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The defensive role of self – image in the course of schizophrenia

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SUMMARY

Aim: Prospective study on the self-image of persons suffering from schizophrenia. The observation of the changes in the self-portrait was made over 7 years from the time of first admission to the hospital.

Subjects: 57 patients, who fulfilled the following criteria: (a) diagnosis of schizophrenia according to DSM-III criterium, (b) first admission to mental hospital, (c) living with procreational or generational family in Krakow.

Methods: The Polish version of The Adjective Check List (ACL) of Gough and Heilbrun normalized by M. Matkowski was used.

Results and conclusions: Prove that self-image is not only a dynamic and changing-with-time structure, but plays defensive roles towards the awareness of being mentally ill, as well as towards the feelings associated with this fact. The stronger the patient's tendency to deny the illness at the beginning, the more pessimistic their self-image is after the 7-year period. Conversely, acceptance of the illness and lack of defensiveness result in greater self-satisfaction and optimism in later life.

schizophrenia / **self image**

INTRODUCTION

Empirical reports concerning the relation of self-image to schizophrenia are not consistent and seemingly contradictory. This reflects the level of sophistication that we face while researching such an ambiguous and complex structure as the self-image is, particularly when the research concerns an illness in its essence involving a disorder of this very structure. Heterogeneity of views seems to be bound to the instability of self-image in persons with schizophrenia. This is coherent with concepts that attribute the poorly developed and differentiated "self" to schizophrenia [1]. The self – image of such persons is not very stable. It changes in such a way as to protect the deeply hidden and weak self structure. It can be concluded that it serves the self and is in a way a guardian of this structure.

What is subjectively experienced by a person afflicted with schizophrenia is not meaningless. This is attested to by numerous research results, indicating a pessimistic and unfavourable self – image of patients with schizophrenia. In his broad research concerning self – image of psychiatric patients, Fitts [2] found that 87% of patients have an unsettled self – image, which is

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It should be stressed that since 1985, when the research program began, other, more precise diagnostic classifications have been created: DSM-III-R, DSM-IV and ICD–10

expressed by misadaption and weak integration of personality.

Czabała [3], based on his research, states that persons suffering from schizophrenia perceive themselves in a different way than their healthy peers. The most poorly expressed needs are those of domination, autonomy and change, and the most strongly expressed are those of abasement and succorance. This is exactly the reverse compared to healthy people. Schizophrenic women showed less intense needs of interpersonal relationships (needs of heterosexual relations, affiliation, domination, changes and self – expression) when compared to other needs. Men, on the other hand, had less intense needs of independent, self – reliable social functioning (autonomy, domination, achievements and afiliation), but more intense needs of succorance and abasement. The self – image of a schizophrenic person is described by Czabała in the following way: "the patient perceives himself as not self-reliant, subordinate, passive and dependent on others, with a relatively low self – esteem; he also discloses a tendency to withdraw from social relations and lack of trust of others" [3, p. 82]. Similar conclusions are phrased by Mroziak [4], who states that the self – image of patients with schizophrenia is lower comparing to the norm, and this concerns mostly task and interpersonal needs.

The research of Steuden [5] also shows a negative self – image of patients afflicted with schizophrenia. This image has a particularly pessimistic expression at the beginning of the illness. Over the course of time, the ill adapt to their condition and accept themselves to a larger degree.

Some studies, however, suggest no difference in terms of self – esteem between schizophrenic and healthy persons. Sometimes even an inflated or grandiose self – image is mentioned in schizophrenics. Balbi [6] believes that psychotic symptoms are a defense mechanism – in psychosis, the inflated (psychotic) self substitutes for the so-called empty self, protecting the ill person from intolerable feelings of shame related to self – image. She also stresses that current rehabilitation programs confront patients with their perception of themselves.

Slightly different conclusions were reached by Garfield, Rogoff and Steinberg [7]. Based on research in which they compared the self – esteem of 15 men suffering from schizophrenia to the self – esteem of an appropriate control group, they found that the general level of self – esteem did not differ in the two groups, whereas there were some differences concerning various aspects of self – image that were evaluated. Patients suffering from schizophrenia, compared to healthy persons, had a significantly lower self – evaluation in terms of sense of competence and causability, on the other hand, their results concerning defensiveness, or so – called defensive self-enhancement, were significantly higher.

Observation of self – image and self – esteem of persons with schizophrenia over the course of time leads to a conclusion that chronically ill patients have a more positive self – esteem in comparison to patients in the initial stage of illness. [2, 4, 8, 9]. These results relate to the changes that appear in the process of the illness. Over time, patients in a sense adapt to their illness, demonstrate higher tolerance to stress factors, and their defense mechanisms become stabilized. [4].

AIM OF THE STUDY

The presented study is an attempt to monitor the dynamics of changes in self – image of patients suffering from schizophrenia during the seven years since their first admission to mental hospital. The attention is focused particularly on the aspect of self – image related to defensive tendencies towards awareness of being ill. The concept of self is formulated in this study in terms of mental needs. It has been assumed that the patient, by choosing adjectives from a list that best suit him or her, reveals the needs that express their self – image.

SUBJECTS

During the period of 1985–1993 in the Psychiatry Department of The Medical Academy (Katedra Psychiatrii Akademii Medycznej) in Krakow, a program "Research of effectiveness of non-specific methods in early schizophrenia treatment" was realized. The research encompassed 80 persons (46 women and 34 men). The patients, in order to be qualified for the program, had to fulfill the following criteria: (a) diagnosis of schizo-

phrenia according to DSM-III criterium, (b) first admission to mental hospital, (c) living with procreational or generational family in Krakow.

The group that eventually underwent statistical analysis encompassed 57 patients (71.25%) of all 80 qualified for the research program. This difference resulted from the fact that during the 7 years that the research was conducted, some patients refused to participate or renounced the psychiatric care that was offered to them within the program's framework. Persons who participated in only part of the research were also excluded from the group, as information concerning those patients in terms of isolated variables was incomplete. Table 1 presents numbers of subjects in terms of basic characteristics such as sex, age, education and marital status.

Table 1. Group of subjects – demographic variables (N=57)

I	Sex:
	women – 36
	men – 21
II	Age at the moment of I hospitalisation; 19–44 years:
	up to 25 years – 26
	above 25 years – 31
III	Education:
	university degree – 13
	university, no graduation – 10
	high school – 21
	below high school – 13
IV	Family status:
	married – 17 (3 husbands, 14 wifes)
	single – 40 (18 sons, 22 dauthers)

METHODS

In this study, self-image was operationalized in terms of mental needs. To research the self-image, The Adjective Check List (ACL) of Gough and Heilbrun [10] was used, as thanks to its construction it allows for various interpretation possibilities. On one hand, by choosing adjectives describing himself or herself, the subject reveals their own self – image. On the other hand, thanks to the theoretical assumptions of the test and to the construction of the interpretation portion, the researchers are able to reach deeper structures related to the self – portrait.

The Polish version normalized by M. Matkowski [11] was used. This version contains 19 scales. The first four are control scales and the last fifteen relate to mental needs. The names of the scales are as follows:

1. Total number of chosen adjectives;
2. Defensiveness;
3. F scale;
4. Self – acceptance;
5. Achievement need;
6. Dominance need;
7. Endurance need;
8. Order need;
9. Intraception need;
10. Nurturance need;
11. Afiliation need;
12. Heterosexuality need;
13. Exhibition need;
14. Autonomy need;
15. Agression need;
16. Change need;
17. Succorance need;
18. Abasement need;
19. Deference need.

In the presented research, each person was examined three times, namely one, three and seven years after the first admission to the mental hospital. During each examination, the patient independently chose adjectives from the list, answering the question "What am I like?".

RESULTS

Using factor analysis for the need scales, three synthetic variables were isolated, characterized by content coherence of the given group of need scales. The following are the variable groups:

1. needs related to task functioning – TF (needs of achievement, endurance, order and intraception);
2. needs related to positive interpersonal relations – PIR (need of nurturance, afiliation, heterosexuality, agression, succorance, deference);
3. needs related to personality style functioning – PS (need of dominance, autonomy, change and abasement).

A detailed description of synthetic variables and list of correlation coefficients for particular scales is placed in Table 2. It is worth noting that two scales, namely those of aggression and abasement, have been corrected to opposing values. The need of exhibition has also been excluded, as it does not correlate strongly enough with particular need groups in all three points in time. Additionally, two control scales of the test have been included: defensiveness and self-acceptance. This procedure organizes the need scales in terms of content and makes the interpretation of performed analyses easier.

In the further part of analysis, the whole group of persons ill with schizophrenia (N=57) was divided based on results of five ACL test scales (three synthetic scales, defensiveness scale and self – acceptance scale), obtained during the first phase of research, into three clusters marked A, B and C. To separate those groups, a non-hierarchic cluster analysis was performed (Procedure Quick Cluster – SPSS/PC+), with Euclid distance assumed as the measure of distance between those groups. The distances between groups are: A–C=12.5; B–C=14.7; A–B=10.6.

Basic characteristics of those groups are listed in Table 3.

Among the variables cited in Table 3, only education differentiates the separated clusters at a statistically significant level (Chi^2 test value equals 8.9289 with df = 2 and p = 0.0115). The clusters do not differ in terms of other variables.

The average results of particular ACL scales for isolated clusters are shown in Figure 1.

Cluster A is characterized by a very low level of self – acceptance, although the defensiveness of this group is the highest in comparison with the two other clusters. In effect, the intensity of needs takes rather higher values, especially as far as needs related to task functioning and positive interpersonal relations are concerned. It seems that the relatively high defensiveness of this group protects the self – image related to task and interpersonal functioning, whereas the negative attitude towards oneself (low lev-

Table 2. Reliability analysis – corrected coefficients of need – scale correlation and Cronbach α reliability coefficient

Scale	Needs	1 year			3 years			7 years		
		TF	PIR	PSF	TF	PIR	PSF	TF	PIR	PSF
TF	achievement	0.77	0.18	0.51	0.89	0.60	0.76	0.84	0.63	0.78
	endurance	0.67	0.33	0.30	0.94	0.60	0.64	0.93	0.74	0.57
	order	0.63	0.60	–0.80	0.93	0.65	0.53	0.87	0.70	0.29
	interception	0.63	0.32	0.24	0.86	0.83	0.46	0.86	0.85	0.48
PIR	nurturance	0.51	0.86	–0.22	0.77	0.93	0.34	0.80	0.96	0.40
	affiliation	0.22	0.58	–0.16	0.53	0.61	0.69	0.68	0.66	0.78
	heterosexuality	0.38	0.36	0.23	0.62	0.77	0.61	0.67	0.74	0.72
	aggression *	0.17	0.52	–0.24	0.50	0.71	0.20	0.60	0.80	0.26
	succorance	0.26	0.75	–0.43	0.34	0.66	–0.25	0.48	0.72	–0.13
	deference	0.45	0.75	–0.34	0.71	0.74	0.12	0.75	0.76	0.12
PSF	domination	0.49	0.05	0.74	0.73	0.47	0.94	0.64	0.47	0.94
	autonomy	0.21	–0.36	0.64	0.65	0.22	0.81	0.58	0.24	0.79
	change	0.36	0.04	0.45	0.52	0.32	0.84	0.54	0.49	0.86
	self-abasement*	–0.07	–0.43	0.44	0.41	0.24	0.79	0.36	0.32	0.81
	exhibition	–0.01	–0.24	0.49	–0.15	–0.29	0.19	0.05	–0.21	0.40
	α-Cronbach factor	0.84	0.84	0.74	0.96	0.90	0.93	0.95	0.92	0.94

* needs of aggression and self-abasement were reversed to the opposed values

Table 3. Sex. age. education and marital status in the initial stage of the illness – figures for 3 clusters

Independent variable		Cluster A		Cluster B		Cluster C	
		N	%	N	%	N	%
Sex	women	14	(70)	12	(52.2)	10	(71.4)
	men	6	(30)	11	(47.8)	4	(28.6)
Age	up to 25 years	10	(50)	11	(47.8)	5	(35.7)
	above 25 years	10	(50)	12	(52.2)	9	(64.3)
Education	at least high school	8	(40)	5	(21.7)	10	(71.4)
	above high school	12	(60)	18	(78.3)	4	(28.6)
Family status	single	12	(60)	17	(73.9)	11	(78.5)
	married	8	(40)	6	(26.1)	3	(21.5)

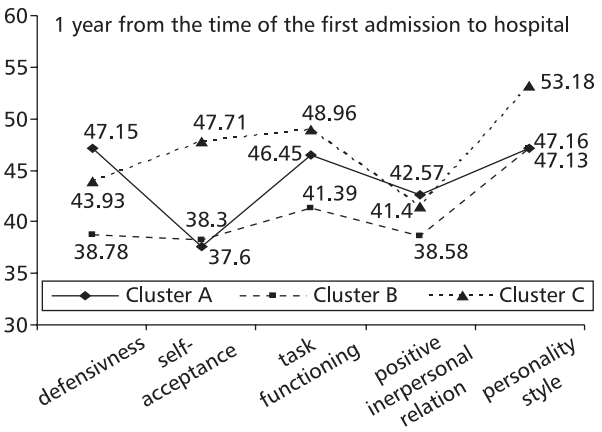

Fig. 1. The 3 clusters separated at the beginning of the investigation

el on the self-acceptance scale) is associated with a low intensity of needs related to personality style functioning, namely needs of dominance, autonomy, change and abasement.

Cluster B consists of persons who at the moment of the first test, or one year after the first admission to hospital, had a very low level of defense mechanisms, self-acceptance and intensity of needs. It is a group characterized by a clearly pessimistic self- image, manifested by a high level of criticism, depreciation of own abilities, as well as social withdrawal.

The last group (Cluster C) on the other hand, manifests the most optimism, which is expressed by a relatively high intensity of needs, particularly those related to personality style functioning, task functioning and self – acceptance level. Those persons definitely have a higher level of defensiveness than the previous group. It seems that they are characterized by better efficiency of defense mechanisms, which probably protect their self – image.

A question arises – what happens to those self – images over the course of time? The variance analysis has shown some significant interactions between the following factors: separated cluster, time of investigation and ACL scale in synthetic version. The findings are shown in Table 4.

The self images for the three clusters after a seven – year period are illustrated in Figure 2. The comparison has been limited to two moments of research – one year and seven years after the first admission to mental hospital. Detailed analysis of differences will be performed independently for particular clusters.

Table 4. Interactions between factors: cluster. ACL scale and time

Factors	df	F	p
Cluster	2	0.27	0.766
Time	1	2.78	0.101
Cluster x time	2	6.08	0.004
ACL scale	4	14.19	0.000
Cluster x ACL scale	8	1.83	0.072
Time x ACL scale	4	20.96	0.000
Cluster x time x ACL scale	8	5.09	0.000

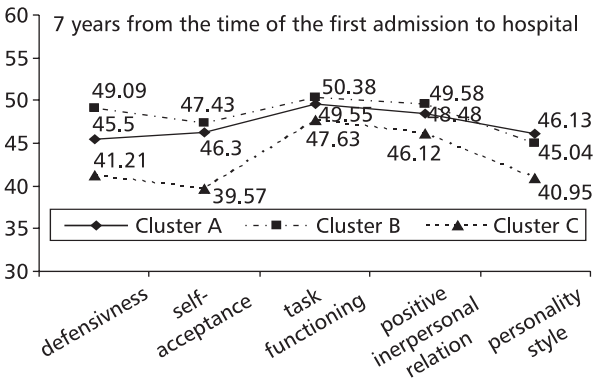

Fig. 2. The 3 clusters after a 7-year period

Cluster A

Table 5. Cluster A – list of significant differences between two moments of research (1 and 7 years) for particular ACL scales

ACL scale	t value (df=19)	P
Defensiveness	0.72	0.478
Self-acceptance	-3.31	0.004
Needs oriented to task functioning	-1.46	0.161
Needs of positive interpersonal relations	-3.47	0.003
Needs related to personality style functioning	0.41	0.685

The group that was characterized by a very low self – acceptance level, but also by a high defensiveness, one year after the first admission to the hospital (cluster A), had a higher level of self – acceptance and intensity of needs concerning positive interpersonal relations after seven years. The defensiveness and two other groups of needs had not changed. Table 5 shows the results of statistical analysis.

The results suggest that in cluster A we are dealing with persons who during their illness are maintaining a relatively good efficiency of defense mechanisms and over the course of time adapt to the illness. This is reflected by an increase in self – acceptance and intensity of needs for positive interpersonal relations.

Cluster B

Table 6. Cluster B – list of significant differences between two moments of research (1 and 7 years) for particular ACL scales

ACL scale	t value (df=19)	P
Defensiveness	–4.32	0.000
Self-acceptance	–3.22	0.004
Needs oriented to task functioning	–3.53	0.002
Needs of positive interpersonal relations	–4.86	0.000
Needs related to personality style functioning	0.72	0.480

The group of patients who at the moment of the first reaearch showed the lowest intensity of needs, as well as low self-acceptance and weak defense mechanisms (cluster B), was characterized by a definitely higher intensity on ACL scales after 7 years. It is worth noting that the in-

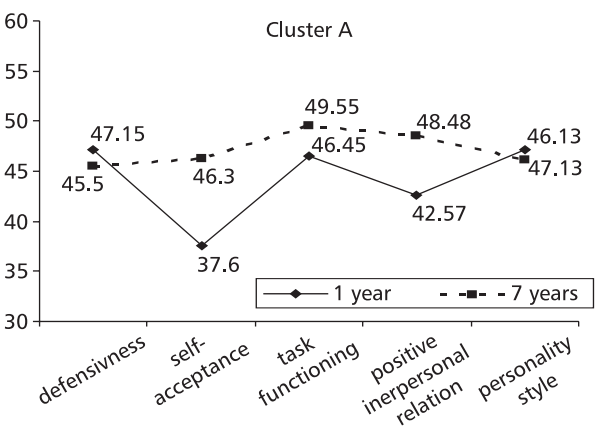

Fig. 3. Cluster A – diagram of ACL profiles after 1 year and 7 years

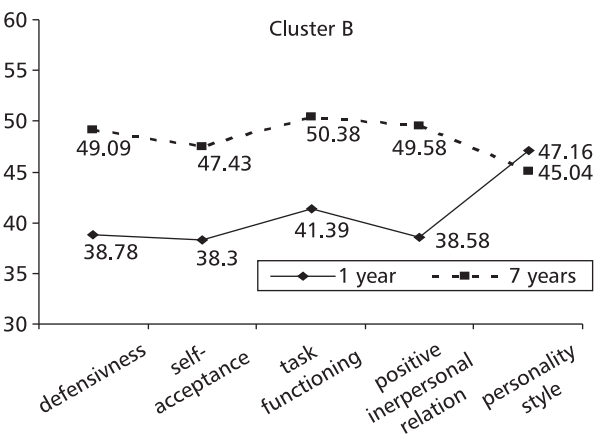

Fig. 4. Cluster B – diagram of ACL profiles after 1 year and 7 years

tensity was also the highest when compared to the two other clusters (Figure 2).

It can be concluded that these patients adapt very well to their illness; their self-acceptance, efficiency of defensive mechanisms and intensity of needs increase. In this cluster, the group of needs related to personality style functioning does not change (see Table 6).

Cluster C

Table 7. Cluster C – list of significant differences between two moments of research (1 and 7 years) for particular ACL scales

ACL scale	t value (df=19)	P
Defensiveness	0.95	0.359
Self-acceptance	2.22	0.045
Needs oriented to task functioning	0.51	0.622
Needs of positive interpersonal relations	–1.42	0.179
Needs related to personality style functioning	3.31	0.006

Patients in cluster C were characterized by the highest ACL scores in the first study. However, after seven years, their results in all scales were the lowest compared to the other groups of patients. (see Figure 2).

Statistically significant changes occurred in those with lower scores in the level of self – acceptance and needs related to personality style functioning (see Table 7). It can be concluded that in the initial phase of illness, those patients had a more positive attitude towards themselves (self-acceptance scale) and were definitely more dynamic (scale of needs related to personality style functioning, needs of dominance, autonomy, changes and abasement [See table on page 7]). Their strongly expressed expansion and dynamism in life meant a will to fight and to be active despite their illness. However, over the course of time they "surrendered", which was expressed by significantly lower scores in ACL scales.

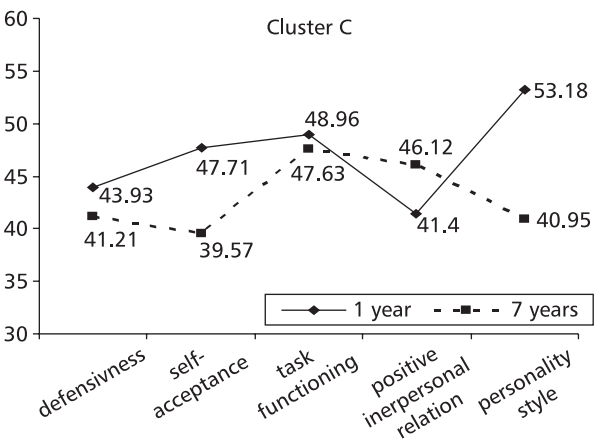

Fig. 5. Cluster C – diagram of ACL profiles after 1 year and 7 years

DISCUSSION AND CONCLUSIONS

Separation of the three clusters allowed for distinguishing between three groups of patients suffering from schizophrenia, who after one year from first admission to hospital showed three different sets of self – image. These differences seem to be related to defense mechanisms used by the patients. Generally speaking, the stronger the defensiveness in the initial phase, the longer it took to adapt and accept the illness. Conversely, if the patients in the initial phase reacted to the illness by somehow giving into it, over the course of time they adapted to this situation, and seven years later their self-image was more beneficial compared to patients who actively opposed the illness. Another focus of interpretation of these results may be the fact that the group of patients reacting with the strongest defensiveness against their illness in the initial phase was the one with a majority of more – educated people (in comparison with two other clusters) (see Table 3). This seems coherent, because for the patients with a university education, becoming ill must have meant a bigger threat – in a way, they had more to lose.

Many reports bring up the question of inadequate self-image in schizophrenia. On one hand, patients with this illness are attributed an unclear and vague self – concept, which is usually related to their low sense of identity and a poorly differentiated and separated "self" [2]. On the other hand, inadequacy in self – perception is related to high level of defensiveness. Byrne [12] writes about a repressive type of self – image, Garfield et al. [7] about defensive self – reinforcement, Rogers [13] about defensive conformity of

real self and ideal self, and Kubacka-Jasiecka [14] about pseudo – adaptation of patients suffering from schizophrenia.

The results of this study partially confirm the above reports. Some schizophrenic patients are characterized by defensive tendencies. The more such tendencies they have in the initial phase of the illness, the more pessimistic their self-image is after a few years. Conversely, surrendering to the illness and lack of defensiveness initially, result in higher self – satisfaction and optimism in the later period. In could be said that sooner or later the patients are confronted with the awareness of being ill. In this context, the repressive tendencies seem to be the natural defense against the threat, related to becoming aware of being ill. This is confirmed by research results that report negative effects of identification with the role of a mentally ill person [15, 16].

REFERENCES

1. Gara MA, Rosenberg S, Cohen B. Personal identity and the schizophrenic process: an integration. Psychiatry 1987, 50: 267–279.
2. Fitts WH. The self concept and psychopathology. Nashville, Tennessee: Dede Wallace; 1972.
3. Czabała JC. Rodzina a zaburzenia psychiczne. Kraków: Sekcja Psychoterapii PTP; 1998.
4. Mroziak B. Zaburzenia psychiczne a percepcja interpersonalna w rodzinie (studium relacji matka – dorosłe dziecko z zaburzeniami psychicznymi). Nie opublikowana praca doktorska. Warszawa: Instytut Psychiatrii i Neurologii; 1991.
5. Steuden S. Dynamika zmian osobowości u osób z rozpoznaną schizofrenią. Lublin: Redakcja Wydawnictw Katolickiego Uniwersytetu Lubelskiego; 1997.
6. Balbi A. A journey to delirium: From the shameful and empty self to the grandiose self. Psichiatria-e-Psicoterapia-Analitica 1990, 9: 301–312.
7. Garfield DA, Rogoff ML, Steinberg S. Affect recognition and self-esteem in schizophrenia. Psychopat. 1987, 20: 225–233.
8. Cuesta MJ, Peralta V. Lack of insight in schizophrenia. Schizophr. Bull. 1994, 20: 359–366.
9. Manasse G. Self-regard as a function of environmental demands in chronic schizophrenics. J. Abn. Psychol. 1965, 70: 210–213.
10. Gough HG, Heilbrun AB. The Adjective Check List manual. Palo Alto, CA, Consulting Psychologists Press; 1971.
11. Matkowski M. Test przymiotników jako narzędzie do badania struktury potrzeb jednostki. Przegl. Psychol. 1984, 27: 519–536.
12. Byrne D. An introduction to personality. A research approach. Englevood Cliffs, New Jersey: Prentice-Hall Inc.; 1966.
13. Rogers CR. A theory of therapy, personality and interpersonal relationship as developed in the client-centered framework. W: Koch S, red. Psychology: A study of a science, Volume 3. New York: McGraw-Hill; 1959. p. 184–256.
14. Kubacka-Jasiecka D. Struktura "ja" a związek między agresywnością i lękiem. Kraków: Uniwersytet Jagielloński; 1986.
15. Estroff SE. Self, identity, and subjective experiences of schizophrenia: in search of the subject. Schizophr. Bull. 1989, 15: 189–196.
16. Mechanic D, McAlpine D, Rosenfield S, Davis D. Effects of illness attribution and depression on the quality of life among persons with serious mental illness. Soc.Sci.Med. 1994, 39: 155–164.