

Basic Self-Awareness

Lessons from the Real World

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Abstract: Basic self-awareness is the kind of self-awareness reflected in our standard use of the first-person. Patients suffering from severe forms of depersonalization often feel reluctant to use the first-person and can even, in delusional cases, avoid it altogether, systematically referring to themselves in the third-person. Even though it has been neglected since then, depersonalization has been extensively studied, more than a century ago, and used as probe for understanding the nature and the causal mechanisms of basic self-awareness. In this paper, I argue that depersonalized patients indeed have an impaired basic self-awareness, and that their study allows us both to favor one specific theory of basic self-awareness and to understand what is wrong with its rivals. According to the favored theory, which I call Cartesian, we are basically self-aware in virtue of being acquainted with ourselves through introspection.

There are many ways to be aware of oneself. I can be aware of myself as a grey-haired man smiling to himself in the mirror, as the son of Mr and Ms Billon or even as one more Parisian bourgeois bohème.¹ It seems however that even if I lost track of my external appearances of my name and my personal history or of my social background I could still be aware of myself and still think about myself in the first-person. There indeed seems to be a very basic form of self-awareness—call it *basic self-awareness*—that is reflected merely in our standard comprehending use of the first-person. Basic self-awareness displays various intriguing features that have drawn the attention of philosophers at least since Descartes leading to a proliferation of accounts

Even though these accounts make quite different predictions and that some of their proponents pay close attention to the science of the mind, recent debates on the nature of self-awareness have mostly relied on a priori discussions, philosophical intuitions and common-sense. Except for the invocation of unfortunately disputed ‘phenomenological data’, they have largely avoided direct confrontation with the ‘real world’. This has not always been so. At the turn of the 19th century, a group of empirically minded philosophers and clinicians discovered a fascinating mental disorder that seemed to involve an impairment of basic self-awareness: depersonalization. They noticed, among other thing that patients suffering from severe forms of depersonalization, can express reluctance to use the first-person and even, in delusional cases, avoid it altogether, referring to themselves in the third-person exclusively. Researchers such as Ribot, Taine, Krishaber, Janet, Séglas, Dugas, Falret, Hesnard or Cotard, who paid close attention both to the precise

characterization of experience and to the physiology of their time—and who would greatly influence modern psychopathology, phenomenology and French literature and philosophy—thought that the study of depersonalization would ultimately allow them to elucidate the nature and the causal mechanisms of self-awareness.² In this paper, I pursue their project and argue that severe forms of depersonalization indeed involve a disorder of basic self-awareness and that its study allows us both to favor one specific theory of basic self-awareness and to understand what is wrong with its rivals. According to the favored theory, which I call Cartesian, we are basically self-aware in virtue of being acquainted with ourselves through introspection.

In §1, I will give an outline of contemporary theories of basic self-awareness. Given the scope of this paper, the outline will remain cursory, and will focus on what I take to be the most widespread accounts. I will then describe severe forms of depersonalization and of Cotard's syndrome, which is the delusional form of depersonalization, and argue that they involve an impairment of self-awareness (§2). I will argue that patients suffering from these conditions confirm the predictions of the Cartesian theory but not those of its rival accounts (§§3–5). Finally, I will answer a couple of objections (§6) and pin down what I take to be the main problem of anti-Cartesian theories of basic self-awareness (§7).

Before moving on, I would like to briefly comment on the characterization of basic self-awareness offered in the introduction. I have defined basic self-awareness as *the kind of awareness that is reflected, merely, in our standard comprehending use of the first-person*. By 'our standard comprehending use', I mean to focus on paradigmatic uses and to exclude, in particular, uses of the first-person in fiction, dictation or recordings, which are arguably non-standard. I also want to set apart non-comprehending uses, like those of non-competent speakers, parrots, or very simple machines. This definition of basic self-awareness is not very controversial—Brie Gertler (2010, 209) calls it 'the least controversial'. It is however not totally unproblematic.

It might be wondered, first, whether the definite description 'the kind of awareness...' succeeds in referring. There might be different kinds of use of the first-person—maybe we should follow Wittgenstein in distinguishing uses as a subject and uses as an object—and different kinds of self-awareness expressed by these different uses. I should make it clear that the definite description defining *basic* self-awareness is intended to capture the most fundamental of these self-awarenesses: the one that grounds all other kinds of self-awareness. This definite description will only fail to refer if there are two fundamental kinds of self-awareness, two forms of self-awareness, that is, such that none is parasitic on the other. Although I will now suppose that this is not the case, and that the present definition of basic self-awareness is successful, I will evaluate this assumption in due time.

Second, basic self-awareness is plausibly connected with the justification of the uses of 'I' in which it is reflected—call it *basic self-justification*—and the way these uses pick their reference—call that *basic self-reference*. On many accounts, basic self-awareness, basic self-justification and basic self-reference are grounded on each others, and a theory of any of these phenomena should immediately yield a theory

of the others. In what follows, I will however try to remain neutral on the connection between these phenomena, and I will not assume, in particular, that basic self-awareness is strictly necessary either for justified or for comprehending uses of the first-person.

1. Theories of Basic Self-Awareness

Very roughly, we can distinguish two kinds of theories of self-awareness:

Empiricist theories, which claim that basic self-awareness is a matter of experience, and construe it on the model of perceptual awareness.
Rationalist theories, which claim that basic self-awareness is a matter of reason, and appeal to the model of rational intuitions rather than perception.³

Below, I offer a brief overview of the main theories in each camp.⁴

1.1. Empiricist Theories

1.1.1. The Cartesian theory

According to the empiricist theories, I am basically self-aware through some kind of experience. On what is probably the simplest model, (i) this experience is an inner, introspective, experience, (ii) and it directly acquaints me with myself. James (1890/1983, 286) endorsed such a theory. He distinguished various selves, including a social self and a material self. Of the most basic one, 'the self of all the other selves' he claimed that

[It] is felt . . . It is at any rate no *mere ens rationis*, cognized only in an intellectual way . . . It is something with which we also have direct sensible acquaintance, and which is as fully present at any moment of consciousness in which it is present, as in a whole lifetime of such moments.

Russell (1912/1952, 50) also admitted, albeit somehow reluctantly, that 'it is probable, though not certain, that we have acquaintance with Self'. More recently, Kripke (2011) has argued that Frege's claim that 'everyone is presented to himself in a particular and primitive way, in which he is presented to no one else', should be seen as an endorsement of the Cartesian theory, which he has defended himself:

Each of us does have a special acquaintanceship with himself or herself, as philosophers from Descartes to Frege have held. This self-acquaintance is more fundamental than anything purely linguistic, and is the basis of our use of first person locutions (Kripke, 2011, 319).

The Cartesian theory claims that I am basically aware of myself through some kind of introspective experience that acquaints me with myself.⁵ It should be emphasized, however, that there are different ways to construe such an experience

and, corresponding to these, different versions of the Cartesian theory. First, while some restrain acquaintance to relations that are absolutely direct and that give us an absolute certainty about the existence of their *relata*, excluding that we might be acquainted with ordinary perceptual objects (Russell, 1912/1952), others grant that we are acquainted with many distant objects, which are only indirectly related to us and whose existence we can readily doubt (see e.g. Recanati, 2009). For the present purposes, we can count a relation between a subject S and O as a form of acquaintance as long as it is a relation in virtue of which S can be aware of O *non descriptively*. Ordinary perceptual relations will thus arguably count as acquaintance relations as well. Second, we can count an experience as introspective as long as it is not grounded on (outer or bodily) perception.

1.1.2. Humean theories

Despite its influential heralds and its simplicity, the Cartesian theory is seldom explicitly espoused nowadays. One reason is that most contemporary philosophers have been convinced by Hume's phenomenological remarks to the effect that when we carefully examine our experiences, we find nothing that would qualify as the experience of ourselves that Cartesians posit. Howell (2006) has recently put forward a theory of basic self-awareness that tries to remain faithful to the intuition that basic self-awareness relies on a form of inner, introspective presentation while giving its due to Hume's point that 'there is no acquaintance with the self or with any conceptual/representational stand-in for the self' (Howell, 2006, 46). On Howell's Humean theory, I am basically aware of myself descriptively, as 'the subject of this mental' state, where 'this mental state' refers directly to a conscious mental state with which I am acquainted through introspection.⁶

1.1.3. Sensory theories

Cartesian and Humean theories appeal to a form of *inner* presentation. Such introspective theories seem to imply that I am basically self-aware thanks to awareness of some inner, private entity, be it a self or a conscious mental state. In so doing, they make it difficult to understand how I can, as it seems, immediately locate myself in the world, as a public object among others. Evans (1983, VII) has influentially argued that this problem thwarts the introspective theories. According to Evans, the experiential presentation needed for basic self-awareness does not only hinge on introspection but also, crucially, on the sensorimotor abilities in virtue of which we identify and keep track of our body.

1.2. Rationalist Theories

1.2.1. Minimal rationality theories

If we step back a bit and just consider the way our use of the first-person pronoun 'I' functions, the above debates opposing empiricist theories might seem

needlessly convoluted. Consider the view that the following reflexive rule is a priori, and its mastery is all there is to our standard use of the first-person (Kaplan, 1989, 1999):

(RR) Whenever 'I' is used, it refers to the subject using it.

(I use single quotes for mental representations, double quotes for linguistic ones)

This *reflexive rule account* of the first-person suggests that mastering RR is sufficient to understanding the linguistic meaning of 'I', and that this understanding is sufficient for basic self-awareness. This seems to have been the view of Kaplan, (1989, 523–4) himself, who answered Frege's claim noted above as follows:

Dr. Lauben is presented to himself under the character of 'I' [which is roughly captured by RR] The phenomenon noted by Frege—that everyone is presented to himself in a particular and primitive way—can be fully accounted using our semantic theory.

Unlike the empiricist theories, the theory of self-awareness suggested by the reflexive-rule account does not mention experience. It only appeals to the possession of the I-concept, which would be warranted by the mere mastery of RR. On some views, the mastery of RR and hence is not extremely demanding (it just requires meta-representational abilities, a normal procedural rationality, and a normal understanding of the conventional meaning of words). We can call 'minimal rationality theories' the resulting reflexive-rule accounts of basic self-awareness.

1.2.2. Critical rationality theories

Other rationalist accounts appeal to a much more substantial form of rationality. One such account, broadly Kantian in inspiration, is sometimes attributed to Tyler Burge. Like advocates of minimal rationality theories, Burge believes that basic self-awareness does not rest on experience but only on the possession of the I-concept:

The character of the rule [RR] . . . suggests that the introspectionist or perceptual model is mistaken. Mastering the first-person concept is sufficient to guarantee that the application will be successful. This suggests that the epistemic warrant associated with applications of the concept comes with the mastery of the concept—and is non-empirical. It does not derive from experiences associated with particular applications of the concept (Burge, 2000, 245).

He suggests however that the full possession of the I-concept requires more than minimal rationality: 'only beings whose nature makes them capable of critical reason can have the full first-person concept (Burge, 2000, 248)'. This seems to imply that basic self-awareness requires at least 'critical rationality', that is, the ability to regard one's attitudes as commitments that are essentially subject to the norms of belief revision.⁷

1.3. *Eliminativist and Deflationary Theories*

The theories we have considered so far all agree that our capacity for I-thoughts is distinctive and differs from our capacity to refer to ourselves in the third-person. They also agree that I-thoughts involve an I-concept explicitly representing oneself. We can call *eliminativist* the view, plausibly associated with Anscombe (1975), that basic-self awareness is not a distinctive form of awareness, and *deflationist* the view that it does not hinge on representations of oneself. Deflationists like Mellor (1988) and (arguably) Perry (1986) claim that I-thoughts need not involve meta-representations and that basic self-awareness only depends on a capacity for situated cognition: the capacity to have beliefs and desires whose satisfaction conditions systematically depend on one's current situation.⁸ Although I believe that some of the materials I will put forward have a bearing on them,⁹ I will not have the time to offer a serious discussion of the eliminativist and deflationary theories here. I will accordingly set them aside and concentrate on the more substantial theories.

1.5. *Self-Awareness and the Ontology of the Self*

It should be emphasized that these debates between on the nature of basic self-awareness is to a large extent independent of the ontological debate on the nature of the self. True, I could not be acquainted with myself *if I did not exist* and the Cartesian theory is committed, in a way the Humean, and probably the sensory and the rationalist theories are not, to the existence of a self. But such a self is just the reference of (standard and comprehending uses of) 'I'. Whatever Descartes might have thought about the nature of the self, Cartesians *about self-awareness* (as opposed to the self) are not arguably committed to the claim that the self must be (i) simple, (ii) immaterial (iii) or even persistent. It is indeed unclear, to say the least, that our uses of 'I' would not refer if we were not simple, immaterial or persistent entities.¹⁰ In what follows, I will rely on this deflated notion of the self, as the reference and 'I', and I will accordingly take the Humean claim that we have no experience of the self as denying simply that we have an introspective experience of the reference of 'I'. Similarly, I will consider that Howell's Humean argument for his descriptivist theory relies on the contention that we have no introspective experience as of a self *qua* subject of experience, not on the contention that we have no experience as of a self *qua* simple, immaterial or persistent.¹¹

1.6. *Predicting Breakdowns of Self-Awareness*

This completes our review of the different theories of basic self-awareness (see Figure 1). Crucially, these different accounts make different predictions regarding

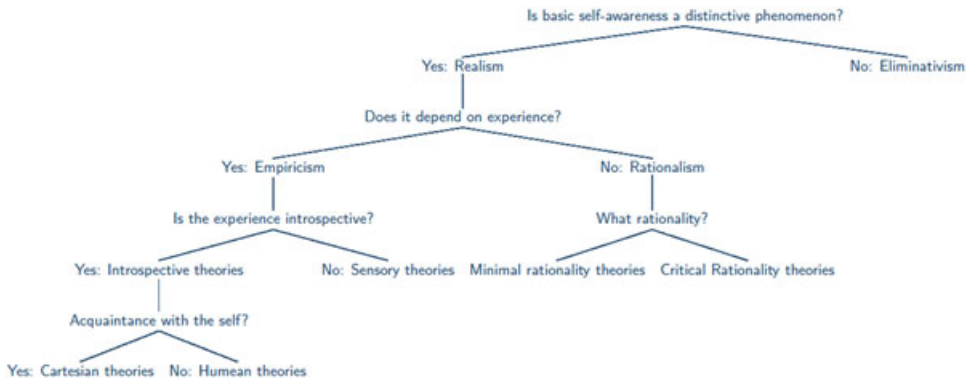


Figure 1 Theories of basic self-awareness

the conditions under which basic self-awareness should break down. For example,

The empiricist accounts predict that it should break down when the introspective processes (introspective theories, either Cartesian or Humean) or the sensorimotor processes (sensory theories) underlying the subject's self-presentation break down.

The rationalist accounts predict that it should break down when the subject's minimal rationality (minimal rationality theories) or critical rationality (critical rationality theories) break down.

The claim, it should be strongly emphasized, is *not* that any of these accounts is *inconsistent* with its predictions not being verified, nor that it is logically or even nomologically entailed by its predictions being verified. It is rather that the predictions of a given account provide an *abductive confirmation* of that account when they are verified and an *abductive disconfirmation* of that account when they are not. I will argue that this is enough to vindicate the Cartesian theory.

2. Pathological Self-Doubt

In this section, I describe patients suffering from severe forms of depersonalization (§2.1) and from the Cotard syndrome (§2.2) and argue that they do not, or not clearly feel like 'I's, entitled to use the first-person. I then argue that their basic self-awareness is impaired (§2.3).

Both arguments, it should be emphasized, are strictly abductive: the data do not *conclusively demonstrate* that the patients do not clearly feel like 'I's or have an impaired basic-self awareness (it is logically possible, for example, that the patients are in fact perfect or nearly perfect simulators). My claim is rather that the data are best explained by the hypothesis that patients do not feel like 'I's and have an impaired basic self-awareness.¹²

2.1. Depersonalization

The term 'depersonalization' refers to a deep modification of the way things appear to some patients, characterized by the feeling of being detached from one's body, one's mental states and actions or even from oneself¹³:

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 any more (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).

In severe forms of depersonalization the patients can in fact complain of not being aware of themselves ('I have lost the awareness of myself (Krishaber, 1873, 171)', 'I am not aware of my own identity, that it is *really me myself*, who is walking (Séglas and Meige, 1895, 131)') and of feeling unreal or nonexistent:

She feels like she just does not exist (Simeon and Abugel, 2006, 8)

Often I have to . . . enter a shop to talk, to ask for something, in order to get a new proof that *I really am myself* (Séglas and Meige, 1895, 131)

Nothing indicates that such patients do not mean what they say, or do not understand the words they use to describe their impressions so it is generally assumed that things seem to those patients the way they say they do. They can in fact articulate these impressions quite precisely. When they do so, their impression of inexistence appears to be essentially first-personal. When a patient walks and talks, but says that he is not aware of himself and feels like he does not exist, his impression is not that there is nothing to be aware of out there, nothing walking and talking. Rather, it is the impression that this thing that talks and walks should not be referred to using the first-person pronoun. In other words, his worry is that he feels like he is not, or not clearly, an 'I', that is, a thing entitled to use the first-person (in a standard, comprehending way). It is, a fortiori, that he does not clearly feel like an 'I'.¹⁴ This is witnessed, for example, by the fact that patients who feel unreal typically describe their situation as one which does not seem to license a proper use of the first-person.

2.1.1. Not being an 'I': being multiple

Some explicitly say that it seems to them that they are too multiple or plural, not unified enough to be 'I's:

I can't seem to find my actual self. I feel as though my deliberations are those of a public body or corporation rather than those of a person. *I used to say 'we' rather than 'I'*. It is as though I had transcended personality, as if 'myself' had receded to an image which I regarded objectively, and which is not identified with the whole of me (Shorvon, 1946, 784, emphasis mine)

Other likewise connect their feeling of unreality to the feeling of multiplicity:

After some time, it seems to me that I become double I walk, I am aware that I *must* be walking, but I am not aware of my own identity, that it is *really me myself*, who is walking (Séglas and Meige, 1895, 131).

I can't think it is me. I used to feel I was someone . . . I must be someone, I am someone, everybody else feels someone, but I am not myself. I suddenly felt I am in half, there is two of me (Shorvon, 1946, 782).

I live as if I were double [In a depersonalization crisis I had while walking I wondered] Is it me here? Is it me who is walking? Then I make huge efforts to apply my consciousness this unconsciousness (sic) in order to realize that *I* am doing the moves of the walk (Séglas and Meige, 1895, 145–7).

2.1.2. *Not being an 'I': third-personal access to oneself*

Like the first patient of Shorvon's quoted (who explained, 'it is as if "myself" had receded to an image which I regarded objectively') many depersonalized patients also convey the idea that their access to themselves is mostly observational or third-personal. In the extreme cases, the access seems to be wholly observational, the observer not being an 'I' either:

[It is like] seeing life as if it were played like a film in a movie. But in that case where am I? Who is watching the film? (Simeon and Abugel, 2006, 15).

I'm nothing anymore but a reflection, a reflection conscious of a being which is elusive but labeled, which is M. X—but M. X is me! So I should be able to be saddened or moved by things (Dugas and Moutier, 1911, 127).

I felt that my brain was somewhere else and from there was just watching me I was completely unable to tell whether I was still present or whether I was the part that was gone. In short, there were two different beings, the one watching the other (Roberts, 1960, 481).

This suggests that they feel more entitled to refer in the third-person than in the first person and that they do not clearly feel like 'I's.

2.1.3. *Not being an 'I': illeist and nosist inclinations*

In the most severe cases, patients readily complain of feeling absent, as if the thing that is there, talking, wasn't them but someone else, or something multiple, like an assembly:

Then this idea comes to me that *I* [patient's emphasis] do not walk (...) it is someone different from Me who (...) walks, or is it my unconscious individual who acts for me (Hesnard (1914, 117)).

Be it to describe the way they appear to themselves of by an intriguing slips of the tongue, they can occasionally refer to themselves in the first-person plural (a phenomenon known as nosism) or, more frequently, in the third-person (a phenomenon known as illeism). Apart from Shovron's patient above ('I used to say "we" instead of "I"'), such cases are reported by Janet (1903, 323): 'it is strange that she can feel pain, says one of her patients about herself, as she is not anything anymore, her arms and legs walk on their own because she does not exist (...) I lose the idea of myself'; Mayer-Gross (2011,107): 'Everything I do reminds me of *her*, i.e. of myself (emphasis mine)', or Hesnard (1914, 221): 'I often believe that I am not myself (...) this is not S this is a shapeless heap'. Ey (1973, 620) similarly reports a case of illeism in drug-induced depersonalization ('She is herself again, the Other has vanished (...) Aren't there many persons in oneself?').¹⁵ Depersonalized patients are not generally delusional though and they are willing to respect grammar, so such cases are rare and sporadic.¹⁶ Some patients can also use the first-person correctly however, but avow an inclination to do otherwise. This is the case, for example, of the famous Spanish photographer David Nebrada, who confesses having 'difficulties expressing himself in the first-person (Millet 2011, 15)'.¹⁷

2.1.4. *Not being an 'I': robot-like uses*

Finally, some patients make it clear that they do not feel as if their uses of 'I' were perfectly standard and comprehending. They readily compare their applications of the word to those of a machine, applications which cannot be taken seriously—think of the parrot using 'I' or a machine that says, 'I speak your weight' (Williams 1978, 77). A patient of Sierra's (2009, 29) thus explains: 'it's as if a machine was talking to you. Not a person at all, just a mechanical thing or object'. A patient of Ackner's (1954) conveys the same idea, saying: 'the part of me that is there talking is like part of a machine'.

Taken together, these clinical manifestations are evidence that patients suffering from severe depersonalization do not feel, or clearly feel, like 'I's. The case of Cotard patients is even more straightforward.

2.2. Cotard Syndrome

The *Cotard syndrome* is often said to be the delusional form of depersonalization, depersonalization being, conversely, the 'as if' form of the Cotard syndrome.

Cotard patients and depersonalized patients indeed seem to share a similar core phenomenology, the former differing from the latter in that they take this phenomenology at face value and endorse it.¹⁸ Thus, while patients suffering from severe forms of depersonalization feel unreal and can even be uncertain whether they exist, Cotard patients can boldly deny that they exist:

You know that we have drowned. It is not me who is talking to you. You are talking to yourself in me. I am not anything anymore. I do not exist (Cotard et al. 1998, 162).

Like in the case of depersonalization, the patients' worry here is essentially first-personal: even when they believe that something exists, they take it that it is not an 'I', that is, something that can legitimately be referred to in the first-person and that can legitimately use the first-person. A patient of Minkowski (1933, 34)'s, Dr. L.M answers the question 'who are you?' as follows:

I am nothing at all. This is not a man, this is nothing at all. This is not a man. It can imitate a signature [doing a gesture with his hand], but it is not Dr. L...

Illeist tendencies are in fact rather widespread and robust among Cotard patients, some of them frequently, or even systematically avoiding the first-person. Albeit often mentioned in the literature, this fact is seldom much substantiated. Here is a sample of the relevant case reports along with the primary sources. Some patients simply substitute the third-person 'he' or 'she' for 'I'.¹⁹ This was the case of Captain Rd. who explained to Janet's (1928, 43) why he used to speak that way:

It is because I am not Myself [the patient emphasizes] sick, I am not Myself sad . . . I am not Myself at all. What is missing is myself; it is awful to elude oneself, to live and not to be oneself.

Bourgeois (1980) likewise reports a patient who said, referring to herself 'she is 8 months pregnant, she had been pregnant for many years, and the child is dead'. Other patients resort to proper names. A patient of Levassor and Dromard (1908)'s substituted her name 'Madame Leblanc' for the first-person. A much quoted patient of Capgras' and Daumezon's expressed her non-existence by calling herself 'Madam zero' (Léger et al. 1969). Some resort to the impersonal 'it' or 'this': 'this is empty', said one patient referring to herself (Séglas and Meige, 1895, 475); a famous patient of Foville's, the 'père Lambert' used 'this' for 'I':

You ask how the père Lambert is going? But the père Lambert is not there anymore, *this* is a machine made to his resemblance (Falret 1864, 287–9, see also Ribot (1883, 36))

More recently, a patient of Anderson (1964)'s said of herself 'it is no use. Wrap it up and throw "it" in the dustbin'. Others appeal to complex periphrases: Catherine X, first described at length by Leuret (1834, 121–4) and much commented since

then, systematically referred to herself as 'the person of myself' (see also Cotard (1891, 316–7)). The patient of Minkovski's (1933, 33), L.M., whose use of the present and past tense was also confusing, quickly switched between different modes of self-reference:

- Minkowski: were also you a mechanical thing yesterday?

-L.M.: Yesterday, I did not check. I am not L.M. at all. L. was 50 year old. This is a mechanical thing, this has no age (...) Me, I am a mechanical thing.²⁰

Many Cotard patients who do keep using 'I' moreover suggest that their uses are not standard and comprehending. Asked how he can talk if, as he claims, he is not alive, a patient answers 'it is true that I talk, walk and work, but it is like an automaton' (Séglas and Meige, 1895, 667). JK explains, 'I am just a voice and if that goes I won't be anything . . . if my voice goes I will be lost and I won't know where I have gone (Young and Leafhead, 1996, 157)'. Patient Dr... (sic) likewise claims: 'I hear myself talking, it is someone else talking, a machine talking instead of me (Janet, 1908)'.

Finally, many Cotard patients only use the first-person in negative phrases such as 'I don't exist' or 'I am not myself' in which the negation can be charitably interpreted as metalinguistic rather than descriptive (see Horn, 1989, Ch. VI). 'I don't exist' would for example express something like "'I exist" is not true' or "'I exist" is not appropriately assertable', 'I' being mentioned rather than used.

2.3. Depersonalization, Cotard Syndrome and Basic Self-Awareness

Early French and German psychologists described depersonalization as a disorder of self-awareness and arguably of basic self-awareness (the French talked of an impairment of *conscience personnelle* or *conscience de soi*, the Germans of an altered *Ich-Bewusstseins*, see Sierra (2009, Ch. I)). Today, Simeon et al. (1997) talk of 'psychological disturbance of self-awareness', Sierra and David (2011, 99) of a 'disorder of self-awareness at its most basic, preverbal level'.

The main reason to consider that depersonalization and the Cotard syndrome involve an impaired basic self-awareness hinges, I believe, on the connection between awareness and apparent entitlement: just like our visual awareness of an object X is that in virtue of which we normally feel entitled to use visual concept of X, just like our mathematical awareness (we usually say 'intuitions') is that in virtue of which we normally feel entitled to use mathematical concepts, our basic awareness is that in virtue of which we normally feel entitled to use the 'I' concept. A breakdown of apparent entitlement thus strongly suggests an impairment of the related awareness. In our case, the fact the patients do not clearly feel like 'I's, entitled to use the first-person (in a standard comprehending way) strongly suggests that their basic self-awareness is impaired.²¹

The claim that the patients' basic self-awareness is impaired also nicely explains why some patients can explicitly express uncertainty regarding their existence (depersonalized patients) or even deny that they exist (Cotard patients)²²:

I doubted of my own existence and even at times disbelieved in it (Krishaber, 1873).

Do I think? As nothing can prove me that I think, I cannot know whether I exist. (...) I hear so I think, so I am. But am I sure that I think? (...) I's rather be crazy than not knowing whether I think and I live (Hesnard 1914, 181–2) quoting and describing at length patient of Pitres and Regis' named M.D.)

It explains, likewise, why, when they walk, talk or feel pain, they can find that questions such as 'someone is talking, walking, feeling pain... but is it me?' make sense (a patient of Ségla and Meige's says 'I walk (...) but I am not aware that it is *really me myself*, who is walking', another explicitly wonders 'Is it me who is walking?') or, even, in the case of Cotard patients, blankly misattribute their own actions and bodily sensations to somebody else ('It is not me who is talking to you. You are talking to yourself in me' says a patient of Camuset's described earlier, 'it is someone else talking, a machine talking instead of me', says a patient of Janet (1908)'s). In more technical terms, a deficit in self-awareness neatly explains why patients can deny *the cogito* and seem to lack what Shoemaker (1968) has dubbed an *immunity to error through misidentification relative to the first-person pronoun* (IEM).²³ Both the cogito and IEM have been taken to be marks of basic self-awareness (see Gertler, 2009, VII-3-2; Howell, 2006). My claim here is more modest though. It is simply that the hypothesis of an impaired basic self-awareness nicely explains the patients' cogito denials and their failures of IEM, which contributes to its confirmation.

It would be useful to have a single name for patients suffering from severe depersonalization and from Cotard's syndrome. They all suffer from depersonalization in the wide sense of the term, but in line with modern classification systems, that construe 'depersonalization disorders' as non-delusional, it has become common to restrict the term 'depersonalization' for these patients who do not endorse their strange experiences. To avoid ambiguities, I prefer to introduce another name and call them both kinds of patients 'pathological self-doubters', or 'self-doubters' for short. Even though the difference between delusional self-doubt (Cotard) and non-delusional self-doubt (depersonalization) will only be relevant in section 3.2, in what follows, I will always preface quotations from known delusional patients with a '*'.

Against the claim that self-doubters have an impaired basic self-awareness, it might be objected that even if some self-doubters who use 'I' do it with excuses or embed it in external negations, others (including many of those patients who are not delusional) seem to use it in a much more straightforward fashion. This seems to be the case, for example, of the two first patients I have quoted (from Sierra, Janet and Raymond). Such a straightforward use of 'I' might be considered

as a standard and comprehending, and it might be claimed that it is a use to which the patients feel entitled. It might accordingly be taken to show that those self-doubters have basic self-awareness. My claim however is not that self-doubters have no basic self-awareness, but rather that their basic self-awareness is impaired (compare blindness vs. impaired vision). Connectedly, I do not claim that the patients necessarily do not feel at all like 'I's but that they do not *clearly* feel that way. Finally, self-doubters' impairment of basic self-awareness can vary a lot with time and even disappear during remission phases: many of the quoted patients are just recalling an episode during which their basic self-awareness broke down. Thus, the last patient of Séglas's and Meige's (1895, 147) quoted above, who wondered during a crisis whether it was really him there, walking and thinking, explains that, unlike during the crisis he is recalling, he now has 'an absolute certainty' that he himself walks and thinks. The mere fact that self-doubters can sometimes use the first-person in a standard and comprehending way and feel entitled to do so does not accordingly show that their basic self-awareness is not impaired.

I will now argue that the study of self-doubters contradicts the predictions of most theories of basic self-awareness, but verifies those of the Cartesian theory. I will start with rationalist theories.

3. Self-Doubt and Rationalist Theories

Rationalist theories predict either that self-doubters should not be minimally rational (minimal rationality theories) or that their critical rationality should be impaired (critical rationality theories). Those predictions, it should be reminded in what follows, concern all self-doubters, be they delusional or not.

3.1. *Self-Doubters Are Minimally Rational*

A subject is minimally rational if she masters the reflexive rule RR. Self-doubters can justify their reluctance to use 'I' by appeal to the fact that their thoughts do not seem to have (i) a thinker, (ii) a unique thinker, (iii) or themselves for thinker (the patient of Shorvon's (1946, 784) quoted above is a particularly clear example, see also §7). This strongly suggests that they know that 'I' must refer to its thinker—that they master, that is, RR—and that this precisely why they feel uncomfortable using it. They should accordingly be considered minimally rational.

Admittedly, some studies suggest that Cotard patients (delusional self-doubters) suffer from certain reasoning biases. They tend, for example, to explain negative events in terms of internal rather than external causes (McKay and Cipolotti, 2007).²⁴ It has also been suggested, quite plausibly, that epistemic biases selectively affecting delusional patients provide the best explanation of their difference with non-delusional patients (Young and Leafhead, 1996, 166, see also fn. 13). However, those biases might threaten the Cotard patient's

critical rationality, but not their *minimal* rationality. In order to show that their patterns of reasoning betray an impaired minimal rationality, we would need to show that when they reason about themselves in the first person, they often infringe RR.

Campbell (2001, 91) has argued that delusional self-doubters do not always understand the meaning of their utterances on the ground that their behavior does not match the beliefs these utterances seem to express. Others have claimed that such patients are incoherent because they can deny existing or being alive (Bermudez 2001, 479; Graham 2009, 241). Both accusations, it might be contended, suggest that they are not minimally rational. I have argued elsewhere at length that the patients' behavior is usually aligned with their utterances, and the denial of one's existence can be explained by an impairment of basic self-awareness, and that it need not involve any incoherence (Billon 2015, 2016). I will not need to rehearse these arguments here, for the objections of Campbell, Graham and Bermudez only threaten the minimal rationality of *delusional* (Cotard) self-doubters, not that of their non-delusional (depersonalized) counterparts. Yet, the case of non-delusional self-doubters suffices to contradict the predictions of minimal rationality theories and thus to disconfirm them.

3.2. Non-Delusional Self-Doubters Are Critically Rational

Non-delusional self-doubters do not only seem to have an intact minimal rationality. Their critical rationality does not seem to be diminished either. On the contrary, their constant resistance to taking their strange impressions at face value is good evidence—as good as evidence can be for such a thing—of their intact capacity for critical reasoning. The latter was actually acknowledged with amazement by the discoverers of the symptoms (Dugas and Moutier (1911) devote a whole chapter to the topic; see also Krishaber (1873, 151,172) and Taine (1892)).

This probably explains why the rationality of non-delusional self-doubters was hardly ever assessed experimentally. I know of only three studies investigating the cognitive functioning of patients suffering from depersonalization disorder. One study could not differentiate between them and matched anxious or depressed patients (Sedman, 1972). The two other studies agreed that patients suffering from depersonalization disorder and normal subjects show similar general intelligence, similar memory and similar attention. Patients' executive functioning is also perfectly intact (Simeon and Abugel, 2006, 99). These two studies only found a subtle difference in some *very specific* aspects of low-level attention and memory implied in tasks involving great perceptual overload (Guralnik et al., 2000, 2007); nothing that hints at a deficit of minimal or even critical rationality. The predictions of critical rationality theories accordingly seem to be contradicted.

Someone with a Kantian outlook on basic self-awareness might well reply that *full* critical rationality does not reduce to the capacity to carefully evaluate one's beliefs. She might insist that such a full critical rationality is not warranted by the kind of normal cognitive functioning that has been experimentally demonstrated.

She might conclude that everything we have said so far is consistent with critical rationality being at least slightly impaired among self-doubters. Even if it were granted that there is a gap between full critical rationality and 'normal cognitive functioning', such a reply would not however vindicate critical rationality theories. First, given that the argument here is abductive and that we have no independent reason to question the critical rationality of non-delusional self-doubters, this reply could legitimately be rejected as *ad hoc*. Second, we shall see that self-doubters have distorted experiences that they invoke in order to explain their condition. Neither minimal rationality accounts nor critical rationality accounts predict anything like those experiences and their invocation. They have nothing to say to explain those data.²⁵ The latter do not accordingly fit well with these theories and disconfirm them.²⁶

4. Self-Doubt and Sensorimotor Theories

What is wrong then in self-doubters? What could explain their impaired basic self-awareness? In order to describe and explain their condition, patients frequently invoke abnormal experiences. All the accounts of depersonalization and Cotard syndrome in fact acknowledge abnormal experiences (they disagree on the explanation of these abnormal experiences and on whether they suffice to account for delusional reports). This suggests that self-doubters verify the predictions of the empiricist theories and can vindicate one of them.

Based on the subjective reports of distorted bodily experience, sensorimotor explanations of depersonalization were put forward by Taine (1892) and Ribot (1896). Cotard (1891) likewise put forward a form of sensorimotor account of the eponym syndrome. However, sensorimotor explanations were very early refuted by Dugas and Moutier (1911) and Janet (1928). The latter showed that depersonalized and Cotard patients had no specific sensory deficits and that conversely, the sensory deficits attributed to such conditions could occur without them. This was confirmed experimentally by Cappon and Banks (1965) who compared 20 depersonalized patients to matched controls and showed that despite their distorted subjective bodily feelings, the patients could not be distinguished from controls by objective measures of bodily perception and control. Given that sensorimotor theories predict that self-doubters should have impaired sensorimotor abilities, the above data nicely disconfirm those theories.²⁷

5. Self-Doubt and Other Empiricist Theories

If their sensorimotor abilities are intact, what is wrong with self-doubters' experiences? Which of the remaining empiricist theories, if any, do their distorted experiences favor? The Cartesian theory predicts that:

- **C1.** Self-doubters should have an impaired self-acquaintance: an impaired capacity to get acquainted with themselves.

On the other hand, the Humean theory predicts that:

- **H1.** Self-doubters should have an impaired 'conscious-state-acquaintance': an impaired capacity to get acquainted with their conscious mental states.

However, inasmuch as it aims to differ from the Cartesian, the Humean also makes the following additional prediction:

- **H2.** Self-doubters should not have an impaired self-acquaintance (as there is no normal self-acquaintance to be impaired in the first place), that is, C1 should not be verified.

Notice that there is an asymmetry here: the Cartesian theorist does not predict that H1 is not verified. He could indeed claim that one cannot be acquainted with one's conscious states without being acquainted with oneself (many Cartesians claim, as Descartes seems to have, that the relationship between oneself and one's conscious states is constitutive).

There are reasons to believe that H1 is not verified: after all, self-doubters have no problem attending to their mental states and reporting their presence, even when they are reluctant to self-attribute them in the first-person. They also seem to be aware of these states non-descriptively and thus to be *acquainted* with them in the sense in which I have defined the term. Yet a Humean might reply that he has a stronger sense of acquaintance in mind. There is, in any case, evidence that C1 is verified and H2 falsified.

As we shall indeed see, the patients' reports indicate that some of their experiences lack the feature in virtue of which our experiences normally seem to be ours to us. This feature, to which Simeon and Abugel (2006, 25) refer (after one of their patients) as 'a clear feeling of "I"', is what is usually called the *mineness* (Zahavi 1999, Frith 1992) or *mineness* (Kriegel, 2004) of experience.²⁸ As it is a feature of my conscious states in virtue of which I normally experience myself as the owner of these states, it is a form of self-experience. The patients' complaints thus indicate the existence (and pathological alteration) of a form of self-experience. They strongly suggest, by the same token, the existence (and pathological alteration) of a form of self-acquaintance.

5.1. Altered Mineness

It is a common clinical observation that self-doubters (depersonalized or Cotard) report that some of their mental states lack the mineness they normally have. The term 'personalization' was indeed precisely coined to designate mineness (Dugas and Moutier, 1911, 13).²⁹ This is nicely expressed by Jaspers (1962, 121):

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 *personalization*. If these psychic manifestations occur with the awareness of not being mine . . . we term them phenomena of depersonalization.³⁰

The claim that the patients' mineness is globally altered—some of their mental states or others usually lacking their normal mineness—is still arguably the common phenomenological denominator of most descriptions and accounts of depersonalization (and accordingly of these accounts or descriptions of the Cotard syndrome that take it to involve depersonalization-like experiences).³¹ What those accounts mostly disagree on is the explanation of this alteration: does it stem from an interoceptive, affective, agentic, or metacognitive deficit, etc.? (Billon, 2017a, 2017b, Sierra, 2009, Ch. I–II, IX–X)). They also disagree on whether depersonalization involves other, irreducible symptoms. The alteration of mineness is not in dispute.³²

Mineness can withdraw from bodily experiences:

Parts of my body feel as if they didn't belong to me (Sierra and Berrios, 2000, 160)

My legs and arms move awkwardly and feel foreign sometimes (Simeon and Abugel, 2006, 44)

It can withdraw from the intentions guiding the patient's actions:

*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)

It can withdraw from thoughts:

Thoughts running through his brain again seemed somehow foreign . . . even though there was no real deviation in their content. Thinking just *felt* [the patient's emphasis] different, as if coming from somewhere else (Simeon and Abugel, 2006, 26)

'I feel so detached from my thoughts that they seem to have a "life" of their own' (Sierra and Berrios, 2000, 163).

It can also withdraw from algedonic states of pleasure or pain. Depersonalized patients thus typically agree with the following description taken from the gold standard for assessing depersonalization, the Cambridge Depersonalization Scale: '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)). Even though her sensorimotor reactions to painful stimulations were normal, a patient of Janet's (1928, 65) likewise explained:

*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.

In most severe cases, the mineness seems to withdraw from all the patient's mental states. Ramirez-Bermudez et al. (2010, 411) report a Cotard patient who 'expressed the belief that she did not exist because she could not *feel herself* (my emphasis)'. Debruyne et al. (2009, 197) report another who 'had the constant experience of having no identity or "self" and being only a body without content'. Likewise some depersonalized subjects describe their experience as follows:

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... Each of my senses, each part of my proper self is as if it were *separated from me* and can no longer afford me any sensation (Sierra, 2009, 8, emphasis mine).

There was literally no more *experience of a 'me'* at all. The experience of personal identity switched off and was never to appear again The body, mind, speech, thoughts, and emotions were all empty; *they had no ownership*, no person behind them (Simeon and Abugel, 2006, 143–4, emphasis mine).³³

5.2. Mineness and Self-Acquaintance

Mineness is a feature of my experiences in virtue of which I experience them *as being mine*. It is, in other words, a feature of experiences in virtue of which *I experience myself as the owner of these experiences*. It is thus a form of self-experience. Accordingly, its alteration arguably indicates an impaired self-acquaintance (remember that I use 'acquaintance' in the liberal sense of a relation grounding non-descriptive awareness, liberal sense that counts ordinary perceptual relations as acquaintance). The case of self-doubters thus favors the Cartesian theory over its Humean competitor. This completes the present argument for the Cartesian theory of basic self-awareness.

It is important to note that this argument, couched in terms of verified predictions, is strictly abductive. Like any other abductive argument, it depends on the present state of investigation; it might hence be defeated by future empirical studies or by the development of new theories of basic self-awareness. Similarly, it does not show that the present data allow us to conclusively rule out alternative theories of basic self-awareness. It only shows that the Cartesian theory *fits better with* the data than the rationalist, sensory and Humean theories of basic self-awareness.³⁴ These limitations are hardly a drawback however, since it is not clear that an empirical argument, especially in philosophy of mind, can do better than that.

That said, it is possible to strengthen the case for the Cartesian theory by considering a couple of natural objections and by showing that the study of self-doubters can also help us understand what is wrong with its most influential rivals, and why they might nevertheless have been found attractive.

6. Objections and Answers

6.1. *Self-Experience Without Self-Acquaintance?*

I have claimed that the existence and pathological alteration of form of self-experience (mineness) indicates that of a form of self-acquaintance. Quite generally, an experience we would spontaneously describe as 'an experience of X' or a 'X-experience' is one that seems to acquaint us with X, that is, one in virtue of which we seem aware of X non-descriptively. This appearance, it is true, might sometimes be defeated. Experiences can be deceptive and we might call 'an experience of flowers' something that does not relate us, or does not relate us non-descriptively, to flowers but only to (say) flowery looking patches of color. In the case at hand, there is a very strong reason to consider that mineness is a self-experience that really acquaints me with myself. While I can doubt that there really are flowers in front of me when I have an experience as of flowers, I cannot normally doubt that I exist and that these experiences of which I am aware are mine. As self-doubters can precisely entertain such doubts, their study indicates that the certainty we have about ourselves stems from our normal mineness. This should first of all dissipate the doubts as to whether mineness really relates us to ourselves. This should also make it clear that the relation involved is a relation which is much more intimate than ordinary perceptual relations and that it should, by all means, count as an acquaintance relation. It indeed implies that it is an acquaintance relation even in the more demanding, Russellian, certainty-conferring sense of the term.³⁵

Some might still object that it is possible to account for mineness without invoking any form of self-acquaintance. Campbell (2001) has argued that the phenomenology of Cotard patients is caused in a top-down manner by their strange beliefs. A rationalist might appeal to such an interpretation of the Cotard delusion and argue that the mineness associated with a mental state directly results from its self-ascription, rather than from a form of self-acquaintance, and that the abnormal experiences associated with pathological self-doubt can simply be explained as the top-down influence of irrational beliefs. In a similar vein, the Humeans could argue that the mineness of our experience results from our acquaintance with these mental states—rather than with ourselves—and that the phenomenology of self-doubters can be wholly explained—without positing any form of self-acquaintance—by an impaired mental state acquaintance.³⁶ We can call these the rationalist reply and the Humean reply respectively. They both (i) argue that there is a plausible explanation of mineness which does not appeal to self-acquaintance (ii) contend that this explanation is more plausible than the ones that appeal to self-acquaintance (iii) and that this shows that even if mineness can qualify as a form of self-experience, this self-experience does not indicate the existence of a form of self-acquaintance.

I believe that (i–iii), and the resulting rationalist and Humean replies, are all unconvincing. Consider (i) first. The top-down explanation of self-experience figuring in the rationalist reply is simply *not* plausible. Non-delusional (depersonalized) self-doubters have a similar phenomenology as their Cotard counterparts, yet they do not share their delusional beliefs and they *do* self-ascribe the mental states

lacking mineness. This shows that we cannot explain self-doubters' phenomenology in terms of abnormal beliefs.³⁷ Similarly, we have seen that it is far from clear that self-doubters are not properly acquainted with their mental states. It is accordingly dubious that the Humean can account for an impaired mineness in terms of an impaired capacity to get acquainted with one's mental states.

Second, even if we granted (i) both for the Humean and the rationalist reply, (ii) would not be cogent. One of the main motivations (arguably *the* main motivation) for rejecting the naïve idea of a self-acquaintance was Hume's phenomenological claim that we cannot find something that would qualify as an (introspective) experience of ourselves. Once it is acknowledged that such a self-experience exists and is normally ubiquitous—and I have argued that the case of self-doubters should have us acknowledge this—it is hard to see why a theory that dispenses with self-acquaintance should be better than one that does not.

Finally, even if we granted (i) and (ii), we should deny (iii). (iii) claims that we cannot argue for the existence of a form self-acquaintance from that of our self-experience unless the former provides the best explanation of the latter. This is wrong. Our self-experience shows the existence of a self-acquaintance because it is an experience that seems to acquaint us with ourselves and because we cannot doubt, while we have this experience, that it really does acquaint us with ourselves. Not because is best explained in terms of self-acquaintance.

Even the philosophers who believe that our self-experience should be explained in terms of our self-ascriptions of mental states (tenants of the rationalist strategy) or in terms of our acquaintance with these mental states (the tenants of the Humean strategy), or even those, for that matter, who believe that our self-experience is a primitive phenomenon that cannot be explained at all in terms of representation or acquaintance should thus grant that we are acquainted with ourselves. This shows that (iii) is wrong and that even if we granted (i-ii) (which we should not anyway) the Humean and rationalist replies would fail.

6.2. Mineness, Self-Awareness and the Ontology of the Self

Finally an objector might grant that mineness is an experience as of a self-like thing, that it really acquaints us with this self-like thing and make us aware of that self-like thing, but deny that the latter is a genuine self, that mineness genuinely acquaints us with *ourselves* and grounds our *self-awareness*. In a Humean spirit, she might claim for example that a self must persist through time and that the mineness of a subject varying from moment to moment, it cannot be the experience as of a self and ground self-awareness.³⁸ Some philosophers and phenomenologists are in fact committed to the claim that the mineness does persist through time (Kriegel for example characterizes 'subjectivity' or mineness as what is common between two successive experiences of a same subject, see Billon and Kriegel 2015). But we need not take a stance on this issue here. As I have said, the only 'self' to which the Cartesian theory of self-awareness is committed is the reference of 'I', and the comparison between self-doubters (who do not clearly feel like 'I's), and normal subjects (who do) already indicates that mineness is an experience as

of a self in that sense—whether it an experience as of a persisting thing or not. This is enough to vindicate the Cartesian theory of basic self-awareness.

6.3. Varieties of Self-Awareness

At this point an objector could grant that there is a form of self-awareness—an awareness expressed by standard comprehending uses of 'I'—that is grounded on self-acquaintance but claim that there are other forms of self-awareness that do not depend on this 'Cartesian self-awareness' and that are not accordingly less basic.³⁹ The idea here is that there are various uses of 'I' that are irreducible to each other, and that they express different irreducible 'fundamental self-awarenesses' none of which is the most basic. A rationalist, for example, could argue that there is a fundamental 'rational self-awareness' grounded on rationality but not on self-acquaintance. The problem with this hypothesis is it predicts that there is a form of standard comprehending use of 'I' that will be totally preserved among rational patients, and to which they will feel perfectly entitled. As far as I can tell, however, this prediction does not seem verified. When their condition is severe, all self-doubters seem to feel as if they were not clearly entitled to use 'I'. There might be a form of self-awareness grounded on rationality. However, it is likely to be grounded on self-acquaintance as well, and hence to be derived rather than basic.

7. What Is Wrong with Anti-Cartesianism?

Before concluding, I would like to suggest that self-doubters also give us an insight about the chief problem facing the major rivals of the Cartesian theory, and a further reason to reject the latter. In their explanation of basic self-awareness, both Humean and rationalist theories take for granted that we are aware that our thoughts have one and only one thinker (Humean theory), or at least that we do not feel like this is not the case (rationalist theories)—call this *existence and unicity awareness*. They have to suppose, likewise, that that we do not feel like our thoughts are those of someone else—call that *ownership awareness*. Thus, the Humean theory claims that we are aware of ourselves as 'the subject of X', where X is a conscious state to which we are acquainted through introspection. Without existence and unicity awareness for X, however, we would feel like 'the subject of X' does not refer and we could not be aware of ourselves as 'the subject of X'. Without ownership awareness for X we would feel like 'the subject of X' refers to someone (or something) else and the same conclusion would follow.

Similarly, rationalist theories claim that basic self-awareness depends at least in part on the mastery of (RR) ('I' refer to the subject using it). But without the proper existence and unicity awareness for his use of the concept 'I', a subject would feel like 'the subject using "I"' does not refer. Without the proper ownership awareness for his use of 'I', he would feel like 'the subject using "I"' refers to someone else. In both cases, it would seem to him that (RR) does not apply, or not to him, and its mastery would be irrelevant for his basic self-awareness.

If Humeans and rationalists are to save their theory, they must accordingly show that they can account for existence awareness and unicity and ownership awareness without any additional cost. The Humean will have to show if *X* is a conscious state with which he is acquainted, it will not appear to him that *X* has many subjects, no subject or another subject. The rationalist will have to show that this will be the case at least if the subject is appropriately *rational*. Importantly, they will have to show that no self-acquaintance is required for that. Even though many miss it or simply ignore it, some anti-Cartesians *partially* acknowledge this challenge. Howell (2006, 53) thus asks rhetorically: 'reflecting upon a current thought or sensation . . . can you really conceive of someone having this token thought or sensation . . . ?' Burge (2000, 247) similarly claims: 'the idea of mental states or events without an individual subject is incoherent', suggesting that we are so to speak, intellectually or rationally aware that our mental states have one and only one subject.⁴⁰

The case of self-doubters shows that some mental states do not appear to their subjects as having themselves for unique subject, but rather as having many subjects, no subject at all, or another subject ('I feel as though my deliberations are those of a public body or corporation rather than those of a person' 'there are two of me' (Shovron, 1946, 784,782); 'my thoughts seem to have a "life" of their own' 'it feels as if it were somebody else's pain' (Sierra and Berrios, 2000, 163); etc.). This is problematic for the rationalist because these subjects seem to be appropriately rational. This is problematic for the Humean because these subjects seem to be appropriately acquainted with their conscious states. This is problematic for both breeds of theorists, finally, because these subjects have an altered self-experience (mineness) which seems to reflect an impaired self-acquaintance. The problem with Humean and rationalist theories then, is that they must presuppose an existence and unicity awareness and an ownership awareness for which they cannot account. This existence and unicity awareness normally accompanies all our conscious states, but it is underwritten by the mineness of experience that acquaints us with ourselves, not by our rationality or our acquaintance with our conscious states.

Why is it so easy to overlook the fact that we are acquainted with ourselves and to dismiss the Cartesian theories of basic self-awareness? The case of self-doubters suggests a very simple answer to that question as well. It is that except in pathological cases, mineness and self-acquaintance are ubiquitous. All our conscious states always have mineness, and we are always equally acquainted with ourselves. Mineness and self-acquaintance are the air by which we live, so to speak, the omnipresent medium of our conscious lives. We accordingly lack the relevant contrast cases that could help us make those stand out. Pathological self-doubt is just such a contrast case, but it is rather hard to come by.⁴¹

8. Conclusion

Patients suffering from Cotard syndrome and from depersonalization sometimes do not feel like being 'I's and have an impaired basic self-awareness. Those

patients are minimally rational and some of them seem critically rational as well. They have normal sensorimotor abilities, but the mineness of some of their experiences seems extinct. I have argued that taken together, these data do not fit well with the rationalist and the sensory theories but that they fit better with the Humean and the Cartesian theory. I have also argued that they fit better with the Cartesian theory than with the Humean theory. The analysis of self-doubters thus provides an abductive argument for the Cartesian theory of basic self-awareness.

The case of pathological self-doubters also allows us to refine the Cartesian theory. As we have seen, it indicates that we are acquainted with ourselves thanks to the mineness of our conscious states. The neurocognitive study of pathological self-doubters is currently making important progresses. The present paper suggests that it might help us illuminate the nature of mineness, self-acquaintance and basic self-awareness.⁴² Given the plausible connections between basic self-awareness, basic self-reference and basic self-justification, it might also, finally, help us understand the latter phenomena.

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NOTES

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² They were greatly influenced by the French ideologists (Condillac, Tracy) and physiologists (Cabanis, Bichat), and even though they were deeply materialists and they distanced themselves from the latter, by the French spiritualists (Biran, Cousin). They inherited from the third the 'phenomenological focus' on inner experience and affectivity, from the second the taste for the science of the mind, and from all three of them, the quest for a better understanding of self-awareness. See Berrios (1996) and Bréhier (1963, V–VI).

³ Rationalists, it should be noted, can grant that some experiences are needed to *acquire* the capacity for self-awareness. What they deny is that these experiences are needed to *deploy* this capacity.

⁴ For a more complete overview of contemporary theories of basic self-awareness see O'Brien (2007) and Gertler (2010).

⁵ It might seem strange to call Cartesian an *empiricist* theory of basic self-awareness. However, rationalist philosophers such as Descartes consider that some kinds of awareness and justification are non-experiential, not that all of them are. Some scholars also deny that Descartes would have construed basic self-awareness as a form of introspective self-acquaintance, claiming that for Descartes, we cannot directly apprehend a substance, such as oneself, but only its attributes, such as one's thinking (Gertler (2010, 210) is an example). I disagree. Descartes indeed insists in many places that substances and their principal attributes are not really (as opposed to notionally) distinct and that the self is not different from its thinking (AT VIII–1, 30–31; VIII–2, 348; see also Rodriguez-Pereyra, 2008). In any

event, such objectors can always take the adjective 'Cartesian' in 'Cartesian theory of self-awareness' as a mere marketing label.

⁶ In order to face general anti-descriptivist objections, Howell (2006) presents a more sophisticated, two-dimensionalist, version of this theory. This complication will not matter for what follows.

⁷ Gertler, (2010, ch.VI-§7) attributes such a critical rationality theory to Burge. As he holds that the 'fully formed' I-concept requires critical rationality, Burge would indeed be committed to such a theory if the uses of 'I' that express the *fully formed* I-concept were the only ones to count as genuinely comprehending (and thus as reflecting basic-self-awareness). However natural, this assumption might be resisted by Burge. In any case, the critical rationality theory is an interesting account in its own right, and in what follows, I will remain agnostic on whether it is actually endorsed by Burge.

⁸ Perry distinguishes two ways for thoughts to be 'about' their subject: it can concern him and refer to him. While *self-concerning* thoughts hinge on situated cognition, *self-referring* thoughts are much more demanding and do involve meta-representations. Perry can only be counted as a deflationist only if self-concerning thoughts amount to genuine I-thoughts, which is not totally clear.

⁹ In particular, I believe that some of the arguments I put forward against sensory theories threaten some of the deflationary theories as well.

¹⁰ As pointed out by Kennedy and Graham (2006), philosophers who deny the existence of selves usually rely on an inflated notion of what a self should be. Once the self is construed as the mere reference of 'I', these philosophers are often best described as reductionist about the self rather than as genuinely eliminativist. .

¹¹ Hume (1732/1978) claimed that we have no introspective experience as of a self *qua* persistent or simple (I-4-6-2, I-4-6-4), but he has also arguably denied that we have an experience as of a self *qua* subject of experience (I-4-6-3, Abstract §28, but see Appendix §15).

¹² There have been lively debates recently about the proper interpretation of the Cotard's syndrome—and, to a lesser extent, depersonalization. Even though I believe that focusing on patients' basic self-awareness can yield an interesting contribution to this debate, I must also emphasize that my aim here is not to defend a novel account of these disorders. I pursue this task elsewhere (Billon, 2016, 2017b).

¹³ See Sierra (2009) and Simeon and Abugel (2006) for two recent monographs on depersonalization. The disorder hasn't changed since its discovery, at the end on the 19th century (Sierra 2009, ch.I). Early researchers have in fact left us a priceless database of detailed case reports that are still illuminating, and that I will readily quote.

¹⁴ Throughout the article I use 'feel' and 'seem' in the epistemic sense which is connected to an inclination to believe and which does not presuppose a specific experience, emotion or 'feeling'.

¹⁵ Depersonalization can be induced by serotonergic drugs (here peyotl) and THT.

¹⁶ In one of the earliest analyses of depersonalization, Janet and Raymond (1898, 73) noticed that a patient can say, when pricked, things such as 'I feel pricked, you hurt me' but immediately retract and explain, more carefully, 'I did not really myself feel pricked, it was as if you hurt someone else'. Janet explained: 'When you suddenly ask this boy about his sensations, memories or ideas, his answers are correct because they need not involve any self-awareness [*conscience personnelle*]. The mouth has employed the word "I", by a sort of habit, but the mental states he expresses have not been attached to his self-awareness, and this is why, reflecting upon them a moment later he will add "I myself, did not feel anything, I myself do not remember anything..". What is confusing here is the little word "I" and

“myself” constantly used in both kinds of answers. . . It is used by mere a habit in the first kind of answers’.

¹⁷ On a forums gathering depersonalized patients similar remarks are not rare. One of them recently explained: ‘If it didn’t sound so weird, I’d speak about myself in the third person for sure. Something feels wrong about saying “I”’. <http://www.dpselfhelp.com/forum/index.php?/topic/19836-thinking-in-third-person/>)

¹⁸ Partisans of ‘two stages models’ of delusion explain this difference by some cognitive biases, which would only affect Cotard patients (Young and Leafhead, 1996:166; Young and De Pauw, 2003). Partisans of ‘one stage models’ (see Gerrans, 2003) must claim that although it is similar, the experiential change affecting both kinds of patients is not perfectly identical, and argue, for example, that it is more severe in the case of Cotard patients.

¹⁹ The linguist Laurence Horn (2008, 175-6) notices that non-pathological occurrences of illeism (e.g. celebrities using what he calls the ‘dissociative third person’ to distance themselves from their public persona) always involve proper names, never pronouns. See Zwicky (2007) for the most extensive discussion on non-pathological illeism.

²⁰ Another famous patient is Beudelocque, who after obtaining the first chair in obstetrics in France developed a Cotard syndrome (see Savary 1812, 334-8, Ribot 1883, 36) and finally referred to himself exclusively as ‘he’ (Leuret 1834, 124; Ségla 1892, 40). Other cases of illeism are reported in Buchez (1840, 620-1) Leuret (1834, 120-124), Ségla 1892 (40-43), but descriptions of these patients are often too succinct to get a proper idea of their disorders.

²¹ It might be wondered whether, despite their feelings to the contrary, the patients’ uses of ‘I’ might not be both standard and comprehending and as much justified as ours. I find this idea implausible but even if it were true, it would not mean that the patients have a normal basic self-awareness. It would only mean that basic self-awareness is not, necessary for the standard comprehending use of ‘I’ which normally expresses it (not necessary, that is, for basic self-reference) nor for the justification of these uses (not necessary, that is, for basic self-justification). Compare with the case of vision. Suppose that someone does not feel entitled to use visual concepts. For example, she feels as if she is guessing randomly when she answers visual questions. We would not say that her visual awareness is intact. We would not say that, even if her answers were spontaneous and reliable (this is the case of the blindsight patients GY (Weiskrantz, 1997)). If we nevertheless maintain that her use of ‘visual words’ is just as standard and comprehending as ours, we will have to say that her capacity for such a comprehending use is in fact independent of her visual awareness. If we maintain likewise that her visual judgments are as justified as ours, we will have to say that the justification of these judgments is similarly independent of her visual awareness.

²² See Billon (2015) for a detailed explanation of cogito-denials in terms of impaired basic self-awareness.

²³ The notion of IEM has been coined by Shoemaker (1968), after some remarks of Wittgenstein, and elaborated in multiple ways since then. Finding out which construal of this notion is the best would fall far beyond the scope of this paper. It should be noted, however, that on some (plausible) interpretations of the notion, IEM only concerns self-ascriptions, and Cotard patients—who just fail to self-ascribe some of their mental states—do not genuinely exhibit a failure of IEM (see Coliva (2002, 30) and Seeger (2015) on thought insertion); they fail, instead, to satisfy some loosely related principles connecting introspective awareness and self-attribution. I believe that the case of depersonalized patients who self-ascribe mental states or actions while wondering whether they really are the subject of these actions or mental states constitutes a more promising candidate of IEM-failure. I thank an anonymous referee for pressing me on that point.

²⁴ Someone with such an 'internalizing' bias will for example explain his car accident by his bad driving instead of blaming the other drivers, the dangerous road and the bad weather conditions...

²⁵ See also § 6.1.

²⁶ Notice also that even if non-delusional self-doubters did not have a full critical rationality, this alleged deficit could not confirm the critical rationality theories unless it is shown that it explains the impairment of basic self-awareness rather than is explained by it.

²⁷ It might be suggested that some of the 'made' symptoms characteristic of schizophrenia, like thought insertion, manifest a form of impaired basic-self-awareness. It might be added that they can be explained in terms of a sensorimotor deficit and that they accordingly verify the predictions of the sensorimotor theory. I do not believe that (when they do not also suffer from depersonalization or Cotard's syndrome) schizophrenic patients have an impaired basic self-awareness. In any case, and pace Frith's (1992) seminal hypothesis, it is far from obvious that their sensorimotor abilities are impaired in a way that could explain all the relevant 'made' symptoms (see for example Billon 2013).

²⁸ Mineness the feature of my experiences in virtue of which they seem to be mine to me. Guillot (2016) astutely notices that under the pen of philosophers using the word, 'mineness' often refers indiscriminately to mineness and to two features of experience, which she calls 'for-me-ness' and 'me-ishness', and which are not obviously equivalent to mineness. In what follows, I will accordingly prefer 'mineness' to 'mineness'. Moreover, mineness (or 'mineness') is often analyzed in representational terms. There are other accounts available, however, including some according to which it is primitive (see Kriegel (2009, 102–4) and the references therein), and some according to which it is a feature of the mode rather than of the content of our experiences (Henry, 2008, see Billon (2017b) for an overview of the extant theories of mineness). In this paper, I do not want to commit on any specific analysis of mineness. I do not want to commit either to the claim that *necessarily*, every conscious experience has mineness.

²⁹ Ribot (1883, 167–8) called mineness 'personal mark' (*marque personnelle*), Janet and Raymond (1898) called it 'personality feeling' (*sentiment de la personnalité*), and they claimed that it was incomplete or absent among depersonalized and Cotard patients (they did not distinguish between both conditions). The term 'depersonalization' was coined by Dugas (1898), who subsequently substituted 'personalization' for Janet's 'personality feeling' (Dugas and Moutier, 1911, 13). On the history of the concept of depersonalization and mineness, see Billon (2017b).

³⁰ Here, Jaspers is almost quoting Dugas and Moutier (1911,13) quoting and commenting on Ribot (1883, 168).

³¹ The most authoritative classification system for mental disorders (the ICD-10) thus specifies that 'the individual [suffering from depersonalization] feels that his or her own feelings and/or experiences are detached, distant, not his or her own, etc'.

³² The alteration of mineness is usually construed as an *extinction* of the mineness of some states. I have argued elsewhere that it might be better thought of as a mere attenuation of the mineness of these states (Billon, 2015). For the present purposes, we can simply stick to the standard account.

³³ Schizophrenic patients can misattribute their thoughts to somebody else. Such misattributions have also been explained in terms of a lack of mineness (see e.g. Billon 2013, Billon and Kriegel 2015). If such an explanation is correct, the experiential difference between such 'made symptoms' of schizophrenia and depersonalization would be that between a

local lack of mineness—circumscribed to the few mental states that get misattributed in schizophrenia— and a global lack of mineness—extending all perceptions, all intentions, all affective states, or in the most severe cases of depersonalization, to the whole mind. Schizophrenic patients would generally have a preserved self-acquaintance, and preserved basic self-awareness, because most of their mental states still have the right mineness to acquaint them with themselves. It has also been suggested, however, that the made symptoms of schizophrenia might be better explained by a lack of sense of agency rather than mineness or so to speak positively, by the presence of an extra, abnormal alienation feeling rather than ‘negatively’, by the absence of a normal mineness (Billon 2017, 2017b, Billon and Kriegel 2015). Interestingly these alternative explanations are not very plausible in the case of depersonalization and Cotard’s syndrome. First, these patients disown states such as pain, for which we do not normally have a sense of agency, and whose alien character cannot be explained in terms of agency. Unlike schizophrenic patients, these patients also insist that something is *missing* in their experience (Janet spoke of a feeling of ‘incompleteness’). This is *prima facie* evidence that their experience indeed has something lacking, not something extra.

³⁴ There remarks apply to the rationality theorist who would argue that basic self-awareness results from minimal rationality plus a yet undiscovered background condition X, which is not satisfied among self-doubters. This X-cum-rationality theory is consistent with the data on self-doubters, it is not conclusively ruled out by them, but it explains these data less well than the Cartesian theory (it posits an unknown factor X, it seems *ad hoc*). This theory is thus disconfirmed by the data, and the latter give us empirical reasons to reject it. The same could be said, *mutatis mutandis*, of a rationality theorist who argues that the kind of rationality he has in mind cannot be empirically tested or be apparent through clinical examination.

³⁵ Duncan (2014) thoroughly argues that we are acquainted with ourselves in this strong sense of acquaintance on the ground that we cannot doubt that we exist. Self-doubters reinforce his case as they give us (additional) evidence that this certainty stems from our acquaintance with ourselves rather than, as some philosophers have argued, merely from our understanding of the logical point that denying one’s existence is self-refuting (see Billon 2015).

³⁶ I thank Robert Howell for pressing me on this point.

³⁷ In fact, the phenomenological similitude between Cotard’s syndrome and depersonalization directly threatens Campbell (2001)’s top-down interpretation of Cotard delusion.

³⁸ See Hume (1732/1978), I-4-6-2.

³⁹ This would imply, it should be noticed, that our initial definition of basic self-awareness fails.

⁴⁰ Such a claim is common in the Kantian tradition, which construes existence, unicity and ownership awareness as grounded in a form of a priori insight, be it a ‘pure (non empirical) apperception’ (see the *Critique of Pure Reason*, B404-6), or the mere mastery of our concept of thought (see for example Strawson (1963, 97): ‘states, or experiences (...) owe their identity as particulars to the person whose states or experiences they are’).

⁴¹ ‘From what impression’, asked Hume, ‘could [the idea of the self] be derived?’ Chisholm (1969, 12)’s answers that ‘one may derive the idea of the self from any impression whatever’. The case of self-doubters suggests that our basic self-awareness derives from the mineness of experience. Notice, however, that we do not have to suppose that all self-doubters’ mental states lack mineness. If only a portion of my mental states lacked the mineness they normally have, I would arguably feel, to use one patient’s words, as if I am ‘there and not there’

(Shorvon, 1946, 782), as if 'I am in half, there is two of me' (784). That would be enough to impair my basic self-awareness and my capacity to get acquainted with myself.

⁴² On the neurocognitive models of depersonalization, see Sierra (2009, Ch. 11), on those of the Cotard's syndrome see Young and Leafhead (1996), Gerrans (2003) and Young and De Pauw (2003). Interestingly, leading models of both conditions posit a disruption of the connection between thoughts and feelings or affectivity which would prevent some of the patients' mental states to become emotionally colored (Sierra (2009, Ch. 11) talks of a cortico-limbic disconnection or of some functionally equivalent configuration). This disruption might explain the abnormal mineness and self-acquaintance; alternatively, it might be explained by the latter. I discuss current models of depersonalization and the Cotard's syndrome and the relation between mineness and affectivity in Billon (2016, 2017).

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