

Comparison of self-image before and after the psychotic crisis – the analysis of schizophrenic patients' narration

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Summary

Aim. The aim of this study was to present the influence of experiences connected with becoming ill with schizophrenia on individual system of meanings, especially the way in which the persons describe themselves and their life stories. In order to achieve this goal, the analysis of narration of patients suffering from schizophrenia was conducted.

Method. 20 patients suffering from schizophrenia, critical towards their illness, were examined. The patients were interviewed with a structured narrative questionnaire. They described their lives and themselves in the time before and after the psychotic crisis. The interviews were analyzed according to different literary methods and the knowledge of formal linguistics. The demographic variables and the clinical state of patients were also controlled.

Results. Persons suffering from schizophrenia used more positive attributes and significantly less negative attributes while describing themselves before illness in comparison to the description after psychotic crisis. They reported more positive episodes from their life before psychotic crisis.

Conclusions. Psychotic crisis causes a dramatic decrease of self-esteem and a breakdown of the life story. The patients described themselves and their life in negative, pessimistic perspective. The trauma of mental illness is reflected in narration by breakdown of “good story” about the person and her/his life. This change of self-image concerns the persons who both cooperate in psychotherapy and are critical to illness.

Key words: schizophrenia, narration, self esteem

Introduction

The aim of this study was to find –on the basis of analysis of narration of people with schizophrenia - the answer the question about the impact of experiences connected with becoming ill on the individual meanings of the world. It was discussed how the disease affects the personality, self-esteem and perception of own situation in life. Self-image and the image of the surrounding world before the crisis were analyzed in comparison with the image after the emergence of the disorder. Many studies have described the deterioration of social functioning and quality of life, cognitive dysfun-

ctions, the effect of stigma as a result of disease [1, 2, 3]. There are also analyzes in the narrative studies describing the disturbance of narration in schizophrenia [4, 5, 6]. This following paper adopted a different perspective of interests. This is not an attempt to answer the question how schizophrenia worsens functioning, but what are the subjectively experienced changes resulting from the illness. It is a point of view similar to that adopted by the Psychiatric Rehabilitation Department in studies on quality of life, in which the subjective quality of life was evaluated [2, 7, 8, 9].

The work is located in in the stream of narrative studies in psychology. Description of the sense of change through the narration analysis, is not limited by any imposed categories of interpretation. The self-image is created by auto-narration, which is the story of life answering the question “Who am I?”. In studies on narration theoretical grounds are assumed that people give meaning to their lives and relationships transforming experiences into the story [10, 11, 12]. The narration, in a variety of psychological concepts, is understood as a cognitive schema (in the form of stories) that controls the processes of perception, interpretation and memory of events, and also that enables acting in accordance with the knowledge contained within it [13, 14, 15, 16, 17]. A special form of narration is auto-narration, that is a story about own life that creates the identity of the individual. It contains knowledge about oneself and determines the way of being in the world. As the individuals’ inner world of meanings, it is a hidden construct Its approximations are auto-narration texts (identity narrations). They are usually stories, that is extended speech monologue, containing – usually arranged chronologically – important events, whose main character is the narrator himself, and own descriptive characteristics.

Therefore the a way of life of the individual can be examined analyzing the properties of her/his life stories that has in her/his mental repertoire [13, 16, 18, 19, 20, 21, 22]. In the concept of polyphonic self [17, 16, 23], it is assumed that it can take various subject positions and from their perspective a lot of stories can be created about oneself, that describe it in different aspects. These are the descriptions of the “self” referring to the social roles fulfilled. These descriptions will vary in content and way of creating the text due to the position adopted by the narrator and to which of the roles is presented. It can be expected that stories about themselves in health and about the experience of illness will be different because of the meanings that the individuals assign to schizophrenia in their lives.

The meaning of the experience of schizophrenia for the individual is understood variously depending on the adopted theoretical framework. There is a consensus that it is not only a disorder of the psychophysical body of a man, but relating to personality, identity, social functioning, relationships with significant people [24, 25, 26, 27]. In the existential point of view schizophrenia is understood as a specific way of being in the world and transcending the world [28, 29, 30]. The shape, the theme of psychotic symptoms have their own meaning and structure – created by an individual in order to maintain personal uniformity in the face of danger of disintegration. It is a shape drawn from the chaos of experience as an escape from the tension. Delusions can be categorized according to patterns of their content, but they always have a unique shape,

often relate to significant persons from the immediate environment, and the person's self is standing in the center of the events taking place.

Developing schizophrenia is often associated with the breakdown of the life line. One may wonder whether it is only a change in functioning, or rather a deeper change, relating to personality. Having a psychotic episode is a crisis experience, it can be combined with a decrease in self-esteem, a sense of loss of meaning in life, the collapse of plans for life, a sense of stigma, reduced quality of life [1, 3, 31, 32, 33, 34]. Disorder that affects personality, should influence the image and self-evaluation.

Material

In this study, 20 people with schizophrenia were examined – patients of the Psychiatric Rehabilitation Day Hospital and participants of the IPiN Therapy Workshops. The subjects aged 22–63 years (mean age 41 years), had mainly secondary education (75%) and were of free status (80% unmarried). Patients were ill from 3 to 35 years – mean 15 years, during which time they were hospitalized for 2–38 times (mean 9), the total length of hospitalizations was within the range of 3–64 months (mean 23 months). Age of disease onset ranged from 15 to 44 years of age (mean age 26).

All subjects have been in a stable clinical condition, in remission of psychotic symptoms (PANSS scores for individuals below 120 pts.), critical towards symptoms of the disease (in the assessment of therapists and PANSS: results of questions concerning cooperation, criticism and insight, disorientation, preoccupation with thoughts of less than 4 pts.). In high degree they cooperated in the treatment and remained in prolonged therapy contact. The study group was diverse in terms of demographic variables but consistent in terms of the attitude to co-operation in the treatment and therapy, and in critical and reflective attitude to the disease and the experiences connected with it.

Method

Within the research partly directed narrative interviews were carried out [35], and the PANSS symptom scale and Questionnaire of socio-demographic data were filled in. Each person tested submitted two interviews: “I, as a healthy person” and “I, as a person suffering from schizophrenia”. During the interview the persons spoke on topics related to themselves, their abilities, actions taken, interests, contacts and experiences from the two periods of life. Statements were recorded and then transcribed. The interview was partly directed by the individual therapists of the examined patients. It was decided to collect data in such way that would allow the creation of the most comprehensive, long, abundant in the details texts, so as to compensate for the difficulties of people with schizophrenia in the creation of a coherent narration.

The material for analysis were stories of people with schizophrenia about themselves and life experiences from before and after the onset of illness. Analysis of the obtained texts allowed for a description of the variables “self-characteristics”, “and a way of describing life events. Self-characteristics are recognized as an emotional attitude to the persons themselves: self-satisfaction and the ability to describe oneself

in different aspects. Indicators of self-image are: 1 – the number of attributes marked emotionally positively, 2 – the number of attributes marked emotionally negatively, 3 - evaluative self-assessment, namely the difference between the number of positively and negatively marked attributes. The ability to describe oneself in various aspects – that is the extent of self-description, was assessed on the basis of the total number of attributes used to self- description.

The variable “way of describing life events” was analyzed in terms of the emotional climate stories contained in the texts of the subjects. The indicators were: 1– the number of stories (episodes) with a positive climate; 2 – number of episodes with negative climate. In addition, the total number of episodes has been studied in order to compare the length of the narrations of these two periods of life. This is part of a broader analysis of texts carried out previously (36, 37).

Results

Two narrations of the respondents were compared – descriptions of self and life prior to and after the period of a psychotic crisis, until now. The results are presented in Table 1

Table 1. **The means of the studied narrative variables in the texts: 1 – “I, as a healthy person“ and 2 – “I, as a person suffering from schizophrenia” (n = 20)**

ATTRIBUTES								
Mean SD	positive interview 1	negative interview 1	attributes interview 1	evaluative assessment interview 1	positive interview 2	negative interview 2	attributes interview 2	evaluative assessment interview 2
	27.40	14.70	42.60	12.60	12.40	23.50	36.00	-11.10
	16.30	10.40	25.20	10.40	8.60	11.80	16.70	12.10
EPISODES								
Mean SD	positive interview 1	negative interview 1	episodes interview 1	positive interview 2	negative interview 2	episodes interview 2		
	5.70	3.80	9.70	3.20	5.40	8.70		
	3.30	2.40	4.80	2.50	3.80	5.70		

To compare the two described above narrations of the respondents, the Student’s t test was used. The results are shown in Table 2 – *next page*.

Patients with schizophrenia used a significantly more positive and significantly less negative terms to describe themselves from the period before the illness the in comparison with the description after the occurrence of psychotic crisis. At the same time, the numbers of all the used attributes were comparable in both auto-narrations. Comparing the overall evaluative self-assessment it was found that the subjects significantly higher assessed themselves as a healthy person than themselves in illness. In the case of the period before the illness, self-assessment was positive, and after the psychotic crisis the general evaluative self-report was negative.

Table 2. The results of intergroup comparisons for dependent samples 1 – “I, as a healthy person” and 2 – “I, as a person suffering from schizophrenia” (n = 15)

	Mean difference between 1 and 2 interview	SD	t*	p
positive attributes in. 1 in. 2	14.90	12.57	5.18	< 0.0001
negative attributes in. 1 in. 2	-8.80	10.99	-3.48	0.003
attributes in. 1 – in. 2	6.60	16.95	1.71	0.105
assessment 1 – assessment 2	23.70	16.78	6.17	< 0.0001
positive episodes in. 1 in. 2	2.60	2.61	4.31	< 0.0001
negative episodes in. 1 in. 2	-1.60	3.29	-2.16	0.044
episodes in. 1 – in. 2	1.00	4.32	1.01	0.326

In the description of the reality from the pre-illness period subjects uttered significantly more events of positive course compared to the time after the psychotic crisis. There was also a tendency for fewer episodes quoting of negative climate in describing the first period. At the same time, the subjects presented a comparable number of special events in their lives in both descriptions.

Discussion of results

The obtained results support the hypothesis about self-image change with the onset of psychotic crisis. This change was manifested by reduced self-esteem. People with schizophrenia perceive themselves in a more negative light in the period after falling ill in comparison with the image of self as a healthy person. “I, as a healthy person” is on average evaluated on + 12, and “I, after psychotic crisis” on – 11. This is not a drop of a few points., but a dramatic change - reversing the evaluation. One might speak here about the collapse of self-esteem. If considering it not only in terms of assessment, but specifying concrete characteristics : “I used to be fit, outgoing, intelligent, I could focus, was able to cope with my life, I was independent, active, I was soul of the party, good student, cheerful student”, and now: “I cannot concentrate, I am lonely, isolated, indifferent, disorganized, there is something wrong with me, I am useless, I am ill, worse, inefficient” – then comparison of these contents may indicate in the narration disclosure of the identity crisis. It is a kind of phenomenon as if after schizophrenia onset the person was becoming someone else.

Moreover, the examined persons more negatively perceived their own history after the onset, recollected more life events with negative emotional climate and less positive episodes from this period of life. At the same time, the subjects presented a comparable number of special events in lives in both descriptions. The results point to the breakdown of the “good story” as an effect of schizophrenia [27, 38]. “Good story” is understood in two ways: on the one hand as a system of meanings based on the idea that the world is predictable, anticipation of mostly positive life events, realization of expectations and on the belief that the individuals have an impact on their own lives,

on the other – a “good story” has some formal and content characteristics. The observed breakdown concerns changes in the system of meanings and in the presentation of the text. After falling ill the reality is presented as negatively emotionally marked: sad, threatening, unpredictable. Frequently occurs the motif of lose - of own abilities efficiency, hope, the collapse of the life line.

The concept of polyphonic self [16, 17, 23] assumes that the narration of the individual consists of stories uttered by the various positions of the self, endowed with voice. They concern the roles performed, comparisons to personal patterns, relationships and life experiences. They differ in the content, emotional tone, individual valuation due to the perspective taken by the examined person. Stories about self in health and about self experienced in sickness are different because of the meaning of schizophrenia in the life of the individual. The following work shows that the fact of getting ill allows for distinguishing in the description of own life and own person two narrations that differ in assessment of self and perception of life events. What applies to the period prior to the onset, is presented in a more positive way (in both aspects), as compared with the time after experiencing the crisis. Most often, the symptoms of schizophrenia evoke deterioration of social competences, which results in a lower number of positive experiences and more frequent failures, misfortunes, sad events. Also, the mere fact of getting ill brings suffering. At the same time the subjects are aware of the loss of some abilities, their own competence, which results in more critical self-assessment. Additional phenomenon may be idealizing self and own life in the period before the disease. Thus, people who have experienced mental health crisis, can describe their lives prior to disease as less problematic, more satisfying, interesting, happy - as a result of the adoption of certain “cognitive filter”. From the perspective of time and knowledge of life – rich in experience of suffering and loss – what happened before the disease can be more valuable and idealized. However, it is not unequivocal, because the subjects did recollect dramatic events, of negative emotional climate, from that period. Trauma of mental illness is reflected in the narration by the breakdown of a “good story” about self and life. It should be kept in mind that this change of self-image and image of own life was observed in persons critical towards symptoms they experienced, aware of their own situation, cooperating in therapy.

Conclusions

With the onset of psychotic crisis the self-esteem of people with schizophrenia changed dramatically. Such an extensive change of self-image, very emotional, can be compared to an identity crisis.

- The subjects examined more negatively perceived their own story of life after falling ill, which indicates a positive auto-narration breakdown, which may be the result of developing schizophrenia. This can be due to changes in perspective, in relation to the experienced suffering and deterioration of social competences, as well as idealizing own life from the period before the psychotic crisis.
- Trauma of mental illness is reflected in the narration by the breakdown of a “good story” about self and own life.

- These mentioned regularities concerned persons critical towards the experienced symptoms of the disease, undertaking conscious reflection on their own life situation, cooperating in therapy.

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