

# Features of Self-Awareness in Patients with Schizophrenia

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## Abstract

This paper discusses in detail the concept of “self-awareness” and its main components, and describes the features of self-consciousness and the course of the disease in people with schizophrenia. The specific features inherent in the self-awareness of people who have schizophrenia are revealed. The paper presents the experience of modern researchers who studied the features of self-awareness of patients with schizophrenia by analyzing documentary sources, analyzing the major psychometric scales of the subjects, studying their ideas about their psychological well-being and their own psychological space, and analyzing the self-descriptions of patients.

## Keywords

Schizophrenia, Paranoid Schizophrenia, Self-Awareness, Mental Illness, Mental Disorders

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## 1. The Concept of “Self-Awareness”

Self-awareness is a set of opinions, principles, and views about an individual’s “self”. This concept includes understanding not only one’s mental and physical abilities but also self-esteem along with the individual perception of environmental factors affecting this individual. (G. V. Akopov. The problem of consciousness in psychology. Domestic platform. Samara: SNC RAN—SamIKP, 2002. 206 p) [1].

As a separate component of personality, self-awareness allows a person to find inner harmony. It sets the motive for explaining the meaning of experiences and also acts as a source of expectations. A person willing to find an internal balance intends to take all possible actions to eliminate the existing imbalance.

Also, self-awareness affects the formation of behavior and the life activity of a person, determines the dynamics, and directs the development of the subject.

In solving clinical practice issues, the problem of studying personality, its compensation abilities, the problem of self-awareness, and control of behavior is currently essential. Further development of these problems should form the basis of therapeutic, rehabilitation, and preventive measures, in the system of which an important role belongs to the clinical psychologist. (Self-awareness of the mentally ill, a study guide, A. E. Berezovsky, N. S. Bondar, N. N. Krainova, 2000) [2].

The study of disorders of self-awareness in mental illness is one of the most complex and least developed parts of clinical psychology and psychiatry. Meanwhile, disorders of self-awareness are observed in all studied forms of mental illness. The processes of self-awareness necessarily participate in the formation and mechanisms of any mental disorder, leave an imprint on patients' clinical manifestations and behavior, and are included in the structure of mental disorders at all stages of the disease.

Currently, the field of human self-awareness research is also relevant since the information obtained can be used to clarify the most reliable distinctive diagnosis, the results of therapy monitoring, the making of individual rehabilitation programs for patients, and expertise. (Self-awareness of the mentally ill textbook, A. E. Berezovsky, N. S. Bondar, N. N. Krainova 2000) [2].

## 2. Features of Self-Awareness in Patients with Schizophrenia

In studying documentary sources about the peculiarities of self-consciousness of people who have schizophrenia, we found that the self-awareness of such people differs from the self-awareness of those who do not have schizophrenia. That way, modern researchers M. V. Chekhovskaya and K. Yu. Belozeroва [3] in their work "The Features of consciousness of patients with paranoid schizophrenia" describe their experience of exploring the inner space of a person who has schizophrenia. They differentiated the fundamental deviations that, in their opinion, can lead to the "maintenance" of a person's painful condition.

A detailed analysis of such deviations makes it possible for a person to launch the mechanisms of regeneration of the unity of personality by performing targeted psychological correction to suppress the process of disintegration, splitting of personality inherent in people who have schizophrenia.

The authors of the article "Features of consciousness of patients with paranoid schizophrenia" conducted a study in the 16th department of St. Petersburg State Medical University "GPB No. 3 named after I. I. Skvortsova-Stepanova". It studied 24 male patients diagnosed with "Schizophrenia. Paranoid form. Continuous-progredient course. Paranoid hallucinatory syndrome". The age category of the subjects ranged from 23 to 42 years. The painful period of this sample of people amounts to 7 years on average. The control group in this study were healthy working men aged 34 years.

The study showed that people diagnosed with paranoid schizophrenia experience emotional flatness and scarcity in their relationships with the environ-

ment and other people. Such people have a limited range of feelings and emotions they experience. Such manifestations of a specific feature of patients with a paranoid form of schizophrenia entail the expression of a certain confusion and indecision, note M. V. Chekhovskaya and K. Yu. Belozeroва [3].

Awareness of the paramount importance and meaning of the fullness of experiences (how they affect people and what they are for them) is deprived of the full worldview scope. Patients perceive the manifested emotions as obstructive and “disinforming”. The range of feelings experienced by people who have paranoid schizophrenia is significantly limited, and jealousy is unacceptable for them.

In comparison with healthy men, men with paranoid schizophrenia have differences on the following scales: the SD scale (self-distancing) due to the lack of distance with their Self. In these situations, people often have a predisposition to excessive internal concentration on something (lack of nutrients in the body, unrealized abilities, etc.).

The attention of such people, to a greater extent, is directed to themselves, to their ideas, views, aspirations, as well as to statements and claims made by someone about themselves. They tend to show increased alertness and limited perception.

The most severe result of difficulties in distancing oneself from one’s personality and the impossibility of perceiving reality is loss of orientation because patients are completely unaware of what happened to them.

Genuine differences in the sample of subjects according to indicator F (freedom) endow the sample of patients with confusion, doubts about the implementation of certain actions, and committing deeds.

Barriers that hinder the realization of freedom, in the aspect of the human being, have different primary sources. The cumulative individual set of personal characteristics or varieties of personality dysfunctions contributes to the development of difficulties in determining the boundaries of freedom. Patients with schizophrenia with such manifestations demonstrate a concerning nature of the reaction; in other words, there is some vulnerability in the context of the need to “dare” due to a lack of confidence and fear of the upcoming likely negative results of what has been done.

Because of their fear of “misstepping”, many people show indecision about everything. It is easier for them to submit to someone else’s authority than to do something independently.

The established genuine differences in parameter V (responsibility) demonstrate that men with schizophrenia, unlike healthy men, do not experience personal involvement in life. It goes on as usual, as such, it is not organized by a person and is not subject to the patient’s will. The subjects are often in a state of expectation, and, as a rule, they account for the majority of the audience, whose inherent quality is restraint. The sense of duty is not strongly expressed, but it can be formed. It becomes evident (as it was already in the case of freedom) that different personality traits or areas of violation lead to different problems in

connection with responsibility.

The revealed differences in the indicator P (personality) indicate the closeness of men diagnosed with paranoid schizophrenia. They confirm that these people have already experienced a relatively long process of personality destruction that has disrupted cognitive and affective aspects.

The revealed differences in the indicator E (existentiality) indicate the lifestyle of men with schizophrenia, the distinctive features of which are: difficulties in decision-making and the presence of passivity. They are characterized by: uncertainty of the “existential place” (“is this my place?”), non-commitment, restraint, ignorance of how to act, somewhat limited ability to withstand mental loads, sensitivity to interference, a tendency to start acting based on external motivating reasons without internal correlation. In contrast to a healthy sample, significant differences in the G-index indicate an unfulfilled existence of men diagnosed with schizophrenia. Their characteristic closed nature (self-obsession and emotional inability for dialogue), indecision, and shyness (lack of responsible involvement in life) are reflected in low values of general existential fulfillment.

During the study of behavior in interaction with the group, the following traits were identified:

- The tendency to be uncommunicative (which is expressed in the desire not to form emotional connections both in your group and outside it);
- Indifference to the affairs of the group;
- Lethargy in communication;
- Taciturnity and indifference to the problems of the group;
- Passivity and inertia;
- The tendency to avoid fighting (expressed in the desire to avoid interaction, the desire to maintain “neutrality” in-group disputes and conflicts, the tendency to compromise solutions). Dependence, indecision, subordination to someone else’s will, and lack of initiative were also observed.

Based on the data obtained, it can be said that men diagnosed with paranoid schizophrenia tend to be unsociable in behavior compared with a healthy sample. They are characterized by low rapport, and a lack of inclination to establish deep emotional connections. They also tend to evade any opposition, which manifests itself in the desire to limit contacts, non-interference in various discussions and quarrels, and preference for compromise solutions. In contrast, men without a diagnosis of “paranoid schizophrenia” have the opposite tendency to accept the struggle, which is characterized by an active desire of the individual to participate in group life, to achieve a higher status in the system of interpersonal relationships. (Features of consciousness of patients with paranoid schizophrenia M. V. Chekhovskaya and K. Yu. Belozerova).

T. S. Anpilova in her dissertation demonstrated a comparative study of the structural components of self-awareness in conditionally healthy people and patients with schizophrenia.

The mainline of her research was the study of some components of self-

awareness, such as the opposition of “Self”-“not-Self” (including ideas about the “other” and about the “alter ego”), ideas about one’s psychological well-being and the sovereignty of the psychological space. Anpilova was pushed to identify these components in the structure of self-awareness by actively developing new directions in personality psychology, namely, the study of the positive aspects of its functioning and the sovereignty of psychological space.

The study of components in the structure of self-consciousness, such as the idea of one’s psychological well-being and one’s psychological space, according to Anpilova, allows us to study and meaningfully characterize two important features of self-awareness: first, the idea of the quality of one’s functioning in the world, how successful it is and satisfies the person (the idea of psychological well-being) secondly, the idea of the degree of one’s integrity, sense of safety and, thus, the peculiarities of a person’s position about the world subjectively assessed by them as hostile or safe (the idea of the sovereignty of one’s own psychological space). To study a person’s ideas about their psychological well-being and the sovereignty of the psychological space, T. S. Anpilova applied a version of the methodology of the “Ryff Scales of Psychological Well-Being”, standardized on the Russian sample, characterized by high reliability and validity, and the questionnaire “Sovereignty of psychological space”, developed by S. K. Nartova-Bochaver in the concept of the psychological space of personality.

In her work, Anpilova also focused on the opposition “Self”-“not-Self” traditionally highlighted in works devoted to the individual’s self-awareness. To study this opposition, she developed several original techniques: drawings on the themes of “Myself”, “I through the eyes of others”, “The opposite person” in combination with a developed clinical interview corresponding to the themes of the drawings, and also used a modified method of “semantic differential”, introducing into the traditional version of C. Osgood’s technique additional parameters.

Using such a range of methods for conducting empirical research allowed her to obtain results that confirmed the hypothesis that the structural components of self-consciousness in the norm and patients with schizophrenia have both similarities and differences. The study results showed that the studied components of self-awareness differ in the norm and patients with schizophrenia in terms of content.

In patients with schizophrenia, the “Self”-“not-Self” opposition is broken, the ideas about their “alter ego” (as one of the aspects of “not I”) are not built up as oppositional to the ideas about themselves.

The structural components of self-awareness highlighted in work in the norm and patients with schizophrenia differ in the nature of connections. Normally, such components of self-awareness as the idea of oneself and the opposite person, the idea of one’s psychological well-being, and the sovereignty of one’s own psychological space turned out to be the most connected. In patients with schizophrenia, self-image and self-image through the eyes of others and ideas about their psychological well-being turned out to be the most interconnected. In pa-

tients with schizophrenia, a paradoxically high, in comparison with the norm, an inverse relationship was found between the idea of the sovereignty of the psychological space and the idea of the opposite person: the higher the opposite person is evaluated by the patient, the less patients with schizophrenia feel protected. The discovery of this paradoxical connection explains the impossibility for the patient to perceive the opposite person as a genuine “alter ego” since, in their self-awareness, this is associated with the fear of losing a sense of security. (Comparative analysis of the structural components of self-awareness in the norm and patients with schizophrenia: abstract of the Candidate of Psychological Sciences dissertation: 19.00.01/Russian State University for the Humanities (RSUH). Moscow, 2006. 24 p) [4].

In the paper by R. A. Suilemanov, M. S. Artemieva, and I. E. Danilin titled “Variant of auto-allopsychic depersonalization in patients with latent schizophrenia,” scientists present the results of a study of age-related self-awareness disorders in patients with latent schizophrenia [5].

From 2005 to 2010, 37 patients aged 18 - 26 years (average age of 20.4 years) diagnosed with latent schizophrenia, neurosis-like form were examined in GKPB No. 14 and SKB No. 8. According to scientists, with the onset of the disease, the phenomenon of age regression was noted in the patients of the studied group, expressed in a radical decrease in subjective age and age-related self-awareness relative to the premorbid level of social and biological development. Along with the general feeling of their inner change, this sudden dissonance was characterized by patients as a loss of the “sense of adulthood”, a partial return to the child’s worldview with a painful feeling of uncertainty of the future and present, defenselessness and helplessness, inability to make decisions and take responsibility. In the statements of patients, sometimes confused and incomprehensible, there were definitions of “I became like a little one”, “I returned to childhood”, and “I feel like a child”.

At the same time, scientists have found that subjective-age regression in 11 (29.7%) patients developed in close connection with the phenomena of mental depersonalization, expressed in an altered experience of their “Self”, their personality. Patients described various feelings of this change: they said that they had lost the feeling of “inclusion” in reality and lost emotional contact with others. Subjective-age regression in 9 (24.3%) patients was accompanied by the revival of childhood fears, fearfulness, and intensity of experiences corresponding to the age characteristics of a younger person.

<https://cyberleninka.ru/article/n/ob-odnom-iz-variantov-narusheniya-samosoznaniya-u-bolnyh-latentnoy-shizofreniy>

The study of the self-awareness of schizophrenia patients with Kandinsky-Clerambault syndrome was carried out: A. E. Berezovskiy, N. N. Krainova, N. S. Bondar. Scientists note that patients with Kandinsky-Clerambault syndrome are characterized by the involuntary occurrence of pathological experiences, their alienness to the patient’s personality, a sense of violence, and a

primary persecution complex.

Along with other researchers, Berezovskiy, Krainova, and Bondar note that with the development of the syndrome comes a change in the “Self” image. At first, it is amorphous (fear, anxiety), then thoughts are alienated: there are my thoughts and the thoughts of the others. The bifurcating of the “Self” concerns the wholeness, identity, and separateness of the former “Self”. As the symptoms of automatism continue to increase with the appearance of an influx of thoughts, their openness, imposed thoughts, “echo of thoughts”, patients increasingly emphasize the loss of the former freedom of the mental “Self”, the lack of a clear line in mental processes related to “Self” and “not-Self”.

With the addition of sensory, kinesthetic automatism, the physical self is also disrupted (“they reduce weight, stretch their neck, move the intestines”). With the development of total alienation of all mental acts, a new delusional “Self”, delusional depersonalization is evidently formed in individual patients, and de-realization phenomena are often noted (“the world has changed, has become alien”).

Also, A. E. Berezovskiy and a team of researchers observed some consistent patterns. As the severity of the schizophrenic defect in the form of negativism, apathy, and abulia increased, changes in emotional and cognitive forms of self-awareness intensified. Patients stopped painfully perceiving changes in the violation of integrity, independence, identity, and isolation of the former “self”, and stated the changes without emotional reactions as if they were happening to a stranger. The patient’s “Self” lost its former activity, the pathological simplicity of the new changed “Self” arose, the image of the former “Self” was erased, the experience of the alienness of pathological symptoms to one’s “Self” was lost.

Also, according to scientists, changes in thinking progressed, and it became more and more selective (only those facts that fit into delirium were perceived). (Change of self-awareness in schizophrenic patients with Kandinskiy-Clerambault syndrome. Self-awareness of the mentally ill. A. E. Berezovskiy, N. N. Krainova, N. S. Bondar).

N. P. Tatarenko has been studying internal manifestations in people with schizophrenia according to their self-descriptions since 1937 in various psychiatric hospitals in Igren, Kharkiv, Chernivtsi, and Budapest. Professor Tatarenko is convinced that perception disorders of all types characterize patients with schizophrenia. Most often, such people have metamorphoses, especially changes in the strength and quality of sound and color, distortions in the shape of objects, and sometimes their individual parts (“his face was ordinary and his eyes were ordinary, and the earpieces of his glasses were huge, and from under these huge glasses he looked at the world with ordinary eyes”). There are also changes in the consistency of objects (“the food was so hard that I could not chew it”), as well as the revival of inanimate objects (“even my sewing machine, which I used for so many years, mutilated and terrible, began to move on the table, changed its position; the furniture all somehow stopped, moved, it was so restless”); on the



contrary, the living “lost mobility” (“it seemed to me that the age of universal petrification had come. And I became like the Stone Guest. All and everything petrified—food, people and objects”).

Illusions are not uncommon and even more often similar to eidetic pictures of memories of things heard, seen, read, occasionally dreams and hopes, more often fears and concerns “embodied in images” (“I read the book ‘Beautiful Catastrophe’ in my childhood, and when I got sick, it seemed to me that it was coming true.” “I experienced episodes from the films ‘The Invisible Man’ and ‘The Trypillia Tragedy’, as if I participated in them”).

### 3. Conclusions

The analysis of literary sources and research results of scientists whose works were devoted to studying the self-awareness of patients with schizophrenia allow us to conclude that the self-awareness of these people differs from the self-awareness of those who do not have schizophrenia. In favor of this statement, the above data were provided, the content of which included the following key provisions and recorded facts:

1) In patients with a paranoid form of schizophrenia, there was an excessive internal focus on whatever things, details, events, increased attention to their ideas, attitudes, obsessive thoughts, as well as to the remarks uttered by other people in their address, excessive alertness and anxiety, a reduced range of perception, fear of decision—making and taking on self-responsibility, lack of involvement in their life scenario (it is much easier for a person to follow the opinions of other people or follow the instructions of an authority figure than to act according to their ideas and desires);

2) The opposition of “Self”-“not-Self” in people who have schizophrenia is deformed, as evidenced by the ideas of their own “alter ego”, which are not “ranked” as oppositional to views about their own “Self”;

3) Schizophrenia patients who gave high marks to opposite people felt more vulnerable;

4) In people with a latent form of schizophrenia, the phenomenon of age regression was discovered, consisting of a radical decrease in the subjective age of the patient and the perception of their life through the prism of a child’s worldview;

5) Manifestations of depersonalization, which are an altered experience of their personality, are not uncommon for people with schizophrenia;

6) Patients with schizophrenia with Kandinskiy-Clerambault syndrome experience changes in their own “Self”, its bifurcation and differentiation of their thoughts into their own and others’; along with internal disorders, patients also often experience disorders associated with projection onto their physical “Self”;

7) People who have schizophrenia have various disorders in perception, and they often suffer from various manifestations of dysmorphosia.

As we can see, the self-awareness of a person with schizophrenia is subject to severe changes. People facing this problem need timely and qualified assistance.



## Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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