application of these ontologies can be seen by looking to gender; while North American conceptions have been predominantly binary, Waters writes that "many indigenous gender categories are ontologically without fixed boundary" (p. 107). This non-binary ontology is the result of a more relational, rather than object-oriented approach to identity. In *Research Is Ceremony*, Shawn Wilson supports this interpretation. Having studied the contemporary Indigenous peoples of North America and Australia, he found that their ontologies and epistemologies consisted of relationships between things, rather than of things-in-themselves (Wilson, 2008, p. 73). This shift in the conceptualization of identity results in highly interdependent self-concepts.

A similar relational emphasis is seen in Japanese Buddhism. In his exegesis of the *Prajnaparamita Heart Sutra*, Zen monk Thich Nhat Hanh offers a concise description of this perspective. He writes:

> If you are a poet, you will see clearly that there is a cloud floating in this sheet of paper. Without a cloud, there will be no rain; without rain, the trees cannot grow; and without trees, we cannot make paper. The cloud is essential for the paper to exist. If the cloud is not here, the sheet of paper cannot be here either. So we can say that the cloud and the paper *inter-are.* (1988, p. 3)

This passage describes an explicit interdependent mode of being, and understanding of identity. Together, these descriptions of Japanese Buddhism and Indigenous ontologies provide exemplary accounts of interdependent cultural self-concepts.

Self-Concept Voluntarism

However, a psychiatrist should not simply tell a depersonalized patient with a highly independent self-concept to merely adopt an Indigenous or Japanese alternative. This would not only violate norms of cultural and religious sensitivity, but also be entirely unnecessary. It is not the overt beliefs, but the underlying interdependent mode of being that is desirable, and this may be possible to integrate with presently held explicit beliefs.

The alternative ontologies (and their respective conceptions of the self) do not require embracing a form of animism or an inherently superstitious worldview. None of the above descriptions involved explicit metaphysical commitments or dogmas; rather, they described a difference of attitude. In the philosophical literature, they are more reminiscent of a stance (in the sense used by van Fraassen), or a Carnapian linguistic framework. For the sake of brevity, let us focus on the notion of a stance. In his précis for *The Empirical Stance*, van Fraassen provides perhaps his most concise definition, writing that a "stance consists of a cluster of attitudes, including propositional attitudes (which may include some factual beliefs) as well as others, and especially certain intentions, commitments and values" (Précis, 2002). Put slightly differently, a stance is a foundational orientation towards the world, or an original interpretative scaffolding, formed through our inherited values and conceptual distinctions. Rowbottom & Bueno (forthcoming) have argued that adopting a critical attitude towards one's own stance helps challenge potentially unwarranted assumptions and maximize one's rationality. However, the adoption of an alternative stance is not a purely voluntary matter, as some stances preclude the shift into an alternative (p. 7).

For example, considered as a stance, the foundation underlying a 'young earth creationist' worldview is highly resistant to shifting. This is because it can provide

explanations for contradictory evidence with virtually no constraints, given that God has the unlimited power to ‘make it so’. If radiocarbon dating techniques suggest that the dinosaurs roamed the Earth over 200 million years ago, the creationist may respond that God only made it appear as such to test our faith. Similar inflexibility is seen in conspiratorial reasoning, where any contradictory evidence may be rationalized as part of a larger more nefarious cover-up. These extreme examples demonstrate how some stances are too dogmatic to be easily adjusted.

The psychological capacity to reject disagreeable evidence was confirmed in a recent study on political self-identification. Brendan Nyhan and Jason Reifler (2010) presented political news articles with misleading claims, some of which included a factual correction, to a group of subjects. They found that when a subject was presented with a factual correction that was incongruent with the subject’s political self-identification, the subject had a tendency to ignore the evidence. It was even found that in some cases, there was a "backfire effect" where the presented evidence actually reinforced the factually incorrect beliefs. This example of political self-identification demonstrates the power that some of our self-concepts possess over our interpretation of the world, especially when they are deeply entrenched. In fact, as the sample population for the Nyhan and Reifler study consisted of university undergraduates, it was suspected that the number of 'backfire' cases was less than would be found in the general population, as undergraduates often have "relatively weak self-definition” (Nyhan & Reifler, 2010, p. 311).

Ethical Considerations for Broad Cultural Change

A related problem is that the desire to change one's own conception of the self will be limited if the surrounding cultural environment remains the same, as self-concepts are the product of a variety of cultural influences that in some cases (such as mind-body dualism) have a lineage spanning centuries. There are therefore two scopes to the active change of cultural self-concepts; change for an individual within a culture, and change for the culture itself. Action at the individual level is akin to a treatment plan that is suggested by a doctor to their patient, whereas action at the second level is analogous to enacting national health policies or educational programs. Of course, the increased prevalence of depersonalization alone is insufficient justification to pursue the alteration of an entire culture's dominant self-concept. Such a foundational shift would have rippling effects on many additional cultural and psychological domains, with potentially undesirable effects. Furthermore, highly interdependent self-concepts likely promote their own set of mental illnesses.

A third and more foundational ethical concern is that we do not wish to encourage homogenous cultural self-concepts. The issue of 'cultural hegemony' has been a historical problem for minority self-concepts. For example, Ann Waters has written that with the loss of Indigenous languages, the associated notions of identity are vanishing: "[it] is a loss of conceptual ontology; it is a loss of a way of being in the world; it is a loss of ways of relating in the world; and in its concrete manifestation it is a loss of personal, social, cultural identity, or self" (2004, p. 106). Furthermore, without coexisting alternative self-concepts, it is much more difficult to identify how a particular self-concept may be related to or contributing to the prevalence of a mental illness. Just as genetic diversity is ideal for responding to changing environmental pressures, a range of self-concepts allows for a diversity of possibilities in

facing the evolving needs of our cultural and physical environment. If every individual across the globe had a highly independent self-concept, we may never have realized that the social domain was connected to the manifestation of depersonalization.

My recommendations for the intentional modification of self-concepts should therefore be limited to individuals specifically suffering from depersonalization who also have a highly independent mode of being (although it is likely that other disorders may benefit from their own particular treatment with respect to self-concepts). However, even at the individual level, there is the issue of rippling effects on other psychological and cultural faculties. A process akin to the standardized trials for new medical or psychological treatments should therefore be implemented. If a new self-concept was successfully fostered in a patient, they could be monitored for possible cultural and psychological contraindications, as well as any benefits from the transition, hopefully building up a body of data supporting the efficacy of the self-concept change in reducing depersonalization.

However, we still have yet to show how more interdependent self-concepts could be nurtured in light of the discussed limitations to stance voluntarism. I shall begin by reviewing some successful examples that involve political legislation and pharmaceutical advertising. In section 4.2 some (ethically acceptable) recommendations for fostering greater interdependent self-concepts at the individual level shall be generated from these examples.

a. Advertising as Intentional Cultural Manipulation

In this first example, we see the active role that advertising and its regulation can have on cultural self-concepts. As is clear by now, our culture and our self-concepts are mutually reinforcing, making it difficult to 'break the cycle.' A study by Kim and Markus (1999, as

cited in Heine, 2007) demonstrated this acutely by looking at the interaction between advertising and cultural norms. Their hypothesis was that the "kind of messages that would be most persuasive would reflect ideas widely shared within a culture" (Heine, 2007, p. 728). They examined a variety of magazines from both the United States and Korea, noting the degree with which the ads reinforced themes of conformity or uniqueness. They found that themes of uniqueness were common in American magazines, while themes of conformity were common in Korean magazines, confirming their hypothesis. "This suggests that the kinds of cultural messages that people encounter on a day-to-day basis are helping to reinforce the different views of self in the two cultures" (Heine, 2007, p. 728).

However, it is still possible to pro-actively break these cycles by exerting some control over the advertising environment. For example, Spain recently moved to ban advertisements that promote 'the cult of the body.' Specifically, the ban states that "broadcasters cannot carry advertisements for things that encourage the cult of the body and have a negative impact on self-image – such as slimming products, surgical procedures and beauty treatments – which are based on ideas of social rejection as a result of one's physical image or that success is dependent on factors such as weight or looks" (Tremlett, 2010). The new law bans television advertisements for plastic surgery and other beauty treatments before 10pm, and was motivated by a concern that these forms of advertising were contributing to eating disorders and other mental illnesses in youth. Although this is a small move, it is nevertheless an attempt to shape the social domain's influence over self-representation and self-evaluation.

b. Pharmaceutical Manipulation of Social Concepts

A much more dramatic and impressive example of intentional cultural manipulation can be found in the marketing of depression to Japan during the last decade. In an investigation of the Japanese attitude toward depression, Ethan Watters interviewed Dr. Laurence Kirmayer, co-author of the previously mentioned study on the prevalence of mind-brain dualism in psychiatry and director of the Division of Social and Transcultural Psychiatry at McGill University. In the interview, Kirmayer describes an encounter he had with the pharmaceutical giant GlaxoSmithKline at a conference they had sponsored, ostensibly concerning cultural attitudes towards depression. Upon arriving at the event, Kirmayer realized that GlaxoSmithKline had a very specific goal in mind; it wished to change the cultural attitudes towards depression in Japan, making the population more friendly (and susceptible) to the idea of using antidepressants. GlaxoSmithKline had invited the best and brightest in cultural psychology to act as an elite brainstorming group to help accomplish this goal (Watters, 2010, p. 192).

As Watters explains;

> [GlaxoSmithKline's objective] was to influence, at the most fundamental level, the Japanese understanding of sadness and depression. In short, they were learning how to market a disease. To have the best chance of shifting the Japanese public's perception about the meaning of depression, GlaxoSmithKline needed a deep and sophisticated understanding of how those beliefs had taken shape. This was why, Kirmayer came to realize, the company had invited him and his colleagues and treated them like royalty. (Watters, p. 193)

Traditionally, Japanese culture had viewed depression exclusively as a serious illness akin to schizophrenia, requiring an average hospitalization of 390 days, as opposed to 10 in the

United States (Schulz, 2004). There was no concept of a 'mild depression' that required more moderate medical attention. Instead of being seen as a sign of mental illness, Japanese culture had "often idealized and prized states of melancholy" which were thought to be character building and "a source of moral meaning and self-understanding" (p. 211). Additionally, Tanaka-Matsumi and Maresella (1976) have suggested that Japanese citizens possess a less 'individuated self-structure' that contributes to an understanding of depression as an environmental rather than a mental phenomena. They performed a study that looked at the differing conceptions of depression in three demographics: Japanese nationals, Japanese Americans, and Caucasian Americans. Individuals in each group were asked to provide word associations for depression or *yuutsu,* the most equivalent term in Japanese. Here are top ten words for each group:

Japanese-Nationals:	**Japanese-Americans:**	**Caucasian-Americans:**
1. rain, rainy	1. sad, sadness	1. sad, sadness
2. dark, black	2. lonely, loneliness	2. lonely, loneliness
3. worries	3. down	3. down
4. grey	4. frustration	4. unhappy
5. cloudy, rain cloud	5. low	5. moody, moodiness
6. suicide	6. failure	6. low
7. solitude	7. blue(s)	7. blue(s)
8. exams	8. tired	8. gloom, gloomy
9. depressing	9. unhappy	9. failure
10. disease	10. die, dying, death	10. upset

(Tanaka-Matsumi & Marsella, 1976, p. 384).

Tanaka-Matsumi found that while the American words described internal emotional states, the Japanese terms primarily consisted of external environmental descriptions. They concluded that this was not just a linguistic phenomena, but reflective of divergent conceptions of the self, with the Japanese nationals demonstrating a greater degree of interdependence (or a less 'individuated self-structure') (Tanaka-Matsumi & Marsella, 1976, p. 389-392).

To overcome these conceptions of depression and the self, advertising campaigns and promotional material by GlaxoSmithKline introduced and propagated the phrase *kokoro no kaze*, which translates to "a cold of the soul." The implication was that one's inner life can from time to time become sick, but not in a way deserving of social stigma. Additionally, like a common cold, this 'cold of the soul' could be effectively treated with the proper medication (Watters, 2010, p. 225). However, this message alone did not help to convey any urgency, so it was combined with additional campaigns that sought to raise alarmist concerns about the risk of suicide (Watters, p. 228). GlaxoSmithKline also specifically targeted prominent mental health professionals, knowing that their opinions would have an sway many others, and took advantage of its influence as a primary funder of a pharmaceutical research on the subject of depression. The company wielded tremendous power over what kinds of studies were funded in the field of pharmacological treatment for depression, effectively allowing it to block or discourage evidence contrary to its ends (Watters, p. 237). The combined strategy was a tremendous success, and antidepressants are now commonly prescribed in Japan. Speaking about the overall implications of this campaign, Kirmayer wrote that the "changes have far-reaching effects, informing the cultural conceptions of personhood and how people conduct their everyday lives" (Watters, p. 198).

While this story acts a successful example of intentionally manipulating the cultural concepts that shape the self, it also an unfortunate case, as the push for a purely pharmaceutical approach to depression neglected both the psychological and social aspects of the illness. In particular, it is believed that unrealistic working demands and a variety of associated social stresses rose dramatically during the 1990s and 2000s, largely as a result Japanese asset bubble collapse (Watters, p. 229). It is quite ironic that cultural manipulation was used to diminish the recognition of cultural and environmental factors in depression. It should also be noted that there is some debate as to whether the increase in rates of depression in Japan were the result of better diagnostic strategies, better marketing by pharmaceuticals, an actual change in the understanding of the self, or some combination of the these. However, for our purposes the exact scenario is not important; what is clear is that GlaxoSmithKline did change popular self-concepts, even if this wasn't the primary reason for the spike in depression diagnoses.

Section 4.2: Suggestions for Fostering a More Interdependent Self-Concept

The use of an advertising ban and the marketing of depression in Japan are recent examples of intentional manipulation of the cultural environment in ways that affect both self-concepts and mental illness. However, the GlaxoSmithKline strategy demonstrated ethically problematic tactics, including deceptive portrayals of the success of antidepressants, emotional manipulation through alarmism over suicide rates, and disguised advertisements that were often in the form of call-outs for experimental participants in drug trials (which was a way of circumventing Japan's ban on direct-to-consumer marketing) (Watters, 2010, p. 225-229).

Additionally, GlaxoSmithKline manipulated the publications on the pharmaceutical treatment for depression, by taking advantage of its power as a principle funder of research,

and forwarding 'ghost written' articles supportive of its own drug treatments (p. 225-229). Such behaviour not only violates basic research ethics, but also potentially puts the health of millions at risk (Sismondo & Doucet, 2010). With respect to depersonalization, a psychiatrist should not mislead a patient for the sake of fostering greater interdependent self-concepts, nor should they use coercive or covert means. If we were to take these examples of self-concept manipulation and use them in good faith to help move an individual's self-concept towards a more permeable, interdependent model, what broad recommendations for psychiatry could be made? Secondly, in an acute case where a psychiatrist recognises strong cultural influences in a patient's depersonalization, what recommendations can be made to treat this level of the disorder?

In terms of a broad strategy, a first step is to encourage professional recognition of the social dimension in the relevant fields of mental health, and to some extent this is already happening (for example, see the 2010 volume *The Impact of the Environment on Psychiatric Disorder*, edited by Freeman & Stansfeld). Additionally, the construction of a list of effective recommendations that can be offered to individuals to develop a more interdependent self-concept would help simplify what is otherwise a daunting level of treatment. I shall now offer four possible recommendations.

Acute Recommendations for fostering an Interdependent Self-Concept

Potentially every aspect of one's culture contributes to what self-concepts become dominant, from business endeavours to artistic acts and religious practices. The support of more interdependent approaches in any of these fields will therefore also help nurture a more interdependent self-concept. I wish to briefly explore four domains where an individual may

actively work to alter their social self-concepts; political or community engagement, the natural environmental, the mass media, and technology.

The political environment is an obvious starting point, given that some of the original evidence for cultural variation in depersonalization also tracked different political systems (recall that East Germany and the Czech Republic under communist rule both had lower rates of depersonalization than the surrounding more democratic states). However, the political domain is one of the least acceptable areas for a psychiatrist to make recommendations, nor do I wish to encourage anyone to become a soviet-era communist! However, the active support and engagement in political theories that recognize the social component of the self may help to create an environment that reinforces interdependence over independence. For example, while some political theories like anarcho-capitalism are premised on an independent conception of the self, communitarianism construes self-determination as dependent upon "the social preconditions under which that capacity can be meaningfully exercised" (Kymlicka, 2002, p. 212). Kymlicka characterizes the independent conception of the self as the 'Kantian' view, where the self is understood to be "prior to its socially given roles and relationships," allowing it to rationally judge them accordingly (p. 221). In opposition, "communitarians believe that is a false view of the self, [as it] ignores the fact that the self is 'embedded' or 'situated' in existing social practices, which we cannot always stand back and opt out of " (p. 221).

If a patient already has an political interest that has communitarian-styled values, this would be an ideal avenue for hoping to generate greater interdependent self-concepts. Of course, psychiatrists cannot make explicit political recommendations to their patients, but it is quite possible that getting involved in most social, political or community organisations will

help develop an 'implicit sense of social support'. Recall that the study by Alderbridge et al., (2001) found that church participation decreased the likelihood of experiencing depersonalization, regardless of the strength of an individuals particular beliefs. The next three proposals are similarly neutral and more universally recommendable to patients suffering from depersonalization.

While the first recommendation involved greater involvement with social groups, my second proposal concerns the natural environment. It is possible that becoming more acquainted with the natural environment that one's well-being is dependent upon will help develop a more interdependent self-concepts. This could include hands-on experience (in the form of farming or hiking for example), as well as direct education to better understand the variety of interdependent relationships between the self and the natural world. Doing so may help foster new self-concepts, as well as potentially cultivate an 'implicit sense of social support' with the natural environment. To some extent, there is a precedent for therapeutic considerations that involve both the natural and 'artificial' environment. For example, the interdisciplinary field of environmental psychology, and the psychotherapeutic school of ecopsychology have both attempted to understand and address the relationship between psychological well-being and the environment.

A third possibility is to encourage media-literacy as it pertains to one's self-representation. For depersonalization, the goal would be to help a patient recognize forms of consumer advertising and consumer-cultural generally, that foster excessively independent self-concepts. This style of treatment has previously been effective in preventing the development of eating disorders in adolescents (Levine & Smolak, 2007). Specifically, Levine and Smolak found that an 'ecological emphasis' which addressed the "influence of socio-

cultural factors on negative body image" increased the effectiveness of health education programs aimed at preventing the development of eating disorders (p. 3). Similarly, depersonalized patients with highly independent self-concepts could be made aware of the pervasive imagery found in magazines and other forms of consumer culture that encourage highly independent self-concepts, predisposing them to depersonalization.

Finally, the domain of technology has come to play a central role in organising our social lives. The rise of Facebook and virtual online communities now play a role in constructing our social self-representation, both in the online and offline worlds. Yee, Bailenson and Ducheneaut (2009) have revealed what they call *the proteus effect*: the phenomena where a player's success in an online virtual environment will correspond to the apparent attractiveness and height of their avatar. In the most recent study of the proteus effect, the authors also demonstrated that one's virtual self-concept affected one's real-world self-concept. It was found that players given taller virtual avatars acted more aggressively not only in the virtual environment, but also in subsequent face-to-face interaction with the other participants (Yee, Bailenson & Ducheneaut, 2009).

One of the unique aspects of virtual online environments is the ability to consciously select one's entire self-presentation. In games like *Second Life*, players can choose to take on any race, age, gender, or personality. To a lesser extent this is also true of more text-based online environments like blogs and message boards, where individuals can select a name and carefully control their self-presentation. If there was greater awareness that these created identities also influence one's real-world self-concepts, individuals might choose to generate avatars or online personas that will have a healthy (or at the very least, desirable) influence over their lives. It therefore seems that education as to the interplay between one's online and

real-world self-representations may be a way of combating unwanted self-concepts, or fostering new ones. Effectively, our online identities are a window into greater self-concept voluntarism.

Indeed, each of these four recommendations are aimed at presenting practical ways of obtaining greater self-concept voluntarism. However, while these community, environmental, media, and technology based suggestions offer four directions for developing more interdependent self-concepts, they are not exclusive, nor are they universal. Given that one is likely working against the predominant self-concepts in their cultural, a strategy that involves multiple recommendations is going to be most effective, in addition to treatments at the molecular, neurological and psychological levels. As mentioned, potentially every aspect of culture interacts with one's self-concept, meaning that there are a multitude of possible options. These four suggestions were selected in response to the contemporary cultural environment, which will surely evolve, requiring new and creative approaches.

Finally, our exploration in these four areas has further demonstrated the highly interconnected relationship between self-concepts and different cultural domains. In chapter five I shall consider the implications of the previous four chapters for our understanding of the self, especially its apparent unity, its boundaries, and its interdependence with the world.

Chapter 5: The Boundaries and Unity of the Self

Section 5.1: Self-Concepts, Multilevelism, and the Unity of the Self

This assessment of depersonalization has helped reveal the complex relationship between the self and its environment. What originally appeared to be a disorder uniquely characterized by its phenomenal nature became, under examination, a complex socially interwoven illness. Our review of this social dimension has suggested that independent self-concepts are responsible for higher rates of the illness in the West. This has raised implications both for the maximally effective treatment of depersonalization, and for our understanding of the self. In the former case, the trouble of identifying and addressing the broad cultural level of mental illness has been reviewed, and possible treatment options have been suggested. With respect to the self, our discussion has suggested that a highly independent conception is not only culturally unique, but also arguably descriptively erroneous, in light of the picture of the self presented by the MIM approach. I now wish to review this sprawling portrayal of the self and provide some clarifications as to the actual 'inaccuracy' of the independent and individualistic conception of the self. Specifically, I wish to discuss the problematic boundaries of the self, and the tension between the sense in which our internal self-concepts are arbitrarily (or pragmatically) bound, and the sense in which they can nevertheless be descriptively incorrect.

The Gurduloo Problem and Pragmatic Boundaries of the Self

Can anything be said definitively as to the boundaries of the self? Bas van Fraassen refers to this difficulty as the 'Gurduloo Problem,' which he playfully discusses in a strange piece entitled "Transcendence of the Ego (The Non-Existent Knight)" (Ratio, XVII, 2004). van

Fraassen recalls a literary piece by Italo Calvino entitled *The Non-Existent Knight*, which tells the story of two conceptually antithetical characters. The first is Agilulf, a knight who, upon being asked to disclose his identity following heroic action in battle, opens his helmet to reveal only emptiness. The implication is that Agilulf is nowhere to be found in the world. Conversely, Agilulf's squire Gurduloo does not know where to draw the boundaries of the self, and as a result he continually (and inappropriately) identifies with objects like rivers and trees (p. 459).

Calvino's parable helps to make salient the difficulty of demarcating the boundaries of the self; van Fraassen himself tries and rejects several attempts at a suitable definition, exploring population conceptions such as 'that which is inside the skull' or 'everything that is inside the skin.' However, he finds that they all have the same sort of ad hoc character and problematic or counter-intuitive consequences (p. 461-462), a result of trying to account for the shifting intuitions as to the boundary of the self. At one moment while deep in thought over a difficult problem in philosophy, my working self-concept may resemble only that perspectival aspect of myself that acts as the inner witness of all that is around me. In another moment, perhaps while volunteering at a needle-exchange, my skin may make an intuitive boundary of the self. In a third moment, say a reflective evening on my 70th birthday, my entire life and everything that it has permeated, including my family and ancestors, may be the most natural self-concept.

There is an aspect of circumstantial pragmatism in determining how expansive a self-concept to employ, but it is not a totally smooth or singular continuum either, and appears to be carvable in many different ways. David Chalmers offers one option for bounding the mind in his foreword to Clark's *Supersizing the Mind* (2008), which could also be applied to the self.

This is the "appeal to the dual boundaries of perception and action" between the mind and the world (Chalmers, 2008, p. xi). Perception acts as the interface through which the world affects the mind, while action acts as the interface through which the mind affects the world. One can then claim that on one side of these boundaries you will find the mind, and on the other, the world. However, Chalmers immediately complicates his own suggestion by noting that there is also inner perception (for example, in experiencing a mental image), and inner action (for example, in the creation of a mental note). While this may complicate the search for definitive system boundaries of the mind, the scaling nature of action and perception actually describe the pragmatic variations in self-concepts quite effectively.

Note that the previously described expanding self-concepts are nested, with each larger self-concept including the previous. Using the boundaries of perception and action, the expanding self-concepts can therefore be represented as the following:

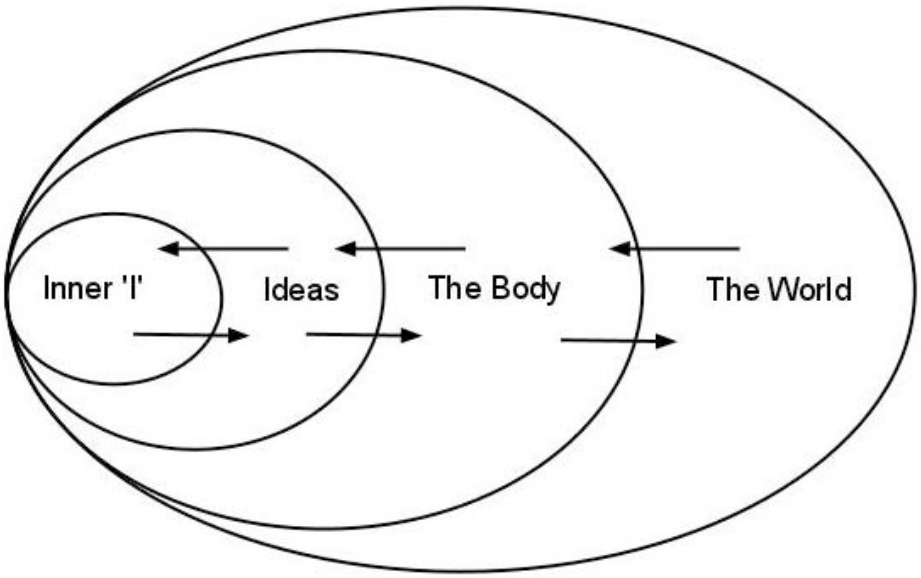

Fig. 2. Expanding self-concepts carved by action and perception boundaries

Arrows travelling left to right represent actions, while arrows travelling right to left represent perceptions. The *inner 'I'* refers to the perspectival orientation of phenomenal consciousness. *Ideas* has been used as a shorthand for mental representations. The *body* and the *world* are relatively self-explanatory.

We can review the three examples just mentioned on this nested model. In the first case, one's self-concept is restricted to the realms of the inner 'I' and mental representations. Unless one believes that there could be content-free conscious states, they will necessarily include both of these realms, as mental representations are required for conscious representation. In this model, the most basic forms of self-consciousness consist of the 'inner I' having mental representations about the 'inner I'. When Kircher and David spoke of introspective self-consciousness, they even described it as a 'perception like' phenomena. In the second case of the needle exchange volunteer, one's self-concept encompasses the first two domains, as well as the domain of the physical body. The body perceives the world through its various senses, and acts on it accordingly. Lastly, in the third scenario, one's self-concept expands out into the world, or at least the relevant interrelated aspects of the world, making the other scopes subsets of the larger self.

It should be noted that figure 2 helps convey just one set from which we can draw self-concepts, in this case, under the lens of action and perception as directional interfaces. This figure does not encompass all dimensions of variation in the self-concept; indeed, both independent and interdependent conceptions of the self could contract and expand on this scale, and nevertheless differ in other qualities. However, interdependent modes of being will likely encourage self-concepts that are more expansive, as larger conceptions incorporate more influences on the self. However, even if a pair of independent and interdependent self-concepts

did share roughly the same boundaries for the self, they would likely differ on the degree of perceived permeability between the self and the external environment. Additionally, there are times when a highly neural or biological self-concept may be most relevant, which do not map onto this particular set of expanding self-concepts, as they are emphasizing a different level of description. We therefore draw working self-concepts from many levels and corners of the more complete picture of the self described by Thagard and Wood's MIM model.

The Unity of the Self and the Absence of a 'Single Monolithic Self-Concept'

Nevertheless, these examples demonstrate that our working self-concepts often appear to be incommensurable due to the dynamic requirements of the environment. As Raymond Gibbs points out, this is in part because there is no "single, monolithic self-concept" (Gibbs, 2006, p. 20). For Gibbs and others (ex. Dennett, 1992) the lack of a monolithic self-concept is sufficient evidence to claim that the self is a fictional collage of concepts, at best focused around a 'centre of gravity.' However, the assertion that the self is a kind of fiction does not necessarily follow from the lack of a monolithic self-concept, as this only pertains to the internal representations of the self. Self-concepts are not *the* self; they are pragmatic portrayals of aspects of the self, drawn from the larger account revealed by the MIM approach. However, this raises fundamental questions as to the actual ontological status of the self. Is the self exclusively representational, that is to say, entirely 'inside the head'? Or does it make sense to speak of the self as an externally existing entity like a blood vessel, and if so, might this 'real' self be in some sense 'monolithic'?

The MIM account suggests one answer; by providing a comprehensive picture, it effectively offers an external model of the self. However, I suspect one rarely if ever utilizes

such an expansive model as a working self-concept, as the entire self outlined by the MIM approach is hard to hold together in one conceptual grasp; it is a vast, adaptive concept, expanding out into the environment at four levels. In this sense, the MIM account provides a kind of external account of the self, one that is 'monolithic' in its completeness. As Thagard and Wood explain, their "goal is to display the unity of the self, not just its amazing diversity. Unification arises first from seeing the interconnections of the four levels described earlier, and second from recognizing how the interconnected mechanisms produce" the various functions of the self (forthcoming, p. 23). Of course, this is a unification of the model; it is not a unification of our working self-concepts. Yet even internally, the lack of a "single monolithic self concept" does not eliminate all aspects of unity with respect to the self. While our particular self-concepts appear to be incompatible, our experience is still phenomenally unified, due to its inherent *perspectivalness*, and the unifying effect of the *foundational ambiance*. The variations in self-concepts do not undermine these phenomenal forms of unity. We can therefore lack a monolithic self-concept for everyday working purposes, while simultaneously experiencing the self as whole phenomenally, and understanding the self as whole philosophically, by taking a multilevel approach. Furthermore, it is from the external perspective that the highly interwoven and relational nature of the self becomes most apparent. This brings us to the second clarification; in what sense can self-concepts be incorrect?

Section 5.2: The Incompleteness of Highly Independent Self-Concepts

I have suggested a few times that independent self-concepts are not only contributing to depersonalization, but also descriptively erroneous or incomplete. However, if self-concepts are pragmatically selected, isn't the independent conception of the self merely suited to

different purposes, and not 'wrong' in any important sense? I can see two ways in which a self-concept can be erroneous; firstly, by being pragmatically deficient, and secondly, by being a poor representation of actual dependencies with respect to the self. The first consideration is largely an empirical matter, and therefore cannot be answered here. But we can imagine that a comprehensive mental health review that monitored cultures across the collectivism-individualism spectrum may reveal that some degrees of individualism or collectivism demonstrate unusually high mental health problems, suggesting that this range of associated self-concepts function least well for mental health.

However, we can look to the representational accuracy and completeness of different self-concepts. Our discussion of depersonalization has revealed the extent to which self-concepts are dependent on a huge number of environmental factors. Furthermore, the MIM account has provided a kind of comprehensive picture of the self, which we can appeal to in order to assess the completeness or accuracy of a particular self-concept. As discussed, the independent mode of being encourages self-concepts with constricted boundaries and minimal permeability between the self and the world. This conception is quite clearly at odds with the account given by MIM, which involves interactions with the broader environment at each level. Additionally, independence isn't just a particular self-concept, but rather a 'mode of being.' As such, it is more foundational than any particular working self-concept, and likely influences the entire spectrum of specific self-concepts that one is likely to employ. This level of influence could therefore contribute to a variety of sub-optimally adjusted self-concepts, each neglecting the extent to which the self and world are involved in a dynamic relationship.

Conversely, a more interdependent mode of being will encourage greater permeability in one's self-concepts, likely providing a more accurate reflection of the actual

interdependence of the self and the environment. As Thagard and Wood have demonstrated, at each level of description of the self, we have an environment, parts, interactions and changes, which each level interwoven with the others. The collective portrait is that of a sprawling and permeable entity. A disposition to working self-concepts that routinely emphasize self-sufficiency and independence of other domains poorly maps the actual relations revealed by the MIM account. It is therefore by using the MIM account as a kind of external portrayal of the self, that we can evaluate the accuracy and completeness of particular conceptions of the self. And from this evaluative perspective, highly independent conceptions of the self are overall poor representations.

The Dynamic Self and Cultural Hegemony

What does this evaluation of independent and individualistic conceptions of the self mean more broadly? With respect to the field of psychiatry, the obvious imperative is to make sure psychiatry recognizes that it may be employing a culturally specific (and potentially deficient) self-concept. Just as cognitive science has increasingly acknowledged the dynamic and situated nature of cognition in many of its contemporary research projects, psychiatry needs to be mindful of the environmentally 'situated' nature of the self-concept, and the risk of universally applying a culturally specific conception. Given the rise of depression and anxiety disorders in Western cultures, both of which overlap with depersonalization, it is quite likely that independent self-concepts share a role in mental health problems beyond the specific example of depersonalization. This possibility, if not likelihood, only increases the urgency to make sure culturally specific self-concepts are not taken for granted.

Collectively, this paper forms a twofold warning as to the dangers of uncritically accepting an excessively separated self, as doing so is both descriptively flawed and bioethically compromising. Thankfully, the issue of uncritically using Western subjects to draw broad psychological assertions has recently been put under the spotlight. A comprehensive assessment of this concern was recently made by psychologists Joseph Henrich, Steven Heine, and Ara Norenzayan (2010). They developed the acronym WEIRD to outline the average characteristics of the unusual Western subject: white, educated, industrial, rich and democratic. In addition to directly biasing a great number of psychological findings, each of these characteristics will influence the kinds of self-concepts individuals employ. There is therefore good reason to suspect that in addition to the distinction between independence and interdependence, there are many other forms of cultural variation in the self-concept. The reasons to advocate for greater recognition of these biases therefore extend beyond simply attempting to integrate recent cognitive and psychological research into psychiatry; terminological provincialism and unchecked cultural specificity may unintentionally impose a singular vision of normalcy and health. By revealing the need to both address the cultural dimension of mental illness and recognize the cultural formation of the self, this assessment of depersonalization has exemplified the dangers of such blindness.

References

Aderibigbe, Y. A., Bloch, R. M., & Walker, W. R. (2001). Prevalence of depersonalization and derealization experiences in a rural population. *Social Psychiatry and Psychiatric Epidemiology*, 36, 63-69.

Bechtel, W. (2002). Decomposing the Mind-Brain: A Long-Term Pursuit. *Brain and Mind,* 3, 229–242.

Bordo, S. (1993). *Unbearable Weight: Feminisim, Western Culture and the Body*. Berkeley: University of California Press.

Brownell, S. (2009). The Body Cannot Ignore Asia. In B. Turner & Z. Yangwen (Eds.), *The Body in Asia* (pp. 23-39). US: Berghahn Books.

Cave, A. (2006). *Prophets of the Great Spirit*. Lincoln: University of Nebraska Press.

Chakrabarti, K. K. (1999). *Classical Indian Philosophy of Mind*. New York: State University of New York Press.

Chalmers, D. (2008) Preface. In A. Clark, *Supersizing the Mind* (pp. ix-xvi). Oxford: Oxford University Press.

Cooper, R. (2007). *Psychiatry and Philosophy of Science*. Montreal: Mcgill-Queens University Press, 2007.

Cox, B., & Swinson, R. (2002). Instruments to Assess Depersonalization-Derealization in Panic Disorder. *Depression and Anxiety*, 15, 72–175.

Gibbs, R. (2006). *Embodiment and Cognitive Science*. Cambridge: Cambridge University Press.

Hahn, T. N. (1988). *The Heart of Understanding*. (P. Levitt, Trans.). Berkeley, Parallax Press.

Heine, S. (2007). Culture and Motivation. In Kitayama, S. & Cohen, D. (Eds.), *Handbook of Cultural Psychology*. New York: Guilford Press, 714-733.

Henrich, J., Heine, S., & Norenzayan, A. (2010). The Weirdest People in the World. *Behavioral and Brain Sciences*, 33, 61-83.

Hunter, C. M., Phillips, M. L., & Sierra, M. (2003). Depersonalisation disorder: a cognitive–behavioural conceptualisation. *Behaviour Research and Therapy*. 41, 1451–1467.

James, W. (2008). *The Principles of Psychology, Vol.1*. New York: Cosimo books. (Original work published 1890).

James, W. (2007). *The Principles of Psychology, Vol.2*. New York: Cosimo books. (Original work published 1890).

Kircher, T., & David, A. (2003). Self-Consciousness: An Integrative Approach from philosophy,

psychopathology and the neurosciences. In T. Kircher & A. David (Eds.), *The Self In Neuroscience and Psychiatry*. Cambridge: Cambridge University Press, 445-475.

Kirmayer, L. (2001). Cultural Variation in the Clinical Presentation of Depression and Anxiety: Implications for Diagnosis and Treatment. *Journal of Clinical Psychiatry, 62 Suppl 13:22-8, Discussion 29-30.*

Kitayama, S., Duffy, S., & Uchida, Y. (2007). Self as a Cultural Mode of Being. In Kitayama, S. & Cohen, D. (Eds.), *Handbook of Cultural Psychology*. New York: Guilford Press, 136-174.

Kymlicka, W. (2002). Communitarianism. *Contemporary Political Philosophy: An Introduction*. New York: Clarendon Press, 199-237.

Lambert, M. V., Carl, S., Fewtrell, D., Phillips, M. L., & David, A. (2001). Primary and secondary depersonalisation disorder: a psychometric study. *Journal of Affective Disorders,* 63, 249–256.

Levine, M., & Smolak, L. (2007). Prevention of negative body image, disordered eating, and eating disorders: an update. *Annual Review of Eating Disorders*, Part 1, 1-13.

Markus, H. R., & Kitayama, S. (1991). Culture and the Self: Implications for Cognition, Emotion and Motivation. *Psychological Review*, Vol. 98, No. 2, 224-253.

Miresco, M., & Kirmayer, L. (2006). The Persistence of Mind-Brain Dualism in Psychiatric Reasoning about Clinical Scenarios. *American Journal of Psychiatry*, 163, 913-918.

Modigh, K. (2002). Depersonalization and Feelings of Unreality: Significant Symptoms With a Variety of Meanings. *Philosophy, Psychiatry and Psychology*, Vol. 9, No. 3, 285-286.

Murphy, D. (2006). *Psychiatry in the Scientific Image*. Cambridge: MIT Press.

Nyhan, B., & Reifler, J. (2010). When Corrections Fail: The persistence of political misperceptions. *Political Behaviour*, 23(2), 303-330.

Radovic, S., & Radovic, F. (2002). Feelings of Unreality: A Conceptual and Phenomenological Analysis of the Language of Depersonalization. *Philosophy, Psychiatry and Psychology*, Vol. 9, 271-279.

Rowbottom, D., & Bueno, O. (Forthcoming). How to Change it: Modes of Engagement, Rationality, and Stance Voluntarism. *Synthese*.

Schulz, S. (2004, August 22). Did Antidepressants Depress Japan? *The New York Times Magazine*. Retrieved from http://www.nytimes.com/2004/08/22/magazine/did-antidepressants-depress-japan.html

Sierra, M. (2009). *Depersonalization: A New Look at a Neglected Syndrome*. Cambridge: Cambridge University Press.

Sismondo, S., & Doucet, M. (2010). Publication Ethics and The Ghost Management of Medical Publication. *Bioethics*, Vol. 4 Number 6, 273-283.

Tanaka-Matsumi, J., & Marsella, A. (1976). Cross-Cultural Variations in the Phenomenological Experience of Depression I. Word Association Studies. *Journal of Cross-Cultural Psychology*, Vol. 7 no. 4, 379-396.

Thagard, P., & Findlay, S. (Forthcoming). *Conceptual Change in Medicine: Explanations of Mental Illness from Demons to Epigenetics.*

Thagard, P., & Wood, J. (Forthcoming). *Who Are You? The Self as a System of Multilevel Interacting Mechanisms.*

Tremlett, G. (2010, January 18). Spain curbs 'body image' ads on television. *The Guardian*. Retrieved from http://www.guardian.co.uk/media/2010/jan/18/spain-television-advertising

Turner, B., & Yangwen, Z. (2009). Piety, Politics and Philosophy: Asia and the Global Body. In B. Turner (Ed.), *The Body in Asia*. Berkeley: Berghahn Books, 1-22.

van Fraassen, B. (2004). Transcendence of the Ego (The Non-Existent Knight). *Ratio*, XVII, 453-477.

van Fraassen, B. (2002). Précis: The Empirical Stance. Retrieved from http://www.princeton.edu/~fraassen/abstract/SynopsisES.htm.

Waters, A. (2004). Language Matters. *American Indian Thought: Philosophical Essays*. Malden: Blackwell Publishing, 97-114.

Watters, E. (2010). *Crazy Like Us*. New York: Free Press.

Wilson, S. (2008). *Research Is Ceremony*. Halifax: Fernwood Publishing.

Yangwen, Z. (2009). Women's Revolution Embodied in Mao Zedong Era Ballet. In B. Turner & Z. Yangwen (Eds.), *The Body in Asia* (pp. 183-202). US: Berghahn Books.

Yee, N., Bailenson, J., & Ducheneaut, N. (2009). The Proteus effect: Implications of transformed digital self-representation on online and offline behaviour. *Communication Research*, 36, 285-312.