A consideration of the application of Self Concept Theories when working with adolescent schizophrenia.

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'I can't go on. You are arguing in order to have the pleasure of triumphing over me. At best you win an argument. At worst you lose an argument. *I am arguing in order to preserve my existence*.'

– Case Study R: RD Laing, The Divided Self, 1960.

Introduction

Ever since William James, following a walk in his local park, recognised through his observed isolation that there is an "I and a Me" (James 1890 p.310), we have witnessed a considerable body of work and postulation from psychological theory on the nature of our individuality. Many theorists, from Freud and Jung, to Maslow, Mead, Cooley and Rogers, to Baumeister and Erikson, uphold the common assertion that, within us, there exists an intrinsic working of the mind and a formulated perception of the individual it governs, the arrangement of which is nominally known as Self Concept.

This paper seeks to assess the applicability of theories of Self Concept to individuals for whom there is a disassociation from reality which arises from, and is controlled and exacerbated by, a weakened, incorrect and fragmented perception of Self and Other. How can theories of Self Concept be applicable to both understanding and treating adolescent schizophrenia?[1] How have the elements of these theories been utilised by people working in the mental health profession? Here I shall be considering these questions whilst referring to existing literature, research and methodological application relating to what we know as the Self. I will focus therapeutic approaches based upon Maslow's Hierarchy of Need, and Rogerian theory.

Focus & Context

The focus of this enquiry is into the value of these theories to the adolescent mental health profession. I will be examining two forms of therapy: art therapy, which allows

[1] For a definition of the symptoms and nature of schizophrenia please see the Appendix.

the individual to communicate the inner cognition of the mind in an external and creative way using the Rogerian person centred approach; and Compassion Focussed Therapy, which is based around the Maslovian hierarchy of need. Compassion Focussed Therapy looks at understanding an individual, even when deep in psychosis, and attempts to reconcile the ideal and real self towards self-actualisation (Ellerby 2012). I will assess the measurements of the success of these practices through a consideration of current methodology, consider any limitations or shortfalls and relate them to my observations.

My context is one of a non-clinical professional in mental health (adolescent and adult psychiatric units) who has observed and understood schizophrenia for sixteen years in some depth, in both a professional and nonprofessional setting.

Case Studies

> *"My whole life I have to be the example because my brother was always in trouble and then he died, so I have to show them how to be properly"* - Sabrina.

Sabrina is nineteen and a mother of one. She is the second oldest of five children, in an observant Muslim family. She has schizophrenia. Her brother died in a car accident when she was fifteen. She had an arranged marriage at sixteen, and she had her first psychotic episode a week later. She was sectioned under the Mental Health act in a hospital for two weeks as she was deemed a danger to herself and others. She was given antipsychotic medication (Olanzapine) to lessen the effects of any future acute schizophrenic episodes. Later on in the year she became pregnant and took herself off of her medication, whereupon she had another acute schizophrenic episode and was sectioned again. Her son was born with renal failure and Cerebral Palsy. Her symptoms display grandiose content – but not overly. She claims to have met the queen and prime minister during her last trip to London. She claims to have met JK Rowling in a coffee shop who gave her unpublished manuscripts of a new Harry Potter novel. I don't believe she believes these events happened, I believe she knows she is exaggerating just as how you or I would exaggerate a story to mask an insecurity; when not in acute schizophrenic stages she does tell exaggerated stories, for example

how much money she spent on a dress whose label indicates otherwise. Sabrina has a loss of identity through her dichotomised existence of British and Asian. She was arranged to be married because her family found she had a boyfriend and it would bring shame on the family name. She feels shame because her son is disabled, not because of her own perception, but because in her community to have a child that is not healthy is a negative reflection of the physical and mental wellbeing of the parent.

"I'd be going to the shops and I'd be wondering.. Is that my dad? Is that my dad? Is that my dad?"- Soloman

Soloman is eighteen years old. He is a mechanic and works in a garage with his uncle. He comes from a West African family. Soloman came to the UK when he was six years old with his mother, who left his father when he was six months old. He met his father for the 'first' time when he was seventeen, after his second psychotic episode. When he was fifteen Soloman started smoking crack cocaine, and when he was seventeen had two episodes of acute schizophrenia. Soloman's symptoms are paranoid in nature (there are people upstairs, there are people trying to break in, there is a woman watching me,) and a repetitive use of the same words. Soloman's anxiety in life before his schizophrenia was 'who is my dad'? Soloman uses music and church to relieve some of his psychotic thoughts. Meeting his dad for the first time and the eternal and metaphysical knowledge for him that his religion brings him peace has given him a sense of identity.

Both Sabrina and Soloman were given antipsychotic drugs and no talking therapy. Below I will discuss how I think Rogerian art therapy and Maslovian Compassion Focussed Therapy may have helped both, and how elements of their recovery have unintentionally enlisted both approaches.

Literature

A breadth of literature exists illustrating the correlation between the Self and psychological difficulty. Evident themes within this literature suggest, if I may, be

categorised thus: i)‘The Intrinsic Self ’(that there exists a core self), ii) the ‘Extrinsic Self’ (the core is influenced by stimulae and causes an outward projection) iii)’movement’ (that there is an assiduousness about how we change over time, iv) the three ‘Concept, Efficiency and Esteem’ measurable valuations of the Self that are used in current experimental and quantifiable study of the self.

The influences upon the Self of course vary from theorist to theorist, and the experiences of what constitutes the individual can range from social to linguistic to sexual to political to innate. There are also differing opinions on the moral nature of the intrinsic self. In the following paragraphs I will use psychological theory to illustrate this and relate it to my two case studies.

The Jamesian Influence

“If, with the Spiritualists, one may contend for a substantial soul, or transcendental principle of unity, one can give no positive account of what that may be. And if, with the Humians, one deny such a principle and say that the stream of passing thoughts is all, one runs against the entire common-sense of mankind, of which the belief in a distinct principle of selfhood seems an integral part.” – William James, The Principles of Psychology.

For William James, arguably the seminal father of “I and Me”, the self is composed of the tripartite existence of the material, spiritual and social (James, 1890). The ‘Me’ in this case is the Self. The ‘I’ in this case is the ‘Pure Ego’ (p.329). James proposed the view that within the material, social and spiritual, the self is self seeking or self estimating (p329), including in areas of achievement and success. Elements of Jamesian theory can be seen in subsequent works by writers such as Cooley, Mead, Rogers, Maslow, Baumsteiger and Mead, proposed in symbolic interventionist theory, Maslow’s hierarchy of needs, and Rogerian humanistic theory. There is no doubt that James’ contribution to the theory of Self was substantial.

The Intrinsic

Schizoid phantasies of stealing and being robbed are based on this dilemma [between the inner and outer self]. If you steal what you want from the other, you are in control; you are not at the mercy of what is given. But every intention is instantly felt to be reciprocated. The desire to steal breeds phobias of being robbed. The phantasy that one has got any worth that one possesses by stealing it is accompanied by counter-phantasy that the worth that others have has been stolen from oneself...and that anything one has will be taken away finally: not only one has, but what one is, one's very self. Hence the common schizophrenic complaint that the 'self' has been stolen, and the defences against this constant danger. - RD Laing, 1960

Consistently, theorists from the worlds of philosophy, politics and psychology have advocated the idea that there is an innate, intrinsic, self. For Freud this was called the Id, Rogers the "organized, consistent and conceptual gestalt" (Rogers 1959), for James it was the Pure Ego, for Laing, the Embodied Self. Similarly: Hobbes, JS Mill, Plato, Aristotle[2]. For Rogers, this innate and basic being is constantly striving – for good . Alternatively, for Freud, the Id is our basic, repressed, survivalist and amoral instinct- the unresolved conflict within which is the cause of hysteria.

It is the fragmented nature of the Intrinsic, inner self that engenders the slow breakdown of the self which results in late adolescence as psychosis (Emler 2001, Harter 1993, Bagley et al. 2001). Harrop & Trower (2003) argue that if these symptoms of self break down are seen in psychosis are prevalent from an early age and, if detected, could provide a way of pre-empting schizophrenia.

For Soloman, what he calls 'the darkness' (an acute episode) is never too far away. He must always work hard to shape his inner existence to keep 'the darkness' away. "I spend a lot of my time communicating my inner core through my gospel music and I also write songs for God, because if I can sometimes think that God is talking to me, I think I'm allowed to sing back to Him."

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[2] For Hobbes, the Natural Condition, for John Stuart Mill, it is Utility as Human Nature, for Plato, the Good, for Aristotle, Magnanimity- to name but a few.

The Extrinsic

"I am not who you think I am; I am not who I think I am, I am who I think you think I am" (Cooley 1902).

Be it our symbolic interactions (Mead, Shalin, Goffman), our perception of a Significant Other (Sewell et al. 1969), our social identity (Baumeister 1997), our Unembodied Self (Laing 1960) or a 'Looking Glass' through which we view ourselves (Cooley 1902), theorists suggest the extrinsic, outside, influences our intrinsic, inside.

One of the tenants of Self is social identity (Larson & Buss 2005, Baumeister 1997). As an infant, a sense of self begins as recognition of the body and the social interaction with the mother. Through subsequent thoughts, choices, feelings and initiation of action the perception of self is built upon the intrinsic self through inferences a person has made for themselves, these being a reflection of personality and characteristics, but also an understanding of the expectation of social roles and relationships. (Larson & Buss)

The role of the Significant Other affects the decision making of adolescents[3] (Sewell et al. 1969), the Symbolic Other being primarily a person, and secondarily a more abstract notion such as a concept, societal perception, philosophical theory or political mandate (Sewell). For the Symbolic Interactionist, the physical reality is characterised by social definition, and individuals respond to this in order to form a notion of Self (Shalin 2014) The physical reality, social reality and unique reality form the Self[4] (Shalin). For Erving Goffman, the symbolic interaction a mentally ill person

[3] The role of the Significant Other, as measured through the Wisconsin Model of status attainment, identified the importance and relevance of the influence of parents, teachers and peers on the decision making of adolescents. The Significant Other is primarily a caregiver during the early formative years of a child's social development – the persons who protect, reward, punish and play with the child during approximately the first seven years. Later on the Significant Other can be described as a peer, a combination of peers, societal perception or a more abstract notion such as a philosophical theory or political mandate (Sewell et al. 1969)

[4] The components of the first are based in our material, biological selves; the second, the inner persona that is created from the interaction and perception of others and the third is what is unique and individual about a person. and often those who have expressed themselves through music and the arts have been able to translate their unique reality into a social one

has with an asylum leads to a mortification of the self; an individual's perception of self is decreased due to the debilitating nature of the institution represented by the asylum (Shalin).

The perception and influence of the Significant Other has an influence on the symptoms of schizophrenia. In a 2003 research study Barroclough et al. (2003) correctly hypothesised that a critical attitude from close family members had a negative impact on both self evaluation and on displaying positive symptoms (Barroclough). In much of a way that reflects this, Sabrina's major influences are from the people around her. She feels anxious because of her community's perception of her disabled son, and when talking about her son, despite knowing he has a lifelong condition will always talk in terms of him one day getting better. Her relationship with the external world is such that it initially embedded the insecurity, exacerbated the insecurity, and that insecurity grew and grew until she became paranoid and delusional about the extent to which people thought of her.

Self Concept, Self Esteem, Self Efficacy.

> *"I cannot think of a single psychological problem - from anxiety to depression, to under-achievement at school or at work, to fear of intimacy, happiness or success, to alcohol or drug abuse, to spouse battering or child molestation, to co-dependency and sexual disorders, to passivity and chronic aimlessness, to suicide and crimes of violence - that is not traceable, at least in part, to the problem of deficient self-esteem"* -Nathanial Branden, 1994

Subsequent developments of 20th century psychological thought have grouped theories of self into the quantifiable concept, esteem and efficacy. Butler & Gasson (2005) point out the following: 1) the global overarching view of self may be regarded as 'self concept'. 2) Its evaluation relating to worth 'self esteem' and 3) defining the characteristics and descriptive nature may be understood as 'self image'.

For James, self esteem is the ratio of "our actualities to our supposed potentialities" (James 1890 p.310). An experiment conducted in 2003 concluded that

the Jamesian model of self esteem was correct in identifying that how far we succeed is relational to how we perceive things that are important to us (Higgins 2003). Much has been written on the value of self efficacy (the extent to which we may achieve our goals), self esteem (my independent and positive evaluation of myself) and self concept (the perception of myself as told through experience and interaction). Positive concept, esteem and efficacy are predictors of several successful outcomes in late adolescence, including academic achievement and avoidance of risk behaviour (Shavelson 1976, Marsh 1997, Beery 1976). The implications for the purposes of this paper are that consistent negative indicators of these will result in mental ill health in later life (Beery 1976).

Movement

> "*The organism has one basic tendency and striving - to actualize, maintain, and enhance the experiencing organism*" (Rogers, 1951, p. 487).

Most appropriately for the purposes of this paper is the idea that we are constantly in a state of movement and change (Erikson 1950, Rogers 1950, Maslow 1943, James 1890) For Erikson, we are constantly trying to define and redefine our identity (Erikson 1950) and when this comes to a standstill, usually in adolescence or mid life, we experience an identity crisis (Erikson). James said that we are constantly striving to better ourselves, up to a point: "Isn't it a wonderful day when we stop trying to be young.. or slender" (James 1890). Within Rogerian theory is the idea we are constantly seeking to self actualise; this occurs when the person who an individual thinks who they are is congruent to the person they actually are. For Rogers, "As I accept myself for who I am, only then can I change" and within this change exist five characteristics of a fully functioning person: openness, existential living, trust in feelings, creativity and a fulfilled life. Maslovian theory indicates we are in a state of constant self actualisation through the movement through his Hierarchy of Needs, which is pertinent to the discussion of schizophrenia, the symptoms of which affect all tiers of Maslow's Needs (as I shall talk about below).

Identity, and Identity Crisis, are significant to the study of mental ill health (Erikson 1950, Baumeister 1985). There are two types of identity crisis: identity conflict, and identity deficit (Baumeister). Both Sabrina and Soloman have an Identity crisis that reiterates Baumeister. Theirs is a 'motivational' crisis with a lack of guiding commitments in establishing personal goals and values, and an inadequate formation of one's identity. Questioning value systems, disregarding authority and becoming vulnerable and persuadable as a result of the lack of stability this brings is pertinent to the both my case studies. When Soloman starting questioning his identity, he was questioning everything that was true. He questioned his mother, a strict and hostile woman who had lied to him about his father. She was his primary caregiver, but now also not valid as a source of authority. Similarly, Sabrina had a conflict and deficit – the conflict being her identity as a British and a Pakistani, the deficit being her lack of knowing where to hold personal, moral and authoritarian values.

The Theory in Practice

My hypothesis is that humanistic, person focussed and art therapy can help the psychotic individual in the following ways: Aiding them through Self Actualisation; Building on the intrinsic self; allowing the positive extrinsic influences to influence self-concept. I hypothesise that arts therapy can allow the individual to make visual sense of their perceived, ideal and actual self and therefore, in a Rogerian sense help bridge the gap between the actual and ideal self.

Rogerian based Humanistic and person- centred therapy is based on unconditional and positive regard. In my sixteen years of experience of and almost daily exposure to schizophrenia, I think it is possible to engage with people who are in the midst of a psychotic episode- one simply needs to have an active imagination, a purpose, and a willingness to go anywhere. One such place is Art therapy, which uses Rogerian, person centred therapy, to help express inner feelings through the medium of art. Such a medium is without boundary –much like the nature of a person's psychosis. The tenants of art therapy include respecting and valuing peoples work (Wood 1985) which in turn values and builds on their self-esteem. Art rooms differ from the traditional

institutionalised rooms of psychiatric care and there is less of an emphasis on doctor and patient (Charlton 1984). This therefore can be conducive to the environment of creating a sense of self. A positive self-image may be formed through a realisation of one's ability (Charlton) and a grip on the past and present, through creating a sense of play and a warm and safe environment – as may have been experienced in childhood. This warmth and safety can "fill the gaps in a person's sense of themselves and a feeling of self-worth and place in the world can improve." (Wood 1985).

This is particularly pertinent to Soloman, who although did not receive art therapy, made use of his own creativity through the use of his music. For him, as a young person from South London, music has always played an important role in his life. He writes it, he raps ('spits') it, he listens to it, downloads it, and has a collection of over a thousand songs. It is a way in which he is able to express himself without judgement, as it is something that is expected of him, and something that his ability gives him self esteem for.

Compassion Therapy

> *The schizophrenic is desperate, is simply without hope. I have never known a schizophrenic who could say he was loved, as a man, by God the Father or by the Mother of God or by another man. He either is God, or the Devil, or in hell estranged from God.* - RD Laing, 1960.

In recent years, Compassion Focussed Therapy has been used to aid self actualisation based on Maslow's model of the hierarchy of need (Gilbert 2010). The nature of psychosis is one that affects all five tiers of Maslow's hierarchy and therefore can delay self development in a number of ways. For example a person's physiological needs are compromised when the physiology is dominated by anxiety, and a patient may have trouble washing, feeding themselves, etc. (Tier 1). To feel secure and safe and out of danger, a patient may need to recognise the illogical nature of what they are thinking both internally and what is perceived as externally (Tier 2). Paranoid delusions makes an individual feel unsafe in the world, and thus make it difficult to trust, build relationships and fulfill the criteria of belongingness and love needs (Tier

3). The symptoms are so wrapped in a package of incorrect self perception that they are reflected in the voices and delusions of someone who is constantly told by the voice in their head they are unworthy of attention –or to the other extreme have delusions of grandeur where they are very important. People with schizophrenia are schizophrenic by definition of their unrealistic perception of themselves and of the world around them, and therefore there is an inability to work towards self esteem as in Tier 4. The following tiers of understanding and exploration, of the aesthetic need, of self fulfillment, are hindered by the inability put energy into self fulfillment when attention is being pulled by external threats and delusional focus.

Those with schizophrenia are socially stigmatised. This stigma leads to social isolation. The stigma and social isolation are internalised (Ellerby, 2013).

Compassionate therapy helps to increase self esteem by reducing the self critical voice and can be used in soothing the fear and paranoia of what others may be thinking about us, or thinking about doing to us (Paul Gilbert 2010). It is important to understand that Tier 1 is hindered by the fact that at some point in the persons life, the other Tiers were compromised.

The practical applicability of Maslow's Hierarchy

Tier 1: Help is given that supports basic needs such as keeping clean, eating, cooking, receiving practical support – and also learning to give practical support: For Sabrina, *"when my house is tidy and my hair is washed, and my son is wearing washed and ironed clothes, I feel like a real person, you know?"*

Tier 2: Therapy may focus on relaxation, breathing or safe place imagery. Safe shelter can contribute to the need for safety and security, and feeling away from danger. For psychotic adolescents this focus may well be away from childhood homes or cold hospitals where previous traumas were experienced.

Tier 3: The ability to connect to and empathise with others is an important component of building a sense of belonging and social identity, through which an individual may be able to build the self esteem and actualisation required for the

following tiers. For the adolescent this comes from the environmental support of the mental health staff, a clear and reliable routine, and expression through the arts. An understanding of their own symptoms and of the symptoms of other patients are important in the development of this tier and often group therapy takes place where each person is asked to describe the feelings of another. If family can be involved at this point they are encouraged to in a positive way.

Tier 4: Self esteem can be built through dealing with the self critical voices that hinder the development to the self actualisation tiers. As Gilbert (2010) states "it is easier to give compassion to others than to oneself" and patients are encouraged to be empathetic towards each other.

For Soloman, being on the receiving end of empathy, away from the hostility of his mother (who in later months realised this and went in the opposite direction, very caring, very nurturing, to a point he was almost too fussed over) was an important step to recovery. In understanding that others (Significant others including God and the people at church) cared for him, had expectations for him, relied on him and wanted him well he was able to give that empathy back and gradually build on the sense of self he achieved. When asked, "what makes you you?" and after giving my own examples, he answered, "I am a man, I am a son and I am a servant of God." His renewed identity and core self came from the empathy he received from others, and the perceived love and empathy of God, who replaced his biological father.

Mark Ellerby (2013), who received compassion – focussed therapy after several schizophrenic episodes, wrote:

"*I feel that compassion can help you overcome the fear and stigma attached to the emotional support you need. When I eventually calm down, I return to a normal emotional state and go from threat to safeness … and vice versa when frightened.This seems to point to the fact that climbing the Maslow tree may be possible with schizophrenia. Compassionate support from services and family will help this journey. CFT has given me some hope."* (Ellerby 2013)

One component in this is the empathy for paranoid symptoms. For example, Sabrina, a month after the episode in question, and whilst not in any state of psychosis, explained how in the middle of the night, an invisible ghostly man pinned her down and told her he was going to tear her family apart. She said a prayer in Arabic that was along the lines of 'I fear God not you' and he went away. The communication of the particular event was one which had to be treated carefully since Sabrina is a religious and practicing Muslim and it is well within his belief system that such a supernatural being may exist, and so the reflective conversation afterwards was not about the existence of what she thought was real, but rather its words and why it may have said those things- it was clearly aware of her insecurity about her family running away or crumbling before her and therefore used this to scare her. Without undermining the metaphysical facets of religious belief it may be argued that this particular episode it was her self-critical voice that Sabrina heard and was able to cast away.

Conclusion

- There exists a limitation on the quantifiable nature of this study.
- Through my observations, elements from many of my previously outlined theories of self concept have been utilised by the case studies in order to achieve some recovery, even if this was without formal psychiatric help.

The case studies I mention are through observation and conversation. Current quantifiable methodology through self development questionnaires is known to be incompatible when working with psychotic individuals and those with depression, as results will vary from day to day, patients may not understand or want to give

answers, may deliberately give wrong answers or varying answers given different days, moods and symptoms (Strand et al. 2013)[5].

Strand et al (2013) mention the inefficiency of questionnaires and the reliability of interview through conversation. Tatlow & Guerin (2010) suggest that whist they are widely used and multidimensional, current questionnaire based measurements are unreliable in outcome whereas 'draw and write' methods are more effective in allowing children to express their social and active self concepts. Wilkinson et al (2000) developed the SQLS (self report quality of life measure for people with schizophrenia) comprised of unambiguous and open ended questions which was useful only in the evaluation of new treatment regimes for people with schizophrenia, rather than an analysis of how they felt about themselves. Such questionnaires are therefore best suited to when the patient is out of their acute phase of schizophrenic psychosis.

Both Sabrina and Soloman were given antipsychotic medication and no formal talking therapy. I do think that the ways in which they were both able to build their senses of intrinsic self mirrored the way in which a compassion based or art therapy would have worked. I also think that elements of the other theories, which I grouped into intrinsic, extrinsic, moving, apply to the facets of their recovery. Soloman uses creativity to express his intrinsic self. The ability to do small things for herself such as go to the shops, clean up and look after herself allows Sabrina to step on to her own Maslovian Hierarchy.

Most notably, societal perceptions and the roles of Significant Others (Sabrina's community, her brother and parents, Solomans church congregation and his mother) played both a part in the build up to both psychoses, and aided in their recovery too.

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[5] That said, here are some current self development measurement tools, including those designed for evaluation during psychosis and in states of non verbal communication. Several self esteem scales exist (Butler & Gasson, 2005). These are: The Self Concept Scale (SCS), Self Esteem Scale (SES), Tenessee Self Concept Scale (TSCS), the Multidimensional Self Concept Scale (MSCS), The Self Esteem Inventory (SEI), The Self Perception Profile for Children (SPPC) and the Self Image Profile (SIP-C; SIP-A) all of which are based on various theories of behaviour analysis and self concept measurement. By far the Rosenberg SES is the most popular scale used to measure self esteem in adolescence (Butler & Gasson 2005).

For Laing (1960) the psychotic self is divided into parts, and it is the disassociation of these parts (the ‘embodied and the unembodied self’) that leads to the thought process of psychosis.

“There is a rent in his relation to with his world and, in the second, there is a disruption of his relation with himself. Such a person is not able to experience himself ' together with' others or 'at home in' the world, but, on the contrary, he experiences himself in despairing aloneness and isolation; moreover, he does not experience himself as a complete person but rather as 'split' in various ways, perhaps as a mind more or less tenuously linked to a body, as two or more selves, and so on” (Laing, 1960, p. 17.)

It is the assimilation of the self within social constructs and social relationships that enables a person to self actualise (Maslow 1943, Rogers 1950), carried further, enables the schizophrenic person to make the first steps to recovery. It is this assimilation that aided Soloman: the relationships he formed from the church grew his sense of being within the world around him and created Significant Others in the sense of a community as a whole as well as individuals. Similarly, social relationships, empathy, and a person centred approach is key when working with individuals who’s perception and often experience of the world is so disparate from these concepts.

Where theorists have disagreed has largely been on the nature (the morality or value) of the self. For example Branden (1994), an associate of Ayn Rand and therefore a proponent of hedonistic self fulfilment argues that the Rogerian principle of goodness in self fulfilment is futile as we are essentially individuals who do and should not perform altruistically. Similarly, Freud’s Id is different in moral value to Roger’s core self. For the purposes of studying schizophrenic episodes however, a statement of morality seems a bit obsolete as it is far removed from the existing reality. For Soloman, “my inside must be evil, no? Otherwise why would it be telling me such evil things?” But his inside isn’t ‘evil’. The inner voice of which he speaks is a conflict of identity and selfhood in his intrinsic being, that is so much annoyed and dispirited and

in hatred with the world that it assimilates itself in Soloman's head in the form of an 'evil' voice.

We are social and intelligent animals, and we do not and should not live in isolation. The study of the self can only be this if it relates to the study of our societal relationships also. This is why the formation of these relationships, with intelligence, empathy and pragmatism is key to Maslow, key to Rogerian therapy, and essential in de-isolating the schizophrenic from their 'darkness'.

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Appendix

Schizophrenia is defined as 'a label applied to a group of disorders characterized by severe personality disorganisation, distortion of reality, and an inability to function in daily life.' (Atkinson et al p. 645.) The symptoms of schizophrenia are varied but can be summarized as: disturbances of thought, disturbances of perception, disturbances of affect, the manifestation of different motor symptoms, a withdrawal from reality and a decreased ability to function as an individual. Schizophrenics frequently exhibit a disturbance of thought both in content and in the process of thinking. Such disturbance can

also be exhibited as delusions, most commonly that external forces are attempting to control the patient's thoughts or actions and subsequently schizophrenic patients exhibit extreme levels of paranoia. Acute schizophrenics also report that they experience the external world in a different manner to others in either an auditory or visual sense. In its most intense form such sensory experiences take the form of hallucinations, visions that occur independently of any real experience. The subsequent withdrawal from appropriate emotional responses by many schizophrenics can also become part of a larger withdrawal from the external world of social interaction. In its most extreme forms schizophrenics also experience eccentric physical behaviour (manic repetitive behaviour such as adopting strange facial expressions or repetitive movements of the hands and arms) or a catatonic statue like unresponsive withdrawal from movement. The causes of schizophrenia are still under investigation. Psychologists believe that the brain of schizophrenics have both abnormal structure and different levels of activity compared to non-schizophrenics. Environmental factors have also been recognised as playing a role in the development of schizophrenia.

Bibliography

Atkinson et al Introduction to Psychology (London: Harcourt Brace College Publishers 1993, eleventh edition

Barrowclough, Christine; Tarrier, Nicholas; Humphreys, Lloyd; Ward, Jonathan; Gregg, Lynsey; Andrews, Bernice: Self-esteem in schizophrenia: Relationships between self-evaluation, family attitudes, and symptomatology.Journal of Abnormal Psychology, Vol 112(1), Feb 2003, 92-99

Bagley, C., Bertrand, L., Bolitho, F., & Mallick, K. (2001). Discrepant parent-adolescent views on family functioning: Predictors of poorer self-esteem and problems of emotion and behaviour in British and Canadian adolescents. Journal of Comparative Family Studies, 32 (3),394-403.

Baumeister, R.F. 1997 Identity, self concept, and self esteem: the self lost and found. Handbook of Personality psychology

Baumeister, R. F., Shapiro, J. P. and Tice, D. M. (1985), Two kinds of identity crisis. Journal of Personality, 53: 407–424. doi: 10.1111/j.1467-6494.1985.tb00373.x

Beery, G & Covington M: Self Worth and School Learning, Holt Rhinehart and Winston Principles of Educational Psychology Series 1976.#

Branden, N. The Six Pillars of Self-Esteem: The Definitive Work on Self-Esteem by the Leading Pioneer in the FieldPaperback by, 1994 Bantam Books.

Butler, R., & Gasson, S. (2005). Self-esteem / self-concept scales for children and adolescents: A review. Child and Adolescent Mental Health

Cooley, Human Nature and the Social Order: 1902, accessed through https://www.brocku.ca/MeadProject/Cooley/Cooley_1902/Cooley_1902f.html

DB Feinsilver, JG Gunderson - Schizophrenia Bulletin, 1972 - psycnet.apa.org

Ellerby, M: Schizophrenia, Maslow's Hierarchy and Compassion-Focused Therapy
Schizophrenia Bulletin vol. 38 no. 4 pp. 826–837, 2012

Emler 2001, Joseph Rowntree Foundation Report http://www.jrf.org.uk/sites/files/jrf/1859352510.pdf

Erikson, E.H. (1950). Childhood and Society. New York: Norton.

Gilbert, Paul: The Compassionate Mind, Constable and Robinson 2010.

Hardy, M., & Heyes, S. (1979). Beginning Psychology. London: Weidenfeld & Nicolson. [Chapter 11: The development of the self-concept.]

Harrop, Chris; Trower, Peter: Why Does Schizophrenia Develop at Late Adolescence?: A Cognitive-Developmental Approachto Psychosis - Wiley 2003

Harter, S. Causes and Consequences of Low Self-Esteem in Children and Adolescents Self-Esteem The Plenum Series in Social / Clinical Psychology 1993, pp 87-116

Higgins J: Measuring inconsistency in meta-analyses BMJ 2003; 327

James, William: Principles of Psychology, 1890: Accessed through York University, Toronto: http://psychclassics.yorku.ca/James/Principles/

Larsen, R. J., & Buss, D. M. (2005). Personality Psychology. London: McGraw-Hill. [Chapter 14: Approaches to the self.]

Maslow, AH: A Theory of Human Motivation (1943) accessed through York University Toronto: http://psychclassics.yorku.ca/Maslow/motivation.htm

Rogers, Carl. (1959). "A theory of therapy, personality relationships as developed in the client-centered framework.". In (Ed.) S. Koch. Psychology: A study of a science. Vol. 3: Formulations of the person and the social context. New York: McGraw Hill.

Sewell, W., & Haller, A., & Portes, A. (1969). The educational and early occupational attainment process. In American sociological review (34) 1, 82-92. American Sociological Association.

Shalin, D. N. (2014), Goffman on Mental Illness: Asylums and "The Insanity of Place" Revisited. Symbolic Interaction, 37: 122–144. doi: 10.1002/symb.84

Shavelson, R. J., Hubner, J. J., & Stanton, G. C. (1976). Validation of construct interpretations. Review of Educational Research, 46, 407-441

Strand, J., Olin, E. and Tidefors, I. (2013), 'I Divide Life into Different Dimensions, one Mental and one Physical, to be Able to Handle Life, you Know?' Subjective Accounts of the Content of Psychotic Symptoms. Clin. Psychol. Psychother.. doi: 10.1002/cpp.1872

Turner, J. C.; Onorato, R. S. (1999). "Social identity, personality, and the self-concept: A self-categorization perspective". In Tyler, T. R.; Kramer, R. M.; John, O. P. The psychology of the social self (Mahwah, NJ: Lawrence Erlbaum): 11–46.

Tatlow - Golden, M & Guerin, S Childhood 'My favourite things to do' and 'my favourite people': Exploring salient aspects of children's self-concept November 2010 vol. 17 no. 4 545-562

Wilkinson, G. et al. Self-report quality of life measure for people with schizophrenia : the SQLS The British Journal of Psychiatry (2000)177: 42--46

Wood, C. (1986) Milk White Panic – what do we do to people when we ask them to paint and draw? Inscape, 2.