

# Brain and Self – Why are they relevant for diagnosis and therapy of psychiatric disorders?

## Gruesome Grey Pulp

A scientific screwball musical comedy

What is it to be “human”?

Is it merely the ability to think? Or is it also how we feel?

If you're George, a neuroscientist, it all boils down to our brain and how its different circuits control our actions and thoughts.

If you're Liz, a psychoanalyst, being human is more than just what lies between our ears — it's about emotions and living.

Featuring DR. GEORGE NORTHOFF playwright and world-renowned neuroscientist and Canada Research Chair, University of Ottawa, internationally recognized actress ELIZABETH ESCHWÉ and highly acclaimed composer JOHN SARKESSIAN

**Monday, April 25, 2011 at 7 pm**

Great Canadian Theatre Company  
1227 Wellington Street West

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\$45 per person, includes a dessert reception  
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to purchase your tickets today

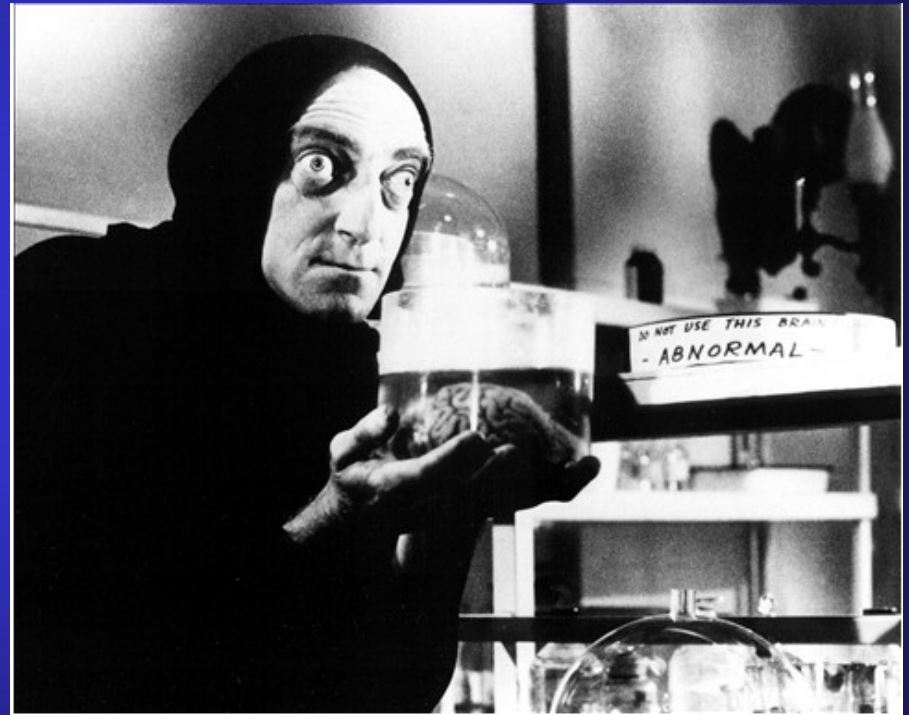
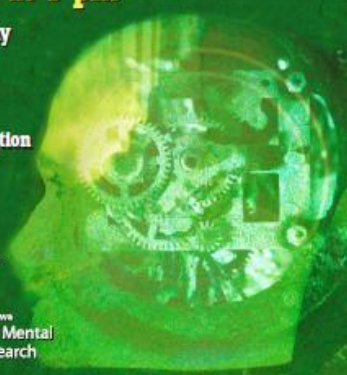
In support of  
The Royal's Depression Research Centre



Services de santé  
Royal Ottawa  
Health Care Group



University of Ottawa  
Institute of Mental  
Health Research



## A Grey Pulpy Gruesome Device?

**“Those who are in love with practice without theoretical knowledge are like the sailor who goes onto a ship without rudder or compass and who never can be certain whether he is going. .... Practice must always be founded on sound theory”**

**(Leonardo da Vinci 1510,  
p.175/Chapter 10 and footnote 11 on  
p.546 in his biography)**

# Brain is like a Car



Speed of car depends on the strength of your Gas pedal push - The more you push, the faster the car

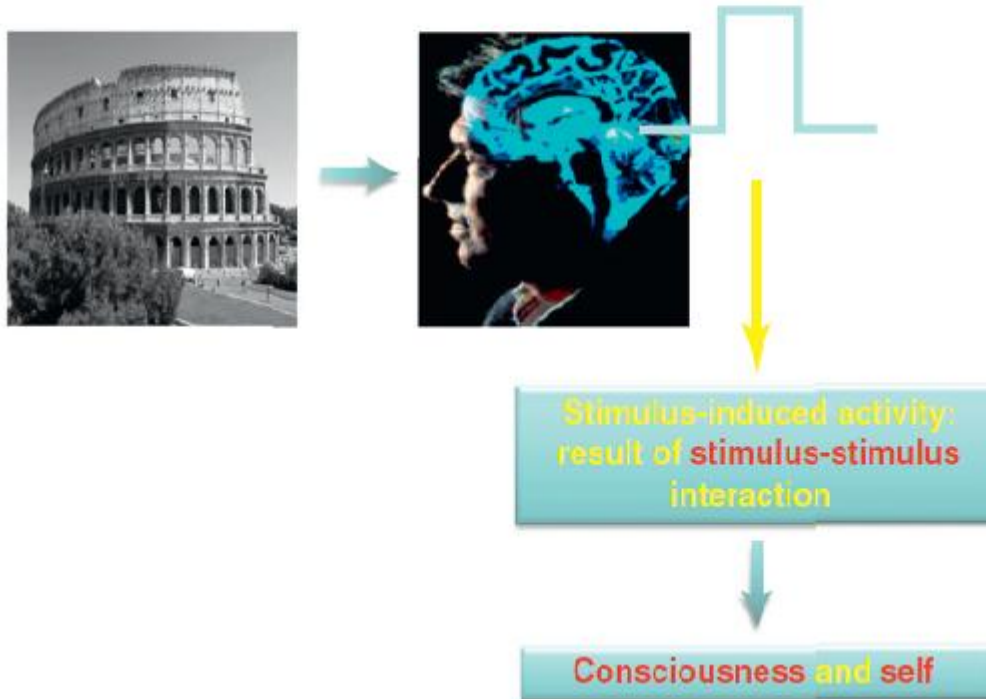
# Brain as Behavioral-Cognitive Reflex Apparatus (Sherrington, Cognitive Neuroscience)

*Trends in Cognitive Sciences* July 2012, Vol. 16, No. 7

(a)

## Extrinsic view of the brain

**Self** and **consciousness** are determined by the **stimulus** alone





# Brain is not like a Car

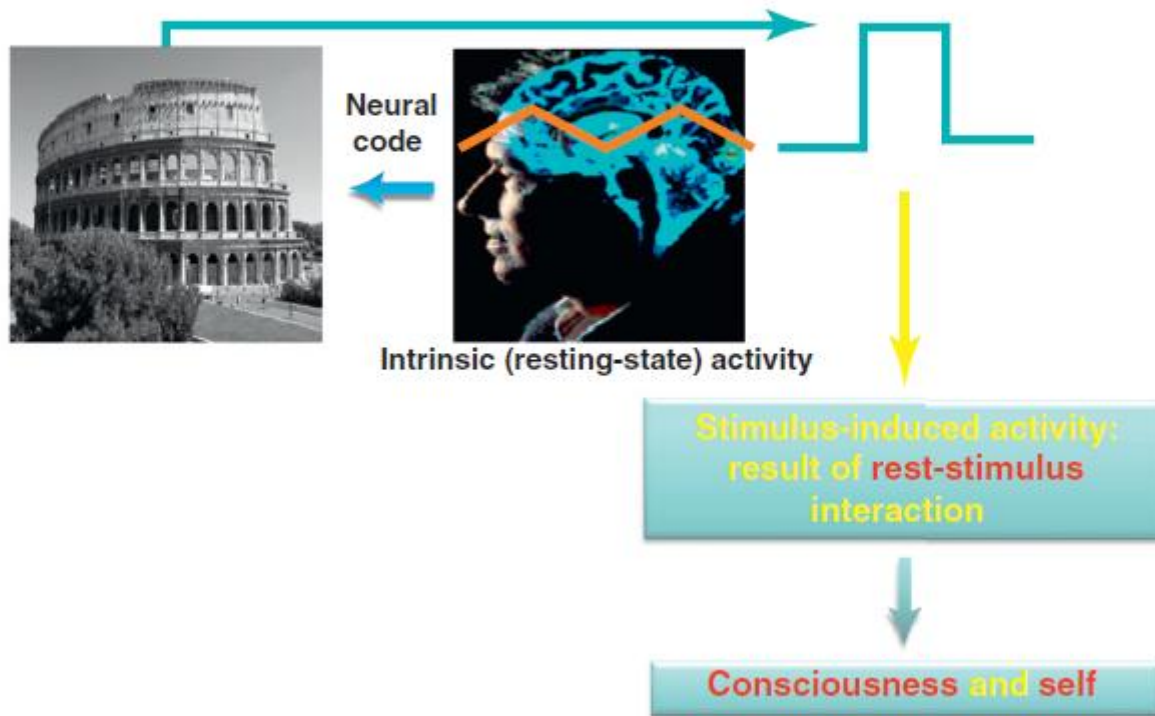


Imagine: You step out of this building and You see your car spontaneously driving back and forth in spatiotemporal trajectories - This is what your brain does

# Brain as Active Player in its Neuronal Activity (Brown, Lashley, Llinas, Shulman, Panksepp)

(b)

**Intrinsic view of the brain**  
The **brain** determines whether the **stimulus** will be associated with **consciousness** and **self** or not.



# What is the self?



However: there are conditions where the person you see and experience is no longer me but a different self: Jesus, Buddha, Nophretete, Mao, and other famous people

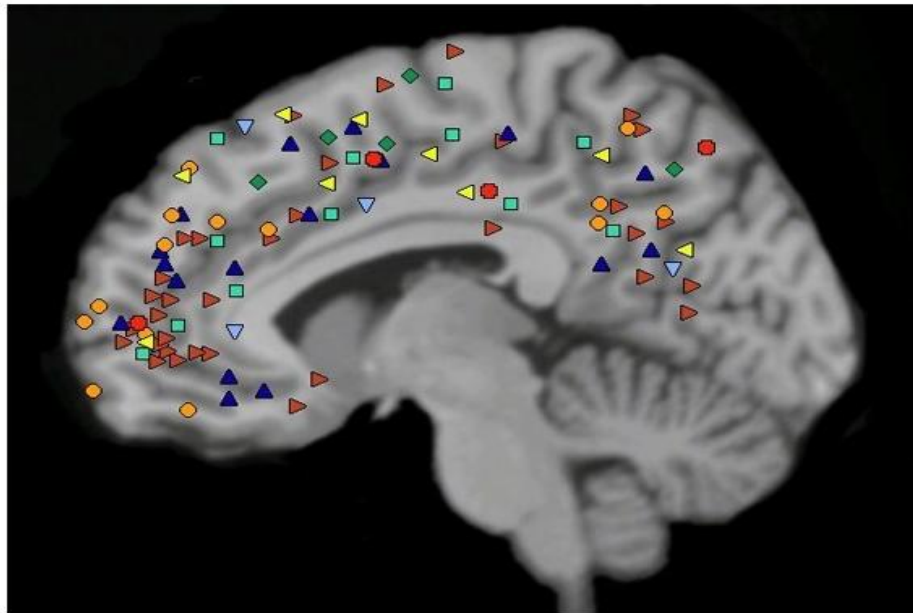
# How can we test for the Self and its neuronal basis in the brain?



See pictures of your Self, present your own name, show autobiographical events, etc. while your brain is scanned in fMRI or EEG



# Distinction between Self and Non-Self: Cortical midline structures and domain independence



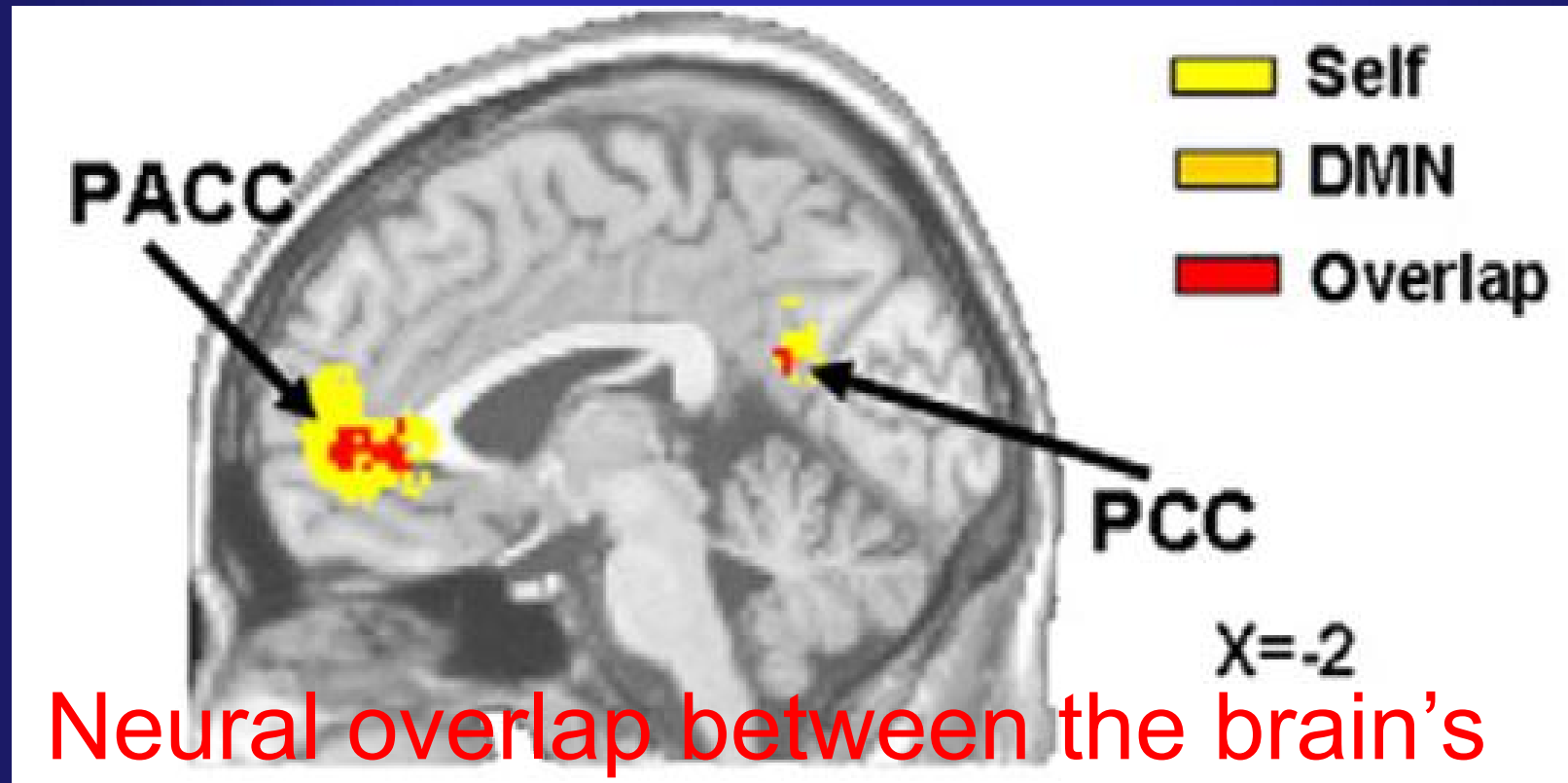
- ▲ emotional domain: self > non-self
- ▼ facial domain: self > non-self
- memory domain: self > non-self
- ◆ motor domain: self > non-self
- ◀ social domain: self  $\cap$  other
- social domain: self > other
- ✚ spatial domain: self > non-self
- ▶ verbal domain: self > non-self

# Your Self stands out – it is different from everything else in the world



*As your self is different from both world and brain, it should show the strongest activity and distinguish itself from the brain's spontaneous activity*

You remember the brain's spontaneous activity? You better do, as it is highly relevant for your Self!!!!

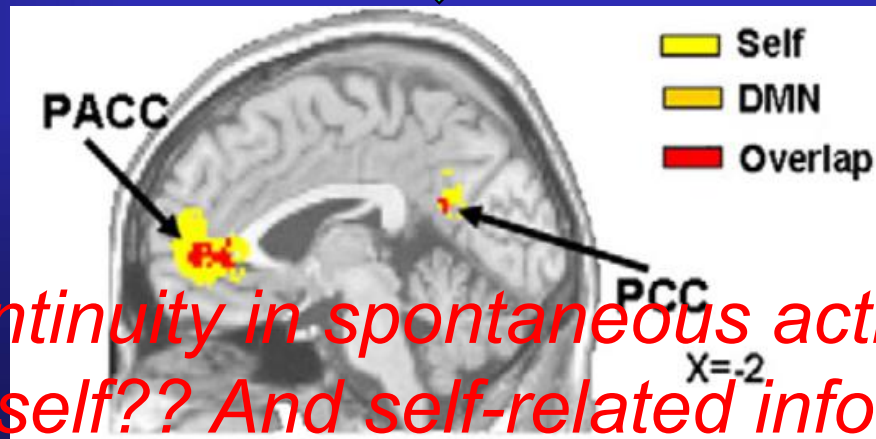
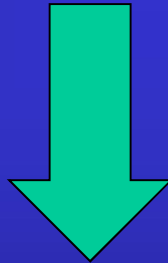


Neural overlap between the brain's spontaneous activity and your Self

# What is the “Common currency” between Brain and Self?



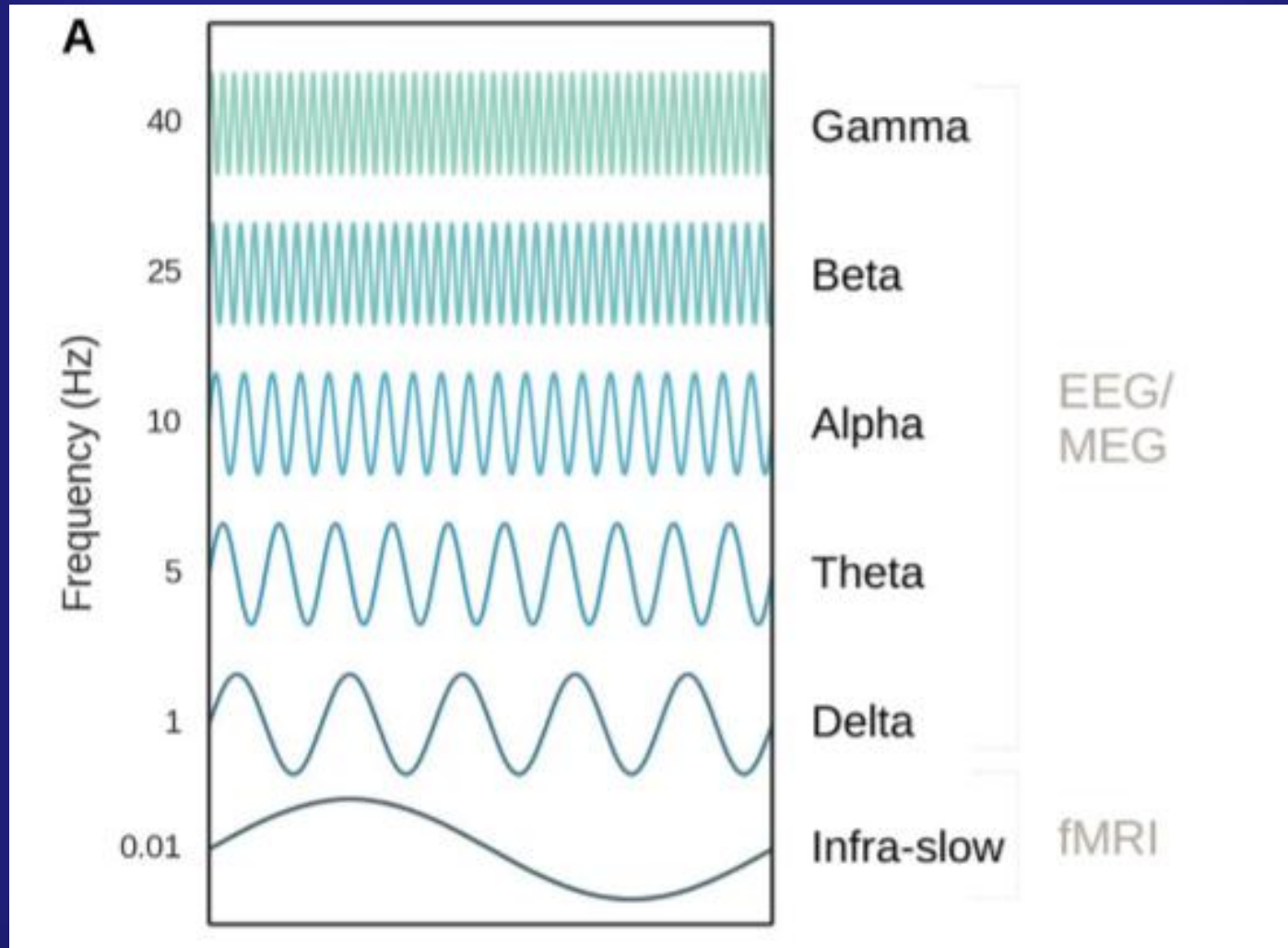
*Temporal continuity of Self: Your self is always there despite continuous change in brain, body, and world*



*Temporal continuity in spontaneous activity of CMS: Encoding of self?? And self-related information?*

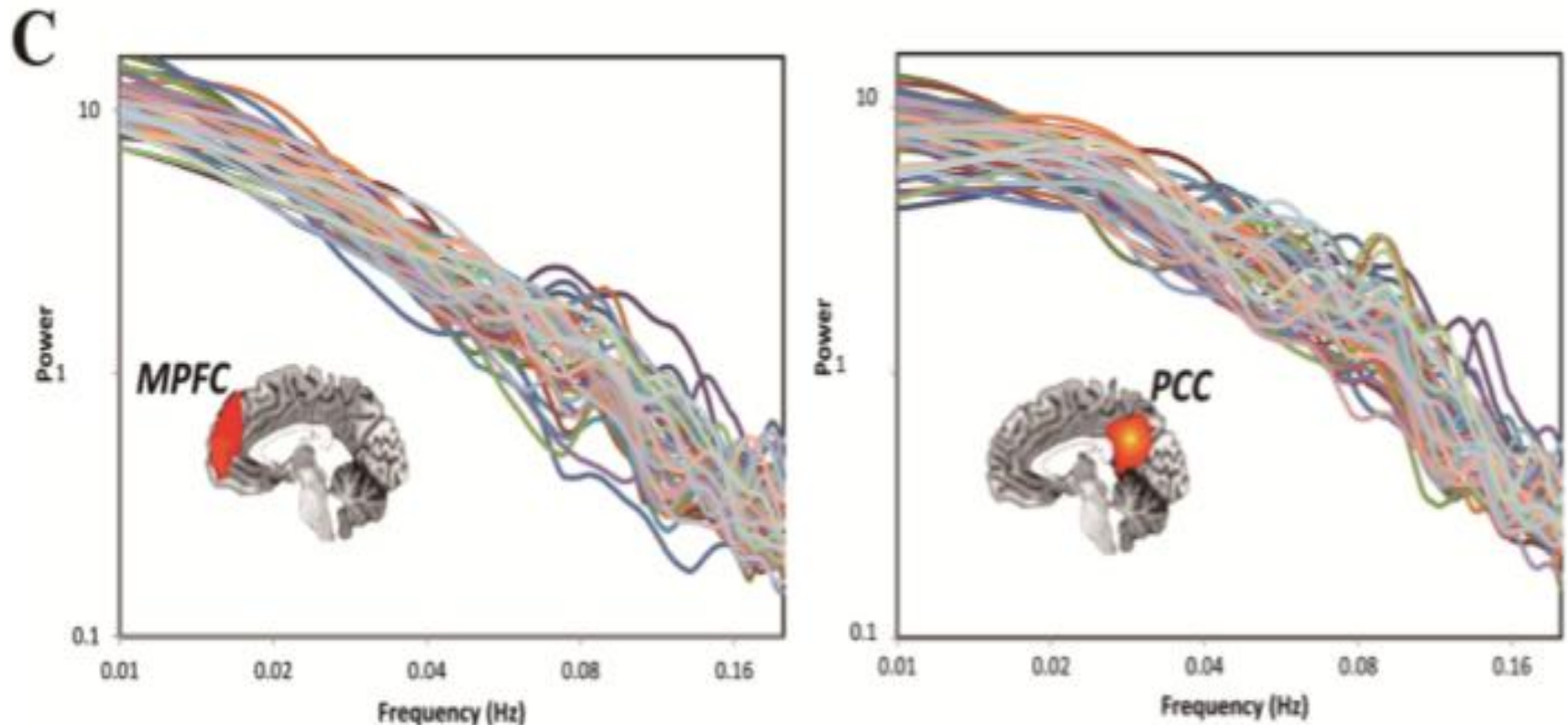


# The Brain's spontaneous activity “constructs its own Time: “Inner time”

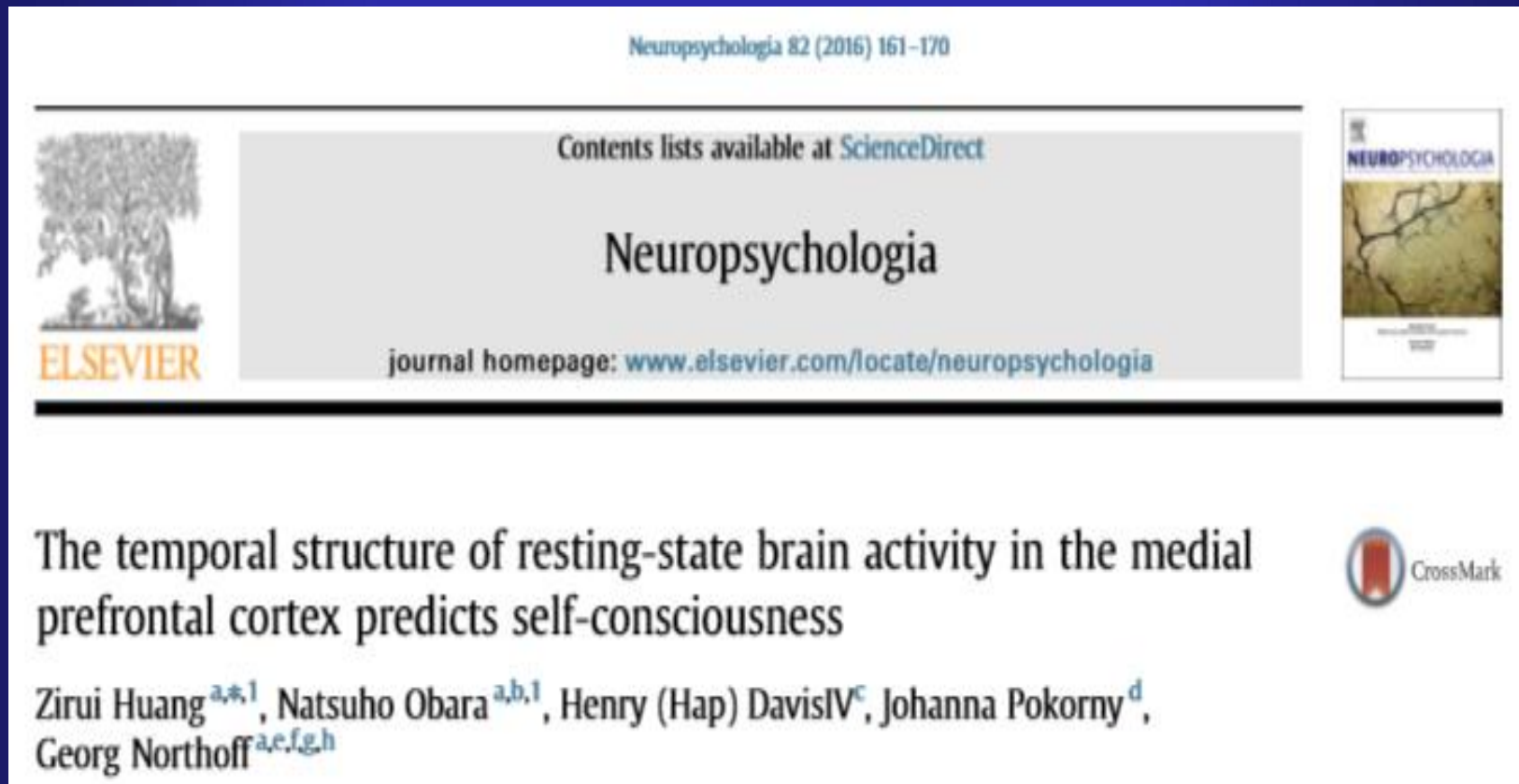


Northoff and Duncan (2016) Progress  
in Neurobiology

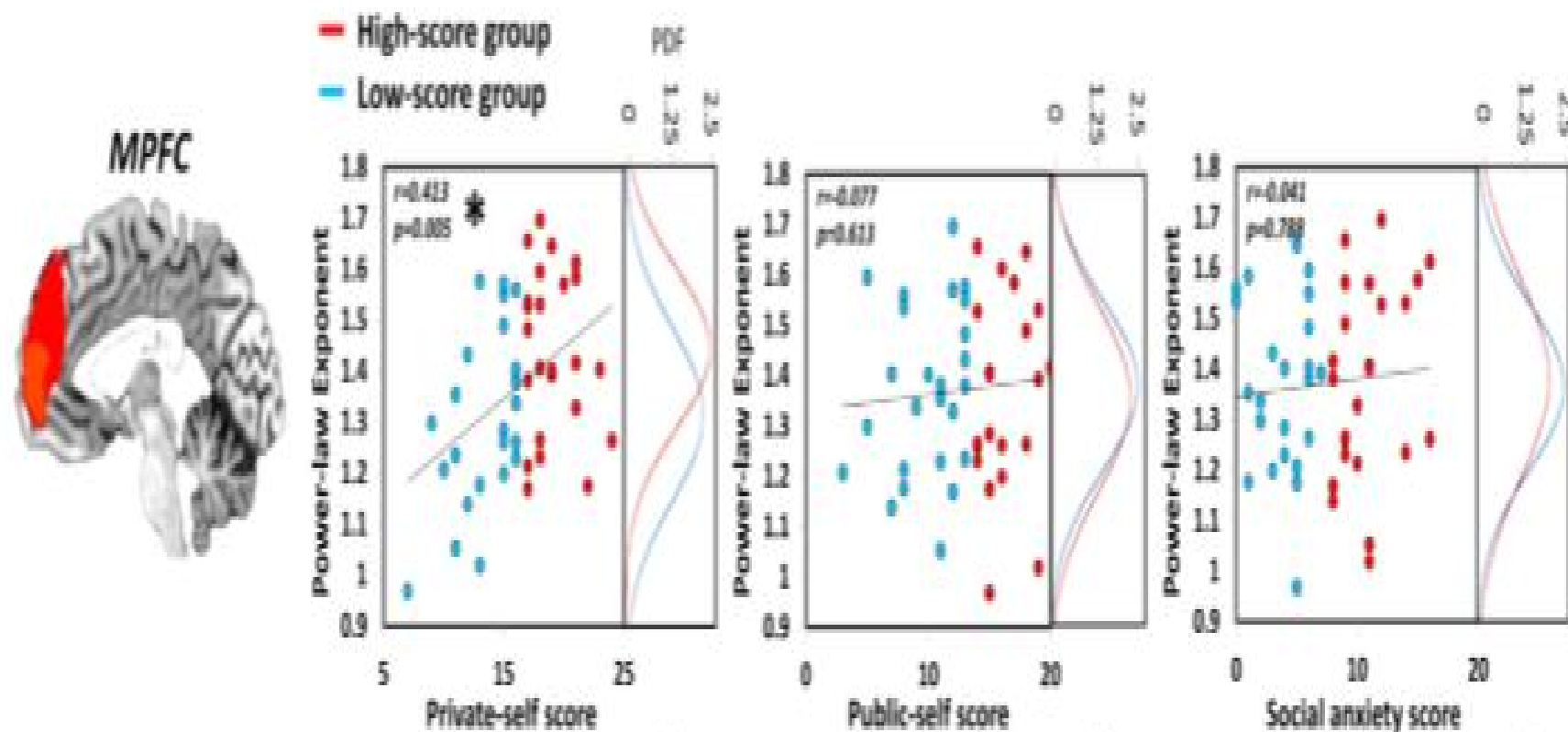
Temporal continuity in the brain's spontaneous activity:  
Long-range temporal correlation – Similarity in  
temporal frequency pattern across time = Scale-free  
activity/Power law exponent



# From the Time of the brain's spontaneous activity to the Time of the Self - Neuronal continuity and “Self-continuity”

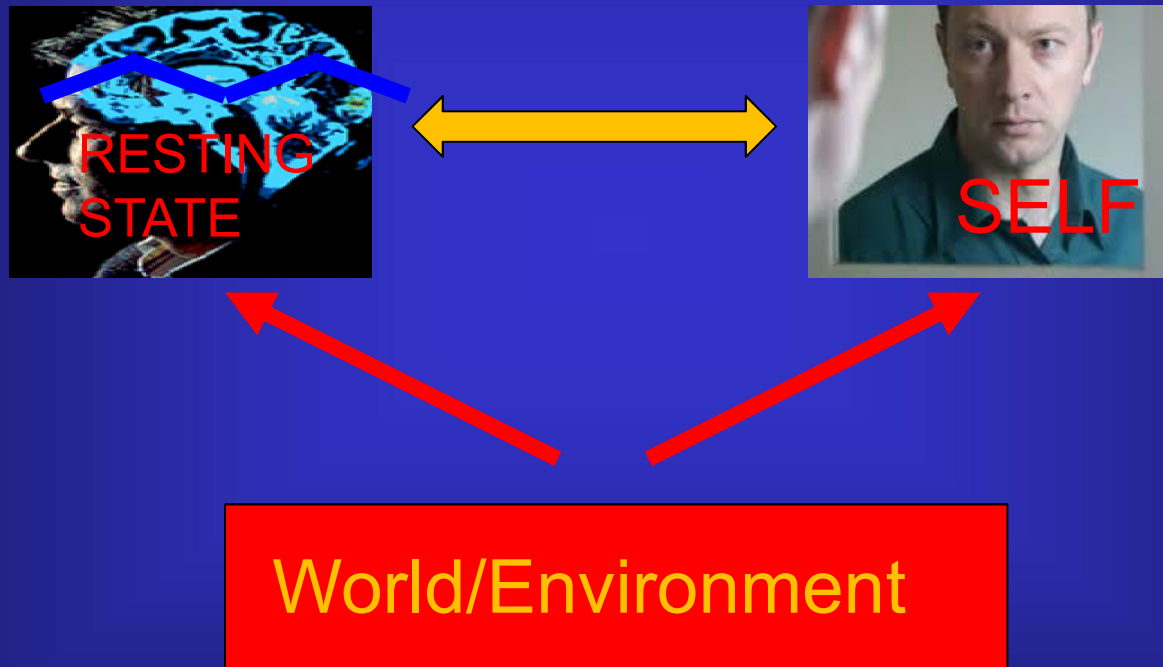


# From Neuronal continuity to Mental continuity of the Self: Power law in Medial prefrontal cortex predicts the degree of Private self-consciousness





# Plan and Outline of talk



# The spontaneous activity's neural and biochemical features are experience-dependent

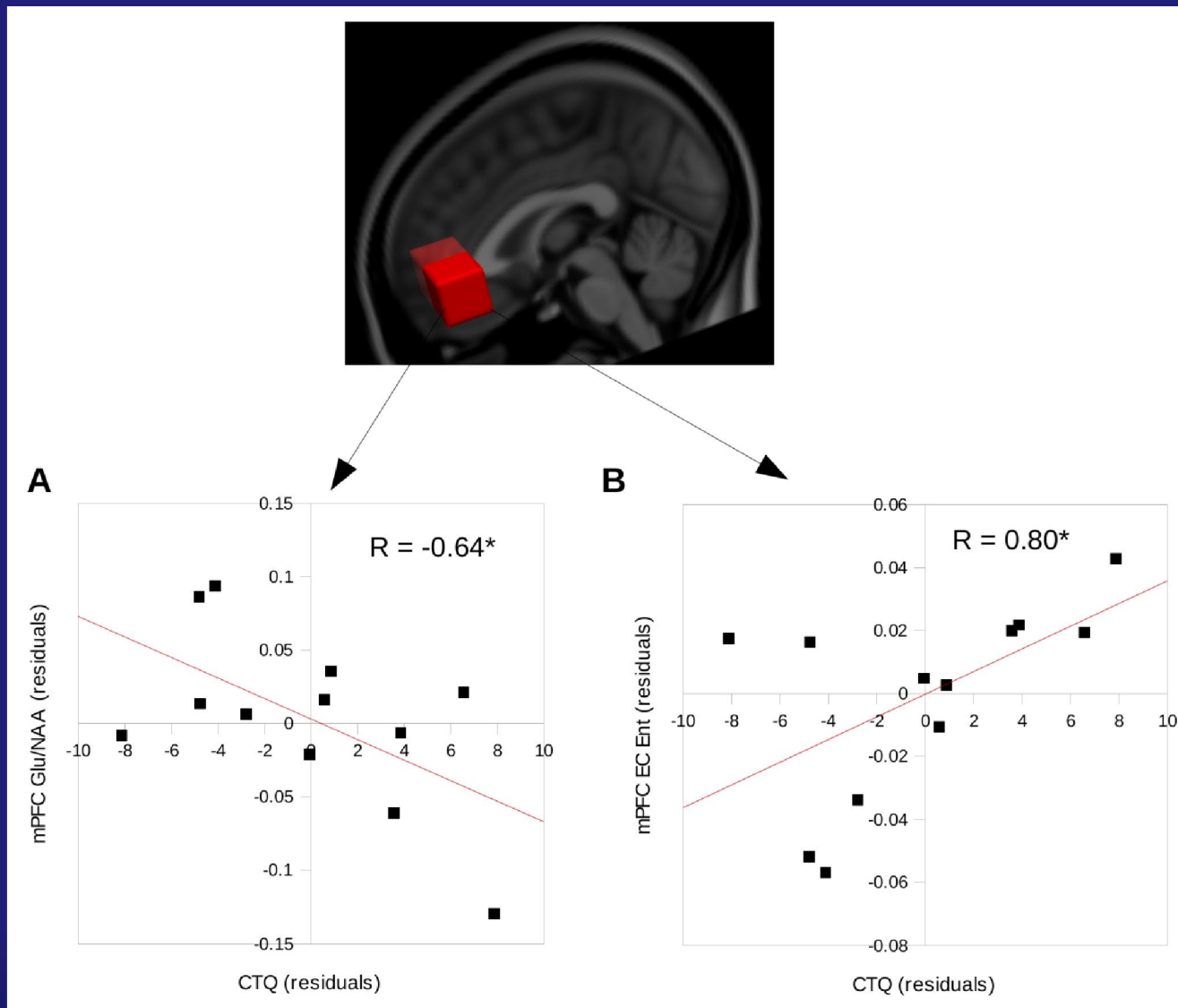
♦ Human Brain Mapping 00:00–00 (2015) ♦

## Negative Childhood Experiences Alter a Prefrontal-Insular-Motor Cortical Network in Healthy Adults: A Preliminary Multimodal rsfMRI-fMRI-MRS-dMRI Study

Niall W. Duncan,<sup>1,2,3,4\*</sup> Dave J. Hayes,<sup>5</sup> Christine Wiebking,<sup>1,6</sup> Brice Tiret,<sup>7</sup> Karin Pietruska,<sup>8</sup> David Q. Chen,<sup>5</sup> Pierre Rainville,<sup>8</sup> Malgorzata Marjańska,<sup>9</sup> Omar Mohammid,<sup>1</sup> Julien Doyon,<sup>7</sup> Mojgan Hodaie,<sup>5</sup> and Georg Northoff<sup>1,2,3,4</sup>

Nakao et al. 2013, Duncan et al. 2015, Human Brain Mapping

# Early Childhood trauma modulates adult resting state activity as in Entropy = disorder or chaos



Nakao et al. 2013, Duncan et al. 2015, Human Brain Mapping

# *Psychiatric disorders – Are they basic disturbances of the resting state and hence of the sense of self?*

**Psychopathology**

Psychopathology  
DOI: 10.1159/000363351

Received: February 3, 2014  
Accepted after revision: May 2, 2014  
Published online: October 3, 2014

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## **How Is Our Self Altered in Psychiatric Disorders? A Neurophenomenal Approach to Psychopathological Symptoms**

Georg Northoff

Mind, Brain Imaging and Neuroethics Research Unit, Institute of Mental Health Research, Royal Ottawa  
Mental Health Centre, Ottawa, Ont., Canada

Northoff, G (2015) J Affective Disorders; Schizophrenia Bulletin, World Psychiatry



# Self and Narcissism: Empty or lacking affect

Difficult concept: Freud, Kohut; here operationalized as dimensional personality trait with a continuum between 'normal' and 'pathological'



**Investigation of a healthy sample: Subdivision into high and low narcissism according to the scores (> 66%, < 33% of total score) in the Narcissism Inventory (Denecke/Hilgenstock 1989)**

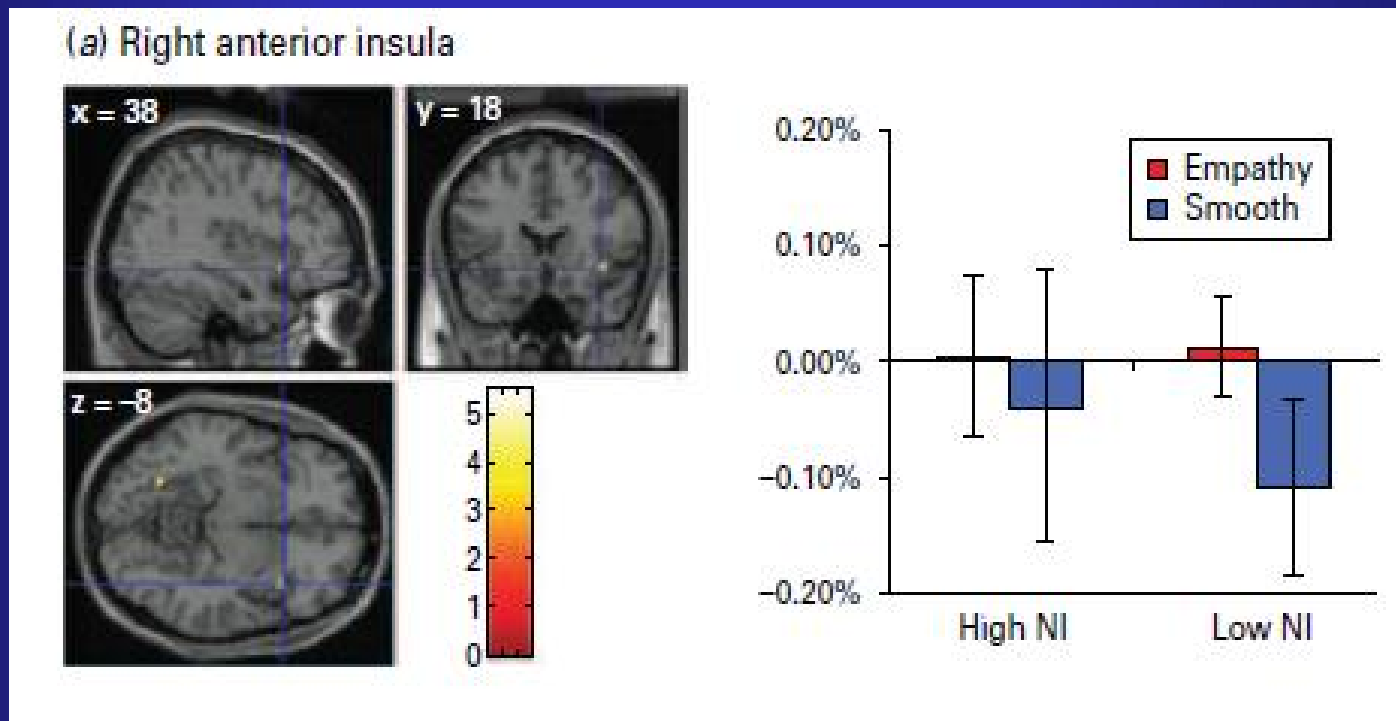


**Psychological: TAS (Alexithymia), Empathy, BDI, SCL-90; Neural: fMRI during empathy (face (Ekman) perception with subsequent rating of empathy (high, low)**

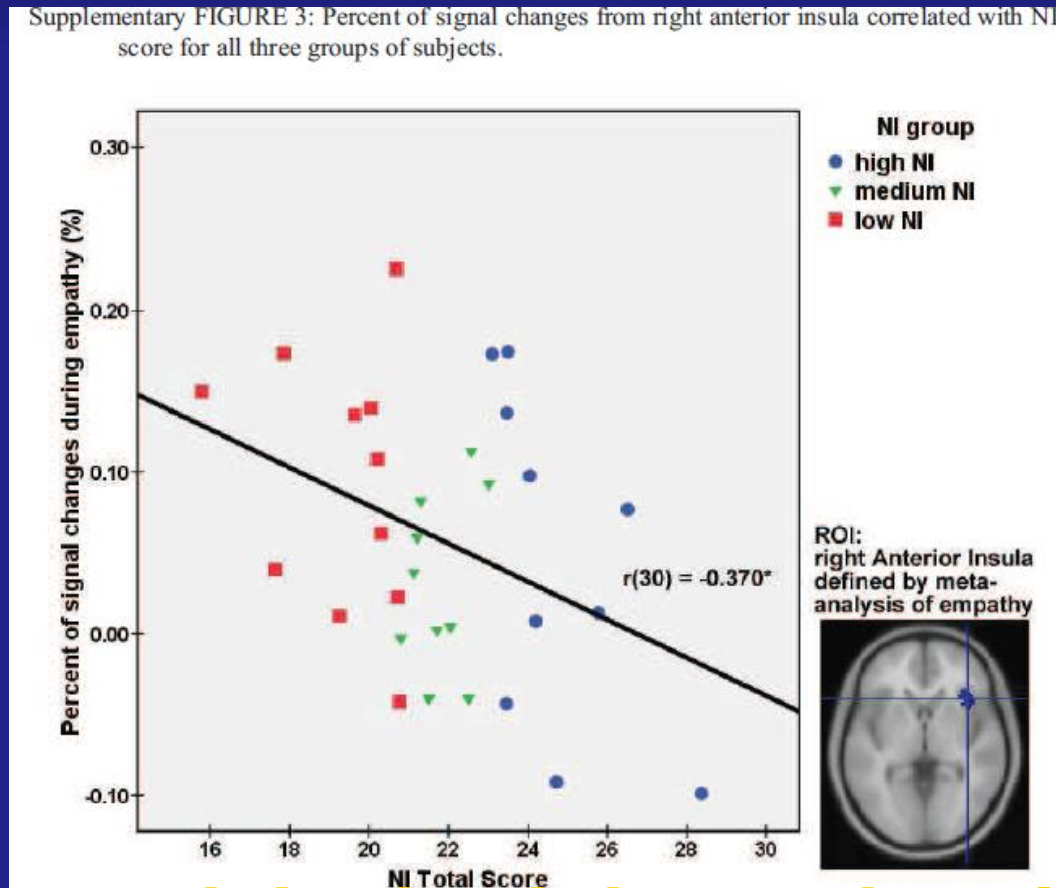
# Psychological Results: Reduced empathy for others

	Low NI ( <i>n</i> = 11) Mean (s.d.)	High NI ( <i>n</i> = 11) Mean (s.d.)	low NI v. high NI	
			<i>T</i> (df)	<i>p</i> value
Test of cognitive performance (LPS-3)	134.82 (9.74)	136.73 (12.61)	<i>T</i> (20) = 0.397	0.70
Multiple Choice Vocabulary Intelligence Test (MWT-B)	142.27 (2.97)	138.73 (6.25)	<i>T</i> (20) = -1.700	0.11
Narcissism Inventory (NI)				
Threatened self	16.42 (1.30)	23.69 (8.05)	<i>T</i> (20) = 2.952	0.014
'Classical' narcissistic self	20.98 (4.08)	28.20 (5.34)	<i>T</i> (20) = 3.566	0.002
Idealist self	26.36 (2.93)	32.19 (4.36)	<i>T</i> (20) = 3.679	0.002
Hypochondriac self	13.82 (3.49)	20.00 (6.66)	<i>T</i> (20) = 2.726	0.016
Total score	19.36 (1.61)	26.17 (5.09)	<i>T</i> (20) = 4.237	0.001
Toronto Alexithymia Scale (TAS-20)	33.36 (6.28)	43.40 (9.54)	<i>T</i> (19) = 2.875	0.010
Interpersonal Reactivity Index (IRI)				
Fantasy scale	20.73 (2.83)	22.20 (4.64)	<i>T</i> (19) = 0.888	0.39
Empathic concern	25.82 (3.71)	25.10 (4.48)	<i>T</i> (19) = -0.401	0.69
Perspective-taking	23.73 (3.55)	22.40 (2.99)	<i>T</i> (19) = -0.921	0.37
Personal distress	16.00 (3.44)	18.80 (3.12)	<i>T</i> (19) = 1.948	0.07
<i>Post-hoc</i> rating indices for state emotional reaction towards the stimuli				
Empathy	59.33 (15.24)	60.00 (14.65)	<i>T</i> (20) = -0.104	0.92
Perspective-taking	56.36 (14.71)	58.64 (14.60)	<i>T</i> (20) = -0.366	0.72
Emotional intensity	59.42 (6.22)	56.57 (9.39)	<i>T</i> (20) = 0.839	0.41
Emotional valence	41.00 (4.34)	38.44 (5.59)	<i>T</i> (20) = 1.199	0.25
Personal relevance	35.41 (10.86)	43.99 (13.53)	<i>T</i> (20) = -1.641	0.12
Sympathy	48.11 (4.81)	47.99 (10.59)	<i>T</i> (20) = 0.035	0.97
SCL-90-R GSI	41.73 (5.52)	53.50 (6.77)	<i>T</i> (19) = 4.387	<0.001
BDI global score	1.91 (2.26)	5.20 (4.39)	<i>T</i> (19) = 2.191	0.041

# High narcississm: reduced activity in Right anterior insula as typical “feeling region”: “feel yourself”



# Empathy-related signal changes in right ant insula correlate with the degree of narcissism



The less activity in right ant insula, the less empathy, and the less the person feels itself and others, and the more Narcissism



# Narcissism and social interaction

## SCIENTIFIC REPORT

OPEN

### How spontaneous brain activity and narcissistic features shape social interaction

Andrea Scalabrini<sup>1,2</sup>, Zirui Huang<sup>3</sup>, Clara Mucci<sup>2</sup>, Mauro Gianni Perrucci<sup>1,4</sup>, Antonio Ferret<sup>1</sup>,  
Andrea Fossati<sup>5</sup>, Gian Luca Romani<sup>1,4</sup>, Georg Northoff<sup>6</sup> & Sjoerd J. H. Ebisch<sup>1,4</sup>

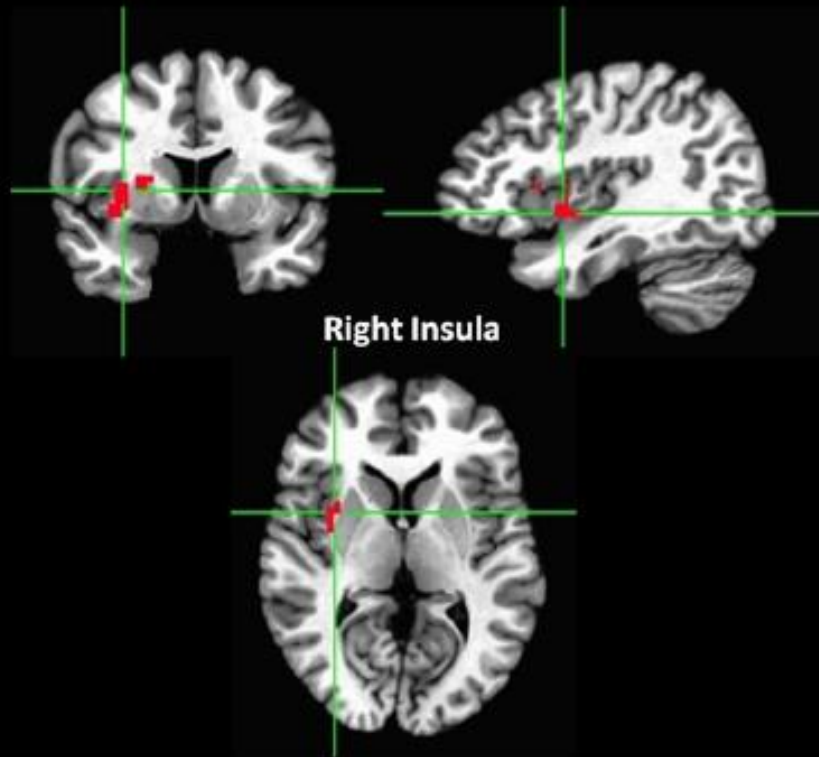
Received: 15 March 2017

Accepted: 9 August 2017

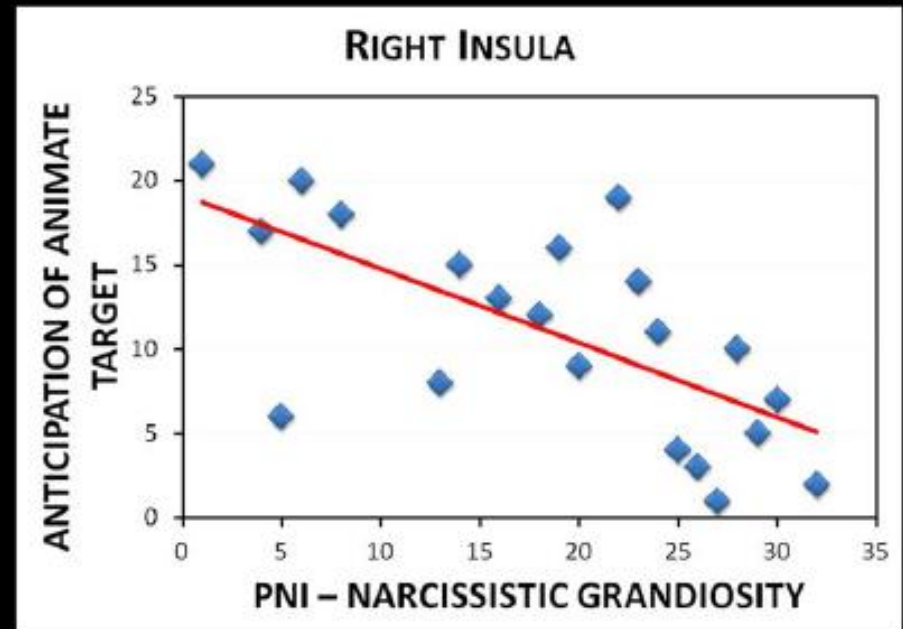
Published online: 30 August 2017

# Narcissism – Less response to external social stimuli in the right insula: External stimuli are not perceived – Only the self is perceived

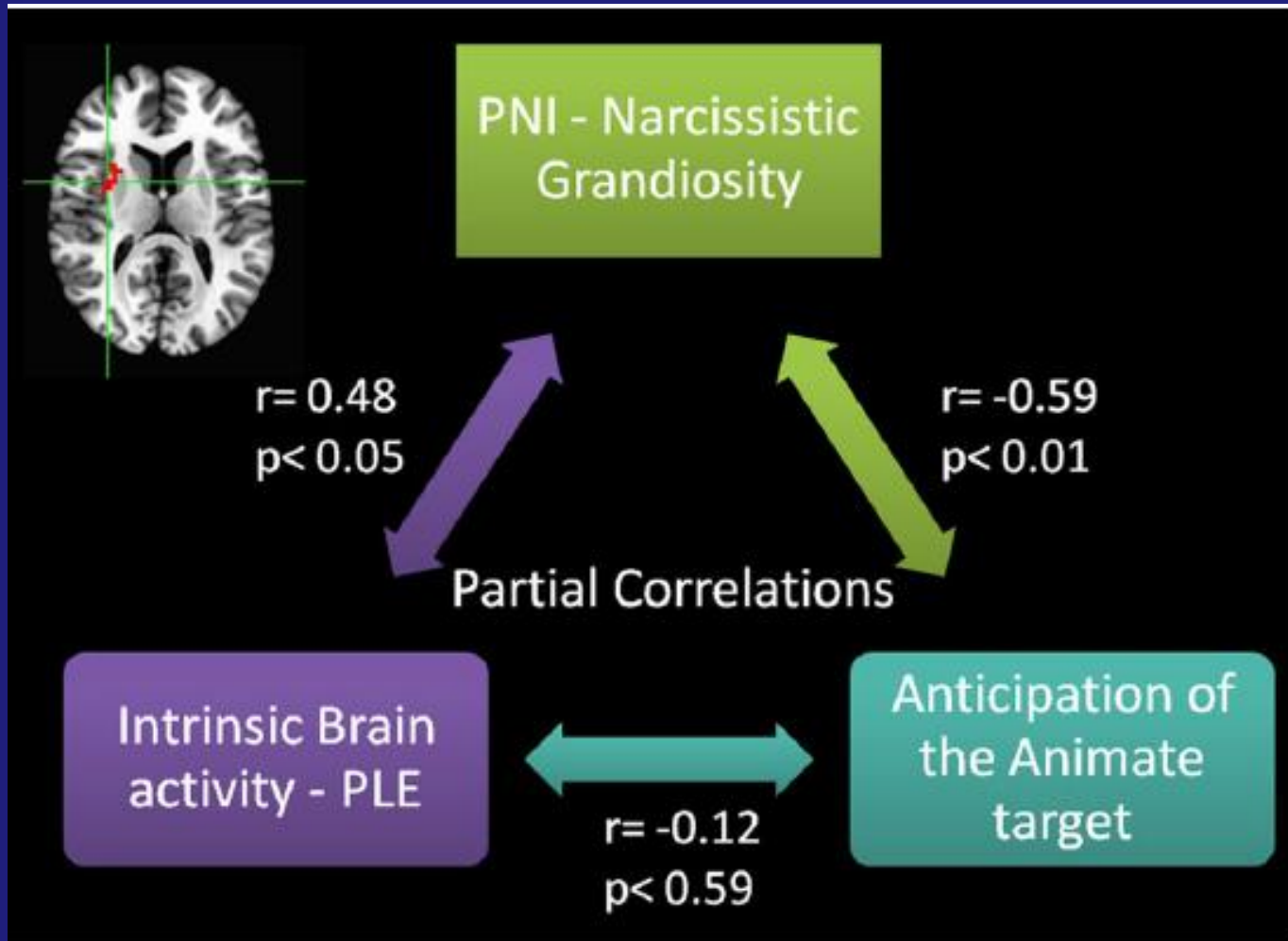
a) Anticipation of Animate target vs. baseline with covariate PNI – Narcissistic Grandiosity



b)

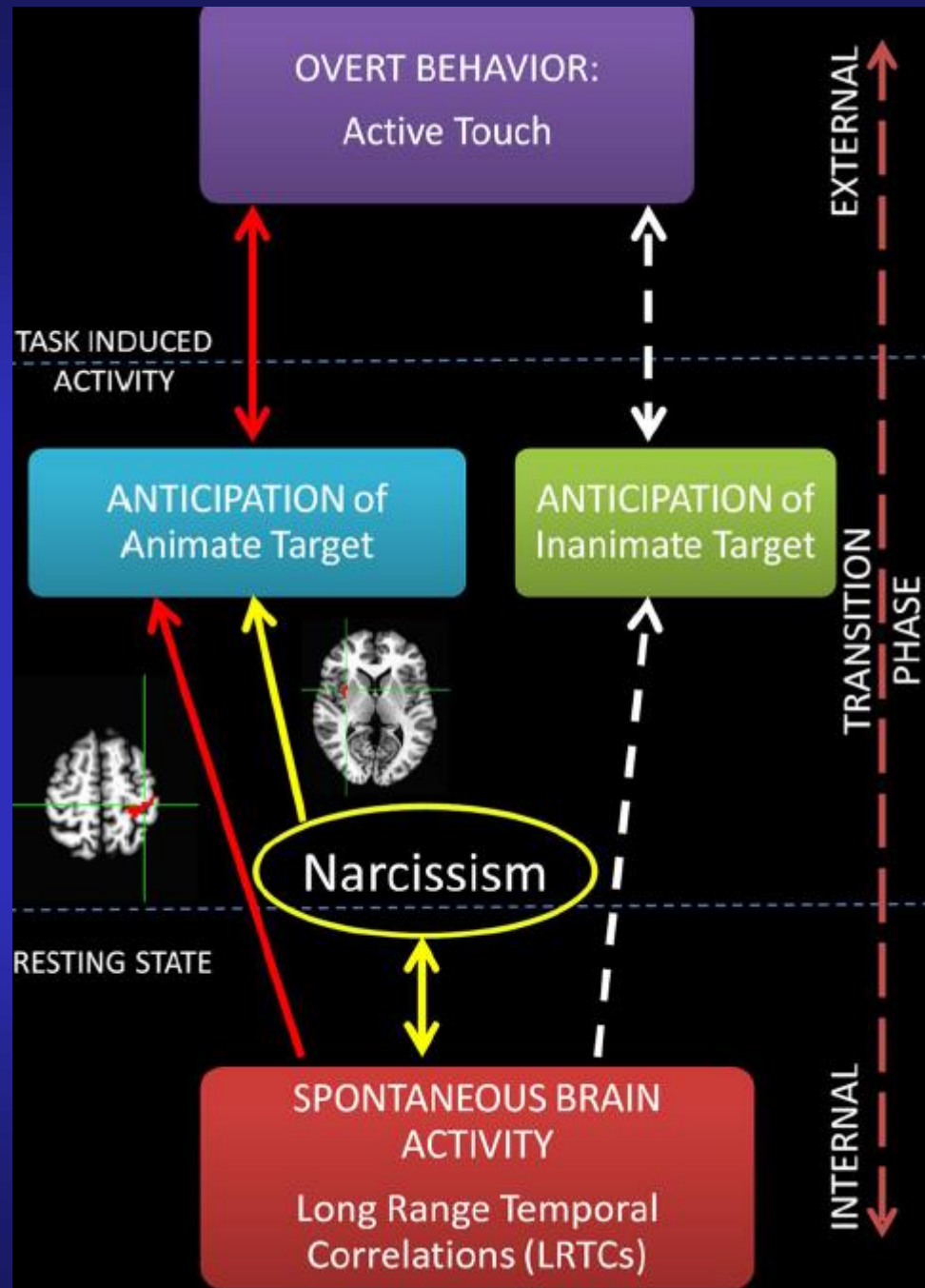


# The brain's spontaneous activity and its speed are too slow in narcissism



**The slower the intrinsic brain activity, the less activation /response to stimuli, and the more narcissistic grandiosity**

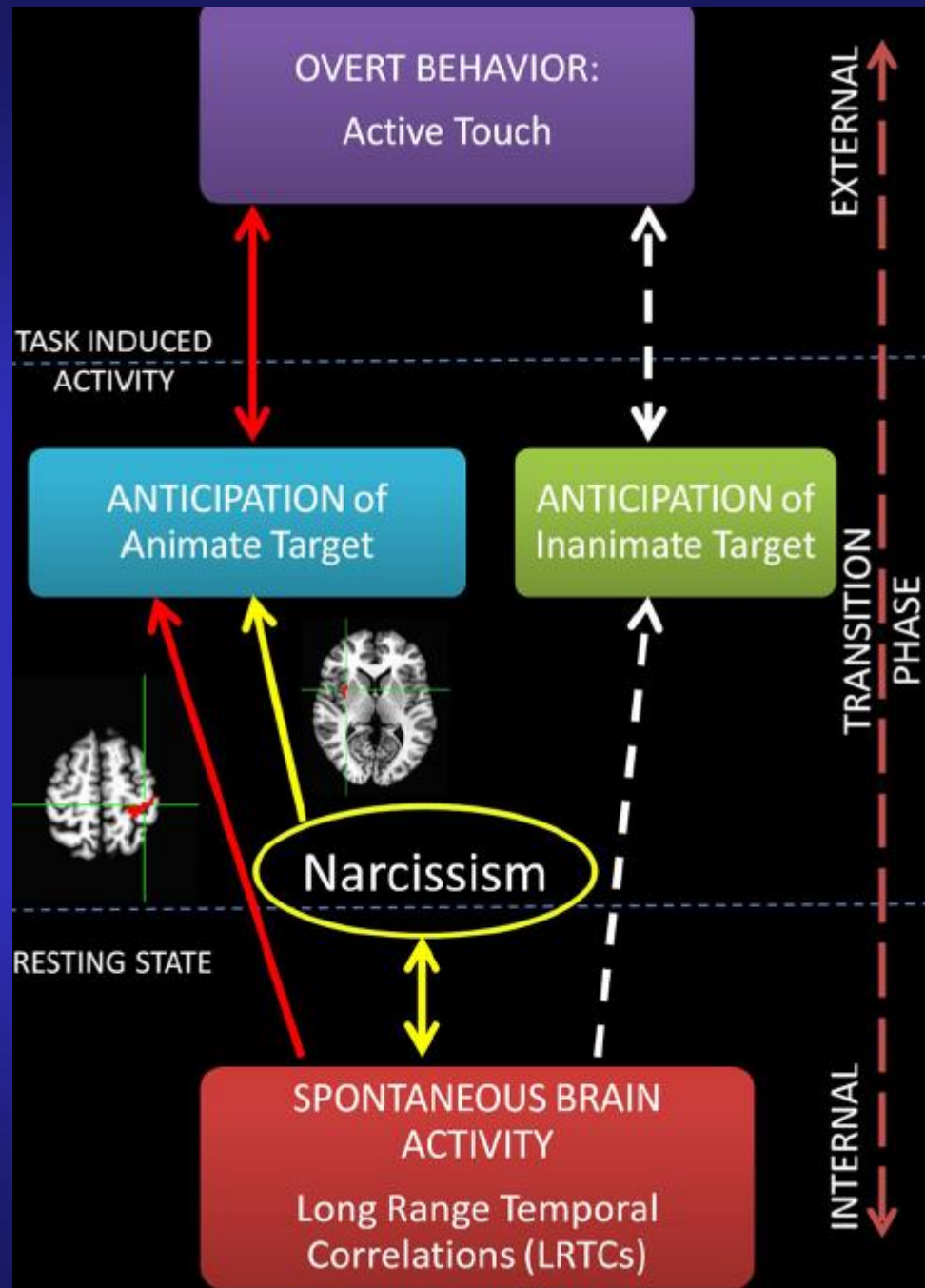
**Narcissism:**  
**Temporal**  
***Dysbalance in***  
***speed between***  
***internal mental***  
***world (brain's***  
***spontaneous***  
***activity) = slow***  
***brain activity,***  
***and the brain's***  
***response to***  
***external stimuli***  
***= fast brain***  
***activity***





# Therapy:

Make their spontaneous activity faster (through for instance, music therapy) and stimulate their right anterior insula (through psychotherapy)



Spatiotemporal Psychopathology: So far only spatial component  
– how about “Temporal Psychopathology”?

Classic: EEG/MEG; but: fMRI – Infralow Frequencies ?

## Contrasting variability patterns in the default mode and sensorimotor networks balance in bipolar depression and mania

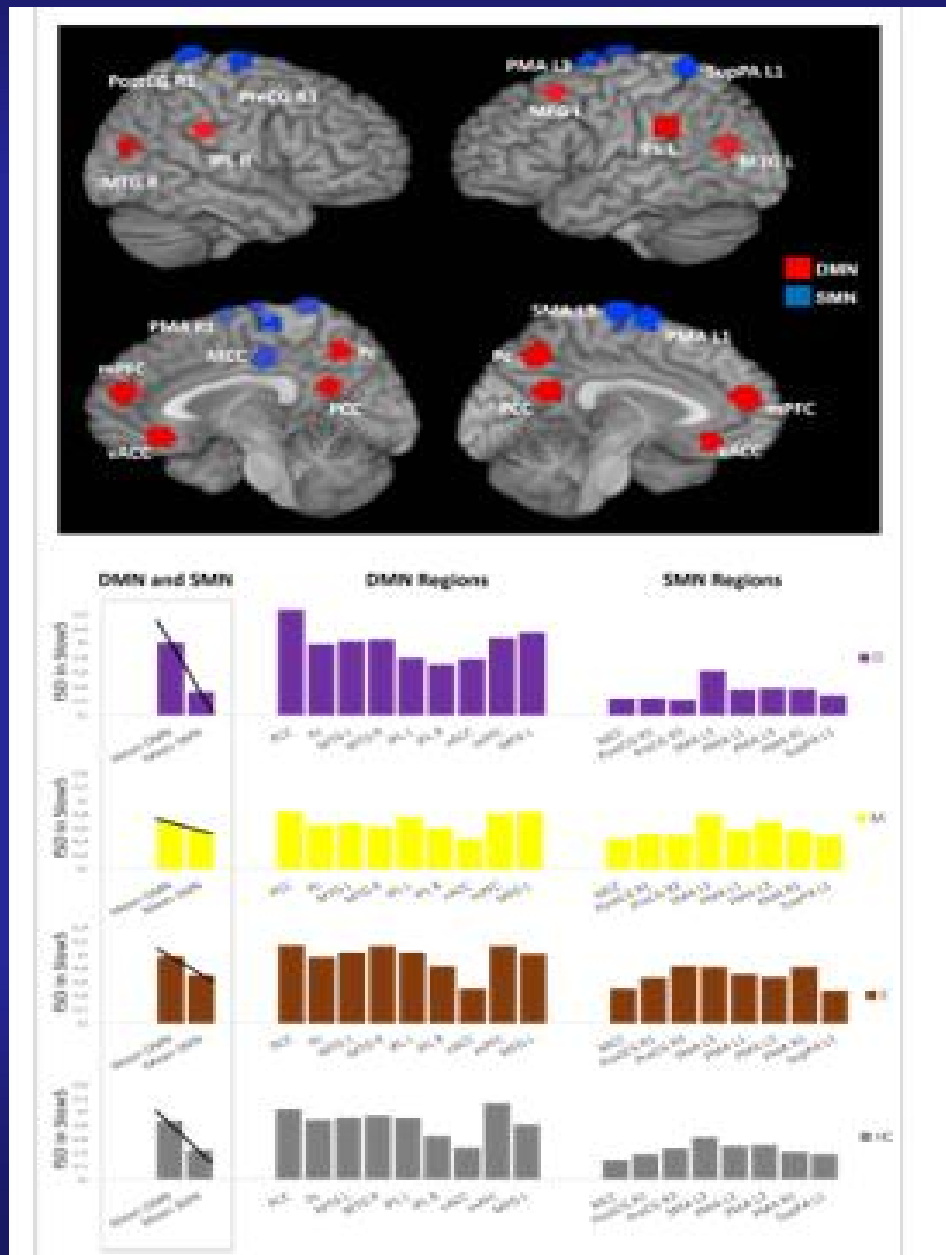
Matteo Martino<sup>a,1</sup>, Paola Magioncalda<sup>a,1,2</sup>, Zirui Huang<sup>b</sup>, Benedetta Conio<sup>a</sup>, Niccolò Piaggio<sup>c</sup>, Niall W. Duncan<sup>d,e,f</sup>, Giulio Rocchi<sup>a</sup>, Andrea Escelsior<sup>a</sup>, Valentina Marozzi<sup>a</sup>, Annemarie Wolff<sup>b</sup>, Matilde Inglese<sup>g,h</sup>, Mario Amore<sup>a</sup>, and Georg Northoff<sup>b,d,e,f,i,j,k,2</sup>

<sup>a</sup>Department of Neuroscience, Rehabilitation, Ophthalmology, Genetics, and Maternal and Child Health, Section of Psychiatry, University of Genoa, Genoa 16100, Italy; <sup>b</sup>Mind, Brain Imaging, and Neuroethics, Royal's Institute of Mental Health Research, University of Ottawa, Ottawa, ON, Canada K1Z 7K4; <sup>c</sup>Department of Radiology, Section of Neuroradiology, University of Genoa, Genoa 16100, Italy; <sup>d</sup>Graduate Institute of Humanities in Medicine, Taipei Medical University, Taipei City 110, Taiwan; <sup>e</sup>Departments of Psychiatry and Radiology, Brain and Consciousness Research Center, Taipei Medical University–Shuang Ho Hospital, New Taipei City 23561, Taiwan; <sup>f</sup>Centre for Cognition and Brain Disorders, Normal University Hangzhou, Hangzhou 31121, China; <sup>g</sup>Department of Neurology, Radiology, and Neuroscience, Mount Sinai School of Medicine, New York, NY 10029; <sup>h</sup>Magnetic Resonance Research Center on Nervous System Diseases, University of Genoa, Genoa 16100, Italy; <sup>i</sup>Research Center for Mind, Brain, and Learning, National Chengchi University, Taipei City 11605, Taiwan; <sup>j</sup>Department of Philosophy and Cognition, Zhejiang University, Hangzhou 310015, China; and <sup>k</sup>University of Ottawa Brain and Mind Research Institute, University of Ottawa, Ottawa, ON, Canada K1Z 7K4

Proceedings of the National Academy of Science, April 2016

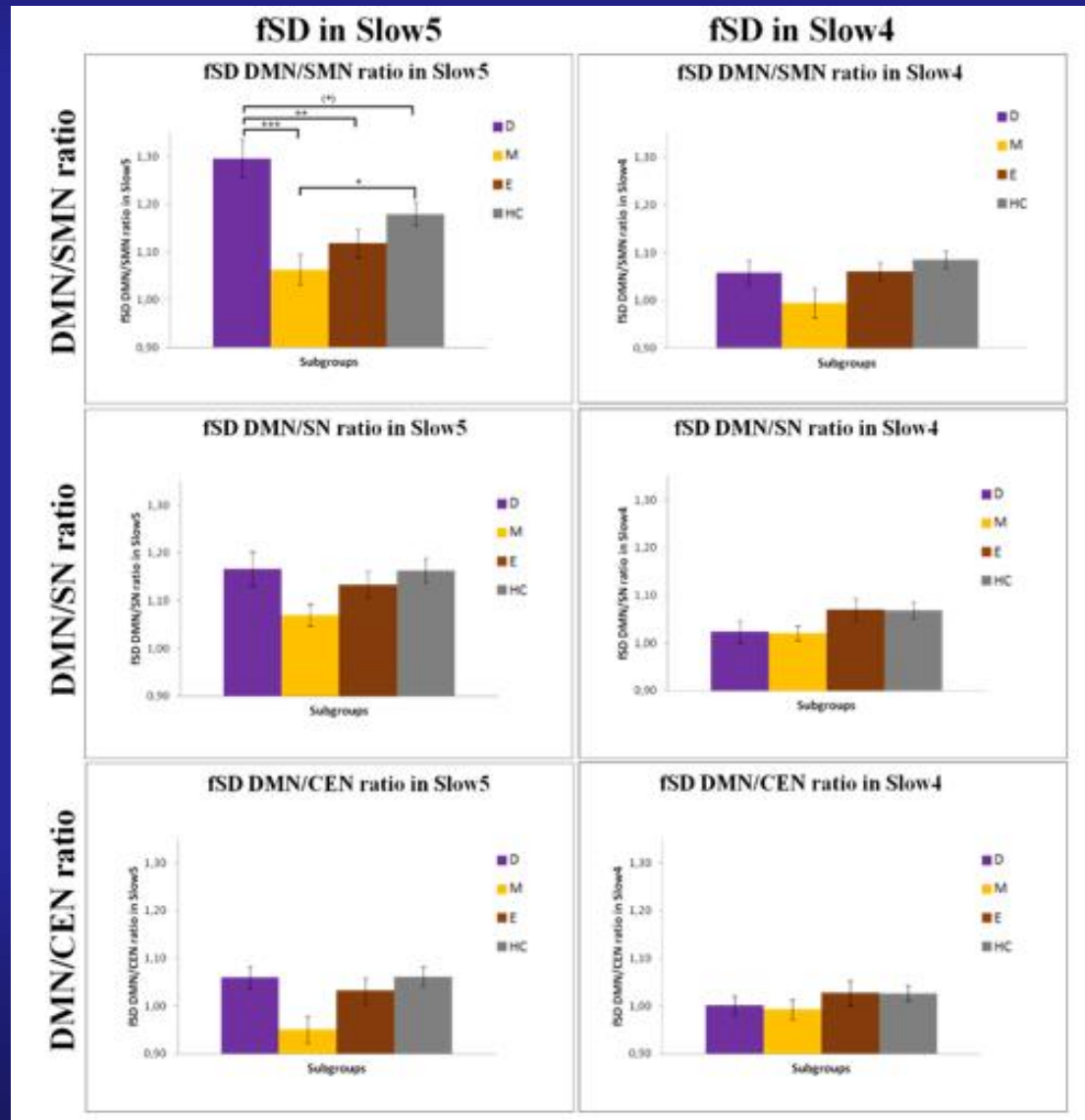


# Bipolar disorder – Variability within DMN and SMN



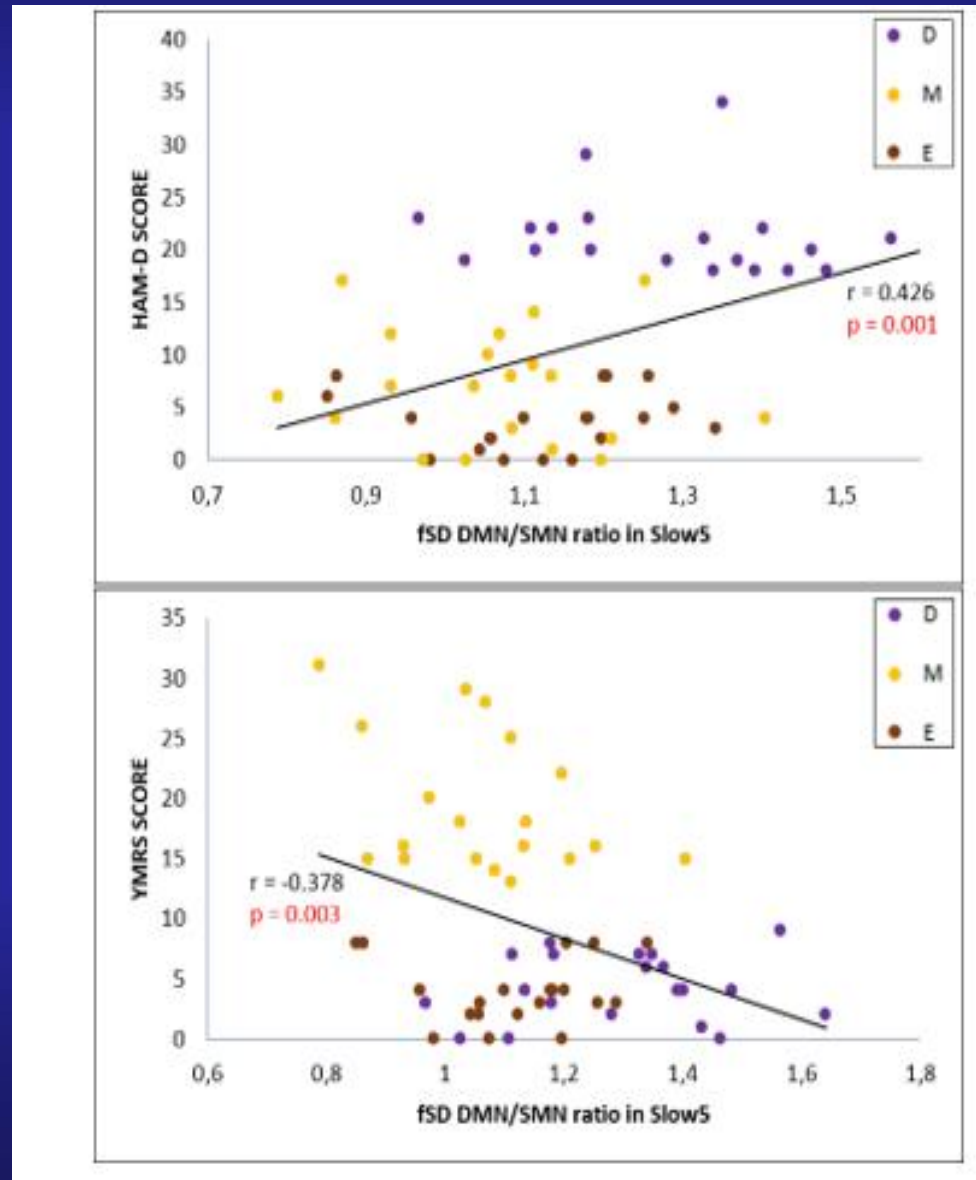
Martino et al.  
(2016) PNAS,

# Bipolar disorder – Opposite variability pattern in resting state DMN-SMN ratio in depression and mania



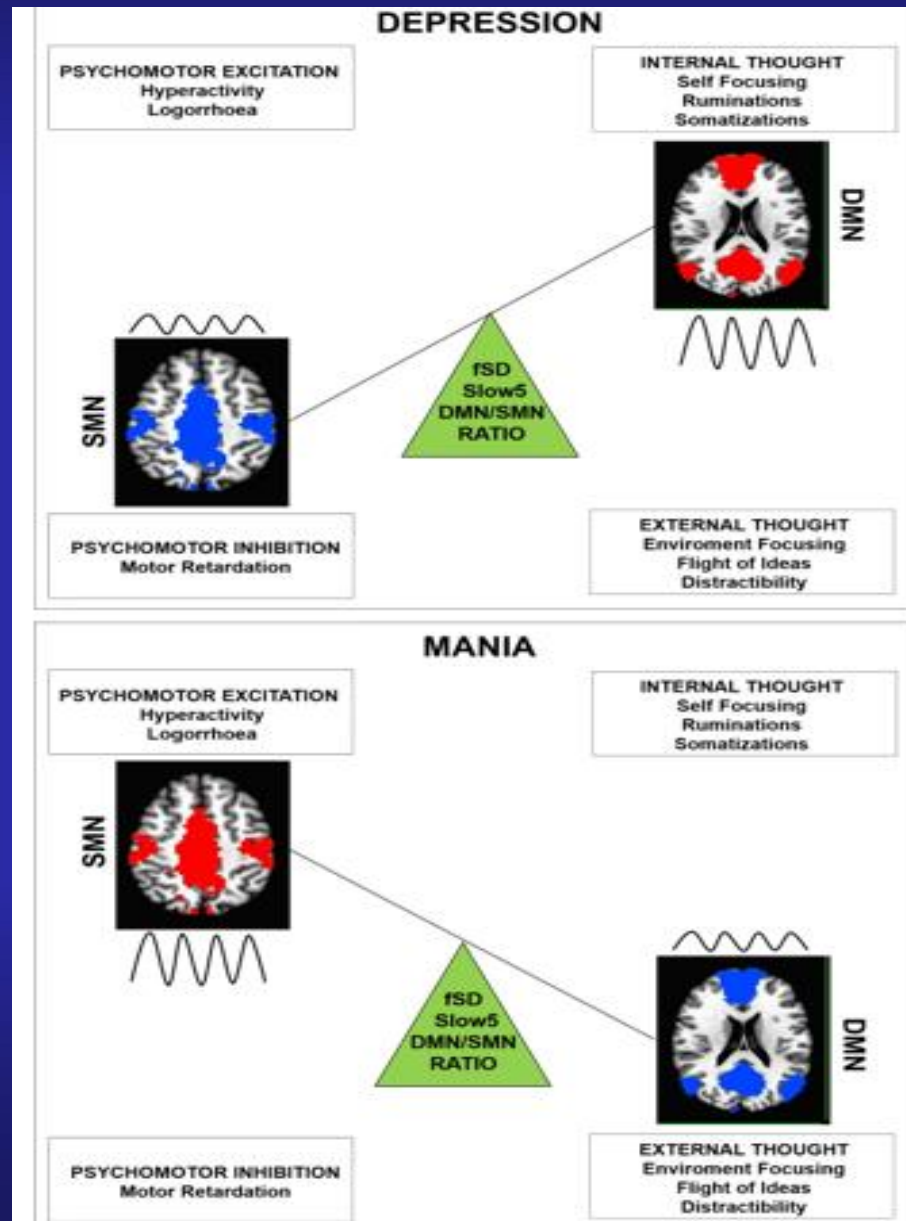
Martino et al.  
(2016) PNAS,

# Opposite correlation of DMN-SMN SD ratio with manic and depressive symptoms



Martino et al.  
(2016) PNAS,

# Opposite SD balance between DMN-SMN – Self and its Psychopathological symptoms



Martino et al.  
(2016) PNAS,

# Psychiatric disorders – Are they basic disturbances of the resting state and hence of the sense of self?

**Psychopathology**

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## **How Is Our Self Altered in Psychiatric Disorders? A Neurophenomenal Approach to Psychopathological Symptoms**

Georg Northoff

Mind, Brain Imaging and Neuroethics Research Unit, Institute of Mental Health Research, Royal Ottawa  
Mental Health Centre, Ottawa, Ont., Canada

Northoff, G (2015) J Affective Disorders; Schizophrenia Bulletin, World Psychiatry

# How does the brain's construction of Time stand in relation to the Time of the world?

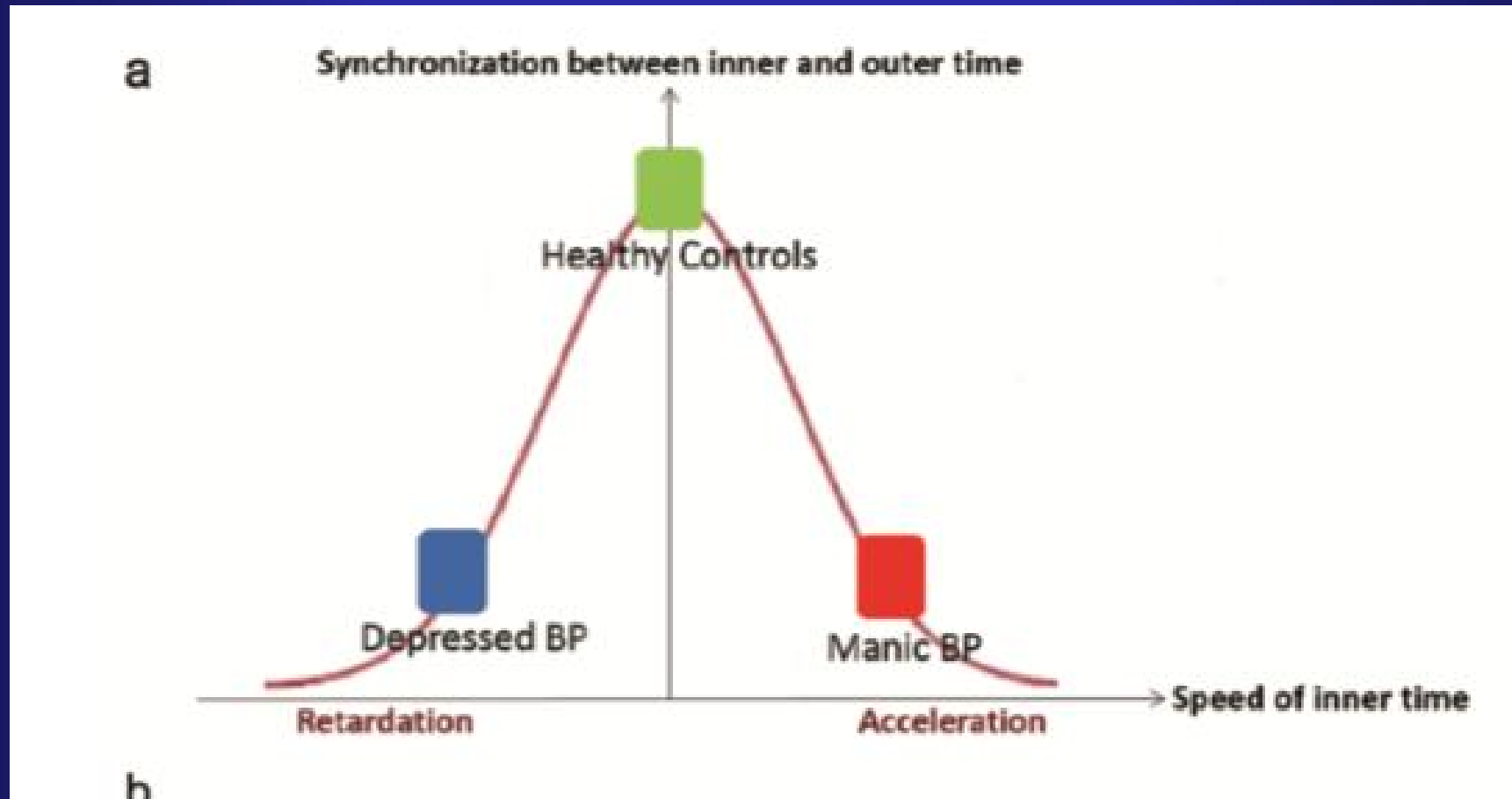
Schizophrenia Bulletin  
doi:10.1093/schbul/sbx050

## Too Fast or Too Slow? Time and Neuronal Variability in Bipolar Disorder—A Combined Theoretical and Empirical Investigation

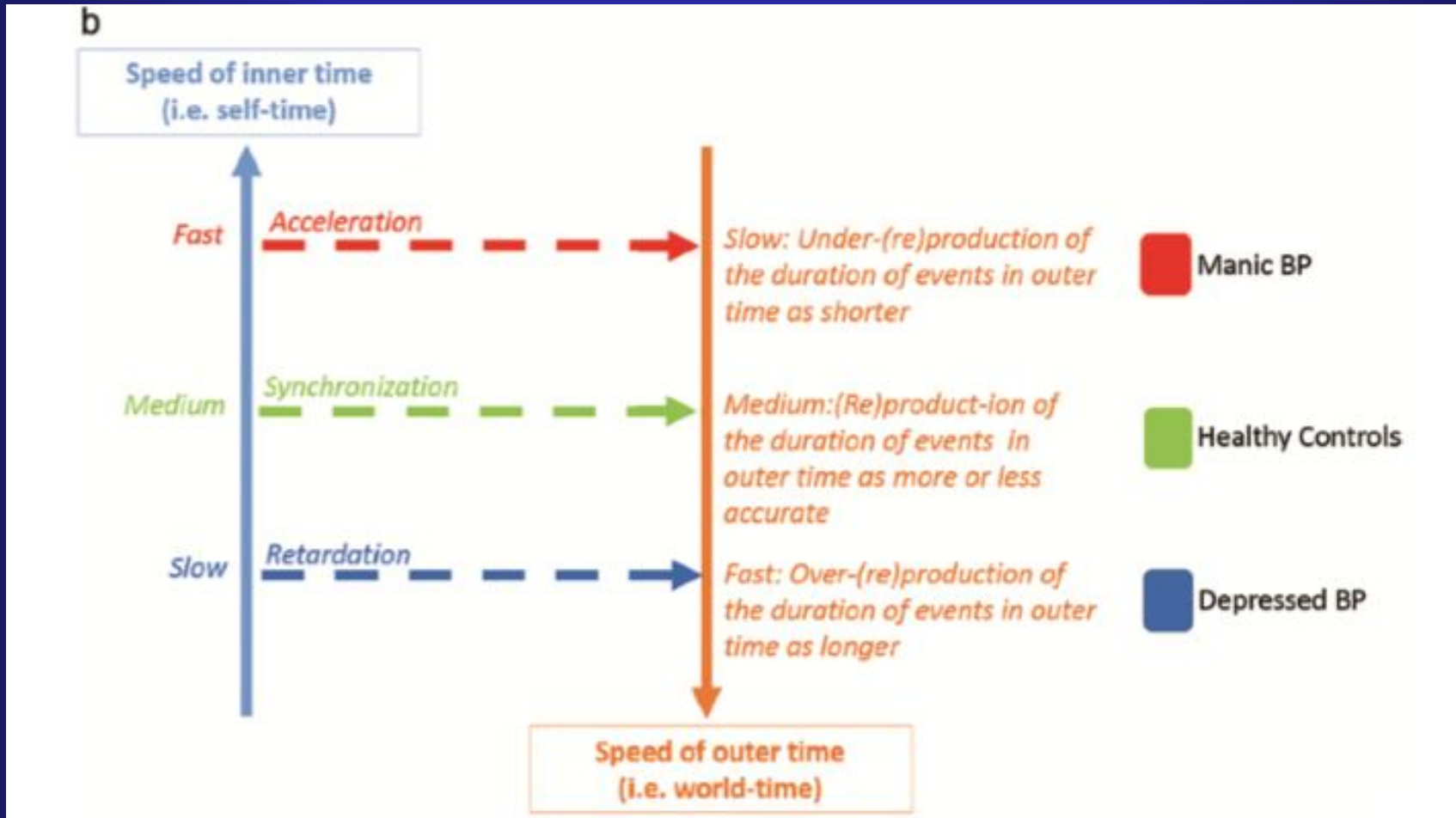
Georg Northoff<sup>\*,1-5</sup>, Paola Magioncalda<sup>2,6,9</sup>, Matteo Martino<sup>2,6,9</sup>, Hsin-Chien Lee<sup>7</sup>, Ying-Chi Tseng<sup>8</sup>, and Timothy Lane<sup>4,5</sup>



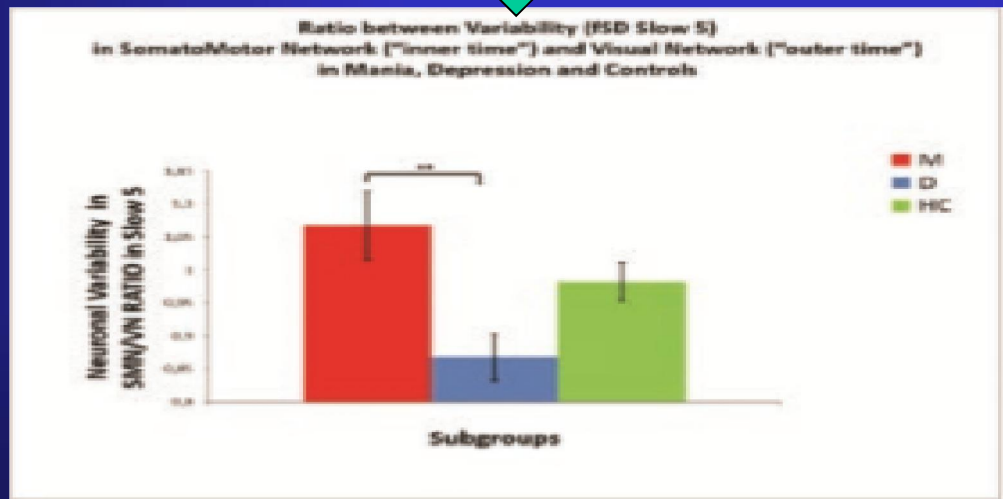
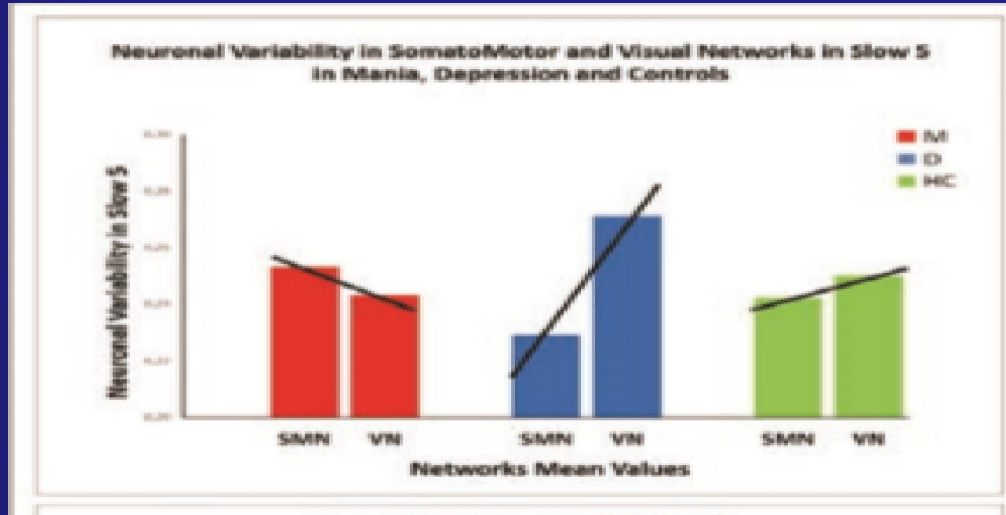
The Brain's construction of its “Inner Time” may be either in or out of tune with the “Outer Time” of the World – Bipolar disorder



# “Everything is relative”: “Inner time speed” as measure or reference for Consciousness or Perception of “Outer time speed”

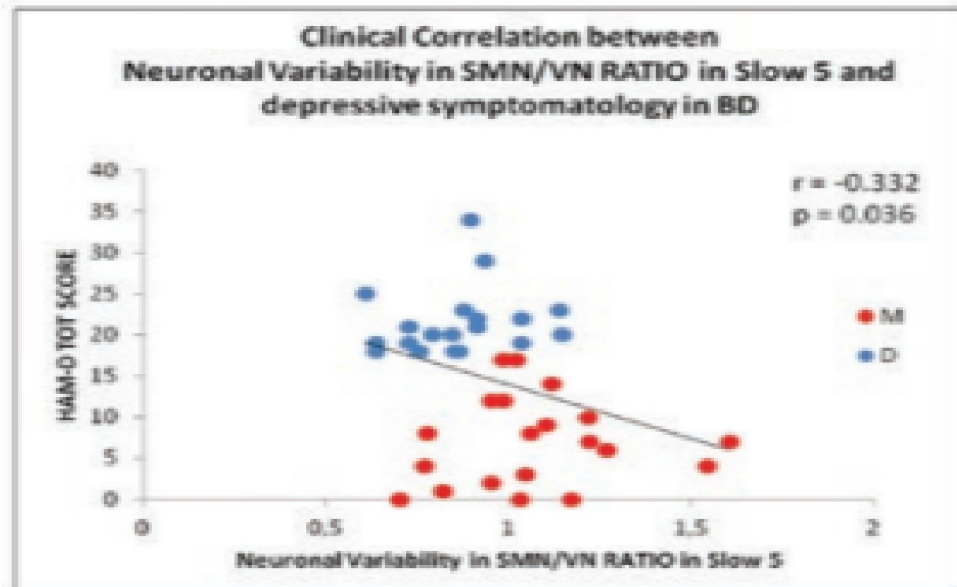
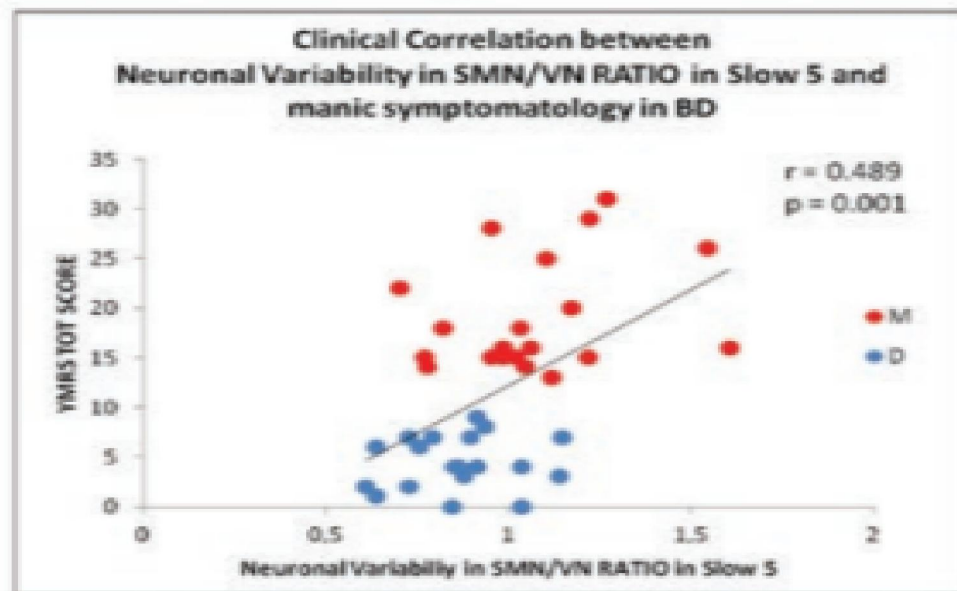


“Speed of Time” = Neuronal speed = Neuronal variability: “Inner time” = Somatomotor network – “Outer time” Visual network



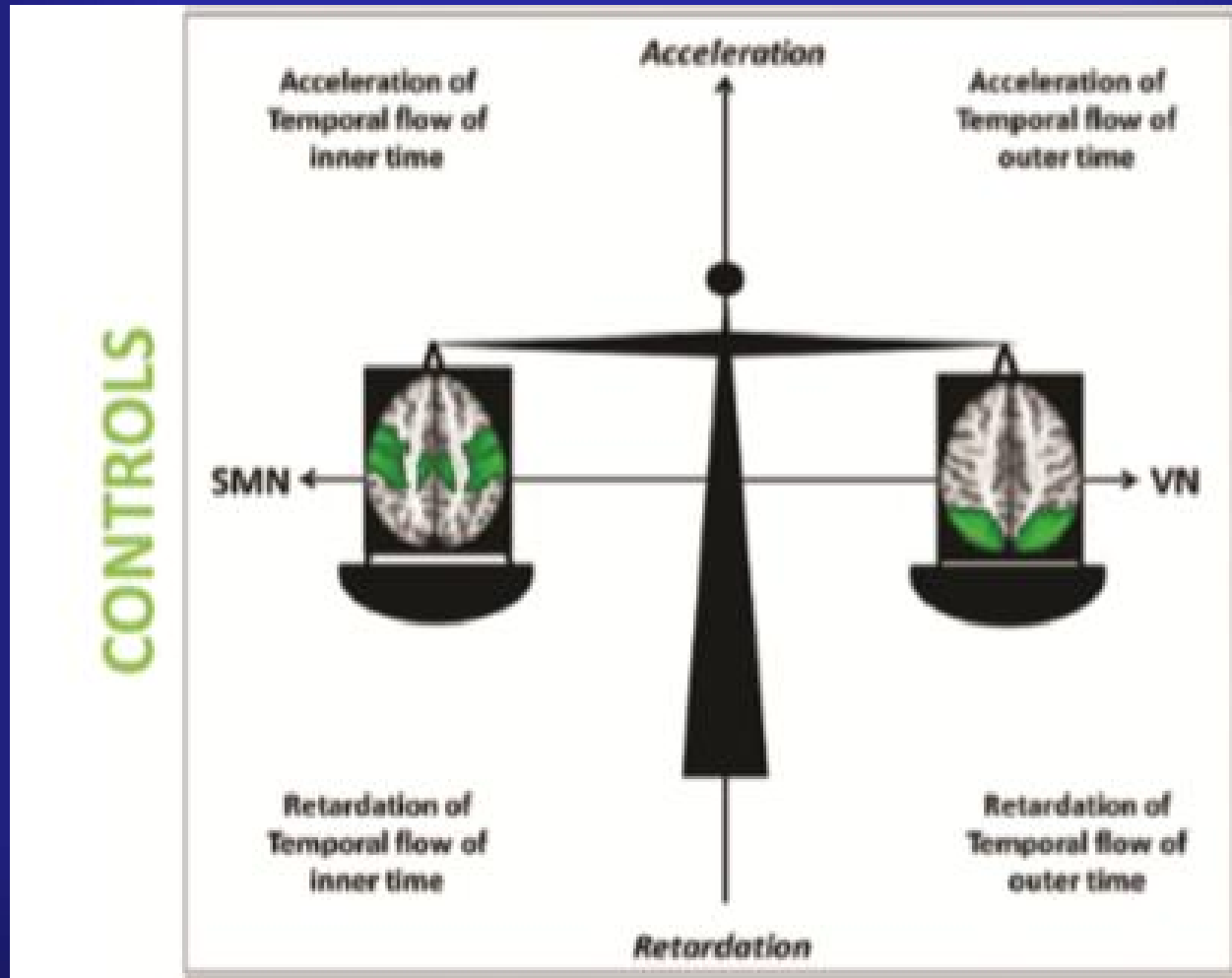
Northoff et al. (2017)  
Schizophrenia Bulletin

# Neuronal balance/ratio between “inner” and “outer” time predicts clinical symptoms

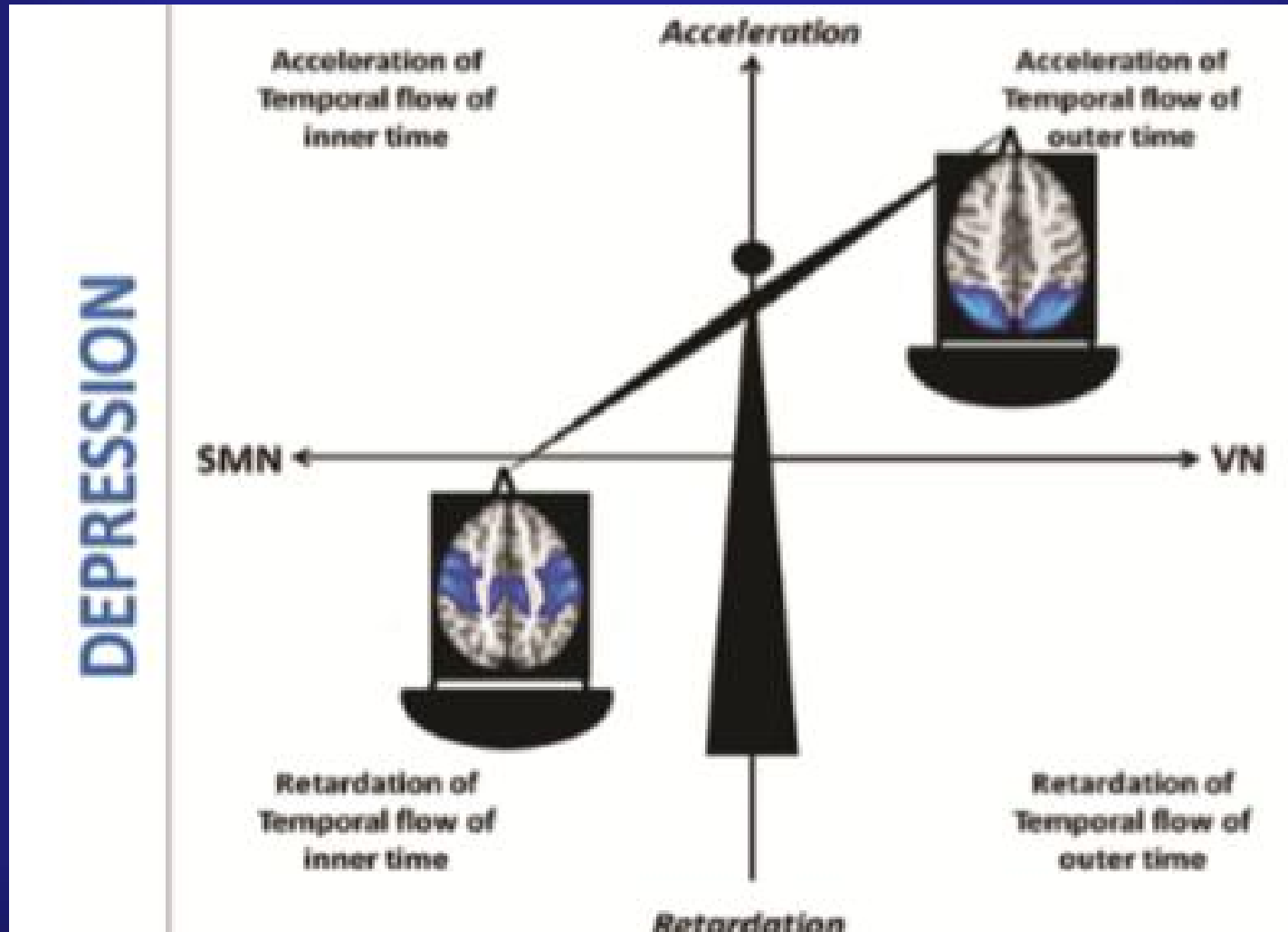


Northoff et al.  
(2017)  
Schizophrenia  
Bulletin

Healthy subjects: Balance between “Inner Time” and “Outer time” – We are “in tune” with the Time speed of the world

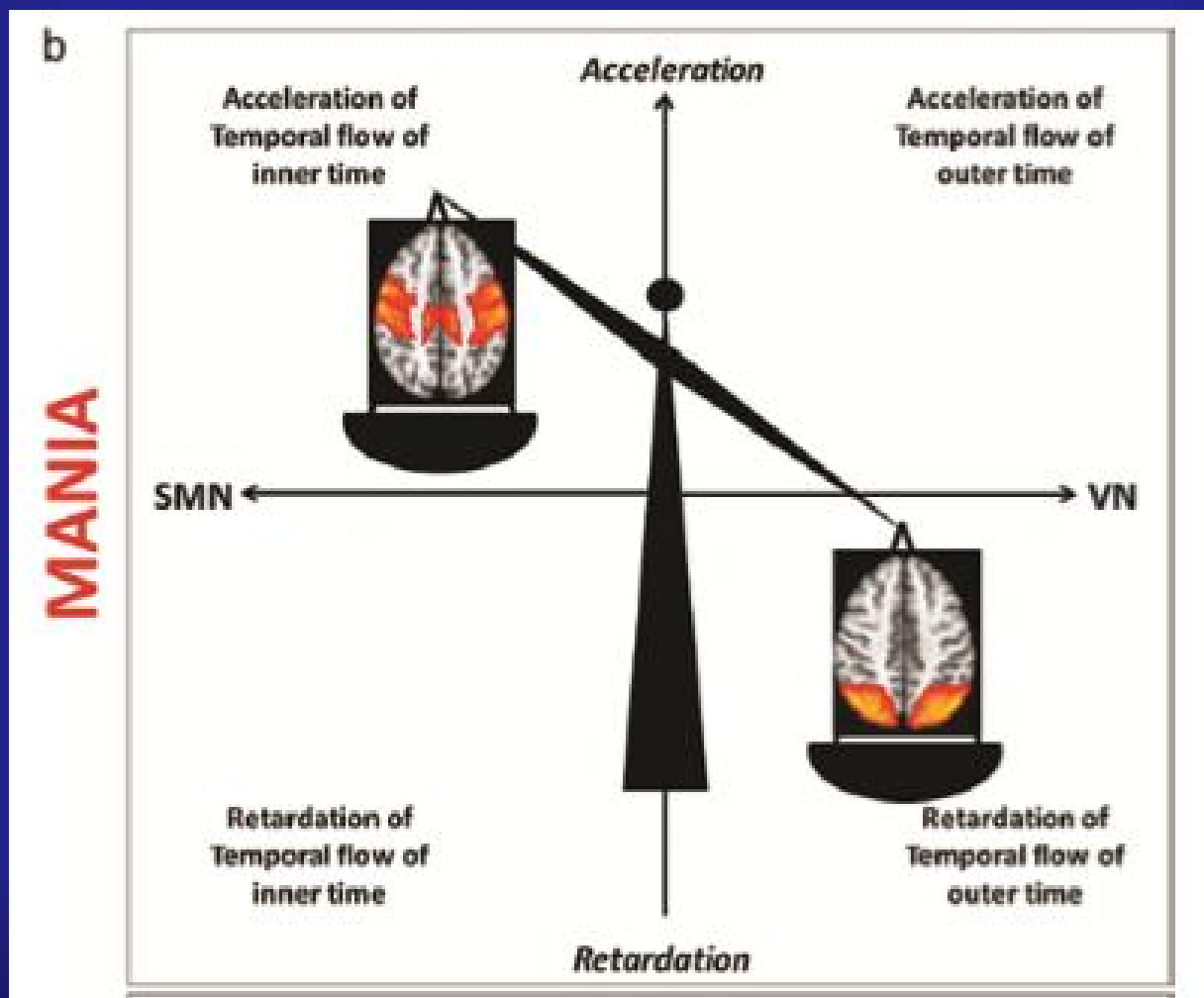


Depression: Decreased Neuronal variability leads to decreased “Inner time speed” – “Too slow” for the world





Mania: Increased Neuronal variability leads to increased “Inner time speed” - “Too fast” for the world



# Self and Symptoms – Spatiotemporal – Do we need “Spatiotemporal Psychopathology”?



Contents lists available at [ScienceDirect](#)

## Journal of Affective Disorders

journal homepage: [www.elsevier.com/locate/jad](http://www.elsevier.com/locate/jad)

### Spatiotemporal psychopathology I: No rest for the brain's resting state activity in depression? Spatiotemporal psychopathology of depressive symptoms

Progress in Neurobiology xxx (2016) xxx–xxx

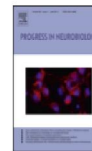
Georg Northoff<sup>a,b,c,d,e,\*</sup>



Contents lists available at [ScienceDirect](#)

## Progress in Neurobiology

journal homepage: [www.elsevier.com/locate/pneurobio](http://www.elsevier.com/locate/pneurobio)



Review article

How do abnormalities in the brain's spontaneous activity translate into symptoms in schizophrenia? From an overview of resting state activity findings to a proposed spatiotemporal psychopathology

Georg Northoff<sup>a,b,c,d,e,\*</sup>, Niall W. Duncan<sup>c,d,e</sup>

Georg Northoff<sup>a,b,c,d,e</sup>



### How do resting state changes translate into psychopathological symptoms? From ‘Spatiotemporal correspondence’ to ‘Spatiotemporal Psychopathology’

Review

Spatiotemporal Psychopathology II: How does a psychopathology of the brain's resting state look like? Spatiotemporal approach and the history of psychopathology

Georg Northoff<sup>a,b,c,d,e,\*</sup>

Journal of Affective Disorders 190 (2016) 867–879

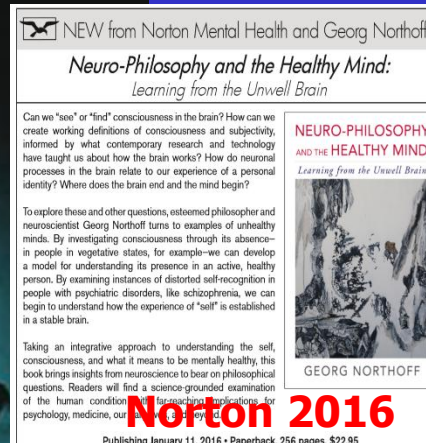
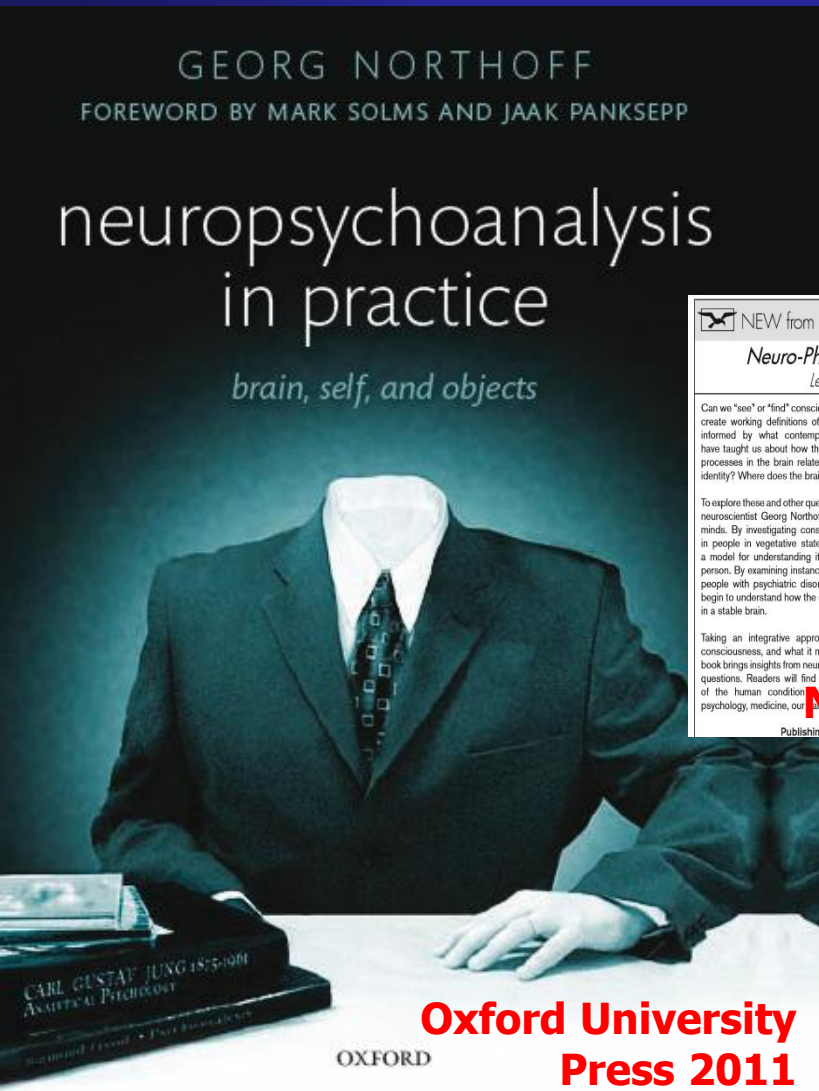
is available at [ScienceDirect](#)

## Affective Disorders

journal homepage: [www.elsevier.com/locate/jad](http://www.elsevier.com/locate/jad)

Northoff 2015, 2016, J Affective Disorder, Current Opinion in Psychiatry, Progress in Neurobiology 2016, World Psychiatry 2015

# Diagnostic and therapeutic markers: Spatiotemporal therapy – Psychotherapy, Musictherapy, and Stimulation therapy



Heinz Böker · Peter Hartwich  
Georg Northoff Hrsg.

Neuro-  
psychodynamische  
Psychiatrie

**Neuropsychodynamic  
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