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Living in a Bubble
Dissociation, Relational Consciousness, and Obsessive Compulsive Disorder

Abstract: Obsessive compulsive disorder (OCD) is a debilitating psychiatric condition where people become obsessed by remotely possible harm, error, bad luck, and compulsively repeat mental or behavioural rituals to neutralize these possibilities. This tendency to draw inferences on the basis of remote rather than more likely possibilities is termed 'inferential confusion' and can lead to immersion in possible worlds accompanied by feelings of dissociation between: knowing and doing, imagination and reality, and authentic and inauthentic self. These dissociation experiences in OCD may inform us on the relational ‘possibilistic’ nature of consciousness. In a relational model of consciousness, the boundaries of consciousness are located between the person and the world, and shift according to the ‘aboutness’ of self-world interaction. A key element of ‘aboutness’ is projecting into the future to what is ‘about to be’, so sense of reality is constructed through a consensus about what could be, operationalized as a personal possibility distribution. Experiences such as derealization and depersonalization occur in OCD when there is a clash between personally possible worlds and the person ends up living in simultaneously a possible and an impossible world. Recognizing this confusion may be a key to alleviating dissociative symptoms.

Keywords: Relational consciousness, possibilistic model, sense of reality, derealization, depersonalization

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Introduction

Feelings of unreality or derealization are characterized by a dramatic change in perception of self-world boundaries to the extent that the person feels suddenly apart from, distanced, or blocked from normal contact with the environment. Typical subjective reports include sensations of being behind a curtain, experiencing a strangeness or flatness, of feeling dream-like or unable to fully be present (Charbonneau and O’Connor, 1999). In depersonalization, the person feels detached from the self, and in some cases the person may report literally sitting outside their self, reports of out of body experience (OBE).

The DSM-IV (APA, 2000) classifies derealization disorder (DRD) and depersonalization disorder (DPD) together within the dissociation disorders. Dissociation is a large category extending to dissociative identity disorder (DID), and some clinicians consider dissociative experiences as a continuum stretching from mild to severe, with derealization at the milder end (Bernstein et al., 2001). However, there are major distinctions between dissociative phenomena in the quality of experience and its complexity. Holmes et al. (2005), after Putnam (1997), make the distinction between ‘detached’ and ‘compartmentalized’ dissociation. Experiences of DPD mostly fit in the ‘detached’ category and this category is typically reported as a loss or impoverishment of contact. Sense of presence (the feeling of being there) may be compromised as well, and add to feelings of being disconnected from the world (Aardema and O’Connor, 2007; Aardema et al., 2010a). DID rather involves a lack of integration between areas of experience and self, and seems qualitatively distinct from more benign experiences of DRD, DPD, and absorption-imagi-native involvement (Ross, Ellason and Anderson, 1995).

The phenomena of derealization and depersonalization are fairly circumscribed and can be defined as an awareness of a change in relationship with reality and/or the self. Within derealization itself, it may make sense to distinguish degrees of severity, with momentary daydreaming considered a mild form, and feeling unreal for several days being more severe. But it is unclear that the limited experience of derealization is a nascent form of DID. Also, feelings of derealization can occur across a range of psychiatric problems including anxiety, psychosis, obsessionality, and occur frequently in community samples (Hunter, Sierra and David, 2004).

Although there is evidence that DRD and DPD are likely to be associated with negative mood (e.g. depression) (Charbonneau and O’Connor, 1999) and triggered by anxiety (Hunter, Sierra and David,
2004), it can be reported as a pleasurable experience and can be deliberately induced as a trance state for religious or recreational purposes (Fewtrell and O’Connor, 1994). Positive and negative evaluations may in part be determined by the appraisals attached to the experience which can be catastrophic (‘I’ll never get back to feeling real’, ‘I’m going mad’) or enlightening (‘This is real transcendence’, ‘Hey, I’m floating above it all’).

Usually accompanying derealization is the experience of aberrant self-awareness, divorce from or loss of sense of the real self, which we define here under depersonalization. Similar to DRD, we can conceive of a DPD dimension running from mild experiences of not knowing or misconstruing the self to a feeling of total detachment from self. The two experiences (DRD, DPD) share common features, and are commonly experienced across a range of psychological problems and in normal everyday life. Obviously the way people react to the experience may determine subsequent behaviour (Hunter et al., 2003) and contribute to the maintenance of the problem. Of course, theories of DID date back over a hundred years to include processes of: splitting identity, neurocognitive fragmentation, amnesia, abuse, and attachment insecurity (Ross, 1997).

Dissociation in OCD

Obsessive compulsive disorder (OCD) is a debilitating psychiatric condition affecting between 1–3% of the population. People with OCD become obsessed by remotely possible harm, error, bad luck, and compulsively repeat mental or behavioral rituals often for several hours to neutralize these possibilities. Dissociation in the form of depersonalization and derealization has frequently been reported as a symptom of OCD, as in other anxiety disorders (e.g. panic). It seems that severe dissociation may be especially present in checking compulsions. Grabe et al. (1999), using the dissociative experience scale, reported higher dissociation especially in checking, symmetry, and ordering compulsions, but not in washing, cleaning, counting, and touching compulsions. Goff et al. (1992), likewise, reported higher dissociation in checking compulsions and less in washing and rumination subtypes. Other researchers have tied the intensity of the dissociative experience to the degree of immersion in the ritual. Even after relatively short periods of staring and visual fixation, for example, dissociation may be observed (van den Hout et al., 2009).

Interestingly, Merckelbach and Wessel (2000) reported that dissociation in OCD was not related to poor reality monitoring. Likewise,
in OCD there seems no concrete evidence of a link between dissociation and brain dysfunction (Starcke et al., 2010). However, several studies have noted that major and minor trauma in childhood may mediate dissociation; not only OCD (Fontenelle et al., 2007) but also in other OCD spectrum disorders (Lochner et al., 2004). However, all these studies used the dissociative experiences scale. Only one study has looked more specifically at both depersonalization and derealization (Aardema and Wu, 2011). This study found that degree of inferential confusion, rather than OCD subtype, mediated dissociation.

There seem three specific forms of dissociation characteristic of OCD. These forms include, firstly, dissociation whilst the person is caught up in performing a ritual where the person becomes oblivious to the world and may report a feeling of living ‘as if in a bubble’. The second form of dissociation is reported as an identity dissociation where the person becomes convinced that they could be or become a person they are not and would never want to be. The person will be driven so hard by obsession fears as to believe that an alien self-identity is a real possibility. A perfectly law-abiding caring mother is convinced she could become a psychopathic child killer. Implicit in this dissociated sense of self is dissociation of future self where the projection of future being is discontinuous with current self. The third form of dissociation is between knowing and doing in the sense that the person with OCD will frequently have complete intellectual insight into the futility of the compulsive actions, yet still be drawn into performing them. In the therapist’s office, the compulsive action is dismissed as superfluous, whilst in the trigger situation it is embraced as inevitable.

All three dissociative experiences amount essentially to the person acting in totally incoherent contradictory ways, often within very short spaces of time. These dissociations in OCD all lead the person away from the reality of the here and now and can be attributed meta-cognitively to a confusion between a remotely imaginary possible harm or unwanted self-identity and a real probability. Here the person infers the imaginary possibility to be the real state and becomes immersed ‘as if’ so. This confusion, termed ‘inferential confusion’, is measured by the inferential confusion questionnaire (ICQ). The ICQ is unifactorial and measures two processes: absorption in possibility and distrust of the senses. Its 30 items include: ‘Even if I don’t have actual proof of a certain danger, my imagination can convince me otherwise’; ‘I often react to a scenario that might happen as if it is actually happening’; and ‘I am sometimes more convinced about what might be there than what is actually seen’. The ICQ has good internal
consistency, test-retest reliability, discriminates robustly between OCD and other anxiety disorders, and accounts well for most features of OCD (Aardema et al., 2005; 2010b). Here we explore accounts of consciousness supporting such dissociation and confusion experiences and how, in turn, these anomalies inform us on the relational and transitional nature of consciousness. The framework adopted here is to understand the immediate experiences of DRD and DPD in OCD, incurring loss of sense of reality and self through a relational model of consciousness.

Relational Consciousness
The term relational consciousness has been adopted in neuro-cognition, social constructionism, and phenomenology. In neuro-cognitive theories (Taylor, 1999) it describes emergent relations between internal processes. In social constructionism it refers to the interpersonal nature of consciousness (O’Connor and Hallam, 2000). In phenomenology, a relational model (e.g. Merleau-Ponty, 1962) grounds our being as being-in-the-world. In this relational model, since the base unit of experience is being-in-the-world, the boundary of consciousness is always between the person and the world. Hence this boundary will necessarily change depending on my interaction with the world. The border can travel in time and space depending on my self-world project. For example, if I attend closely to my writing, so my horizon is very proximal and doesn’t extend further than a page with a decreasing horizon of awareness either side. Conversely, if I hear music in the distance and focus my attention on a parade several blocks away, I look beyond the roof tops to see in the distance and expand my world horizon, I am now conscious of events I wasn’t previously. In both cases the structure of consciousness, the dialectic of consciousness, remains and there are always limits to my conscious/non-conscious divide, no matter how expansive my consciousness. Hence at any moment there is always a cognitive part of consciousness which is my conscious perception, and a non-cognitive part beyond and behind perception, of which I am aware that I am not aware: a non-conscious consciousness, if you will, but which by logic still forms part of my conscious experience.

This relational account implies that it is a quite normal everyday phenomenon to experience shifts in consciousness, and hence normal to live in an expanded or contracted world. Indeed the majority of us, the majority of the time, accept and treat such experiences with normal work-a-day familiarity. The exception seems when the boundaries crossed stray too profoundly across consensual, taken for
granted self-defining body boundaries, as for example in OBE or stress-induced detachment where conscious boundaries escape completely from spatiotemporal confines of societally defined personal geography such as location (the body) or place (the room). Interestingly, triggers for OBE tend to be borderline hypnagogic, hypnopompic states where the person is, for example, crossing over from sleep to waking or experiencing a dramatic increase or decrease in arousal (e.g. child birth, sudden accidents) (Fewtrell and O’Connor, 1994). Even so, approximately 33–46% of people have experienced at least mild DPD at some time and 76% DRD (Trueman, 1984; Hunter, Sierra and David, 2004). That many people experience such dramatic boundary shifts and may even be trained in eliciting the experience supports the claim that shifting boundaries of consciousness is a natural conscious occurrence and not in itself, at least within a relational model, a phenomenon to be explained. What rather needs to be explained is why we do not react to the continual change of boundaries in everyday life by a corresponding awareness of living in ever changing worlds? In other words, how is our sense of one world maintained across shifting world horizons? To answer this question, we need to examine how sense of reality is constituted and its relationship to consciousness.

**Sense of Reality**

In a realist model, sense of reality is exactly that, my sense of an ‘out there’ reality. The insufficiencies of a naïve or mediational realist approach have been well argued elsewhere (Edwards, Ashmore and Potter, 1995). In any case, in a relational model, there is no ‘out there’ or ‘in here’ but only ever an ‘in-between’.

On the one hand, reality is socially constructed and what we consider as ‘real’ changes from culture to culture, time to time, or from state to state (Feyerabend, 1975). On the other hand, reality does not exist in the realist sense. Quantum physics informs us that ultimately reality is a wave-particle spatiotemporal paradox (Bohm, 1980). It is there, about to be there, and already gone all at the same time. However, the link between social consensus and consciousness in the construction of reality becomes clear in a relational model when we explore and operationalize our doing and being in relation to the world through the notion of ‘project’. Initially drawn from phenomenological philosophy, ‘project’ here is operationalized as our moment to moment doings in the world. Our relationship is defined by our project in the world which, on a project to project basis, defines
our reality. In this model my active project determines what I see, feel, and treat as real. In short, it determines my conscious focus.

My bedroom is my bedroom whether my project is to leave quickly when I focus on the door, or my project is to lie in bed and I focus on the ceiling and the wall. The reality of my bedroom is different in each project. But it is my project which brings forth the different percepts on my horizon. One can create one’s own reality by adopting a project to intentionally see new objects not previously perceived in the room: a nut on a door, a mark on a ceiling, a wooden flap. Each time the exercise is undertaken, a new object will be seen, a new reality created. In this exercise there is infinite reality in a finite space.

But, although my project provides my positioning towards the world, a continued sense of reality requires a wider background consciousness to transcend and connect my projects fluidly. This inarticulate non-cognitive part of consciousness forms the ground for my sense of reality and can be termed ‘presence’. In other words, presence is a kind of meta-‘aboutness’ which ensures that my projects are ‘about’ what matters. Previous research has shown that perceptual discontinuity may trigger derealization (Fewtrell and O’Connor, 1994). Recent studies on the impact of virtual reality (VR) have noted how dissociative experience may be triggered by discontinuity in perceptual experiences. A tendency towards absorption or immersion was related to degree of dissociation, and sense of presence in reality decreased following exposure to VR environments (Aardema et al., 2010a). A link between ‘inferential confusion’ and the tendency to become immersed in possibility rather than reality is supported by recent findings that inferential confusion and immersion seemed optimal predictors of dissociation and OCD symptoms (Aardema and Wu, 2011).

Sense of the Possible

Furthermore, this background presence positions us only ever in a possibilistic space since conscious focus locates us in time and place but our projects require the third dimension of possibility. In other words, in order to ‘act’ we need to be conscious of what is possible in order to sense what is actual, and continuously capture the time frame and flow of a directed conscious ‘aboutness’. The importance of possibility in defining reality upwards, as noted earlier, with basic notions of quantum physics. The quantum physicist David Bohm (1980) has considered the basic order of being to be that past and future events are available as possibilities and space consists of nothing more than wave fields of probability. The notion that reality is
constituted through shifting distributions of possibilities is a quantum view of consciousness. We only ever perceive reality in its ‘aboutness’ through our projects, but this aboutness encompasses what might have been, what could be, what could not. In fact, what is is only real because it is defined by what it is not. In possibilistic terms, what is not is not simply negation, but what could be, what might have been, what should have been, what might still just be, what for sure can never be. In other words, a personal possibility space encompasses a rich array of qualitatively distinct human projections. The possibilistic model then does not render the world less ‘real’. On the contrary, it ensures that the real is perceived as humanly ‘real’ since it is embedded in my potential human projects.

The Possibilistic Model of Consciousness

The main tenets of the possibilistic model (O’Connor and Aardema, 2005) are that what appears in consciousness as ‘reality’ is more accurately conceived as the point of maximal possibility among a distribution of possible worlds. The distribution may be likened to a multiple likelihood distribution, and as such the distribution has no normative constraint on its shape (Edwards, 1972). Either side of the maximum are other possible realities which become increasingly less possible and hence less conscious (given my current project) towards the margin. The possibilities in the tail end may also be more vaguely formulated, more interchangeable, and less intense. The relationship between the margins and the maximum is one of a figure ground relation and forms a dialectic in several ways, but mainly in that what is requires what is not in order to appear ‘real’. ‘Reality’ will change if the maximum possibility shifts and this may occur either through a shift of project in the world, or through a change in the margins of consciousness modifying the possibility space. How projects create a sense of reality through interaction in the world was noted earlier. Likewise the arrival of the completely marginal and unforeseen event in the foreground can shock us into realigning maximal possibilities.

The consciousness of the possibilistic model is a relational consciousness that by definition extends beyond the self as socially and cognitively defined, and rather situates consciousness somewhere between the person and the world. The boundaries of consciousness then are not physical and consciousness can appear to be disembodied exactly because it is relational and situated somewhere between the person and the world. This relational space is defined by the ‘aboutness’ of my project in the world at any one time. A project literally
projects the person through its 'aboutness' towards the world beyond the person and at the same time from the present towards the future into a possible space: a space not actually occupied but 'promised' by my project. Both sense of self and sense of reality can change with change in project, but this appears always to us as seemless and in continuity exactly because the shift is a shift in possibility distribution and not a discrete change in one element, and so by definition is all encompassing, continuous, and fluid. In other words, assuming my possibility distribution can reconstitute itself from moment to moment around a new maximal possibility, then sense of reality remains intact since its sole reference point is my possibility distribution. Ironically only a possibilistic model could produce reality as real, since the shifting background ensures a seemless continuity between one 'now' and the next to merge totally distinct perspectives into a unitary and constant real world.

The relational model is illustrated in Figure 1. In this model, presence precedes cognition. But sense of reality determines what appears in consciousness. Sense of reality is a consensus established by a (sub)culturally sanctioned possibility distribution which determines most and least likely appearances. This possibility distribution is itself subsumed by my presence, a self-world stance which generates a largely inarticulate ‘atmosphere’ or ground to my being-in-the-world.
The Real and the Imaginary

Since possibility, then, is always the basis for current reality, so imagination (the engine of possibility) is always active in different degrees in defining reality. Imagination is defined within a possibilistic model as the ability to envisage (in a number of modalities) what could be. This role of the imagination may be hidden but becomes apparent in occasional drifts into the imagination in the normal course of perception and in the difficulties experienced under ambiguity in discerning reality from imagination. In other words, it is quite normal that living in reality entails living partly in the imagination. We frequently drift in and out of the imagination and occasionally imaginative states may superimpose on reality. The classic example here is the mild DRD experience of daydreaming. I may be temporarily lost in a memory or a remote scene but my senses stay tuned and able to respond to immediate reality.

It is this inarticulate ground of my consciousness which ensures the human being and feeling quality to all my interactions. We may exist in a physical world but we live in a human one. Indeed, the physical only appears within a human world when and where our human projects demand a physicality. Objects fade in and out of my horizon according to their possible role in my projects. The possibilities are attached to me, not physical, and surrounding the same object is an aura of possible projects which situate me with respect to the object. Merleau-Ponty (1962) has described well how we never, for example, lean on an object only physically but with an attitude and in a certain personal way, and this human ecology determines the nature and impact of an object’s physicality. Reality is only ‘perceived’ in the context of a total human experience, eliciting at the same time both articulate (cognitive) and inarticulate (‘atmospheric’) parts of beings.

Sense of reality, then, comes not just with reality but with an ecologically human reality. We live always in a ‘moody’ world, be it benign or hostile, and where people and objects are positioned to us as we are to them, and may be variously: out to get us, or helping us along, in a humanized way. As an example, it is easy in poetry as in life for physical objects to become anthropomorphized and seen as characters, frowning, avoiding, disapproving, relating to us. Door knobs, light switches, chairs, can have ‘attitude’. This atmosphere tones our world, colours all around us and is the stuff of being us.

So what is the evidence supporting this relational possibilistic model of consciousness?
Core and Margins of Conscious Experience

Is the structure of consciousness necessarily dialectical with a seen and unseen part, a core and a margin? Evidence seems to opt for a dimensional view of consciousness which sees conscious events as subject to different degrees of awareness depending on context. In particular, if a subject is on the margins of consciousness this may not reflect its proximity to the non-conscious or a fading of consciousness. Rather, marginal phenomena reflect the dimensional or distributed nature of consciousness which requires the barely conscious to be so, not because it is drifting away but because the margins are part of the distribution and are essential to defining the focus of consciousness (Mangan, 1993). Such a dimensional view also admits a dialectic between something being either the subject or the object, the focus or the margin of consciousness simply as a function of the current context of consciousness and not due to any intrinsic subject/object division. I shift my focus and the figure becomes ground.

Does consciousness transcend cognition as claimed in the possibilistic model?

Cognition and Consciousness

The relational account stands in stark contrast to other models of consciousness which view consciousness as parallel streams or as a unifying cognitive force located in the individual and even reliant on personal neurobiology (Flanagan, 1997). The parallel stream of consciousness metaphor follows on from William James’s (1892) well known stream of consciousness observations. The essential idea is that the stream of consciousness breaks up into separate parts like light through a prism, hence colouring distinct experience. Such theories generally subscribe to a realist metaphor with ‘out there’ coming ‘in here’, resulting in mentalist, internal representations and even neurobiological reductionist accounts of experience. There are also assumptions about the location of consciousness in the body. For example, legion theory (Manning and Manning, 2007) compares a corporatist to an individualist self, and proposes the construction of internal models of the world covering different realms to explain dissociation.

In short, other models tend to be representational whereas the relational model is non-representational, since it is also constructionist. But in contrast to other non-representational models such as Gibson’s ‘direct realism’, the possibilistic model does not propose a direct link with environmental ‘affordances’ but rather with ‘human affordances’
generated relationally through our projects and interactions between personal human possibilities and our human givens, namely the dialectical structure of relational consciousness.

Current cognitive theories tend to view consciousness as a product of cognitive operations whose end point is conscious thought (Beck, 2005). Obviously, thinking and cognition seem at the centre of our awareness, and yet as Kunzendorf et al. (2003–04) have shown, sense of self and self-awareness can change independently of thought; not only this, but thought itself can be a very misleading witness to our state of consciousness. Furthermore, many aspects of consciousness are at best pre-cognitive or even anti-cognitive. For example, body awareness, intuition and ‘feeling of knowing’, and ‘tip of the tongue’ phenomena seem often to work against our good perceptual sense: in the sense that they either prevent access to certain knowledge or misrepresent state or knowledge metacognitively (Rosenthal, 2000). Conversely, thinking can concoct stories about our feelings and awareness which disguises their true nature (Wilson and Dunn, 2003). People can come to believe in happenings which simply did not cognitively appear. Believed-in imaginings can trump cognition (De Rivera and Sarbin, 1998).

The searchlight metaphor in Baars' cognitive theory of consciousness (Baars, 1998) has spawned the notion of several searchlights for auditory, motor, somatosensory, visual signals which may operate individually. The cognitive architecture of consciousness may involve integration of multiple dissociable subsystems to produce an onstage conscious performance like a theatre (ibid.) or publicity organ (Gazzaniga, 1995). According to Marcel (1983), consciousness is a constructive act to structure and synthesize different domains. Many parts of the brain may be recruited by consciousness which involves binding and convergence zones where it all comes together, but not as an intrinsically unitary phenomenon. In a cognitive model, the apparent ‘unity of consciousness’ is hence the product of a labour of internal consistency whereby we struggle to deal only with one interpretation and its implications at a time, and where unaccessed interpretations may be represented unconsciously but only in synergy with conscious cognitive representation. But as Revonsuo (1995) has noted, the idea of consciousness as a singular cognitive access system does not relate to the experience of consciousness (Revonsuo, 1997). Even if the smallest temporal moments of consciousness seem unimodal, I cannot access my consciousness purely through a cognitive intent, and conscious content frequently escapes my searching for it. Conversely, my selective cognitive focus cannot escape from the unselected back-
ground. For example, the marginal senses of my body or surround do not completely disappear from my global awareness when I focus down on a specific task. The issue of access to self-knowledge is a crucial point of contention between possibilistic and other cognitive models.

**Self-Awareness and Self-Knowledge: The Fallacy of Introspection**

One of the most frequent criticisms of relying on cognitive self-report is that, *contra* Descartes, commentary on the self is not a privileged access close to the source, infallible and omniscient, but is itself a project and behaviour. Hence my project of self-perception depends on the context of this behaviour and thus may be driven by diverse motives (Wilson and Dunn, 2003).

So, for example, filling in a questionnaire about self-attributes may be set against a project of ‘appearing to be normal’. Whereas another project, a few minutes later, of explaining how an error was made might direct the focus to non-normal or idiosyncratic traits in order to fit with a further project of ‘excusing the self’. Such different projects involving self-awareness could easily produce contradictory seemingly confabulatory statements. But, for the person, these are not necessarily competing or incoherent views of self. Somebody could see themselves as careful, but also someone prone to errors, and the person may be able to experience simultaneously both the careful self and the careless self. A person could happily own an action at one moment in the context of performing it, but disown it a few minutes later when the project changes to a judgmental one and in this new context the person feels ‘it’s not like me at all’. It could be argued that such anomalous questioning of the self (e.g. could I really be so hateful?) point to the constructed and non-unitary nature of self, leading to the constant possibility of self deceptions through critical reflection on and so revision of view of self (Hallam, 2009). As Hallam (*ibid.*) points out, it is possible to think of virtual selves in both real and imaginary worlds.

**Applying the Relational Model of Consciousness in OCD**

How does the possibilistic model account for such conflicting self-views and the resulting DPD feelings of not owning one’s own thought or actions? A recurrent DPD phenomena found particularly in OCD is that people with to all intents solid self-knowledge and sense of self nonetheless maintain thoughts and images which suggest they could be not only other than they are but virtually the opposite of who
they are and want to be; and further that they fear they could act in complete contradiction to their moral code (Aardema and O’Connor, 2007). Also how could such people maintain these fears in the face of their own self-knowledge and in the absence of any proof of the likelihood of this anti-self behaviour occurring? Indeed when such a self is the complete opposite of their actual consciously constructed identity, recognized by them and others. The answer lies, according to the possibilistic model, in the dialectic between ‘self as is’ and ‘self as could be’ (ibid.; Figure 2).

Problems arise when there is a complete disconnection between the person and the obsession in typical obsessive self-statements such as ‘I might be a psychopath’, ‘I could suffocate my child’, ‘I might be a paedophile’. In these cases, the person in reality has no history of aberrant behaviour, is in fact quite concerned about the welfare of others, and yet is unable to emotionally disconnect from a completely imaginary sense of self as dangerous. The plausibility of these impulsive self-statements is justified by a narrative referring to imagined contexts and scenarios which turn an impossibility into a lived-in possible plausibility. For example, the person convinces his/herself that it is possible to not really know oneself. S/he relates how ‘you read about people suddenly and unexpectedly killing their family without apparent reason; you can never really tell because no one ever saw it coming, people are capable of all kinds of terrible things, it might be possible to go crazy or to be crazy without knowing it, and then what is to prevent an awful act from happening’. A story of self, derived from marginal probabilities, leads up to a personal impossibility space.
trapping the person in a self-consciousness completely in discordance with the person’s taken-for-granted self. The possibilistic model here is distinct from other notions about how the self is defined by the fear of future self, or ideal self or past self or a comparison self (Oppenheimer, 2002). These models, whilst admitting the important role of multiple selves, do not challenge traditional definitions of sense of self as a coherent inner quality. Several authors have noted the importance of prospection, that is the projecting of the self into the future to prepare for events. This shift of perception to alternative imagined environments seems to entail a first-person mental time travel and the first-person projecting seems distinct from more general visions of future public events (Addis, Wong and Schacter, 2007; Buchner and Carroll, 2007).

Inarticulate Consciousness (Presence) and Mood

So what of the possibilistic claim that inarticulate presence forms the ground to enacting projects? Mood may be a powerful manifestation of the inarticulate side of being. Some existential philosophies have placed mood centrally as the key monitor of presence in the world. For example, Heidegger (1962) considered mood a much clearer indication of being than thought, to the extent that he felt that poetry, since it affected mood, was more communicative of consciousness than prose and rational thought.

Cognitive aspects of consciousness highlight immediate concerns here in the present static time frame, whereas mood highlights the otherness of consciousness, its ability to transport and change tone independent of physical or material presence, even despite such presence, by its appeal to more remote, often inarticulate, experience. Mood often appears intangible to us, it is all around us, we are immersed in it, and often, like Roquentin in Sartre’s (1938) novel La Nausée, we only recognize mood through the way we perceive and react to what is around us. Roquentin, for example, knows it is Sunday by the way the trees around him look and feel. I need to get out of bed and I suddenly feel depressed. I think of the work I need to do and feel exhausted, or my relationship, and feel trapped. My projects ‘embody’ my awareness. We know our moods by virtue of our attitude or presence signalled through enactment of whatever project we have in hand at this moment. In clinical practice, clients are frequently unable to articulate ‘feel right’ or ‘just so’ experience (Summerfeldt, 2004). Then, exactly because mood is intangible and pervasive, it seems, when called into being, that mood transcends the particularities of the
moment. To capture mood we are bound to employ vague, ill-defined words appealing to ‘feel’, ‘hunch’, ‘ambiance’ exactly because it is precognitive. True, cognition and emotion may be linked in conscious appraisals of the world, but a conflict between cognition and mood may also pull us in distinct directions.

The relation between cognition, mood, and consciousness has important clinical implications since frequently a person may have perfect intellectual insight into the maladaptive nature of their behaviour, but yet be grabbed by the strong emotional pull to perform the behaviour nonetheless (Beck et al., 2004). For example, a person with checking compulsions (a form of obsessive compulsive disorder) may agree 100% that there is no need to check the door once locked, but at the point of locking the door the urge to check becomes stronger than their conscious desire not to check. As a consequence, the person is unable to tolerate not performing the unwanted checking behaviour. It seem the person is in two minds, one in and one out of context. Indeed in clinical work it is common for clients to report two distinct modes of consciousness, a detached one in the therapist’s office which isolates them from the anxiety, and a fused consciousness where the anxiety and the person seem inescapably joined together in the context (O’Connor, Aardema and Pélissier, 2005). Yet accurate perception of reality remains unchanged in both cases (Aardema et al., 2009). The experience in the context is not so much a passing specific emotion to be tolerated but an all encompassing presence drawing the person into an obsessional world. Patients often refer to this DRD/DPD experience as finding themselves detached in an OCD bubble or living in OCD land clouding all around it.

One explanation for the conflict between knowledge and feeling within neurocognitive models could be that emotion and cognition involve distinct neural pathways and are susceptible to distinct reinforcers (Oatley and Johnson-Laird, 1990). Since cognitive awareness will not easily translate into emotional awareness, so emotional habituation needs to be effected by distinct parameters appealing to the controlling sources of emotional input. Hence there is discordance and desynchrony between thoughts and emotion. Such a position, albeit technically valid, does not offer much in the way of solution to the discordance of thinking and feeling since it leaves open the question of how such a discordance could arise within a supposedly unified consciousness whose job is to ensure its distinct modes pull together single-mindedly. A further question is why such discordance arises only sporadically (in salient contexts).
Here a cognitive approach might consider that the person unknowingly switches their mode of representation in consciousness when in and out of emotional states. In one context, the thought may be represented too vividly, in the other more faintly. Hence the person becomes trapped by the aliveness of the thought and so, in a form of emotional reasoning, views the feelings and sensations arising as a consequence of the thought 'as if' these caused the thought. In such cases, the person may be defining reality through feeling states rather than knowing states and hence relying on feeling wrong or right as a sign of being in or out of danger (Arntz, Rauner and van den Hout, 1995).

Another option suggested by Kunzendorf et al. (2003–04) might be that a cognitive analysis of the patient’s thinking may miss important symbolic elements of the current thought relating rather to a wider consciousness. They give the example of a fear of travelling in the subway resulting from thoughts of being trapped generally in life, of which the subway was but only one symbolic instance. Hence, even if the metro was perceived as safe, the symbolic fear, being all-pervasive, persists.

Kunzendorf et al.’s argument links to another clinical phenomenon where the principal narrative apparently driving the aberrant behaviour may in fact be overlaid by a powerful narrative dictating a general mode of being. For example, a lady with hoarding compulsions who feared she would make mistakes throwing out rubbish and who overcame this fear through cognitive restructuring was still unable to prevent herself checking by emptying out bags of rubbish. Further analysis revealed an over-powering dictum transmitted by her father that nothing, even rubbish, should ever be wasted since there’s a use or reuse for everything. The phrase ‘don’t be careless and throw things out’ invoked the strong feeling of being who she felt she should be, which overwhelmed the rational arguments about what in reality she should be doing. In this case as in other cases there is an absorbing emotionally charged narrative linking up personal dimensions of possibility about what might or could occur and who the person could become. Here the imagination takes off and chains together remote possibilities so strongly that the person begins to live the impossible anti-self as if it, and all its associated consequences, were real. Stories are of course excellent vehicles for feeding imaginative possibilities. In particular they embrace both self and other, and articulate and inarticulate consciousness. The start of the narrative is self-generated and articulate but then we are carried along by it, and it takes on a life of its own seemingly apart from us. Narrative exploits mood and imagination.
to capture ‘presence’. Presence leads to absorption and immersion in a lived-in reality. We can end up in our narrative world at the same time as we are in the world.

A purely intellectual attempt to distinguish reality from the imagination may fail unless accompanied by a transportation of imaginary possibilities influencing presence.

**Perceptual and Imaginative Consciousness**

This possibilistic account relies principally on an understanding of how perception and imagination work together in a narrative construction of reality. Imagination is unbounded in its possibilities in that it does not depend on feedback from reality or physicality to be established. Perception, however, depends crucially on the boundaries and laws of probability. Hence when we follow perception, our maximum likelihood route stays very close to the most probable event, and each likely event is justified by its likelihood grounded in the past event preceding it. A temporal order is essential for the arrival of a plausible reality.

In perception, the spatiotemporal sequence needs to be credible before it can be lived in. I literally need to know the time and place to know I’m here. In the imagination, possibilities do not need to be arrived at by a linear transport system since rather they need to be lived-in before becoming credible. Once lived-in, a coherent context can be inferred later. In fact, one could say in imagination, multiple contexts are grouped together ‘out of context’ exactly in order to arrange a personally liveable reality. The person needs to be emotionally connected in order for imaginative possibilities to feel real, and the physical probability of the context is not a criterion for such emotionality. In perception a reasonable question might be ‘how did this happen?’ In imagination the power of immersion leads to acceptance of what happened since it feels like a *fait accompli*. So it seems fruitless to ask how this happened but rather to ask now ‘how can I best live with the consequences?’

As examples here, it is very unusual for people with anxiety disorders, who imagine worst-case scenarios, to be able to pinpoint the essential elements in the process of arriving at the scenario. A person imagines driving his car into the St Lawrence River and the fear is so great he will not drive at all. But what sequence of events needs to occur for this accident to happen? He has to crash through a barrier, plough down a river bank, drive across a beach and then get far enough out in depth (at least 100 yards) for his car to sink. But his
image dwells entirely on the image of him drowning and the consequences of the accident, not on the plausibility of the events. In fact, we can say the real life plausibility of the event does not even feature in the believability of the scenario. The imagined context is justified by narrative reference to other scenarios, unrelated, equally implausible and all chained together. He read of a similar accident in the local paper. He knows facts about heavy objects sinking quickly in water. He saw a film where everybody trapped in a car drowned. All those possibilities marginal to his actual lived-in reality narrated together form a rolling critical mass, leading up to the mostly likely, under the imagined circumstances, but logically impossible, scenario of him drowning in his car.

Mission Impossible
A schema of how in a narrative flow possibilities chain on one to another to arrive at a lived-in impossibility is given in Figure 3. This pathological chaining of imaginative possibilities should not be confused with the more benign version of doubting reality in a cognitive sense, and which may lead the person back to the senses to reality-check information rather than a chaining on further into the imagination (see Table 1; Figure 3). In a possibilistic model, DRD/DPD is considered largely induced by a narrative chaining of possibilities through imagination to create a sense of reality remote from the person’s everyday sense of reality.

A case illustration would be a man with OCD contamination fears who drops his walking stick in a puddle. He picks up the stick then wipes it off and his senses say it is now clean. Suddenly, a little later, a story begins to form. He thinks just possibly someone with an infection slipped in the puddle before them. Thereafter the puddle was infected, then the stick became infected. The stick has now contaminated him, his car, his boots, and all the objects around him, including his car, his house, and the dog and all his clothes. Because his house is contaminated, anyone visiting him may become ill and die due to contamination. Consequently he can no longer wear his clothes and needs to disinfect the dog and his entire house. All this chaining of possibilities occurs in the absence of any real contamination. In this case, and typically when an impossibilistic spiralling off has occurred, the new possibility distribution sets itself up as a kind of anti-reality against the person’s common sense of reality with the person caught between the two. Everything that goes against taken-for-granted reality becomes realistic, even to the extent that the person ends up destroying reality in the guise of trying to make it better. Ideas about the
contamination become simply impossible, such as contamination jumping magically from table to table or staying around on a chair forever. For example, against reason the person believes contamination will stay forever and imbued with the idea that his perfectly good and valuable walking stick is now contaminated, he throws it away and no longer has the stick he needs for walking.

<table>
<thead>
<tr>
<th>Sense/perceptual information/cues</th>
<th>Cognitive or reasonable doubting or questioning</th>
<th>Imaginative possibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>My hands look clean</td>
<td>I wonder if I left some dirt under my nails</td>
<td>My hands look clean but they could be covered in invisible dirt</td>
</tr>
<tr>
<td>A black ambulance just went by my house</td>
<td>I wonder if there’s been a nasty accident nearby</td>
<td>A black ambulance is a sign that bad things will happen to me</td>
</tr>
<tr>
<td>My stick dropped in a puddle</td>
<td>I wonder if there was anything in the puddle</td>
<td>My stick is infected forever &amp; will infect other objects even if I wash it</td>
</tr>
</tbody>
</table>

Table 1. A problem occurs when the person with OCD feels they are doubting reasonably when in fact they have chained on to the impossible, since this leads them away from reality and sense-based cues.

The process driving the aberrant behaviour is an immersion in possible consequences and the sentiment that ‘I must act just in case’ since the possible consequences feel so terrible. The person knows the consequences are logically implausible but successive chaining and acceptance of prior improbable premises — as the basis for further inferences — imbues the improbable with a sense of reality. Trying to replace this reality with a more ‘realistic’ story is met with the ‘yes but what if’ argument. Jumping to the implausible worst-case scenario is seen as ‘playing it safe’, with a more logical outcome seen as ‘too risky’ and ‘taking a chance’. Here a remote marginal possibility becomes chained to other marginal possibilities until eventually the chaining drifts off to form a separate impossibility distribution, not only distinct from the perceived reality distribution but often in contradiction to it, but which, however for the person, has now become a maximal possibility (see Figure 3). The conflict is between two projects
constructing future possibilities, one grounded in a consensual construc-
tion of possibility space, the other in a marginalized space, but
both generating a sense of reality.

The person chaining implausible contexts of contamination to his
stick to arrive at the impossible scenario of the dog and all his furni-
ture permanently contaminated has no idea how exactly this will hap-
pen. How does the contamination infect, spread, and then stay
around? He has no precise idea. He lives only in the
fait accompli
of the contamination and now in the consequences. Again the story,
barely justified at all, links very marginal events from multiple irrele-
vant sources, e.g. ESP exists, Karma exists, pollen flies through the
air, people do get infected by diseases. None of these contexts connect
logically to one another, all are on the margins of his present reality,
but together they form scenarios in their own right, chained together
to lead up to a final impossible scenario with convincing presence.
Other theorists (Kunzendorf et al., 2000) have noted how the imagina-
tion concocts stories connecting past and future events and sensations.

In such DRD, any psycho-educational procedures based on supply-
ing rational information are likely to fail since the content of the informa-
tion will be at the mercy of the lived-in mood context which

Figure 3. Imagination chains together marginal possibilities to arrive at an
impossible ‘imagining’ completely de-contextualized and remote from the
actual most probable case, but lived-in as if real. The distribution shifts sub-
tly over different events to accord a maximal possibility to a marginal
improbable event which becomes subsequently lived-in. Spiralling off to
remote possibilities through basing maximum likelihoods ($P$) on a se-
quence of marginal probabilities leading farther and farther away from reality.

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stick to arrive at the impossible scenario of the dog and all his furni-
ture permanently contaminated has no idea how exactly this will hap-
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In such DRD, any psycho-educational procedures based on supply-
ing rational information are likely to fail since the content of the informa-
tion will be at the mercy of the lived-in mood context which
receives it. For example, information from authorities on the cleanliness of the puddle will be trashed by an overrider which invalidates it — in accordance with the lived-in reality of the mood of fear — that, for example, the authority could be mistaken in this particular puddle. Hence the only viable way to change the lived-in story is to create an alternative chain of marginal possibilities drawing in the same way on consecutive contexts but leading back from the remote to a more plausible, less alarmist, but equally immersive emotionally embracing possibility. In other words, paradoxically, establishing a ‘normal’ sense of reality is achieved not by intensifying self-observation but by reconstructing another possibilistic space through imagination and narrative.

A Case of Derealization in OCD

The following case of OCD illustrates the development and maintenance of a derealized state through aberrant self-awareness. S has suffered chronic derealization for most of her life. She also suffers from health anxiety verging on hypochondriasis and reports that the derealization is actually better when she is fixated on a somatic problem. She is persistently aware of being detached from her body and has the sensation that she observes her actions and words and never feels part of or included in her everyday world. As a consequence, she is consistently afraid that she makes errors, appears strange, is missing out on reality. Her solution is to adopt a self-sabotaging project to consistently monitor her state and make sure she is OK. She constantly checks her condition and seeks reassurance, afraid she has a medical brain disease which is getting worse. She has developed a series of behaviours which exacerbate the detached feeling. For example, she is constantly staring at reality to ‘bring herself closer to it’, shaking her head to ‘clear it’, paying careful attention to her movements and speech which has the effect of slowing both. Her behavioural strategies effectively reinforce the idea that something is wrong by intercepting her normal flow. This self-sabotage in turn reinforces the need for her to monitor herself in case this time she really does lose it and goes mad and out of control. She has become skilled in viewing herself as another person.

The development of the lived-in possibility of ‘losing it’ could be traced in childhood to the instruction to always be on her best behaviour when in front of relatives, and the idea that she might not be able to do this, despite no proof to the contrary. Over the years, this marginal idea of lack of control acquired a more central role, spawning its own possibility distribution whilst the realistic probability of her
functioning well became remote. So her behavioural projects continued to maintain the lived-in experience of being ‘about to lose it’. Such consciousness is self-reinforcing, both exclusive and exclusionary, and restrains the person inside their possibility distribution as long as the project stands. To move outside the possibility distribution the person needs either to use narrative to chain back the marginal possibilities from remote to near, or to change projects. Ironically, the only time she is able to move outside of her experience is when she immerses herself in a non-self-centred project (e.g. selling and buying on her computer). Encouraging the adoption of a distinct absorbing project antagonistic to the self-monitoring induces a shift in self-consciousness.

**Observing the Observer**

The perennial problem with the study of consciousness is that I am permanently *in* my consciousness, which in turn is always looking *out* at the world. So if I study consciousness, then this is also a project with its own horizons and figure-ground configuration requiring a background structure of consciousness to enact it and to direct cognition. I might decide to scan a variety of what are consensually agreed on as internal processes: memories, feelings, desires. But all my introspections will only make sense to me in the context of my personal project of ‘looking inwards’ or ‘finding out who I really am’ or however I define it. This project will, like every other project, define me in a certain self-world relation, which entails a dialectic between an articulate and an inarticulate being, and necessarily contains a conscious and non-conscious part; but, like any other project, it gives no privileged access to this non-conscious consciousness.

In other words, my ‘looking inward’ project will reveal information concordant with the self-world positioning which made the project possible. It will yield partial information about my self and the world relative to my background project in the same way as any other project, whether this be ‘banging a nail in a wall’, ‘watching the waves roll in’, ‘waiting for godot’. Ironically the more intense my focus, the narrower my cognitive attention, hence the blinder I am to my background self-world positioning which makes the cognitive focus possible. The only way I can glimpse a flavour of my background stance is through world-reflection rather than self-reflection, since presence cannot be observed by me directly as I’m in it while observing. It can be observed only indirectly in the way the world appears and is revealed to me. So the inarticulate part of my background presence can only be glimpsed indirectly through its reflection from my being.
in the world, not by any direct scrutiny. A project of self-scrutiny may end up distancing the person even more from a sense of self.

**Meta-observation and Awareness**

We noted earlier that a project seeking self-awareness might exacerbate DRD/DPD depending on the flavour of the project. One very important element of self-consciousness is self-monitoring of behaviour, thoughts, emotions, somatic sensations, and the self in general. Kunzendorf *et al.* (2003–04) has argued that misattribution arises when people do not recognize the source of their thoughts through a lack of self-awareness, or perhaps a refusal to accept such thoughts for defensive purposes. Kunzendorf *et al.* (2000) distinguish between psychosis and dissociation. Both reflect deficiency in self-monitoring, but psychosis emerges when imaginal sensations are ‘unmonitored’ and defensively inferred to be precepts, whereas detachment emerges when perceptual sensations are unmonitored and defensively inferred to be images.

However, there is debate over whether meta-awareness is beneficial or derogatory to functioning (Wells, 2000). For example, focusing on my appearance, my speech, my mannerisms, would increase self-awareness, but the manner of this awareness would be premised on the way my project constructed future possibilities in line with this awareness. I cannot be self-aware in a void only in the presence of a self-awareness project. There are many forms of self-awareness, and whether any one is beneficial depends on the intentional motivation behind the particular self-awareness project.

Take two people with OCD pursuing self-awareness. Supposing both people begin to focus on their actions in a social situation. The first feels awkward and his project becomes a verification that he is not causing alarm, acting inappropriately, losing control in the situation. More specifically, the project, in possibilistic terms, might be seen as checking the possibility that he will become or appear stupid. Let us assume that logically the premise is unfounded. Although in abstraction losing control may happen, to this person it never has, but he interprets an ambiguous look from another as proof of possible maladroitness, and so this marginal possibility drives the self-monitoring project. He continues chaining unlikely marginal possibilities (a person not talking to him is deliberately ignoring him, another group looking his way are judging him) until he is living in an improbable world of social ostracism remote from the immediate. At this point, his project may become acute intense self-observation where he
attempts to see himself as others do in order to pre-empt further embarrassment. Such self-observation can lead to a state of derealization and/or depersonalization (Lenggenhager et al., 2007) where the person self-monitors so intensely they become other; an observer of themselves and not themselves (as in the case example). As one client put it, ‘It’s like I’m on the shoulder of the person I’m talking to and looking back at myself’. This state of course reinforces the feeling of losing control since the person is dealing with two realities and not completely focused on either one. Any further focus on the self can then only add to feelings of maladroitness since any further observation is only made against the background stance that the person is maladroit and not in touch. Hence, after a chaining of possibilities and increasingly intense self-monitoring, the person arrives at the conclusion that they are indeed losing control. The person then flees the situation, so effectively conserving this initially marginal possibility not only as valid, but real in the sense that the project it inspired (self-monitoring) produced real feelings (intense discomfort) and effects (leaving the room). The initial improbable possibility, losing control, since it is the focus, now forms its own (im)possibility distribution with the once marginal, now maximal, theme of appearing maladroit or stupid and losing it in public.

Conversely, the second person aware of the marginality of the first premise of maladroitness will not develop a project of self-awareness on the basis of this marginality, rather retaining as maximal the more realistic option that all goes well and so leading onto further realistic possibilities in continuity with the initial possibility distribution. For this person the self-project retains its focus on managing current interactions, and within this context acquires the playful air of polishing an already successful behaviour rather than becoming a critical self-appraisal. For this second person, self-awareness is congruent, not antagonistic, to social being.

Contradictions in self-awareness are particularly important in clinical work since often cognitive therapy begins with psycho-education techniques designed to enhance or widen awareness. Such awareness, outside of a therapeutic context, can often worsen distress and exacerbate the anxiety since the person’s project easily becomes one of judging and feeling sad about the problem: what are termed secondary appraisals (Clark, 1999). In a therapeutic context, the project of awareness should be constructed to be a project on the way to dealing with the problem, not part of judging it.

Indeed, the notion that our self-consciousness is likely to be driven by distinct projects regarding self-world relations explains, for example,
how acts of self-awareness and self-monitoring may produce contradictory effects and experiences. In other words, a project of self-monitoring may take place against a background self-world project that the person requires such monitoring and which hence induces a detachment experience as part of the project.

**Conclusion**

This text has attempted to understand some of the paradoxes and anomalies of dissociation, particularly as occurring in OCD, through adapting a relational possibilistic account of consciousness. The account furnishes several insights into how a person with OCD can live simultaneously in two opposing worlds, and present with two opposing selves. In a relational model, it seems quite ‘normal’ to experience distinct worlds depending on context and project, but what seems crucial is to maintain a singular sense of reality nonetheless.

A relational possibilistic model of consciousness holds that sense of reality arises against a background of shifting possibilities. The possibilities define reality by defining what could or could not be there. Sense of reality is hence maintained by sense of possibility. Imaginal possibility plays a key role in states of consciousness and a person can, through the imagination, become immersed in detached possible worlds. Possible worlds can be complementary or competing, and can take the form of a distribution with a maximum peak and a marginal tail. Occasionally remote marginal possibilities may become imbued through narrative chaining with a sense of reality and chain unchecked through a series of further marginal possibilities to form a remote (im)possibility distribution: impossible in the sense that its content contradicts everyday self-awareness.

Understanding of dysfunctional self-awareness hence comes through understanding the possibilistic nature of self-consciousness. People can keep viable possible alternative selves but such selves may change depending on context. Core experiences of DPD (experiencing the self as distant or detached) are, despite their self-fractionated appearance, a product of a coherent intentional project, but one centred around a marginal possibility which has become maximal often following a narrative immersion. Presence in the marginal possibility creates an impossible counter to the everyday ‘sense of reality’ as the two alternative worlds are antagonistic to each other’s maximal possibility. Hence, the person ends up living in two modes of consciousness. In this dual mode of self-consciousness one self may appear ego-dystonic to the other but the divided sense of self is coherent with current project
and a background stance that, for example: ‘I may not be who I should be’.

Underlying each possibility distribution is self-world presence which determines the background mood of any self-consciousness. Such presence will entail behaviours which maintain an attitude self-congruent with self-consciousness. It is this act of self-positioning which propels the project which in turn creates the DRD/DPD experience. Self-monitoring or trying strenuously to keep touch with reality are projects pushed by stances which include an atmosphere of ‘distrust’ about self-world relations or that consider a feeling of losing it or a sense of incompetence as a defining self-theme. The project of self-observing then creates the experience of DRD and brings the person to live in conflicting realities. Dramatic shifts in mood due to other events impacting on relational consciousness may also disrupt or shock sense of reality and in the same way construct a conflicting sense of reality.

These insights lead to counterintuitive therapeutic strategies. Current treatment approaches to OCD emphasize putting the person in touch with reality either through physical or mental exposure and/or cognitive challenge to counter exaggerated or over-dramatic estimations of danger. A relational account would rather recommend a challenge of the utility of the project leading to absorption in conflicting possibilities and loss of sense of reality and self. Cognitive techniques by themselves, aimed at increasing self-awareness, may exacerbate the aberrant experience, and may not lessen the alien attitude towards self and world. In fact, introspective techniques such as intense self-observation may exacerbate the DPD experience under the guise of analysing and monitoring in order to control the experience. Rather, the person needs to modify his or her project in the world and reposition actions. Paradoxically, the repositioning may be achieved by asking the person to re-imagine possible worlds. If changing the marginal possibilities impacts on the maximal possibility distribution, then requesting a client who is dissociating to imagine a possible environment which is certainly not present may paradoxically increase sense of reality in the here and now since it brings the most likely immediate environment to the foreground. If consciousness is maintained by a dialectic between what is and what is not, highlighting what is not, or what cannot be, may be the most effective route to reintroduce a sense of reality. A cognitive therapy of the imagination may offer a helpful route to grounding the dissociation and modifying dissociative phenomena.
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