

## IMPAIRED MENTAL AGE SELF-CONSCIOUSNESS IN LATENT SCHIZOPHRENIA

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### SUMMARY

**Background:** The topic of research was phenomenon of impaired age self-consciousness in non-psychotic latent schizophrenia patients defined.

**Methods:** The study sample comprised 141 patients with latent schizophrenia (pseudo neurotic (F21.3 - 64.5%, 91 patients), coenesthopathic (F20.8 - 25.5%, 36 patients) and pseudo psychopathic (F21.4 - 9.9%, 14 patients)) aged 16-31 (average 22.1 years old) in 2007-2019. A follow-up, experimental psychological and clinical study was conducted.

**Results:** The onset of impaired age self-identity was dominated by a radical drop of the subjective age in self-conscious mind of the patients accompanied by a tormented feeling of loss of self-dependence, role autonomy, helplessness, inability of decision making and to be answerable. Patients described this sudden condition as a loss of 'maturity feeling' and return to the juvenile perception of self. In a delusive and unclear manner, phrases such as 'I feel inferior to others as if a helpless child among adults', 'I feel as if my childhood is back' were uttered. Excessive worrying and enlivening of childhood memories were also included. This correlates to occurrence of humble and sometimes dependent/avoidant behavior, feeling of helplessness and fear with respect to caring for one self, rising subordination and suggestibility.

**Conclusions:** This phenomenon of regress to earlier ontogenetic level of personal development reported as impaired age self-consciousness can thus be regarded as an obligate form of depersonalization in patients with latent schizophrenia.

**Key words:** age self-consciousness - latent schizophrenia

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### INTRODUCTION

Self-consciousness passes through a few stages of its formation during the process of ontogenesis. It helps a person to achieve the necessary level of self-actualization, which allows to feel inner experiences more deeply and more fully. This important personal phenomenon is often affected in case of different mental disorders of varying degrees of severity (Huang et al. 2021, Ejaz & Muazzam 2021, Gil et al. 2001). The study of impairments of age self-consciousness in mental illness is complex and not much developed section of clinical psychiatry. (Panayiotou et al. 2014)

The topic of research was phenomenon of impaired mental age self-consciousness in non-psychotic latent schizophrenia patients. Latent schizophrenia (ICD-10 Schizotypal disorder F21 - applicable to Borderline schizophrenia; Latent schizophrenia), which belongs to a relatively favorable form of the disease, characterized by a continuous course in the absence of severe personality changes as well as the absence of «productive» symptoms typical for other forms of schizophrenia. The chronic latent development of the disease leads to a variety of non-gross changes in thinking, perception, behavior and self-consciousness of the patient, manifested in the violation of vitality, integrity, identity and arbitrariness of the «I», in individual components of blurring the boundaries of personality in time and space. Along with this, most

patients with latent schizophrenia describe changes in their perception of subjective mental age. At the same time, there are practically no special works devoted to the study and description of impaired age-related self-awareness and the dramatic loss of the «sense of adulthood» - one of the central features of the personality of adolescence and puberty. In this regard, the aim of the work was to study the phenomenon of impaired mental age self-consciousness in young patients with latent schizophrenia.

To explore features of impaired mental age self-identity and to determine syndromic affiliation of the syndrome in comparison with premorbid personality disorders traits.

### METHODS

The study sample comprised 141 patients with latent schizophrenia (pseudo neurotic (F21.3 - 64.5%, 91 patients), coenesthopathic (F20.8 - 25.5%, 36 patients) and pseudo psychopathic (F21.4 - 9.9%, 14 patients)) aged 16-31 (average 22.1 years old) in 2007-2019. 86 patients were female, 55 were male. Later, after discharge, the patients were observed on an outpatient basis. 19 patients were examined only on an outpatient basis at the Department of Psychiatry and Medical Psychology of the RUDN University. A follow-up experimental psychological and clinical study was conducted.

## RESULTS

The leading in the clinical picture of the disease were: syndrome of juvenile asthenic insolventy - in 46 % of patients, obsessive-phobic syndrome - in 33%, asthenic/hypochondriac syndrome - in 21% of patients. Along with persistent and dominant manifestations of the main syndromes, all patients had affective (mixed sub-threshold depressive or hypomania) disorders, as well as minor formal thought impairment. With respect to the level of social development and biological age of the patients, the onset of the phenomenon of impaired mental age self-identity was dominated by a radical drop of the subjective age identity in their self-conscious mind. This was accompanied by a tormented feeling of loss of self-independence, of role autonomy, defenselessness and helplessness, inability to make everyday decisions and take responsibility. Patients described this sudden condition as a loss of «maturity feeling» and return to the juvenile perception of self. In a delusive and unclear manner, phrases such as «I feel inferior to others as if a helpless child among adults», «I feel like a kid», and «returned to childhood» were uttered. 29% of patients developed subjective-age regression in close connection with the phenomena of depersonalization, described various sensations of this change: that they had lost the feeling of «inclusion in reality», had lost their «sense of time» and emotional contact with the people around them. Subjective age regression in 24% of patients was accompanied by excessive enlivening of childhood memories, fearfulness, richness of experiences corresponding to the age-appropriate characteristics of ontogenetically earlier stages of personal development. The social status of patients and the attitude towards them from others also underwent significant changes. The puerile defenselessness, naivety, and infantile assessment of ongoing changes in everyday reality, which were not previously characteristic of patients, were eye-catching dramatic changes for their peers, attracted the attention of teachers and relatives. 19% of patients developed a preference for communicating with children and adolescents of younger age that appeared, neglect of the interests of their age and circle, hobbies characteristic of an earlier age period was revealed. In the family circle, changes in behavior were expressed in numerous resentments, various forms of passive protest, hypersensitivity, and vulnerability. Subjective age regression, expressed in an excessive need for care and support from others, leading to the emergence of submissive and sometimes dependent behavior, in a number of cases paradoxically coexisted with general alertness and distrust. Passive obedience and suggestibility were expressed in inadequate selective gullibility, frankness, and sociability with unfamiliar, but benevolent people, because of which patients often became victims of fraud and misunderstandings.

A subjective feeling of narrowing of rights and refusal of responsibility, one's own line of behavior, one's own views, assessments and the desire to defend them, an unmotivated disintegration of trusting relationships came into conflict with the characteristics of the premorbid personality of patients. To overcome previously uncharacteristic shyness and indecision, 45 (32%) patients resorted to alcohol, however, in most cases, they did not receive either relief or pleasure, and even felt aversion to alcohol, and then completely stopped taking alcoholic beverages. The growing self-doubt, nervousness in the presence of other people spread to all spheres of social life as well as in loneliness. However, unlike social phobia, anxiety and discomfort did not arise out of fear of being rejected in certain social situations or receiving a negative assessment from others, but because of an indefinite "feeling of pressure" experienced in the presence of people and "defenselessness". Unmotivated anxiety did not disappear in the absence of social contacts, in 24% of cases reaching the level of panic attacks.

Most patients attempted to comprehend the loss of the «sense of adulthood» and the difficulties arising in connection with this loss. 39% of patients combined the loss of the «sense of adulthood» with other signs of mental ill-being but attributed them to «undiagnosed physical illness». 19% of patients interpreted their condition as a result of the impact of «conditionally significant» events in the recent past, 18% of patients considered age regression to be a manifestation of «complexes» that developed as a result of «improper upbringing», a chronic conflict background of family relations in the parental family or childhood violence. 13% of patients dispensed with any explanation regarding the causes and content of internal experiences that characterize this condition, and only 11% patients admitted the possibility of mental illness.

The age of manifestation of disorders of impaired age-related self-awareness also differed. 46% patients noted that they occasionally experienced serious difficulties in identifying their subjective psychological age, accompanied by a feeling of its sudden decline, starting from the period of puberty. 31% of patients stated that they felt «younger and more defenseless» of those around them throughout their lives and regarded this as a characterological property inherent in their personality, at least from primary school age. 23% of patients felt significant changes in the perception of their own subjective age for the first time 0.5-1 years before hospitalization.

Against the background of complex psychiatric treatment with atypical antipsychotics in combination with tricyclic antidepressants, all patients of the studied group showed a gradual reduction in most of the manifestations of both the main (leading) syndrome and symptoms of subjective mental age regression. This, as a rule, was always accompanied by an increase in social

activity, self-confidence, positive changes in appearance and demeanor. Thus, it can be argued that mental and behavioral deviations that characterize subjective age regression are reversible and can be regarded not as a manifestation of an internal defect or infantilism, but as a transient disorder of self-awareness.

## CONCLUSIONS

On the level of self-consciousness, sudden mental age regression was marked by profound internal changes about oneself and in general, to the external world. This phenomenon of regress to earlier ontogenetic level of personal development reported as impaired mental age self-consciousness can thus be regarded as an obligate form of depersonalization in patients with latent schizophrenia. The phenomenon of mental age regression has not previously attracted close attention of psychiatrists, however, it may be of interest from the point of view of using it to clarify the true age of onset of latent schizophrenia, as well as in assessing the effectiveness of psychopharmacological treatment.

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**Contribution of individual authors:**

All authors contributed to writing of this paper equally.

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