

Reflections of Identity: Autoscopic Hallucinations in an African American Woman with Schizophrenia

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INTRODUCTION

Autoscopic hallucinations are a rare but intriguing phenomenon within the spectrum of schizophrenia. These hallucinations involve a person seeing a double or mirror image of themselves, often leading to a profound disruption in their sense of self and reality. When coupled with schizophrenia, these experiences can be particularly challenging to understand and manage. Let's delve into the case of an African American female patient who grappled with autoscopic hallucinations as part of her schizophrenia journey.

DESCRIPTION

Schizophrenia is a complex mental disorder characterized by disturbances in thought processes, perception, emotions, and behavior. It often manifests in hallucinations, delusions, disorganized thinking, and social withdrawal. In this case, the patient, whom we'll refer to as Ms. J, presented with a history of auditory and visual hallucinations, disorganized speech, and impaired functioning. She was a 32-year-old African American woman with a family history of mental illness, which added to her vulnerability. Ms. J's autoscopic hallucinations emerged during her early 20s, coinciding with the onset of her schizophrenia symptoms. She described vivid episodes where she would see her own reflection in mirrors, windows, or other reflective surfaces, but with subtle distortions. Sometimes, the reflection would move independently, mimicking her actions with a slight delay. This phenomenon deeply disturbed her, causing her to question her identity and reality. During therapy sessions, Ms. J expressed profound distress about these experiences. She described feeling like she was living in a parallel world where her reflection was a separate entity trying to communicate with her. This duality of self led to immense confusion and a sense of detachment from her own body. She often avoided mirrors and reflective surfaces, fearing that her reflection would take over or reveal hidden truths about herself. Understanding autoscopic hallucinations in the context of schizophrenia requires a multifaceted approach. Neurobiologically, these hallucinations may stem from abnormalities in brain regions involved in self-recognition and body image processing. Studies have shown altered activation patterns in the temporoparietal junction and other cortical areas associated with selfawareness in individuals experiencing autoscopic phenomena. Culturally, being an African American woman added layers of complexity to Ms. J's experience. Cultural beliefs and stigmas surrounding mental health within the African American community influenced her willingness to seek help and her perception of the hallucinations. The intersectionality of race, gender, and mental illness shaped her narrative and treatment journey. Treatment for Ms. J involved a combination of antipsychotic medication, cognitive-behavioral therapy (CBT), and supportive counseling. Antipsychotics helped alleviate her overall psychotic symptoms, including auditory hallucinations and delusions. CBT focused on challenging her negative beliefs about the autoscopic hallucinations and developing coping strategies to manage distress. Over time, Ms. J showed gradual improvement in her symptoms. She learned to differentiate between reality and hallucinations, reducing the intensity and frequency of autoscopic experiences. Therapy sessions provided a safe space for her to explore her identity issues and process the emotional impact of living with schizophrenia and its associated phenomena.

CONCLUSION

In conclusion, Autoscopic hallucinations in African American female patients with schizophrenia represent a unique intersection of clinical, cultural, and personal factors. Ms. J's journey underscores the complexities of living with schizophrenia and the significance of holistic treatment strategies in promoting recovery and well-being.

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