
CHAPTER 4

FINDINGS AND DISCUSSION

A descriptive study was conducted to describe self-concept and its components. The findings were presented as follows: (a) description of the demographic data, (b) findings relevant to research question and (c) discussion of findings relevant to research question.

Findings

Part 1 The demographic data of subjects

Demographic data of subjects were presented in Table 1-3.

Table 1 Frequency and Percentage of Subjects' Characteristics
According to Gender, Age, Marital Status, and
Educational Level

Characteristics	Frequency (N=130)	Percentage (%)
Gender		
Male	66	50.77
Female	64	49.23
Age (year-old)		
16-25	33	25.38
26-35	58	44.62
36-45	22	16.92
46-55	15	11.54
56-60	2	1.54
Marital status		
Single	65	50.00
Married	48	36.92
Divorced	15	11.54
Separated	2	1.54
Educational level		
Primary school	10	7.69
Middle school	33	25.38
Senior high school	53	40.77
University	34	26.15

Table 1 presented frequency, percentage, of the demographic characteristics of the 130 subjects on gender, age group, marital status, and educational level. It showed that subjects consisted of 66 males (50.77%) and 64 females (49.23%). The majority of subjects (70%) were young adults with age ranged from 16 to 35 years and with the mean of 32.47 years. (SD = 9.75). Half of subjects (50%) were single and 36.92 percent of subjects were married. Forty point seventy seven percent of subjects finished education from senior high school, while 26.15 percent finished education from universities.

Table 2 Frequency and Percentage of Subjects' Characteristics
According to Family Type, Family Relationship,
Occupation, and Income

Characteristics	Frequency (N=130)	Percentage (%)
Family type		
Extended family	42	32.31
Nuclear family	88	67.69
Family relationship		
Good	79	60.77
Fair	43	33.08
Poor	8	6.15
Occupation		
Worker	69	53.08
Government officer	13	10.00
Teacher	11	8.46
Farmer	8	6.15
Health personnel	7	5.39
Retired	6	4.61
Unemployed	16	12.31
Income (yuan/per person/month)		
< 300	61	46.92
301-400	27	20.77
401-500	18	13.85
>500	24	18.46

Table 2 presented frequency and percentage of subjects' demographic characteristics on family type, family relationship, occupation, and income. For the family type, more than half (67.69%) of subjects had nuclear family, living with the spouse and/or children and 32.31 percent of them had extended family. More than half of subjects (60.77%) had good family relationship and only 6.15 percent of subjects reported their family relationships were poor. Fifty three point zero eight percent of subjects were workers and 12.31 percent of them were unemployed. For the income, nearly half of subjects (46.92%) earned income less than three hundred yuan per person/per month in the family. Only 18.46 percent of subjects earned income more than 500 Yuan per person/per month.

Table 3 Frequency, Percentage of Subjects' Medical Data
According to Length of Schizophrenia and Times of
Admission

Medical data	Frequency (N=130)	Percentage (%)
Length of schizophrenia (year)		
1 year	30	23.08
2-4 years	34	26.15
≥5 years	66	50.77
Time of admission		
1 time	51	39.23
2-4 times	59	45.38
≥5 times	20	15.39

Table 3 showed that the length of having schizophrenia ranged from 1 year to 25 years with the mean of 7.28 and standard deviation of 6.42. Half of subjects (50.77%) had schizophrenia for five years or more. The time of admission ranged from 1 to 17 times with the mean of 2.8 and standard deviation of 2.55. Almost half of subjects (45.38%) had 2-4 times of admission. There were 39.23 percent of subjects had only one time of admission and about 15.4 percent had 5 times of admission or more.

Part two: Self-concept of Chinese rehabilitative
schizophrenic patients

To describe self-concept of rehabilitative schizophrenic patients, the results from the statistical analysis were presented as follows:

Table 4 Mean, Standard Deviation, and Range of Self-concept's Score of subjects (N=130)

Variables	Mean	S.D	Range
Total self-concept	189.93	18.42	139-227
Physical self			
Body sensation	28.49	5.17	12-39
Body image	30.75	5.01	19-42
Personal self			
Self-consistency	38.84	5.53	23-52
Self-ideal/self-expectancy	37.93	3.89	26-49
Moral-ethical-spiritual self	51.04	5.73	32-63

Tables 4 displayed the total self-concept scores and scores of each components of self-concept. The total scores of self-concept ranged from 139 to 227 with the mean of 189.93 and standard deviation of 18.42. On physical self, a mean score of body sensation was 28.49 (with a range from 12 to 39 and S.D. of 5.17) and a mean score of body image was 30.75 (with a range from 19 to 42 and S.D. of 5.01). On personal self, a mean score of self-consistency was 38.84 (with a range from 23 to 52 and S.D. of 5.53), a mean score of self-ideal/self-expectancy was 37.93 (with a range from 26 to 49 and S.D. of 3.89), and a mean score of moral-ethical-spiritual self was 51.04 (with a range from 32 to 63 and S.D. of 5.73).

Table 5 Frequency and Percentage of Subjects According to High and Low Score of Self-concept (N=130)

Variables	High score of self-concept		Low score of self-concept	
	Frequency	Percent	Frequency	Percent
Total self-concept	64	49.23	66	50.77
Physical self				
Body sensation	67	51.54	63	48.46
Body image	66	50.77	64	49.23
Personal self				
Self-consistency	70	53.85	60	46.15
Self-ideal/ self-expectancy	80	61.54	50	38.46
Moral-ethical- spiritual self	70	53.85	60	46.15

Table 5 illustrated that nearly half of subjects (49.23%) had high score of total self-concept. On the components of physical self, 51.54 percent of subjects had high score of body sensation and 50.77 percent of subjects had high score of body image. On the component of personal self, 53.85 percent of subjects had high score of self-consistency, 61.54 percent of subjects had high score of self-ideal/self-expectancy, and 53.85 percent of subjects had high score of moral-ethical-spiritual self.

Discussion

1. Demographic data

There were 130 rehabilitative schizophrenic patients (male=66, female=64) in this study. The average age of subjects was 32.47 years old (ranged from 16-60 years old) and 70.0 percent of subjects were younger than thirty-five years old. These results are supported by a literature that schizophrenia was a major onset in young adulthood and affects both sexes equally (Keltner, Schweche, & Bostrom, 1995). Among subjects of this study, half of them were single (Table 1) and 36.92 percent were married. For their education, 40.77 percent of subjects finished senior high school and 26.15 percent of them graduated from universities. This indicated that most of subjects had achieved relatively high education. More than half (67.69%) of subjects lived in nuclear family with their spouse and/or children. More than half (60.77%) of subjects had good family relationships and only 6.15 percent of subjects reported that their family relationships were poor. From this finding, it can be explained that most rehabilitative schizophrenic patients were satisfied with their family situation and kept good relationships with family members. Fifty three point zero eight percent of subjects were workers and 12.31 percent of subjects were unemployed. For income, nearly half (46.92%) of

subjects received less than three hundred yuans per person/per month in the family. The length of having schizophrenia ranged from 1 to 25 years with the mean of 7.28 and nearly half of subjects (50.77%) had schizophrenia for 5 years or more. The times of admission ranged from 1 to 17 with the mean of 2.8 and 45.38 percent of subjects had 2-4 times of admission and 15.39 percent of subjects had 5 times of admission or more. These findings were supported by the fact that schizophrenia was a chronic disease and easily relapse (Sulliger, 1988 cited in Haber, McMahn, Price-Hoskins & Sideleaa, 1992).

2. Self-concept and its components of Chinese rehabilitative schizophrenic patients

Self-concept

Results from this study illustrated the subjects' total mean score of self-concept and each components of self-concept. The mean score of the total self-concept of 130 subjects was 189.93 with range from 139 to 227 and S.D. of 18.42 (Table 4). There were 49.23 percent of subjects reported high score of self-concept and 50.77 percent of them (Table 5) reported low score of self-concept. These results indicated that nearly half of rehabilitative schizophrenic patients had high score of self-concept meaning to say that

they had positive thought to themselves. They had high beliefs and good feelings that they hold about themselves at this time. They were able to cope or be adapted with their environment in more effectively ways. This result was consistent with previous study of Dzurec (1990) which showed patients with chronic schizophrenia had positive self-concept. He viewed that in a supervised living situation, the chronic schizophrenic patients viewed themselves as functioning relatively effective and most of them perceived themselves as mental well and had positive self-perception. They handled their day to day activities (working, keeping house, and attending activities) with varying degrees of success. They simultaneously demonstrated varying abilities to respond to stimuli in the environment. Their successful habitation in a supervised housing environment might influence their self-perception. In this study, 76.92 percent of subjects (Table 3) had schizophrenia two years or more. Forty five point three eight of subjects had 2-4 times of admission and 15.39 percent of subjects had five times of admission or more. It meant that most of them were chronic schizophrenic patients. On the other hand, this result was just opposite to some authors (Estroff, 1989; Jeffries, 1977' Kennard, 1974 cited in Dzurec, 1990) who viewed that schizophrenic patients had tendency to have negative self-concept. Some authors (Febrega, 1989; Taylor, 1994; McCay,

Ryan, & Amey, 1996) viewed that schizophrenia had a profound impact on an individual's self-concept. However, these authors' views did not focus on rehabilitation period. The prominent changes in cognitive, perceptive, emotional, behavioral, and social are presented during acute period. In the rehabilitation period, most of these changes are subsided.

The possible explanations of half of subjects had high score of total self-concept may be because during their rehabilitation period, they received effective treatments and therapies. The disturbances in affect, perception, cognition, behavior, and socialization were treated, especially their perception, cognition, and emotion have recovered. Subjects were able to think clearly and logically, receive correct sensory and stimuli, and perceive reality. These effective treatments and therapies contributed them to hold positive feelings and believes about themselves. Janosik and Davies' (1986) views about the treatment of schizophrenia supported this finding. With appropriate medications, subjects were able to engage in human interactions that made rehabilitation possible. Antipsychotic medications caused the schizophrenic person to be less out touch with reality, less withdrawn, less delusional, and less anxious (Janosik & Davies 1986). Milieu therapy was to oppose regression and to foster patients a sense of personal worth, to enhance their ability

to interact with others, and to increase their social competence so that a return to a more rewarding lifestyle was possible (Janosik & Davies 1986). Group therapy or group interaction was an effective way of modifying maladaptive behaviors. In the group meetings, subjects learned how to communicate with others, to become aware of how they appear to others, and to improve their communication skills (Janosik & Davies 1986). Effective communication or interaction with others will benefit individual positive see themselves (Roy, 1976).

After receiving an effected treatment for their acute phase of illness, in the hospital, subjects were able to perceive their self. The expected outcome of treatments for these patients was to gain their insight and good orientation. This outcome always be considered as "social recovery" rather than "cured" or "full recovery" (Kolb & Brode, 1982). These subjects of the study who were classified as rehabilitation period and were expected to return to their social living had high score of self- concept. The findings confirmed the results of treatments they received. McCay and his colleagus' study (1996) provided the evidence that group therapy can help patients build their confidence and improve their self-concept.

In addition, 60.77 percent of subjects had good family relationship and only 6.15 percent of subjects felt

they had poor family relationship. Good family relationship might facilitate individual to recover from acute phase. Andrews and Roy (1991) viewed that reactions of others influence the person's sense of self. Taylor (1994) also viewed disturbance in communication affected one's self-concept. Thus, good family relationship might be as a positive factor facilitate individual to positive see themselves.

On the other hand, 50.77 percent of subjects (Table 5) had low score of self-concept. This result showed that half of rehabilitative schizophrenic patients still were dissatisfied about themselves and did not have good feeling about themselves at rehabilitation period. This finding was consistent with some authors' views that schizophrenic patients tended to have negative self-concept (Beck, Rawlins, & Williams, 1988; Tayler, 1994). The possible explanation of low self-concept may be because schizophrenia is a syndrome which difficulty to be completely recovered. After having schizophrenia, some patients exhibited isolation, withdrawn, and reduced social function that may affect the patients to see themselves and interaction with others (Tayler, 1994). In addition, subjects' views about the schizophrenia may be also affected their sense of self. From nursing practice, it can be seen many schizophrenic patients were very worried about their illness and job which might contribute the negative

self-concept. Other people's views about the schizophrenia also affected subjects' sense of self.

Components of self-concept

Physical self

Body sensation

On physical self, the mean score of body sensation of subjects was 28.49 with the range of 12 to 39 and S.D. of 5.17 (Table 4). There were 51.54 percent (Table 5) of subjects had high score of body sensation. These results indicated that about half of subjects had relatively high appraisal and ability of their physical being. They felt strong and experienced themselves as a physical being. The possible explanation of why half of subjects experience one self as physical being may be because the physical discomforts of schizophrenic patients usually related to their emotional state. Various physical problems were not concerned with physical illness (Tayler, 1994). During the rehabilitation period, the major disturbance in cognition, perception, affect, behavior, and socialization were subsided. Subjects were able to return to their social environment and to previous equivalent occupation (Kolb & Brode, 1982). When subjects were able to live as normal people, they may not feel like having physically ill.

On the other hand, 48.46 percent of subjects (Table 5) reported relatively low score of body sensation. This result suggested that half of schizophrenic patients still had low body sensation during rehabilitation period. Low body sensation means that the ability to feel and to experience oneself as a physical being is low. The first possible explanation of this result may be because schizophrenia itself impacted subjects' ability in their daily life, work, and academic. Haber (1992) and his colleagues viewed that negative self-concept of schizophrenic patients was derived from negative appraisals of their rejecting relationships, and actual failures in school, work, or independent functioning. The second possible explanation may be because of some side effects of medication. Kaplan and Sadock (1995), Janosik and Davies (1986) mentioned that antipsychotic medications have some side effects. Those side effects are common and frequently appear among the patients that introduce uncomfortable symptoms and sometimes frightening for clients.

Body image

Body image is another subcomponent of physical self. The mean score of body image of subjects was 30.75 with the range of 19 to 42 and S.D. of 5.01 (Table 4). There were 50.77 percent of subjects (Table 5) who had high score of

self-concept concerning on body image. This result body image indicated that half of subjects were satisfied with their body appearance and felt good about their body physically. The possible explanation of this result may be because subjects had recovered from the acute period of schizophrenia. Changes of perception such as hallucination and illusions were treated before they went to the rehabilitation period. Subjects' perception on physical structures, functions, and appearance were almost back at the normal stage. Thus, the effective treatments contributed subjects to cope with this change.

On the other hand, 49.23 percent of subjects had low body image. This result indicated that nearly half of rehabilitative schizophrenic patients still had low body image. It meant that they were dissatisfied with their body appearance and did not feel comfortable with their body parts. From the relatively low score items on body image showed that subjects felt they were not physically fitted, they didn't feel being attractive to others, and they felt not as a healthy person and not as good as they could be. They felt themselves not having attractive to others.

Personal self

Self-consistency

Self-consistency is one of the sub components of personal self. The mean score of self-consistency of subjects was 38.84 with the range of 23 to 52 and S.D. of 5.53. There were 53.85 percent of subject who had high score of self-consistency. This result indicated that more than half of rehabilitative schizophrenic patients were able to maintain a consistence of self-organization and adaptive responses to a situation. They gained more adaptation with the changing environment. The possible explanation may be because during the rehabilitation period subjects had good orientation and could live as normal people (Kolb, & Brode, 1982). Self-consistency is the continuity of self over time. In rehabilitation period, the threats of disease were eliminated or subsided. Effectively treatments and nursing assistance helped subjects to reduce the painful of disease. With daily activities taught, subjects could be able to manage their routine activities that improved their life purpose and increase their sense of security (Janosik & Davics, 1986). Subjects hold their purpose of life and managed their living activities which might contribute their identification of self. In addition, the group therapy and family therapy increased subjects' ability to interact with others that would reduce their feeling of isolation.

On the other hand, 46.15 percent of subjects (Table 5) showed low self-consistency. From relatively low items, subjects showed that they were not able to be easygoing with their illness, were worried about other people's expectation and lack of confidence on their ability. The possible reason that nearly half of subjects had low score of self-consistency may be because of their personal trait. Taylor (1994) viewed that most person with schizophrenia were particularly vulnerable to many forms of stress that might affected subjects effective to cope with the changing environment such as situation of illness, social situation etc.

Self-ideal/self-expectancy

The mean score of self-ideal/self-expectancy of subjects was 37.93 with the range of 26 to 49 and S.D. of 3.89 (Table 4). Most of subjects (61.54%) had high score of self-ideal/self-expectancy. This result showed that subjects responded high score of self-ideal/self-expectancy, which meant that they had high expectation of themselves. One possible explanation may be at rehabilitation period, the threats of disease were eliminated or subsided. Subjects had expected to fulfill their normal role of responsibilities, which gave subjects some control over their life and which help them to fulfill their self-ideal/self-expectancy. The

other reason may be the desire of subjects to be healthy and success. The high score items of self-ideal/self-expectancy reflected that subjects had very strong expectation on health and competence which might contribute high score of self-ideal/self-expectancy of subjects. These findings were supported by Stuart and Sundeen (1987) who mentioned that one's ambitions and desire influence one's self-ideal/self-expectancy.

On the other hand, there were 38.46 percent of subjects had low self-ideal/self-expectancy. This result indicated that some rehabilitative schizophrenic patients had low expectation and image of themselves. The low image of what they expected of themselves, and wished to become, may affect subjects toward achieving the identified goal. It might affect their rehabilitation in social functioning. Low self-ideal/self-expectancy may cause the problem of powerless (Andrews & Roy, 1991).

Moral-ethical-spiritual self

The mean score of moral-ethical-spiritual self was 51.04 with the range of 32 to 63 and S.D. of 5.73. There were 53.8 percent of subjects who had high score of moral-ethical-spiritual self. This result indicated that more than half of rehabilitative schizophrenic patients had relatively high moral-ethical-spiritual self. It meant that they gained high

self-concept on moral-ethical-spiritual self.

On items of moral-ethical-spiritual self, subjects scored relatively high score on their moral-ethical behavior and beliefs. Those relatively high score items reflected that subjects observed and evaluated themselves for not having intend to do things wrong to get ahead and belief they were honest person. They were satisfied with their moral behavior and tried to change their mistake when they knew they were wrong. They believe in being honest at all costs and seldom do bad things. Subjects had high score of moral-ethical-spiritual self would effectively influence the value or esteem of subject to feel about themselves.

On the other hand, There were about 46.15 percent of subjects reported low moral-ethical-spiritual self. This result suggested that some of rehabilitative schizophrenic patients dissatisfied their moral-ethical-spiritual self. On the relatively low items of moral-ethical-spiritual self, subjects reported that they were long way from doing what they believe, they tend to be patient with themselves, and felt Lord Buddha/God/Supernatural did not usually help them when they get in trouble.

In summary, the findings of this study revealed that nearly half (49.23%) of subjects showed high score of self-concept. On the subcomponent of physical self, 51.54 percent of subjects showed high score of body sensation and 50.77

percent of subjects showed high score of body image. On the subcomponent of personal self, 53.85 percent of subjects showed high score of self-consistency, 61.54 percent of subjects showed high score on self-ideal/self-expectancy, and 53.85 percent subjects showed high score of moral-ethical-spiritual self. These findings of the study indicated that about half of rehabilitative schizophrenic patients hold high score of self-concept as well as its components, except on self-ideal/self-expectancy, majority of subjects showed high score.