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The Concept of Self among Psychotic Patients

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ABSTRACT

This research aimed at assessing the concept of"self" among psychotic patients. Data were collected from a convenient sample of 50 psychotic patients hospitalized in both Kasr EL-Ainy psychiatric department and El-Nil Sanatorium at Maedy. The tools used for data collection were a questionnaire that contains items related to the self-esteem, self-concept and body image, and an observation rating scale for the patient's general performance i. e. his responsibility for cleanliness and general appearance, his social interest, his cooperation, and his psychotic manifestations. Results showed that the psychotic patients are poor in their general performance, they have negative feelings toward their self-esteem, they also feel disintegrated and their body images are affected. They were also found to have hope for cure, but their hope is mixed with different fears.

It was recommended that these patients should receive a nursing care that provides an accepting attitude that allows them security and freedom to examine all aspects of themselves and total being, beside experiencing different activities that make them aware of their body and increase their self- esteem.

INTRODUCTION

The self is the most real thing in one's experience and is the frame of reference through which a person perceives, conceives, and evaluates* the world around him. Stuart (1983) defines self-concept as all notions, beliefs and convictions that constitute individual's knowledge of himself and influence the relationship with others. It includes the perceptions of one's characteristics and abilities', one's interactions with experiences and objects and one's goals and ideas.

Psychiatric illness characterized by disordered thinking, perceiving, feelings, and behaving according to Harber (1982), contribute to a distorted self and body perceptions. Boundaries may be ill-defined, or energy may be invested in protecting the self from imagined ill-will or intentions of others to do harm.

Self and body image are important concepts with wide application in nursing practice. Because of the nature of the nurse-patient relationship in the field of psychiatric nursing, the psychiatric nurse can better assess the patient through discovering the world he inhibits, understanding the person from his point of view and in light of his own unique experience is the most real way of knowing him. To see the person as he sees himself through his own self-expressions is one purpose of the nurse's assessment. With this knowledge, the nursing process can be implemented, while the patient's identity is maintained and his self-esteem enhanced.

MATERIAL AND METHOD

This is a descriptive study that aims at answering the following questions:

1-How do psychotic patients perceive themselves and their bodies? and

2-What characterizes their social behaviour?

Data were collected from a convenient sample of 50 Psychotic patients with whom verbal communication was possible. These patients were chosen from Kasr El-Aini Psychiatric Department and El-Nile Sanatorium at Maady. Their mean age was 27 years, 70% were diagnosed as schizophrenics and 30% were diagnosed as psychotic depression, and hypomanics.

Patients were interviewed and were asked to answer a questionnaire containing items pertinent to the concept of self and self-esteem, self confidence, self-identity and body image. In addition, the patients were asked to express their fears and hopes from the future. Some of the questions were close ended others open-ended in order to allow their free expression.

In addition, an observation rating sheet constructed for the patients' general performance and their psychotic manifestation. was applied The observation sheet was filled after a period of 2 week observation.

The questionnaire and the observation sheet were specially structured for this research by the investigators, and were tested for reliability in a pilot study before using them.

Adopted definitions for the different facets of the self pertinent to this study:

Self-esteem

An abstract idea of the self that reflects self-judgement. Positive self-esteem requires self-acceptance and a healthy attitude toward one's worth and limitation (Rynerson, 1972).

Self confidence

A manifestation of the sense of competence. It is exhibited in trusting one's own judgement, accepting difficult undertakings and motor behavior(white, 1963).

Self-identity

Is the awareness of the process of being one self; which is derived from self-observation and judgement. It is the synthesis of all self-representations into an organized whole (Bugenthal, 1976).

Body Image

Is a mental representation of one's body derived from internal sensations, emotions, fantasies, posture, and experience of and with outside object and people. It is an internal evaluative representation of one's body that is largely determined by how one thinks it looks to others (Goldenson, 1970).

Patients General Performance

It is meant:

-Patients' responsibilities for cleanliness and general appearance.

-Patients' interest: patients' relationship with other patients, their initiation to talk, their response to others and their sharing in activities,

-Patients' cooperation: their ability to help other patients when asked or voluntarily.

-Patients' psychotic manifestations

Scores for patients' general performance range from zero to 40. Zero refers to the worst performance and 40 the best performance.

Scores from zero to 14 are considered average performance and scores 25 and above are considered good performance.

RESULTS

Feelings expressed by the patients that are pertinent to their self-esteem:

It was found that more than half of the patients find it hard to talk to people, feel lost among their friends and family members, are unable to take decisions, and are easily tired and feel guilty most of the time or sometimes.

Less frequent feelings were expressed as feeling of uselessness, of being responsible for troubles, and wish to become someone else, these answers ranged from 30%to 49% of the patients as felt most of time or sometimes.

Feelings expressed by the patients that are pertinent to their self confidence

It was found that more than three quarters of the patients blame themselves most of the time for doing anything wrong. More than half of the patients feel anxious when dealing with someone superior to them or feel ineffective at work either most of the time or sometimes. Other less frequent feelings were expressed as dislike to carry responsibility and inability to face difficult situations.

Feelings expressed by patients that are pertinent to their self-identity and body image

It was found that 68% of the patients feel most of the time, they are not as

Table I

Feelings expressed by the patients that are pertinent to "self-esteem"

	Most of the time		Sometimes		Never		Total
Items	No	%	No	%	No	%	
Finds it hard to talk with people	27	54	4	8	19	38	50
Feels lost among his friends and family members	27	54	4	8	19	38	50
Unable to take decisions	23	46	12	24	15	30	50
Easily tired	22	44	11	22	17	34	50
Feels guilty	21	42	9	18	20	40	50
feels useless	19	38	9	18	22	44	50
He is responsible of his troubles	17	34	15	30	18	36	50
Wishes to become somoneelse	14	28	12	24	24	48	50

Table II

Feelings expressed by the patiets that are pertinent to "self-confidence"

	Most of the time		Some times		Never		
Items	No	%	No	%	No	%	Total
Blames himslef if he does anything wrong	38	76	6	12	6	12	50
Feel anxious when dealing with people superior to him	29	58	8	16	13	26	50
Inffective in work	18	36	17	34	15	30	50
Does not like to carry responsibility	8	16	12	24	30	60	50
Cannot face difficult situations	8	16	18	36	24	48	50

TABLE III

Feelings expressed by the patients that are pertinent to"self identity" and " body image"

	Most of the time		Sometimes		Never		
Items	No	%	No	%	No	%	Total
I ask myself who am I ?	25	50	2	4	23	46	50
I doubt of my presence	15	30	-	-	35	70	50
I am not as fit as befor My	34	68	1	2	15	30	50
ideas are scattered	19	38	10	20	21	42	50
My thinking is out of control	16	32	5	10	29	38	50
My body figure has changed	28	56	-	-	22	44	50
I hear threatening voices	27	54	4	8	19	38	50

TABLE IV

Patients' expressions of hopes and fears from future

Expressions of Hope	No	%
No hope from the future	3	6
Hope in the future	47	94
Total	50	100
Types of hopes:		
-Be cured	21	45
-Return to work	17	36
-Face people	15	32
-Make a family	14	30
-Finish studies	10	21
-Find a work	7	9
Expressions of Fear	**No**	**%**
No fear from future	15	30
Fear from future	35	70
Total	50	100
Reasons for fear:		
-Recurrencey & aggravation of the diseasa.	24	68
-Stigma of mental illness	8	23
-Failure in life	7	20
-Loneliness	4	11

TABLE V

Scores for patients' general performance

Scores	No	%
Zero - 4	0	0
5 - 9	14	28
10 - 14	26	52
15 - 19	8	16
20 - 24	2	4
25 - 39	0	0
Total	50	100

Poor performance : Zero - 14

Average performance : 15 - 24

Good Performance: 25 - 40

fit as before. Around half of them feel their body figure has changed, hear threatening voices or ask themselves who are they most of the time. These ranged from 30 to 38% of the patients.

Patients' expressions of hopes and fears from the future

Six percent of the patients expressed that they had no hope at all from their future. The remaining 94% expressed different hopes. The most frequent hope was to get cured, this was expressed by 45% of them. Other less frequent hopes were expressed as the hope to return to work (36%), to face people (32%), to make a family (30%), to finish studies(21%), to find a work(15%), and 9% hoped to be discharged from the hospital.

Also, fear was expressed by 70% of the patients. The most frequent source of fear was fear from recurrence and aggravation of the disease, 23% of the patients expressed their fear from the stigma of mental illness; 20% and 11% respectively expressed their fear from failure in life and from loneliness.

Patients General Performance

Eighty percent of the patients performed poorly, i. e. failed in their responsibilities for cleanliness and general appearance, as well as their relationships with others, as well, they presented different psychotic manifestations. Only 20% of them showed an average general performance

DISCUSSION

This research was a learning experience as by its nature it gave chance to understand patients' behavior in terms

of the way they perceive it.

Since most of our sample was presenting schizophrenic problems, the disturbance in "sense of reality" were markedly observed. This observation was supposed by Arieti(1974), who stated that after a long struggle to maintain an acceptable self-image, the schizophrenic comes to discover, whether conscious or unconscious, that he is worthless and rejected. Confronted with over powering anxiety, the patient finally succumbs and the break with reality occurs.

The study also revealed that low self-esteem is a major problem for patients. This could be explained that the individuals who lack a sense of meaning and purpose in life, also fail to accept responsibility for their own well-being. Horney (1972) describes the patients with low self-esteem as dependent on others and fail to develop their internal capabilities and innate potentials. They deny themselves the freedom to full expression, including the right to make mistakes and fail.

Many patients expressed that they are not as before, they ask themselves who are they. This was explained by Cona (1983) that psychosis is accompanied by a drastic loss on experienced personal identity and in experienced control over even events in the environment.

Like all human beings, most of the patients expressed hopes for their future as hopes to be cured, to return to work, to face people, to make a family, to work and to be discharged from the hospital. This could show that whatever the seriousness of the disease, there is a healthy part that is to be stressed upon. Although the hopes are there, but these hopes are with sensations of fear, particularly from the aggravation of the disease and the stigma of mental illness. These fears could explain that the mentally ill people are but part of the community that stigmatize and avoid the mental patient. That is why feel afraid to face the community.

Finally, one can say that what was learned is more than what presented and tabulated, and what was learned from the direct verbata of patients are more than what is learned from books, probably because the psychotic patients are free from defenses.

CONCLUSION

The findings of this study pointed out that the psychotic patients' general performance, i. e. their appearance and social interest are deficient.

Psychotic patients have a low self-esteem and self confidence. their body image is affected, they cannot control their thinking and their self identity is affected.

They fear from recurrence and aggravation of their disease and particularly from the stigma of being mental patients.

They have hopes for facing people, going back to their normal life and getting cured.

RECOMMENDATIONS

- The hospitalized psychotic patient should be encouraged to make activities that provide him with a positive experience, make him aware of his body and increase his self-esteem, and also that facilitate the development of identity and improve self-concept.
- The nurse must assist the patient who is unable to care for himself. She can use patience and repetition to establish health routines and kindly but firmly encourage him to care for himself, and reinforce his progress,
- The nurse should adopt an accepting attitude toward the patient in order to allow him the security and freedom to examine all aspects of himself as a human being.
- The nurse should establish a listening attitude as it is the basis of a therapeutic relationship and should respond nonjudgementally to him.
- The patient must be exposed to sensory stimulation and remotivation as this will increase his personal neatness

in providing the social climate for increased self-worth, increased social interest and decrease manifested psychosis through improved perception.

REFRENCES

Arieti, S. (1974) *Interpretation of Schizophrenia* 2nd. ed. New York: Basic Books.

Bugenthal, J. (1976) *The Research for Existential Identity*. San Francisco: Jossey Bass.

Cona, R. (1983) *Psychology of Adjustment, Personal Experience and Development*. U. S. A. :

Goldenson, R. (1970) *The Encyc lopedia of Human Behavior*. New York: Doubleday

Haber, J. (1982) *Comprehensive Psychiatric Nursing*. 2nd ed., New York: McGraw Hill Book Company.

Horney, k. (1972) *Neurosis and Human Growth*. New York: Norton and co. Inc.

Rynerson, B. (1972) Need for self-esteem in the aged. *J. psych. Ng. Mental Health Service*, **10:** 22.

Stuart, G. (1976) Nurse-client in- teraction, implementing the nursing process, the dynamic of self growth. The C. V. Mosby Company.

White, R. (1963) Ego and reality in psychoanalytic theory. *psychological issues.*, **3.** New York. International Universities Press.

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ABSTRAIT

La conception de soi chez les malades psychiques

Cette recherche a pour but de définir la conception de soi chez les malades psychiques. Les données (faits et observations) ont été rassemblées sur un échantillon de 50 malades psychiques hospitalisés au département de psychiatrie de Kasr EI Ainy ainsi qu'au sanitorium EI Nil de Maadi. Les instruments utilisés dans la collection des faits et des observations étaient sous forme d'un questionnaire qui comprenait des points se rapportant à la propre estime, à la conception de soi, et l'image du corps; ainsi qu'un formulaire d'observation se rapportant à la performance générale du malade, c'est-à-dire sa responsabilité envers sa propreté et son apparence générale, ses intérêts sociaux, sa coopération, et ses manifestations psychiques. Les résultats ont prouvé que les malades psychiques ont une performance générale plutôt faible. IIs ont des sentiments négatifs envers leur propre estime, ils ressentent une désintégration, et l'image de leur corps en est affecté. II s'est avéré chez eux un espoir de guérir, mais cet espoir est mêlé à différentes craintes.

Cette recherche recommande que ces malades doivent recevoir des soins infirmiers qui leur donneraient une attitude d'acceptance et leur communiqueraient la sécurité et la liberté d'examiner tous les aspects de leur être et de leur entière existence; et de plus, leur feraient acquérir l'expérience de différents activités leur permettant la perception de leur corps, et relèveraient le niveau de leur propre estime.

الموجز

مفهوم الذات عند المرضى الذهانيين

تهدف هذه الدراسة إلى تقييم مفهوم الذات عند المرضى الذهانيين من خلال استبار يحوى مجموعة أسئلة متعلقة بتقدير المريض لذاته ومفهومه عن ذاته وتصويره لجسده، وتمت هذه الدراسات على ٥٠ مريضا ذهانيا بقسم الطب النفسى فى قصر العينى ومصحة النيل بالعباسية . وإستخدمت مقاييس متابعة الأداء العام للمريض مثل اهتمامه بمظهره ونظافته، واهتماماته الاجتماعية، وتعاونه مع الآخرين والأعراض الذهانية.

وقد أظهرت النتائج أن المرضى الذهانيين يعانون من ضعف فى مستوى الأداء العام ، ومشاعر سلبية تجاه تقديرهم لذاتهم ، والإحساس بالتفسخ ، وظهر أيضا وجود أمل فى الشفاء لكنه مختلط بمخاوف مختلفة .

وقد أظهر هذا البحث احتياج المرضى الذهانيين لنوع من الرعاية تشعرهم بالقبول الذى يولد الاطمئنان ويسمح باكتشاف جوانب الذات ويشعرهم بوجودهم ، هذا بالإضافة لأهمية ممارسة بعض الأنشطة التى تساعد الذهانيين على درايتهم بجسدهم وتزيد من احترامهم لذاتهم .