

Relation between Sense of Self and Recovery Among patients with Mental Illness

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Abstract: Building sense of self of persons with mental illness is a significant part of recovery process as a patient identity can be detrimental to recovery.

The aim of the study is: To examine the relation between sense of self and recovery among persons with mental illness.

Subjects and Method: Study design: - Descriptive correlational study was used to conduct this study.

Study settings: The study was carried out at outpatient's clinic in Tanta Mental Health Hospital

Study subjects: The target population of this study was composed of 90 persons with mental disorders who were chosen by convenience sample.

Tools of data collection: Data of the study as collected by using three tools:- Too I:- Socio-demographic and clinical data interview questionnaire, Too II:- Recovery Assessment Scale –Domains and Stages (RAS-DS) and Tools III: Revised version Sense of self scale.

Results: The main findings of the study revealed that there was highly statistically positive significant correlation between patients' sense of self and recovery from mental illness.

Conclusion and recommendations: It can be concluded that patients who experience strong sense of self are more likely to experience more subjective feeling of recovery and study recommended that health care team especially nurses must be to “foster recovery and reconstruction of self for people with mental illnesses.

Keywords: Recovery, sense of self- mental health illnesses.

1. INTRODUCTION

The concept of recovery has been a central feature of the discourse surrounding people with physical illness and disability for some time. However, the idea of recovery from ‘severe and persistent mental illness’ only entered the mental health field in the 1980s which challenged the concept of chronicity, a dominant conceptual anchor in the understanding of severe mental illness. These studies and stories confirmed that the progression of psychotic disorders could be improved ^(1&2). Additionally after residing on the margins of the mental health community for over two decades, the notion of “recovery” has emerged recently as a dominant force among patients with psychotic disorders and the health professionals who serve those patients ⁽³⁾. Moreover recovery becomes a hope in the treatment of mental illness and a foundation for evidence-based practices ⁽⁴⁾.

Recovery is an elusive concept with multiple definitions. Within the physical illness/disability literature, the concept of recovery does not mean that all symptoms or sufferings have disappeared and that the patient has been restored previous levels of functioning. For example, people with physical disabilities, such as blindness, quadriplegia or multiple sclerosis can get better although the physical nature of the disease still remain and symptoms may reoccur ^(3&5). Similarly, patients with psychiatric diseases may continue suffering from stress and not experiencing a traditional ‘cure’, where there is a complete cessation of ‘symptoms’ and distress. The person may continue to experience episodes of ‘symptoms’, yet have a significantly restored sense of self, purpose and meaning in life. Thus, the concept of recovery is much wider than the reduction of psychotic signs and symptoms and may not denote to a traditional cure-like end point ^(4&6).

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Recovery can be defined as an approach, a manner of life, an attitude, and a way of dealing with the day's issues to re-establish a new and valued sense of integrity beyond the limits of the disability.^(5&7) Recovery is more than an end state but an individual journey that results in an internal change in attitudes and beliefs. During this journey the person recovers a positive and valued sense of identity and moves from thinking about self as primarily a person with mental illness, without agency or voice, to a more positive sense of self that transcends the mental illness^(5&8).

The diagnosis of mental illness can damage and even destroy patients' core sense of self. Self^o is defined as the sum of roles and attitudes that a person has developed about him or herself regarding his or her experiencing of mental illness. So It is part of patient's understanding of himself that is affected by both the familiarity of objective aspects of illness as well as by how each patient experiences meaning of the "illness"^(9&10).

Young and Ensing (2016) pointed out the trauma of having mental illness leaves patient not only with the daunting task of reconstructing a new sense of self, but also with the task of determining how the self fits into the external world⁽¹¹⁾. So the reconstructing of a new sense of self, through the learning of new perspectives about self, personal experience of mental distress and the world is a key theme in the recovery and outcome of mental illness^(8&10).

It is important to improve sense of self and sense of self-worth for both patients with mental illness and their family members for recovery. At the same time, recent studies support the importance of a strong sense of self in the recovery from mental illnesses^(6&12). Also there is significant evidence that renovating sense of self is an important part of the process of recovery for patients with mental disorder and a patient identity can be detrimental to recovery⁽³⁾.

Recovery and self as concepts in mental health still remain elusive and more studies are required to understand the experience of self and recovery and its relation to the course and outcome of severe mental illness. The basic principle of recovery is the presence of a nurse who trusts in and stands by for patients in need of recovery. Seemingly universal in the recovery concept is the notion that critical to patients' recovery is a person or persons (nurses) in whom patients can trust and to "be there" in times of need. so the present study is conducted to investigate the relationship between sense of self and recovery among mentally ill patient.^(13&14)

Aim of the Study:

This study aimed to:

- Assess the levels of sense of self and recovery among patients with mental illness.
- Investigate the relationship between sense of self and recovery among patients with mental illness

Research questions:

- _What are the levels of sense of self & recovery among patients with mental illness?
- What is the relation between sense of self and recovery among patients with mental illness?

2. SUBJECTS AND METHOD

Study design:

Descriptive correlational study.

Setting:

The study was carried out at outpatient's clinic in Tanta Mental Health Hospital which affiliated to General Secretariat of Mental Health.

Subjects:

The target population of this study was composed of 90 patients with mental illness who were chosen by as a convenient sample and fulfilling the following criteria:-.

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Inclusion criteria:

- Age 18 less than 55.
- Willing and agree to participate in the study.

Exclusion criteria:

- Drug dependent person.

Tools of the study:

Data of the study was collected using three tools:-

Too I: Socio-demographic and clinical data interview questionnaire:

This tool was developed by the researcher to determine the socio-demographic characteristics of patients ; age , sex , level of education ,marital status ,occupation as well as to elicit patients' clinical characteristics such as diagnosis , duration of disease, previous hospitalization and ways of admission .

Too II: RecoveryAssessmentScale–DomainsandStages(RAS-DS)

This tool was developed by Corrigan et al., (2004) ⁽¹⁵⁾ . The RAS-DS has 38 items for the patients to rate. It is a Likert type scale with 4 rating categories for patients to select from: “untrue” =1 “a bit true=2”; “mostly true=3” and “completely true=4”. The items have been divided into 4 recovery domains:

- **Doing Things I Value:** This domain includes 6 items (1-6). There is an emphasis on doing things that are personally valued /meaningful as "it is important to have fun.
- **Looking Forward:** This domain contains 8 items (7- 14) . In this domain, the focus is the client desire to become better as " I help myself become better."
- **Mastering My Illness:** This domain contains 7 items (5-31). The emphasis of this domain is on developing a sense of control over & management of symptoms, and reducing their impact on living. It contains items as "I can identify the early warning signs of becoming unwell"
- **Connecting and Belonging:** This domain contains 7 items (32-38). This domain is concerned with the client subjective feeling of belonging. Example of statement; I have people that I can count on "

Scoring system:

The total score of the scale ranges from 38 to 152. The higher score indicated the more patient subjective experience of recovery.

- ▶ 38 – 76 Low subjective experience of recovery
- ▶ 77 – 115 Moderate subjective experience of recovery
- ▶ 116 - 152 High subjective experience of recovery

Tools III: Revised version Sense of self scale :

It was developed by Briere, & Runtz, (2000) ⁽¹⁶⁾ to assess a weak sense of self.

It composed of 16 items which constitute four components of a weak sense of self and answered in a Likert-scale format with responses ranging from 1 (strongly disagree) to 5 (strongly agree). The four components of a weak sense of self are:-

- **Difficulty understanding oneself:** It composed of 6 items as "It's hard for me to figure out my own personality, interests, and opinions".
- **Inconsistency of one’s thoughts and feelings:** it contains 3 items as "I wish I were more consistent in my feelings".
- **The need for external self-definition:** it contains 4 items (e.g., I need other people to help me understand what I think or how feel).

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- **The sense that one's very existence** is tenuous and subject to question 3 items (e.g., I often think how fragile my existence is)

Scoring system:

- < 60 % weak sense of self.
- >60 % strong sense of self.

Method:

1. An official permission to conduct the study was issued from Dean of the Faculty of Nursing to director of the studied setting.

2. Ethical considerations:

- An informed consent from the studied subjects was obtained after appropriate explanation of the nature and purpose of the study.
- Anonymity and confidentiality of the collected data and the right of the subjects to withdraw from the study at any time was assured.
- Nature of the study will not cause harm and/or pain to any and all subjects.

3. Arabic translation was done by the researchers for tools of the study and tools were tested for their face and content validity by five experts in psychiatric nursing field and the necessary modifications were done.

4. The reliability of the tools was tested by using the Cronbach's alpha for Arabic. It was 0.855 and 0.974 for Tool II and III respectively.

5. A pilot study was carried out on a sample of 9 patients to ascertain the clarity and applicability of the study tools. In addition it served to estimate the approximate time required for the studied subject as well as to identify any obstacles that might be encountered during data collection and these subjects were excluded later from the actual study.

6. The actual study:

The actual study was implemented through interviewing the studied patients on individual basis. The interview time ranged from 30 to 45 minutes according to patients' willing. The data collection of the study was started from 1st March to end of June 2018.

Statistical Analysis:

The collected data was organized, tabulated, scored and analyzed using statistical package for social science SPSS (version 20). The range, mean, and standard deviation were calculated for quantitative data and descriptive statistics were calculated as frequencies and percentage, Spearman's correlation coefficient was used for correlation between variables of the study. A significant was adopted at P value < 0.05 for interpretation of results of significance. High significance was adopted at P value < 0.01.

Table (1) Distribution of the Studied Subject's According to Their Socio-demographic Characteristics

Variables	N =90	%
Age		
20- <30	26	28.9
30- <40	32	35.6
40 or more	32	35.6
Range	20-50	
Mean±SD	35.75±8.29	
Sex		
Male	56	62.2
Female	34	37.8

Marital Status		
Single	38	42.2
Married	32	35.6
Divorced	17	18.9
Widow	3	3.3
Educational Level		
Primary	55	61.1
Secondary	26	28.9
University	9	10.0
Occupation		
Work	17	18.9
Not work	73	81.1
Residence		
Urban	32	35.6
Rural	58	64.4
Income		
Enough	30	33.3
Not enough	60	66.7
Living status		
With family	73	81.1
Alone	17	18.9

Table (1) represents the distribution of the studied subjects according to their socio-demographic characteristics. The age of the studied subjects ranged from 20-50 years with a Mean \pm SD 35.75 \pm 8.29 year. The table reveals that about two-thirds (62. 2%) of studied subjects are male. (42. 2%) of studied subjects were single and only (3. 3%) were widow. Concerning educational level (61.1% & 28.9%) of them had primary and university education respectively. The majority (81. 1 %) of the studied subjects were not working and living with family. Nearly two thirds (64.4 %& 66.7%) of studied subjects were from rural and had not enough income respectively.

Table (2) Distribution of the Studied Subject's According to Their Clinical characteristics

Variables	N =90	%
Diagnosis		
Schizophrenia	42	46.7
Mania	36	40.0
Depressive psychosis	12	13.3
Onset of Disease		
<5	12	13.3
5- <10	45	50.0
10 or more	33	36.7
Range	3-20	
Mean \pm SD	9.35 \pm 4.8	
Number of Admission		
Range	1-9	
Mean \pm SD	3.05 \pm 2.04	
Ways of Admission		
Voluntary	56	62.2
Involuntary	34	37.8

Table (2) represents distribution of the studied subject's according to their clinical characteristics .In relation to diagnosis, about half of studied patients (46.7%) had schizophrenia and (62.2 %) of patients admitted in hospital by voluntary way.

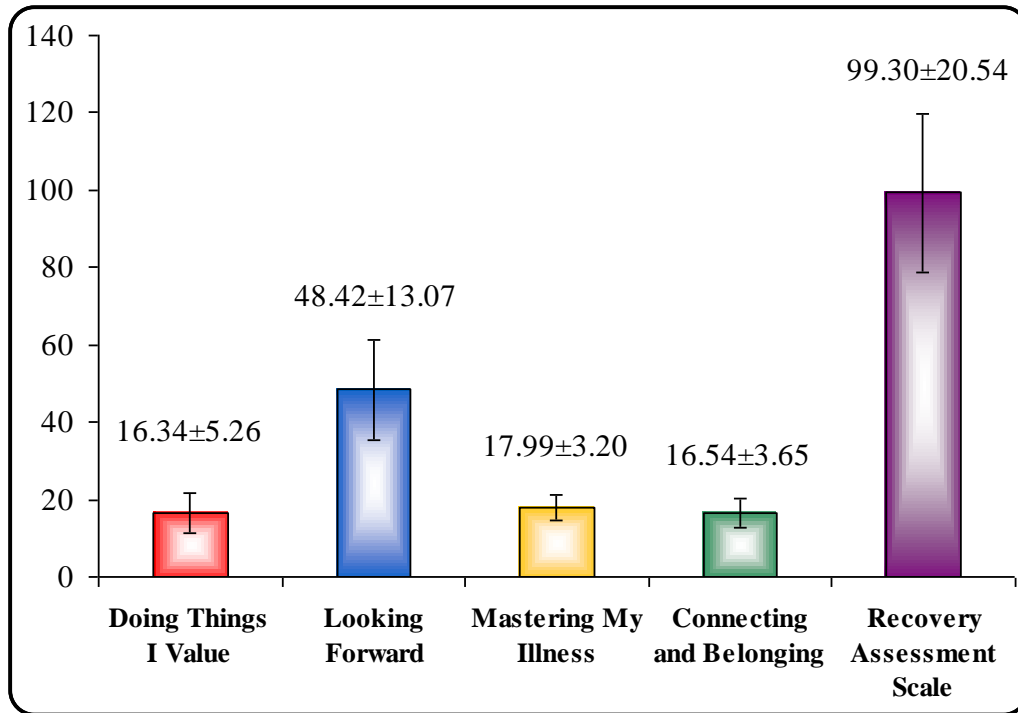


Figure (1): Distribution of The Studied Subjects According to Total Means Score of Recovery Assessment Scale and Its Subscales.

Figure (1): shows distribution of the studied subjects according to total mean score of Recovery Assessment Scale and its subscales. The figure showed that "Looking Forward" subscale had the highest Mean score 48.42±13.07. Meanwhile the lowest Mean score was for "Connecting and Belonging" subscale 16.54 ±3.65. The figure also revealed that the total Mean score of scale was 99.30±20.54.

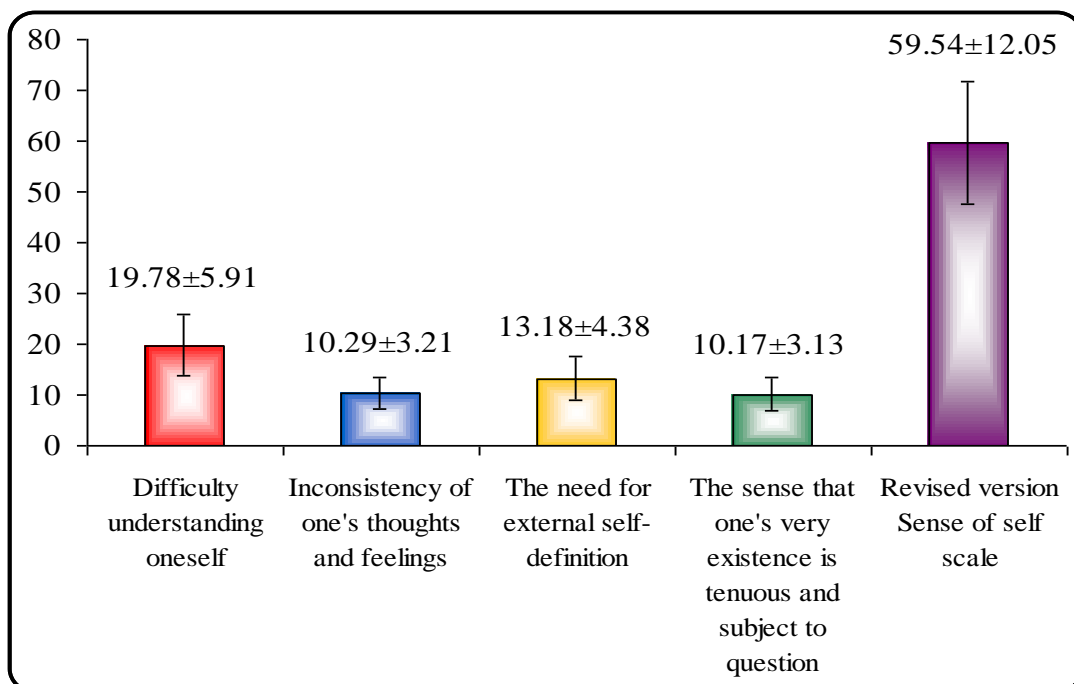


Figure (2): Distribution of The Studied Subjects According to Total Mean Score of Revised Version Sense of Self Scale and Its Subscales.

Figure (2) reveals the distribution of the studied subjects according to total mean scores of Sense of self scale and its subscales. It was noticed that the first ranking scale for studied subjects was "Difficulty understanding oneself "subscale with mean score 19.78 ± 5.91 . Meanwhile latest ranking scale was 'the sense that one's very existence is tenuous and subject to question" subscale with mean score 10.17 ± 3.13 . The figure also illustrated that the total Mean score of scale was 59.54 ± 12.05 .

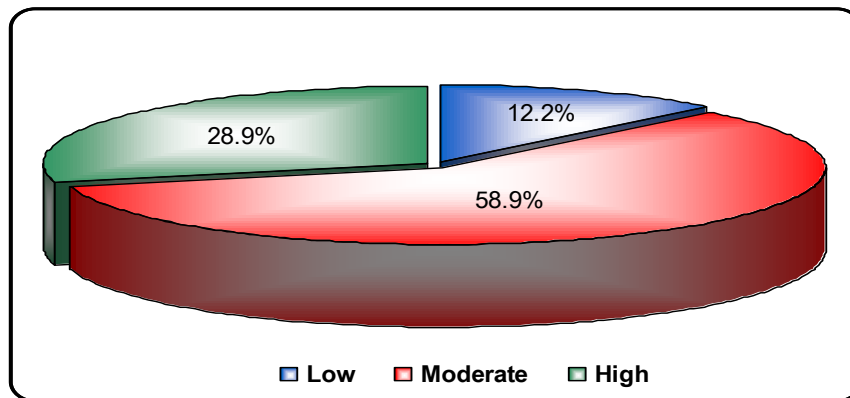


Figure (3): Distribution of Studied Subjects According to Their Level of Recovery from Mental Illness

Figure (3) illustrates the distribution of studied patients according to their level of recovery from mental illness. It can be noticed that more than half of studied subjects (58.9 %) had moderate level of recovery and only 12.2% had low level of recovery. However 28.9% had high level of recovery from mental illness.

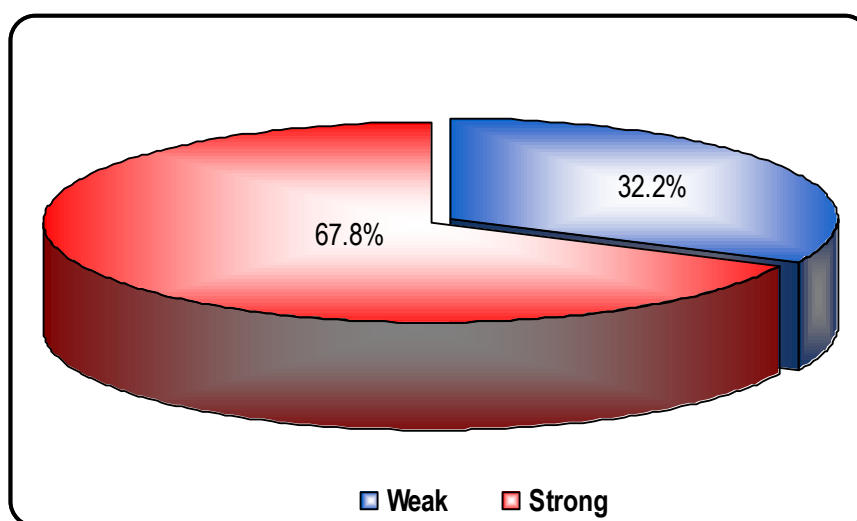


Figure (4): Distribution of The studied subjects According to Sense of Self level.

Figure (4) illustrates distribution of the studied subjects according to Sense of Self level, about two thirds of studied patients 67.8% had strong sense of self.

Table (3) Correlation between Revised version Sense of self scale and Recovery Assessment Scale

		Recovery Assessment Scale
Revised version Sense of self scale	r	0.287
	P-value	0.006*

Table (3) illustrates correlation between Revised version Sense of self scale and Recovery Assessment Scale, the results revealed that there was highly statistically significant correlation between Revised version Sense of self scale and Recovery Assessment Scale. This means that patients who experience strong sense of self are more likely to experience more subjective feeling of recovery.

3. DISCUSSION

Unlike other chronic illnesses that are considered illnesses, a person has psychosis are thought to be illness as a person is or become. Accordingly it has been probable that psychosis alters patients' sense of self and perhaps even destroys the self and usually persons with mental illness can't overcome the effects of being a mental patient as rejection from society, substandard housing, social isolation, unemployment, loss of valued social roles and identity, and loss of sense of self and purpose in life, in order to retain, or resume some degree of control over their own lives^(5&17).

The current study aimed to investigate the relationship between sense of self and recovery among patients with mental illness. Results revealed significant positive correlation between sense of self and recovery among studied subjects; hence that patients who experience strong sense of self are more likely to experience more subjective feeling of recovery. Also this study pointed out that studied subjects had subjective feeling of recovery and had strong sense of self. This may be due to increased attention in the past decade to the possibility of mental health recovery in people diagnosed with serious mental illness and that new evidence suggests that people can actually recover from the debilitating effects of serious mental illness and lead productive and meaningful life⁽¹⁸⁾. In result of present study came which that majority of studied subjects had subjective feeling of recovery. The same was reported by **Xie (2012)** who concluded that the majority of participants in his study perceived personal strengths as being helpful to their recovery and possessed more positive attributes including strengths self-efficacy, resourcefulness, and mental health recovery⁽¹⁹⁾. Also, **Corrigan & Ralph (2005)** have found that over two thirds of people with serious mental illnesses experience full or partial recovery⁽²⁰⁾.

These results may be explained by the presence of several possible factors; the first factor may be related to deinstitutionalization movement which provides hope and optimism to patients with mental illness and it promotes independence and a better quality of life outside the psychiatric institution. It also helps in increased socialization and adaptability to change and it gives patients the opportunity to integrate into society. In this respect, **Chow & Priebe (2013)** concluded that patients with mental illness who have recovered and are integrated in communities have social support from families, friends, and workplaces⁽²¹⁾. Patient's outpatients follow up after discharge from hospital may be another factor for that majority of studied subjects had subjective feeling of recovery.

It is to be noticed that now a days in the setting of the present study there is much emphases is on the importance of patient's follow up .Supporting for this rationale, data from available studies suggested that individuals who have access and engage in ongoing mental health services are liable to recover from mental illness better than those with less accessibility and engagement⁽²²⁾. Hope and feeling positive about self and the future is an important theme in recovery process may be another rational for the finding and this rational is supported finding of present study that pointed out "Looking Forward" subscale had the highest mean score among recovery subscale.

There is a growing recognition that psychosis as an illness affects the sense of self and social identity and apart from the disturbances in awareness, cognition and performance. Despite this, findings of present study revealed that about two thirds of studied patients had strong sense of self; this finding can be explained by two thirds of studied patients admitted to hospital by voluntary mode as present findings revealed. This denotes that patients admitted the hospital by their will; they can be responsible for one's life, actively participating in treatment, and established personally meaningful goals. Patients who admitted to the hospital by their will may be indicated that patients have awareness of their illness, disability, limitation and his resourcefulness. They accepted themselves as patients and accepted their mental illness is simply one part of the self and this acceptance has been recognized as a key to make assessments about one's self and future, to free oneself from blame for difficulties linked with illness and to forming bonds with others who are aware of one's difficulties.

Connell et al. 2014 reported that the principal aspect of sense of self from mental disorder is the redefinition of the sense of self, and the gaining perception that mental illness is one aspect of oneself . The majority of those living with mental illness may have lost essential life roles that normally provide self-esteem and meaning of sense of self. It may be challenging however, with the appropriate supports and services, people can try to regain what was lost⁽²³⁾.

Emerging findings from the present study pointed out a significant correlation between Sense of self and recovery. This means that patients who experience strong sense of self are more likely to experience more subjective feeling of recovery. Finding of **Roe, 2001** go in the same line with the current study which revealed that individuals who improved over a one year period showed a development from the identity of patient to that of person , suggesting that keeping a person identity

leads to recovery⁽²⁴⁾. Other researches also proposed that as persons progress towards recovery one of the first steps was the repossession of a sense of oneself.^(25&26) **Onken et al (2007)** assumed that this result may be due to that individuals who know themselves well (those who possess a strong sense of self) may be better able to decide for themselves, choose for themselves (self-select) which activities they will enjoy and subsequently participate in it. On the other hand, individuals who do not know themselves as well (those who possess a weak sense of self) may be forced to rely on the outside recommendations of others, because their own interests, desires, and beliefs are essentially foreign to them. In other words individuals with a stronger sense of self are in a better position to know which pastimes they will enjoy and benefit from than individuals with a weaker sense of self, who may require the outside influence of others to push or draw them into participating in certain activities.⁽²⁷⁾

4. RECOMMENDATIONS

The present study recommends that

- Mental health services must be based on recovery oriented care.
- Rebuilding of a sense of self of patients with mental illness must be a major aim of psychiatric nursing intervention.

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