The Development of the Sense of Self in Adolescence and Early Adulthood: Implications for Understanding Depersonalization/Derealization Disorder

Robert G. Sacco
School of Behavioral and Health Sciences
Northcentral University

ABSTRACT
Adolescence and early adulthood is a time during which the sense of “self” changes profoundly. Disruptions in the sense of self are also essential components of nearly all descriptions of the phenomenology of adolescents and young adults with depersonalization/derealization disorder (DP/DR-D). However much remains unknown regarding the striking consistency of onset of this disorder around adolescence and early adulthood. The aim of this paper is to provide an overview of the ways in which the sense of self becomes a part of DP/DR-D. The paper begins with a discussion of the components of the sense of self. The distinctions drawn here structure the discussion of the ways in which these components of the sense of self develop during adolescence and early adulthood. The final section shows how the distinctions among the components of the sense of self in conjunction with developmental findings can offer a conceptual framework within which DP/DR-D can be understood.
Introduction

One of the most reliable findings in the epidemiology of depersonalization/derealization disorder (DP/DR-D) is that, in the majority of cases, the condition onsets in adolescence and early adulthood. For instance, in one study, the mean age of onset was 15.9 years with less than 20% having an onset later than 20 years (Simeon, Knutelska, Nelson, Guralnik, 2003), whereas, in another, the mean age of onset was about 23 years (Baker et al., 2003). Disruptions in the sense of self are the essential components of nearly all descriptions of the phenomenology of adolescents and young adults with DP/DR-D. These disruptions in the sense of self are often frightening and can cause individuals to feel they have lost control over their lives, resulting in high levels of distress, impairment, and disturbances of psychosocial development.

This paper aims to show how a developmental approach can contribute to a fuller understanding of the sense of self in DP/DR-D. The first section of the paper discusses the components of the sense of self. Based on these distinctions developmental changes in the sense of self are discussed in the second section. The developmental periods that are the focus of this paper are adolescence (12–17 year-olds) and early adulthood (18–28 year olds). A developmental approach is relevant to DP/DR-D, because the onset of this disorder in adolescence and early adulthood suggests that psychological changes that attend the transition to adulthood make people vulnerable to depersonalization (DP) and/or derealization (DR). Changes in the sense of self may thus be one source of vulnerability to this condition. These links are discussed in the final sections of the paper.
The Nature of the Sense of Self

The conception of the self as understood in modern psychology is attributed to the pioneering work of William James (1890). More precisely, in James’ (1890) description of the self, he distinguished between two aspects which he called the “I” and the “Me.” The “I” is the self as observer, or knower; the active subject engaging in self-reflection and is that part which thinks, feels, organizes, and interprets experience. The “Me,” on the other hand, is the self as observed, or known; the object of our perception when we think about ourselves and thus expresses the way we define ourselves in terms of personal qualities. This distinction has remained fundamental to all later efforts to analyze the self, conceptually and empirically, even though various terms are now usually employed for the two aspects, such as self-awareness for the “I” and self-concept for the “Me.” Because this distinction, and those that follow from it, organize this article, each type of experience is discussed more thoroughly below.

Self-Awareness

The “I-self” encompasses each individual’s sense of self-awareness. Two types of this self-awareness are discussed here: objective self-awareness and subjective self-awareness.

Objective self-awareness. Objective self-awareness or self-focus occurs whenever one’s attention is directed toward oneself rather than toward the environment. This facet of self-awareness was first introduced to social psychology by the work of Duval and Wickland (1972). They proposed a dichotomy in the direction of attention maintaining that attention could be directed inward towards the self or outward towards the environment. Further, they assumed that
self-focus would instigate a process of self-evaluation and the identification by the person of discrepancies between his or her present status and ideal standard. In an instance where the person falls short of the ideal standard, self-focus is assumed to produce negative affect, so attempts are made by the person to reduce the discrepancy or to avoid self-focusing stimuli. This theory assigns a self-regulatory role to self-focus and was later elaborated by Carver and Scheier (1981, 1998) in their cybernetic model of self-regulation. In this model, self-focus is conceptualized as a situationally determined variable which functions to keep the individual “on track” in the pursuit of particular goals. In this context, self-focus constitutes a negative feedback cycle which serves the purpose of comparing an individual’s current status on a salient behavioral standard with a particular goal.

Subjective self-awareness. Subjective self-awareness or other-focus occurs whenever one’s attention is directed away from oneself toward other people, objects, events, or activities in one’s environment. For example, people are in a state of subjective self-awareness when watching a movie, reading a book, or engaging in physical exercise. In subjective self-awareness people are not conscious of themselves or how they might be falling short of their standards; rather they are the “subject” who is observing and perceiving the various aspects of their environment. Subjective self-awareness originates directly from the experience of being the source of perception and action. This state of subjective self-awareness is said to be the preferred state (Duval & Wickland, 1972). People experience higher positive feelings when in a state of subjective self-awareness (Csikszentmihalyi & Figurski, 1982), and when forced out of this state into objective self-awareness (i.e., feeling observed and evaluated), they make efforts to return to subjective self-awareness by seeking to direct their attention outside of themselves (Duval & Wickland, 1972).
Self-Concept and Identity

James’ other major component of the sense of self, the self-as-known or “Me-self,” encompasses the conceptual facets of self-experience or self-concept. Self-concept and identity refer to the overall understanding a person has of themselves (Oyserman, 2001). Self-concept and identity provide an answer to the questions “who am I?” and “what am I like?” In this sense, self-concept and identity presupposes self-awareness as described above concerning the “I-self,” but also includes knowledge people have about themselves. The prevailing view of the self-concept is that it is a multifaceted structure of self-schemas containing self-knowledge, directing or guiding attention and behavior, and providing future-oriented goals (Carver & Scheier, 1998).

The self-concept develops through interactions between the person and his or her environment and is inherently social in nature (Oyserman, 2001). It is shaped by a combination of psychological and social factors and is also influenced by family background and cultural factors. Self-concept is actively constructed from the autobiographical stories that people tell to identify themselves to others and to themselves; social constructions that are altered through interaction and which are called self-narratives (McAdams, 1995, 2001). The narrative account highlights the reflexive, social, and temporal dimensions of selfhood. That is, people create themselves through self-reflection and interaction with others and the self that is created changes over time. Self-narratives provide stability yet they are also dynamic and open to change. The self-narrative functions to provide the person with a sense of continuity, consistency, and distinctiveness and, therefore, results in the construction of a stable self-concept.
The Sense of Self and Adolescence/Early Adulthood

This section reviews changes in the sense of self with regards to adolescence and early adulthood. In the sections that follow, these changes, their possible causes, and their implications for emotional functioning are briefly described.

Self-Awareness

Objective self-awareness. Adolescence and early adulthood brings with it a greater focus on the self as individuals become increasingly alert to how others perceive them. During the period he calls emerging adulthood, Arnett (2000) describes how young men and women are less certain about the future and more self-focused than at any other time of life. Self-focused attention can be adaptive, promoting increased self-knowledge. Chronic self-focused attention, however, is maladaptive and is related to depression, anxiety, and a range of mental disorders (Ingram, 1990).

One factor that may influence the tendency to experience maladaptive self-focus is parental behaviors. In a study of college students, Klonsky, Dutton, and Liebel (1990) found that students who were high in self-consciousness were more likely to report a childhood during which parents were authoritarian, strict, and demanding. Parents who are demanding and critical are likely to instill in their children a tendency to monitor their behaviors carefully and to exercise greater self-scrutiny. Parental emphasis on achievement may also relate to self-consciousness because it stresses concern with others impressions and expectations (Klonsky, Dutton, & Liebel, 1990).
Subjective self-awareness. Not much is known about the development of subjective self-awareness in adolescence and early adulthood. It is likely to decrease to a greater or lesser degree as adolescents and young adults increasingly find themselves identifying a range of thoughts with their selves.

Self-Concept and Identity

Adolescence and early adulthood are regarded as times of considerable change in self-concept and identity (Arnett, 2000; Erikson, 1968). Erikson (1968) theorized that identity development in adolescence is a balance between identity synthesis and identity confusion. Identity synthesis represents the ability to bring various aspects of one’s sense of self into an internally consistent whole, and identity confusion (or identity crisis) refers to a lack of coherence or integration among the different parts of one’s self. The identity development process is assumed to be successful when identity synthesis prevails over identity confusion (Erikson, 1968). People for whom identity synthesis prevails over identity confusion are likely to be better adjusted and less distressed than those for whom the opposite is true. Erikson (1968) influentially conceptualized most identity work as occurring in adolescence. However, due to social-structural changes in many Western nations (e.g., the postponement of the completion of schooling, marriage, and becoming financially independent), the transition to adulthood is postponed for many individuals until the late twenties—a period now called emerging adulthood (Arnett, 2000).

Identity crisis is a crucial turning point in the development of personality. One review of the available evidence concluded that there are actually two major types of identity crisis
(Baumeister, Shapiro, & Tice, 1985). The first type of identity crisis is called *identity conflict*, which refers to the problem of indecision or indecisiveness among multiple competing identity goals. Examples of this type of identity crisis include conflicts between further education and entering the workforce, and conflicts between occupational advancement and personal or home life. The other type of identity crisis can be called *identity deficit*. This is the state created from an inadequately defined self or inability to commit to personally valued goals.

**The Sense of Self and Depersonalization/Derealization Disorder**

Distortions in the sense of self mainly account for a diagnosis of DP/DR-D. In the sections that follow, the changes in the sense of self that characterize DP/DR-D are reviewed within the developmental framework outlined in the previous pages.

**Self-Awareness**

**Objective self-awareness.** The transition to adolescence brings with it a heightened focus on the self. The entry into adolescence sometimes may result only in modest increases in self-focus. On the other hand, for some self-consciousness becomes elevated to pathological levels. It is difficult to say at what point self-consciousness becomes so high that it impedes normal adaptation. To some extent, self-focus increases self-knowledge. Erikson (1968), for example, regarded the major task of adolescence as a search for a consistent set of values and goals, a process that clearly involves some self-reflection. However, as suggested earlier, excessive self-focus is associated with negative affect and other disorders. A predisposition to
self-consciousness has also been found to be related to depersonalization in a study of adolescents aged 12–16 (Roth, 1998). For adolescents and young adults with DP/DR-D, objective self-awareness increases beyond the already high levels typical of the transition to adolescence.

Depersonalization/derealization disorder (DP/DR-D) appears to be caused by abnormally high levels of self-focus (Sacco, 2010; Torch, 1978, 1981). In describing the link between heightened self-focus and depersonalization, Schilder (1950) wrote that: “All depersonalized patients observe themselves with continuously and with great zeal; they compare their present dividedness-within-themselves with their previous oneness-with-themselves. Self-observation is compulsive with these patients. The tendency to self-observation continuously rejects the tendency to live” (pp. 138–141). As philosopher and psychologist Louis Sass (1994) pointed out an increase in self-reflection where thoughts of self and world become the subject of obsessive focus seem to naturally bring about experiences of the self and external world appearing unreal or unfamiliar. Torch (1978), like Sass, also noticed that obsessive self-focus and metaphysical preoccupation constantly intertwine with DP/DR leading him to propose what he called the “intellectual-obsessive depersonalization syndrome” as a particular variant of depersonalization.

Both theory and research suggest that heightened self-focus can result in DP/DR-D. Nevertheless, many questions remain unanswered, especially with regard to the developmental framework outlined in this paper. For example, do those who develop DP/DR-D in adolescence have higher levels of self-consciousness in childhood (before the onset of DP/DR-D) than do other children? And what risk factors account for the origins of high self-consciousness? As discussed previously, studies suggest that parents who are authoritarian and demanding (in both
behavior and achievement) may cause high self-consciousness in their children. Such an explanation is consistent with observations of individual differences in depersonalization among adolescents, which report that teenagers with higher scores on depersonalization perceive greater parental psychological pressure (Wolfradt, Hempel, & Miles, 2003).

**Subjective self-awareness.** The understanding of self in people with DP/DR-D is often characterized by a withdrawal from practical activity and engagement with the world. For instance, Arlow (1966) held the essential alteration in depersonalization is a dissociation of two ego functions that are normally integrated: the function of self-observation and the function of experiencing or participating in the world. In the terms used in this paper, the feeling of subjective self-awareness does not extend to the person’s behavior in the objectively self-aware state. This dissociation between objective and subjective states leads to an overall disowning of experience and a feeling of alienation towards one’s behavior.

Why are some people unable to integrate objective and subjective states? It is possible the disruptions in subjective self-awareness just described are caused by heightened self-focus. Usually, when people focus on themselves a sense of agency accompanies the self-focus, and people identify with themselves. Prolonged and chronic self-focus, however, may produce dissociative tendencies within the person. In this view, people with DP/DR-D reflect on themselves (self-focus), but become detached from the object of self-awareness; as a result, they experience themselves as affectless, empty, and ghostlike. From a treatment perspective, this split in objective and subjective self-awareness needs to be healed. In other words, people with DP/DR-D need to increase the capacity to experience oneself as a subject rather than as an object. The feeling of subjective self-awareness may be increased by helping the person to focus their attention on goal-directed behaviors.
Self-Concept and Identity

Identity confusion is one of the main criteria for DP/DR-D (Steinberg, 1995), yet its role in DP/DR-D has received surprisingly little attention. Steinberg (1995) described identity confusion as “a subjective feeling of uncertainty, puzzlement, or conflict about one’s own identity or sense of self” (p. 209). It has been suggested that identity confusion during adolescence may predispose to depersonalization experiences (Meares & Gross, 1978). Simeon and Abugel (2006) also noted how the onset of DP/DR-D is possibly triggered by “the overwhelming developmental task of consolidating a relatively well-integrated sense of self” (p. 58).

DP/DR-D patients could be said to suffer from a degree of identity disorder. An earlier version of the diagnostic manual of the American Psychiatric Association (DSM-III) listed “Identity Disorder” as one of several psychopathologies found mainly among the adolescent population. In the most recent edition, Identity Disorder was “downgraded” to “Identity Problem,” partly due to lack of research on clinical features of identity disorder such as prevalence and prognosis, and partly due to lack of clear diagnostic criteria for this category in DSM-III. According to the DSM-IV, Identity Problem “is reserved for identity concerns related to a developmental phase (e.g., adolescence) and does not qualify as a mental disorder” (p. 654). Whatever its official psychiatric status, identity “difficulties” are widespread in DP/DR-D. This suggests that a key component of therapy should focus on helping the person to strengthen their sense of identity.
Conclusion

In this paper distortions involving the sense of self were discussed in relation to DP/DR-D based in a view that distinguishes the ways in which these distortions develop in adolescence and early adulthood. As the review provided here shows, there is strong evidence that disruptions may be found in each facet of the sense of self: subjective and objective self-awareness, self-concept and identity. Several of the disruptions, moreover, can be grasped within a developmental model. Adolescents and young adults with DP/DR-D may perhaps be best understood as going through magnifications of age-typical changes in the sense of self (e.g., heightened objective self-awareness, detachment from subjective self-awareness, and identity confusion).

This paper helps to define the relationship regarding the sense of self to DP/DR-D, yet certainly more work remains to be done. A developmental framework of the kind outlined here can best be evaluated in the context of theories in which the causal role of disruptions to the sense of self in the onset of DP/DR-D can be partially examined. For theoretical and treatment purposes it is important to determine whether the disruptions in the sense of self described in this paper lead to, or follow from, DP/DR-D. Randomized clinical studies could demonstrate the process of change in therapy for DP/DR-D. For instance, do reductions in identity confusion lead to a reduction in objective self-awareness? Is goal-setting and goal-striving effective in lessening feelings of identity confusion? Clinical studies can be performed to evaluate these sorts of changes, and it is my belief that the field is at this point prepared for research approaching these sorts of questions.
References


