

## CHARACTERISTICS OF SELF-PERCEPTION OF PEOPLE SUFFERING FROM NEUROTIC DISORDERS

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**Annotation:** *in this article is carried out the analysis of peculiarities of cognitive self-perception of people who suffer from neurotic disorders. The following self-perception domains are investigated: gender identity, self-esteem, the level of reflection, peculiarities of temporal identity, psycholinguistical aspect, reflection on identification characteristics of basical spheres of life. Their interconnection and influence on formation of the neurotic conflict, and also influence on subjective exasperation of morbid feelings.*

**Keywords:** *self-perception, neurotic disorders, self-concept, self-esteem, reflection, psycholinguistical aspects of identity, social roles, individual characteristics.*

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### Introduction

Peculiarities of **self-perception**, cognitive image of self determine in many respects consistency of attitudes, person's activities and objective characteristics of the environment, ability or inability to adapt to the environment and to react adequately to its changes. Neurotic conflict understood as insoluble contradiction between objective reality and its perception, between the objective features of the personality and the peculiarities of self-perception is recognized by most researchers as an important etiopathogenetic mechanism of neurotic disorders regardless of affiliation to any psychological school or views on the appearance causes of this contradiction [Freud, 1921; Horney, 1950; Myasitshev, 1960; Fromm, 1974; Carvasarskiy, 1980; Maslow, 1999; Yanyachev, 2006 et al.].

A lot of different scientists one way or another related to the issues of self-knowledge and self-perception, who studied these concepts from different perspectives contributed to the study of the "self-concept" phenomenon: [James, 1884; Cooley, 1930; Mead, 1934; Vygotsky, 1926; Con, 1984; Stolin, 1983; Pantileev, 1991; Shibutani, 2002; Rotenberg, 2000; Stolin 1985; Sokolova, 1989 et al.]

**Self-perception** is a process of a person's orientation in his inner world as a result of self-knowledge and self comparison with other people [1].

The problem of the relationship of the basic personal characteristics, *the peculiarities of self-perception* and neurotic conflict despite its long history of research is still relevant and requires research using new methodological approaches [1].

Therefore, **the aim of this study** was to investigate cognitive self-perception of the patients suffering from neurotic disorders.

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**Research objectives:**

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Identification of the relationship between the adequacy of cognitive self-perception and the degree of involvement into psychopathological process;

The study of the features of cognitive self-perception of people suffering from neurotic disorders splitting the concepts "I – in the disease" and "I – in health";

The study of the following domains of self-perception: peculiarities of gender identity (attitude towards it), peculiarities of self-esteem, the level of reflection, peculiarities of temporal identity;

As well as the psycholinguistic aspect and the reflection in the identity characteristics of the main spheres of life.

**Patient sample:** 96 people (59 females, with ages ranging from 17 to 52 years, 37 males with ages ranging from 23 to 67 years) participated in the study. The participants were the patients of Aksai branch of Psychoneurologic dispensary, as well as people who sought psychological treatment in RostGMU in the department FPK and PPS "Clinical psychology and psychotherapy" with the clinical diagnosis according to ICD-10 "Neurotic, stress-related and somatoform disorders" (F 40- F 48).

**The method of the study** was the test "Who Am I?", the twenty statements test (Kuhn, M., MacPartland, T.; Rumyantseva, T. adaptation). The test is used to study informative characteristics of personal identity. The question «Who am I?» is directly connected with the characteristics of the personal perception of a person, that is with his image "I" or "I – concept".

**The way of presentation** of the test: verbal (using words) and mixed verbal-graphical (using words and pictures) [2; p. 82-103].

**Investigation of gender identity:** The gender identity is the central sense-making element of a personality because it influences axiological sphere, the way of thinking and the behaviour of a person.

The peculiarities of the gender identity are shown, in the first place, in the way of how a person specifies his gender identity. In the second place, it depends on what place in the list of identification characteristics the mention of his gender identity lies. In the result of investigation of gender identity (attitude to it) was revealed the following:

Designation of gender identity: direct designation of the gender — 23,9 %, indirect designation of the gender – 53,2 %, no gender designation – 22,9 %.

The place in the list of identification characteristics: in the beginning of the list – 33,3 %; in the middle of the list – 55,2 %; at the end of the list – 11,5 %.

**Analysis of the investigation of identity self-esteem.** Self-esteem represents the emotional-estimative part of the I-concept. Its main factors are adequacy and level. The adequacy of self-estimation expresses the grade of conformity of the person's images about himself to the objective basis of these images. The level of self-esteem expresses the grade of real, ideal or desirable images of a person about himself. The following results were obtained: reasonable self-esteem – 0 %; unstable self-esteem – 23,9%; inadequate self-esteem – 76,1%. From them: 7 people have inadequately low self-esteem. The remaining 64 people couldn't determine their self-esteem because of its difference before the disease and during it. Then they were proposed the mixed verbal-graphical (using words and pictures) way of presentation of the test: «I- in health» and «I- in the disease». The following results were obtained: «I – in health» - inadequately high self-esteem; «I- in the disease» - inadequately low self-esteem.

**Analysis of the reflection investigation.** The level of the reflection is determined by the quantity of the answers about oneself and also the simplicity and the difficulty of making answers to the main question subjectively esteemed by a person. The following *results* were obtained: low level (1-3 answers) – 9,4%; middle level (4 -13 answers) – 34,4%; high level (14 and more answers) – 56,2%. The participants who divided the self-esteem into "I in health" and "I in the disease" had high reflection level. 90% of the respondents said that it was difficult to make the self-description.

**Analysis psycholinguistical aspect of the identity.** Includes the definition of what parts of speech and what informative aspect of self-identification dominate in the self-description. The following results were obtained: predominance of nouns — 25%, predominance of adjectives — 75%. There were no people with predominance of verbs in the self-description.

Analysis of verbal forms used during the self-description tells us about **temporal integratedness of a person**. The participants used mainly the verbs in the future tense which signifies the lack of confidence, the attempt to leave the difficulties of the present moment because of insufficient implemented things. Also they used the verbs in the past tenses as an analysis of the past experience which signifies the dissatisfaction in the present time, the attempt to come back to the past because of its attractiveness or injuriousness (when the psychotrauma hasn't been overworked).

**Analysis of the spheres of life represented in the identity:** family (parental, matrimonial relationships and those of children and parents, corresponding roles) – 86,5%.; work (business relationships, professional roles) – 80,2%.; studies (the necessity of obtaining new knowledge, capacity of changing) – 32,3%; intimate and personal relationships (friendly and love relationships) – 24%; leisure (structuring of time, resources, interests) – 9,4%; relaxation (resources) – 3,1%; health (mainly emphasis on the improvement of the neuro-psychological state and physical state) – 66,7%.

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### **Conclusion.**

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The people with neurotic disorders have inadequate self-esteem. When they have to face stressful situations, on which a person is not able to impact or can not catch them up, their self-esteem changes to the diametrically-opposite: from inadequately high (I in health) to inadequately low (I in the disease). It forms personal conflict between the ideal aspirations of the subject and his subjective esteem of his own capabilities.

The subjective perception of the lack of the resources for emotional stability impacts on subjective exasperation of morbid feelings of people who suffer from neurotic disorders. These resources are necessary for coping with psychotraumatic situations. Also the low self-esteem of capabilities of productive and subsequent activities impacts the above. These peculiarities make any psychotraumatic factors difficult to bear and lead to weighting up the personal conflict in any frustrating situation.

It was revealed that 22,9 % of the respondents have neutral estranged emotionally negative attitude to their gender identity. And 21,9% of the respondents have no gender designation. The low and middle levels of reflection dominate. In self-description predominate a large quantity of adjectives and nouns. The lack or an insufficient quantity of verbs. When analysing the main spheres of life the people who suffer from neurotic disorders put an emphasis on family and work. And also on health with the desire to improve their psychophysical state. They ignore such spheres as leisure and relaxation. It means that the respondents have no capabilities of forming compensatory mechanisms.

The carried out analysis of peculiarities of self-consciousness of people who suffer from neurotic disorders has shown that the problems in such components of self-consciousness as: self-esteem, gender identity, reflection, which are the factors of forming the internal neurotic conflict are regarded as the most important psychological formations which influence on psychological health of a person and also on the possibilities of his internal growth and development.

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