

The self-concept of person with chronic schizophrenia in Japan

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Abstract

Aims: People with schizophrenia have some problems in terms of function of consciousness of the self. Therefore, what they are conscious of themselves remains unclear. The aim of this study was to elucidate the self-concept of Japanese with schizophrenia.

Methods: We interviewed Japanese with a diagnosis of schizophrenia and analyzed the interview transcription by means of qualitative content analysis.

Results: Qualitative content analysis yielded 2001 meaning units and 53 codes from the transcription. The codes were classified into 6 categories: *Present Cognition and Definition of the Self, Feeling Towards and Evaluation of the Self, The Self That Is Seen by Others, The Past Self-Image, The Self-Image About Possibility and the Future, and How I Should Be and the Ideal Self.*

Conclusion: One of the categories, *Feeling Towards and Evaluation of the Self*, means self-confidence, pride, and self-acceptance. In this category, some participants could not accept themselves because they felt “this is not the true self.” Considering our finding and the background in Japan, psychiatric hospitalization is long, while hospitalized people with schizophrenia might be aware of the negative stereotypes about them. Therefore, staff should more focus on what people with schizophrenia want to be in their new life and develop new approaches to enhance rebuilding new goal in life and reduce the self-stigma.

KEYWORDS

consciousness, qualitative research, schizophrenia, self, self-concept

1 | INTRODUCTION

According to the self-concept theory of James,¹ the self is divided into the I-self and the Me-self. The I-self is the self who recognizes the Me-self, and the Me-self is the self who is recognized. When we think and imagine about ourselves, we distinguish between the I-self and the Me-self. Therefore, we can be conscious of ourselves objectively. Self-concept refers to a basic concept structure that tacitly supports self-consciousness² and is also the basis of the

relationship between the I-self and the Me-self.¹ As self-concept is developed and established, we can be conscious of ourselves objectively and self-consciousness is also developed and established. Self-concept is developed in childhood and then established from adolescence throughout adulthood.³ In particular, because of a number of life events, such as marriage, divorce, and becoming a parent, people change their social roles from adolescence throughout adulthood. Each time a person changes his or her social role, the individual is conscious of the self objectively. As a result,

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self-concept becomes more complex, and self-worth and self-development increase.³

To date, few studies have been published on the self-concept of people with schizophrenia. In the field of psychopathology, some studies have indicated that self-disturbance is one of the most specific symptoms of schizophrenia.^{4,5} Jaspers⁴ proposed the importance of activity of the self to humans. This activity accompanies all thoughts, images, memories, feelings, and perceptions, including perceptions of the body and lends these the qualities of being mine and personal. Jaspers concluded that a disability of the activity of the self leads to depersonalization. Moreover, metacognition has been reported to be impaired in people with schizophrenia.⁶ Metacognition refers to the general capacity to think about thinking⁷ and relates to social cognition, for example, self-reflectivity⁸ and the theory of mind.⁹ Because of these impairments, for example, self-disturbance and metacognition, it might be difficult to objectify self in people with schizophrenia. Indeed, some people with schizophrenia have some stigma experiences, referred to as public stigma.¹⁰ They become conscious of those stereotypes gradually, and, as they do, their self-stigma also increases.¹¹ A relatively strong association between self-stigma and self-esteem has been reported.¹² Thus, because of self-stigma, some schizophrenia might have difficulty to face their illness and they might have avoided objectifying the self with illness.

According to the *DSM-5*, the peak age of the first schizophrenic episode is in the early twenties.¹³ The self-concept is established during mid- to late adolescence;³ therefore, adolescence is an important period. However, the onset of schizophrenia often coincides with this period.¹⁴ This coincidence might have some effect on the establishment of self-concept in people with schizophrenia. In Japan, psychiatric hospitalization is longer than in other countries.¹⁵ Thus, because of their hospitalization and the experience of their symptoms, they might change or add to their self-concept, such as “the self who has a trauma in a past hospitalization experience” and “the self who got self-control.”¹⁶

In 2002, in Japan, the diagnostic term for schizophrenia was changed from “Seishin Bunretsu Byo” (“mind-split-disease”) to “Togo Shitcho Sho” (“integration disorder”). According to Nishimura,¹⁷ until the diagnostic term was changed, more than 80% of psychiatrists told the diagnosis to the patient’s family. On the other hand, <50% of psychiatrists told the diagnosis to the patient. The Japanese had a negative image about the diagnostic term itself; hence, most psychiatrists were worried that their patients would not accept the diagnosis, and, consequently, they would not tell their patients the diagnosis. Therefore, this background is postulated to have denied people with schizophrenia in Japan the opportunity to reconsider their selves.

In addition, how the self-concept is established differs according to the person’s culture. The Japanese are motivated to find a way to fit in with relevant others and in general to become part of various interpersonal relationships; therefore, construal of the self in Japan is established through interpersonal relationships.¹⁸ Actually, Abe et al¹⁹ reported on the differences between the Japanese

self-concept and the American self-concept. According to their report, the Japanese demonstrate a stronger integration of public self-conscious (the self reflected in one’s expressed behavior, particularly that which others can observe) and private self-conscious (the self that is one’s inner thoughts and feelings toward oneself) than do Americans. Therefore, how the Japanese self-concept is established differs from that of the American self-concept.

People with schizophrenia have some problems in terms of the function of consciousness of the self, but what they are conscious of themselves remains unclear. Indeed, no research study has thus far attempted to clarify the self-concept of people with schizophrenia through a consideration of culture. Therefore, in this study, we sought to clarify how people with schizophrenia are conscious of themselves and to analyze their self-concept by considering the characteristics of the Japanese. The aim of this study was to elucidate the self-concept of Japanese people with schizophrenia.

2 | METHODS

2.1 | Study design

Study design of this study was qualitative research by qualitative content analysis (QCA), as set out by Krippendorff.²⁰ QCA is a method for systematically describing the meaning of qualitative material. It is performed by classifying material as instances of the categories of a coding frame. The purpose of this study was to explore the self-concept of people with schizophrenia. QCA was considered to be suitable for this study.

2.2 | Setting and sample

This study was conducted at four psychiatric hospitals and one community workshop in Japan. These four psychiatric hospitals provided psychotherapy, group psychotherapy, occupational therapy, and family support programs for their patients. The community workshop provided employment support for people with mental health issues.

The participants were selected from people with schizophrenia based on the ICD-10 and who were aged older than 20 years. After the attending physicians and nurses determined that the interviews would not be harmful to the participants, we explained the purpose and method of study to the participants. In the community workshop, we asked the staff to determine that the interviews would not be harmful to the participants. The people who provided their consent to participate in this study were registered as participants.

One hundred and two people with schizophrenia were invited to participate in this study; of them, 76 people with schizophrenia participated in the study. Of those, nine decided to withdraw from the study and 14 were excluded because they had severe thought disorder or diminished capacity to express themselves. Thus, we analyzed the interview contents obtained from 53 participants. The participants’ characteristics are shown in Table 1. The participants comprised 35 men and 18 women; their average age was 45.13 years (SD = 12.39; range, 21–68). In Japan, the percentage of male



inpatients with a diagnosis of schizophrenia aged 40–65 years is 56.2% and that of female patients is 43.8%. The percentage is slightly higher for male patients.²¹ Therefore, there were more male than female participants in this study. Forty-nine of the participants were inpatients and 4 outpatients. The actual treatment environment differed between the inpatients and the outpatients. However, it was considered necessary to add rich material for the structure of the coding frame in QCA. Therefore, we added the data of 4 outpatients to the analysis.

2.3 | Procedure

The interviews were conducted by one researcher who had experience conducting psychiatric interviews. The interviewer visited the hospitals and one community workshop to explain the purpose and method of study to the doctors, nurses, and other staff. We asked them to invite patient who could participate in our study. And then the interviewer explained the purpose and method of study to the participants. Considering the patients' condition, the interviews were set at <30 minutes each time. Interview guide focused on how participants think, feel, evaluate, and imagine themselves. For example, "How do you feel your condition compared with the past?" "Why do you think you condition is getting better?" "How do you manage or control yourself to keep your health?" "How do you think about your situation that you have schizophrenia?" We also investigated the inpatients' demographic information from their hospital records (age, sex, disease duration, chlorpromazine equivalent). In the case of the outpatients, we investigated their demographic information by asking them directly.

2.4 | Data analysis

For the transcription of the interviews, we used QCA, using the method of Krippendorff²⁰ as a reference. All the categories were added in a concept-driven procedure. For the QCA, we focused on the self-concept proposed by Kajita,² which consists of six categories: Present Cognition and Definition of the Self, Feeling Towards and Evaluation of the Self, The Self That Is Seen by Others, The Past Self-Image, The Self-Image About Possibility and the Future and

How I Should Be and the Ideal Self (Table 2). We first read through the transcribed interviews to understand the overall the interview contents. The meaning units were then derived from the transcribed interviews. *Meaning units* refer to the constellation of words or statements that relate to the same central meaning. Each meaning unit was labeled as a code. The codes were classified into Kajita's six categories. The number of meaning units and the percentage of the number of meaning units for each category were calculated. To assess content validity, all the results of these processes were discussed among the authors.

2.5 | Reliability of the classification into categories

To secure reliability, we asked another researcher with a master's degree and clinical experience of more than 5 years to also categorize the codes. We also examined the degree of agreement with the classification into categories.

2.6 | Ethical consideration

The study was approved by the ethics committee of the University of Tsukuba (Approval no. 759). The participants provided their written consent to participate in the study after we had explained to them the purpose, method of study and the fact that their involvement in the study would be voluntary and confidential and that they were free to withdraw at any time.

3 | RESULTS

3.1 | Self-concept of people with schizophrenia

We interviewed each participant one or two times. Each interview lasted an average of 24 minutes and 44 seconds. In all, 2,001 meaning units emerged from the transcribed interviews. The average meaning unit per participant was 37.8 meaning unit (range, 11–84). Each meaning unit was labeled as a code, and 53 codes emerged from the meaning units (Table 3). The 53 codes were classified into the 6 categories proposed by Kajita.² The kappa coefficient of the classification into categories showed 0.84.

TABLE 1 Participants' background

	Total 53		Men 35		Women 18	
Inpatient	49		32		17	
Outpatient	4		3		1	
	M	SD	M	SD	M	SD
Age (yr)	45.13	12.39	43.43	12.62	48.44	1.54
Disease duration (yr)	15.48	11.70	15.61	11.95	15.24	1.57
Number of hospitalizations	4.66	4.15	5.13	4.79	3.75	2.38
Chlorpromazine equivalent, mg/d	859.50	525.00	896.71	564.44	789.22	447.70

M, mean; SD, standard deviation.

**TABLE 2** Kajita's six categories of self-concept

Six categories Kajita (1988) proposed	Present cognition and definition of the self	Personality, tendency, social status, social role, condition
	Feeling and evaluation to the self	Pride, superiority complex, inferiority complex self-acceptance
	The self that is seen by others	Image and definition from others, evaluation from others
	Past self-image	Past experience, self-image and self-definition in the past
	The self-image about possibility and future	Prediction and conviction of the possibility, intention, wish
	How I should be and the ideal self	Should do, ideal

3.2 | Present cognition and definition of the self

Present Cognition and Definition of the Self included 550 meaning units, accounting for 27.5% of the total meaning units. Eight codes were categorized into this category: "I feel a sense of incongruity that is not myself," "I'm a patient under treatment," "I have a mental illness," "I'm able to become my true self because I'm not disturbed," "I know my character and tendencies," "I know what I like," "I know what I don't like," and "I have a social role." The code with the most meaning units was "I feel a sense of incongruity that is not myself." This code included statements about their present condition or symptoms and feeling a sense of incongruity:

Participant 1, Male I always feel as if air is collecting in my head and that my memory and thoughts are disturbed. I'm disturbed [by something].

Also, "I'm able to become my true self because I'm not disturbed" included meaning units about perception that their present condition was changing:

Participant 2, Male. . .Nowadays, I feel I'm getting better. I still hallucinate a little bit, but I don't care about it anymore.

Indeed, the participants stated that the self was influenced by these symptoms because they felt as if they were having the symptoms at all times. So, one of the participants said:

Participant 3, Male I think I tend to worry about people's eyes too much.

This meaning unit was labeled as the code "I know my character and tendencies." This meaning indicates that participants have a sense of others watching them. Actually, this experience is a delusion of observation, but the participants have recognized it as a characteristic or tendency rather than as a symptom.

3.3 | Feeling towards and evaluation of the self

Feeling Towards and Evaluation of the Self included 567 meaning units, accounting for 28.3% of the total meaning units. Seventeen codes were categorized into this category: "I become my true self

because of my treatment," "I can't accept myself because this is not the true me," "My present condition is good," "I am mentally healthy," "Sometimes I can't cope with my condition by myself," "I can't accept that I am labelled as a patient or disabled person," "I am sad that nobody understands my experience," "I have special power that others don't have," "I can distinguish between my true self and not-true self," "Illness is one part of myself," "The reason I have an illness is not due to me," "I know myself more than anyone else," "It is better that I am a patient," "A part of myself is like a healthy person," "I have the ability to do various things," "I feel envious of healthy people," and "When I reflect on myself, I realize I might have an illness."

Compared with the other categories, *Feeling Towards and Evaluation of the Self* had the most meaning units and codes. This category includes self-confidence, pride, and self-acceptance. For example, "I can't accept myself because this is not the true me" means expression related to self-confidence:

Participant 4, Male Persons with mental illness are persons with disabilities for life. I feel depressed that I have to take medicine even if my condition becomes good.

For participants who expressed this meaning unit, the self who takes medicine is not acceptable. "Persons with disabilities for life" means that it needs to be controlled with medicine, and they are forced to face their illness for life. Participants think of this situation as restrictive, so they feel depressed.

Further, as their condition is good, they recognize not only feeling better but also noticing that "I can distinguish between my true self and not-true self" as in the following meaning unit:

Participant 2, Male I was controlled by my delusions at the time of my hospitalization, but now there is reality in front of me. I can be aware of real life now. I can notice that things in my head do not happen in real life, I can notice it by myself well.

Some people with schizophrenia may experience delusional beliefs; in our findings, therefore, they sometimes feel the delusion deeply, but they can distinguish between their true self and not-true self and feel proud about that.

Indeed, "I am sad that nobody understands my experience" means their feeling toward nobody understanding their

**TABLE 3** The Self-concept of Schizophrenia

Six categories proposed by Kajita	Meaning unit (%)	Code	Meaning unit (% each category)
Feeling Towards and Evaluation of the Self	567 (28.3)	I become my true self because of the treatment	86 (15.2)
		I can't accept myself because this is not the true me	77 (13.6)
		My present condition is good	52 (9.2)
		I am mentally healthy	50 (8.8)
		Sometimes I can't cope with my condition by myself	44 (7.8)
		I can't accept that I am labeled as a patient or disabled person	41 (7.2)
		I am sad that nobody understands my experience	32 (5.6)
		I have special power that others don't have	25 (4.4)
		I can distinguish between my true self and not true self	25 (4.4)
		Illness is one part of myself	25 (4.4)
		The reason I have an illness is not due to me	24 (4.2)
		I know myself better than anyone else	19 (3.4)
		It is better that I am a patient	19 (3.4)
		A part of myself is like a healthy person	16 (2.8)
		I have the ability to do various things	11 (1.9)
I feel envious of healthy people	11 (1.9)		
When I reflect on myself, I realize I might have an illness	10 (1.8)		
Present Cognition and Definition of the Self	550 (27.5)	I feel a sense of incongruity that is not myself	214 (38.9)
		I'm a patient under treatment	97 (17.6)
		I have a mental illness	96 (17.5)
		I'm able to become my true self because I'm not disturbed	57 (10.4)
		I know my character and tendencies	56 (10.2)
		I know what I like	15 (2.7)
		I know what I don't like	8 (1.5)
		I have a social role	7 (1.3)
The Past Self-Image	426 (21.3)	I have experienced a feeling of incongruity	147 (34.5)
		There was a reason that I was not myself	75 (17.6)
		I feel strange about my past myself	45 (10.6)
		I didn't know what illness I had	42 (9.9)
		I feel regret when I reflect on my experience	34 (8.0)
		The past me was better than the present me	28 (6.6)
		I managed my problem without treatment	25 (5.9)
		I tried to cope by myself even if I felt a sense of incongruity	16 (3.8)
I had a social role	14 (3.3)		
The Self-Image About Possibility and the Future	198 (9.9)	I know when my condition will get worse	43 (21.7)
		I have the possibility to do well	40 (20.2)
		I worry about my future	38 (19.2)
		I know how to become my true self	25 (12.6)
		I hope my condition will improve	19 (9.6)
		I can't imagine how I will do in future yet	18 (9.1)
		I know what I want to do in future	15 (7.6)
The Self That Is Seen by Others	173 (8.6)	Others think I have an illness	72 (41.6)
		My experiences and actions are misunderstood by others	32 (18.5)
		Others can help me	30 (17.3)
		Others hope that my future life will be better	13 (7.5)

(Continues)

**TABLE 3** (Continued)

Six categories proposed by Kajita	Meaning unit (%)	Code	Meaning unit (% each category)
		Others think that I am getting better	12 (6.9)
		Others think that I am the same as a healthy person	9 (5.2)
		Others won't notice when my condition is bad	5 (2.9)
How I Should Be and the Ideal Self	87 (4.3)	I have my own rules I must abide by	28 (32.2)
		I have an ideal goal of who I want to become	25 (28.7)
		I want to live regardless of my illness	20 (23.0)
		I want to be me and not give in to my illness	8 (9.2)
		I need to be able to live on my own	6 (6.9)
Total meaning units	2001		

hallucinations and delusions. This code was expressed as in the following meaning unit:

Participant 5, Female Even if what I said might be a delusion, when others totally denied what I thought, I did not feel good. I think it is not strange that someone agrees with a little part of the delusion.

They experience the world of delusion, and they might recognize their experience as a real occurrence. When they are conscious of themselves, they recognize the self that believes the delusion. Therefore, they want others to understand the world of delusion.

3.4 | The self that is seen by others

The Self That Is Seen by Others included 173 meaning units, accounting for 8.6% of the total meaning units. Seven codes were categorized into this category: "Others think I have an illness," "My experience and actions are misunderstood by others," "Others can help me," "Others hope that my future life will be better," "Others think that I am getting better," "Others think that I am the same as a healthy person," and "Others won't notice when my condition is bad."

In this category, there are meaning units that mean how others look at the self, what image others have toward the self and how others evaluate the self. Also, they have the directly opposed thoughts of "Others think I have an illness" and "Others think that I am the same as a healthy person." "Others think that I am the same as a healthy person" means that others think there is a part that is not different from the person who does not have a disease. This code was expressed as in the following meaning unit:

Participant 6, Male People seem to think that I can work in a more normal workplace, rather than in my current workshop. I am sure people think that.

This meaning unit emerged from an outpatient who was in a workshop for people with a mental health issue and was seeking

employment. While he was seeking employment, he often asked the staff or his family what kind of job is good for him. Gradually, he became conscious of himself and imagined how people see him and think of his ability.

3.5 | The past self-image

The Past Self-Image included 426 meaning units, accounting for 21.3% of the total meaning units. Nine codes were categorized into this category: "I have experienced a feeling of incongruity," "There was a reason that I was not myself," "I feel strange about my past self," "I didn't know what illness I had," "I feel regret when I reflect on my experience," "The past me was better than the present me," "I managed my problem without treatment," "I tried to cope by myself even if I felt a sense of incongruity," and "I had a social role."

"I have experienced a feeling of incongruity" included the statement about their condition when it was at its worst, as in the following meaning units:

Participant 7, Male I believed everyone knew everything I was thinking and was watching everything that was going on in my mind.

Participant 8, Male At the time of my hospitalization, I suffered. The monster of light appeared in front of me and I heard telepathy. I suffered very much.

These meaning units mean statement of their past poor condition. When they look back over the past, they realize that they had experiences that were influenced by their symptoms. Also, when they compare their present and past selves, they recognize "I feel strange about my past self," as in the following meaning unit:

Participant 9, Male At that time, I was wide-awake and didn't feel sleepy. But I totally felt good. And I thought space will disappear so I had a sense of mission to help the universe. But now I am just a housewife, I don't believe that, so I wonder why I thought such a thing. . .



This meaning unit was also the expression of the self under hospitalization. The patient was under treatment and does not have an unrealistic ability like that, so that now she feels very strange toward the past self who felt the urge to help the universe.

3.6 | The self-image about possibility and the future

The Self-Image About Possibility and the Future included 198 meaning units, accounting for 9.9% of the total meaning units. Seven codes were categorized into this category: "I know when my condition will get worse" "I have the possibility to do well" "I worry about my future" "I know how to become my true self" "I hope my condition will improve" "I can't imagine what I will do in future yet" and "I know what I want to do in future."

The most meaning units for "I know when my condition will get worse" concerned the self-image when their condition is deteriorating, as in the following meaning unit:

Participant 10, Male When I lack sleep, I will ask the staff for advice. If I don't sleep enough, my tension will get higher. In such a situation, I won't distinguish between auditory hallucinations and delusions either.

Participant 11, Female Speaking of a sign that my condition is getting worse, I'll be careless about how to act and how to think. For example, I can't do the laundry or wash the dishes. The biggest sign that my condition is getting worse is that I don't go to get my hair cut.

In these meaning units, patients recognize their condition in which they cannot cope by themselves anymore and they can look at the self-image through thinking about the sign that they are not in good condition. Also, they know that whether they should ask the staff or not depends on their condition.

Indeed, "I know how to become my true self" has many meaning units concerned with self-coping in the midst of a deteriorating condition that is not just about taking medicine, as in the following meaning unit:

Participant 7, Male When I hear a voice, I sing a song. Because I am absorbed in the song, I can forget the voice that is irritating me. That's why singing is one of my ways to cope with voices. I like singing, so I sing whenever I hear a voice.

This meaning unit means that the participant knows that singing a song is something she can do easily and makes her feel better about being able to cope with the voices, so the participant recognized that singing a song helps her to cope with hallucinations and strong feelings of irritation.

3.7 | How i should be and the ideal self

How I Should Be and the Ideal Self included 87 meaning units, accounting for 4.3% of the total meaning units. Five codes were categorized into this category: "I have my own rules I must abide by" "I have an ideal goal of who I want to become" "I want to live regardless of my illness" "I want to be me and not give in to my illness" and "I need to be able to live on my own."

"I have my own rules I must abide by" means the standard of value in themselves, such as "how I should be" or "how I must be," as in the following meaning unit:

Participant 12, Male Actually, I was convinced that the medicine was not good. But I know various studies were carried out to develop the medicine. So, I think the medicine must have an effect on myself.

This meaning unit means that the participant has his own rule that he should play the role of a patient. He thinks patients must believe in the effect of their medicine even if they actually do not realize its effect, and he also thinks he must live a regular life as a patient.

4 | DISCUSSION

4.1 | Self-concept of people with schizophrenia

In *Present Cognition and Definition of the Self*, the code with the highest number of meaning units is "I feel a sense of incongruity that is not myself." This code includes meaning units that mean the patients feel themselves under the influence of their symptoms, for example, hallucinations and delusions. In addition, they feel the side effects of their medication, for example, constipation, sleepiness, and difficulty of physical movement. Yasunaga²² stated that people with schizophrenia have a sense that is "something is strange within myself." In Japan, this sense has been expressed as *byokan*. *Byokan* is *Krankheitsgefühl* which is expression as traditional concept. According to Yoshimatsu,²³ the precise definition of *Krankheitsgefühl* is unclear but some reports focused on the difference *Byokan* between other traditional concepts in Japan. *Byokan* refers to a sense of feeling strange in oneself²² and is different with illness insight. Illness insight is objective evaluation by professional, for example, doctor and *Byokan* is subjective awareness that "there is something wrong somewhere."²³ Yasunaga²² proposed that some people with schizophrenia have difficulty describing what is happening in themselves, but they can feel a sense of incongruity in themselves. In this study, "I feel a sense of incongruity that is not myself" corresponds with the experience of *byokan*. Actually, metacognition in people with schizophrenia is impaired;⁶ hence, they are poor at reflecting on themselves.²⁴ Nevertheless, in this study, "I feel a sense of incongruity that is not myself" had a number of meaning units. Therefore, even if people with schizophrenia have an impaired ability to reflect on themselves, they could be conscious of themselves



depending on the treatment approach. In addition, some of the codes correspond to self-definition, for example, "I'm a patient under treatment" and "I have a mental illness." In Japan, psychiatric hospitalization is long.¹⁵ In this study, the average disease duration for the participants was 15.48 years. While hospitalized, participants might have enough time to become conscious of themselves and have changed or added to their self-definition.

In *Feeling Towards and Evaluation of the Self*, there are codes with content that includes how the patients recognize and accept their illness, for example, "I can distinguish between my true self and not-true self" and "Illness is one part of myself." These codes mean that they recognize themselves and try to find which self is true. According to the perspective of recovery, because people accept themselves beyond their illness and realize their possibility, they will be released from "Illness" and "Disability."²⁵ And also, one of the component processes of recovery is redefining identity.²⁶ As our finding, trying to find which self is true and accepting the illness as a part of the self is an essential process to recover from mental illness for them. Conversely, there are codes that mean they can't accept themselves, for example, "I can't accept that I am labeled as a patient or disabled person." These codes might have a meaning that includes self-stigma. In 2002, in Japan, the diagnostic term for schizophrenia was changed from "Seishin Bunretsu Byo" to "Togo Shitcho Sho" to contribute to reduce the stigma related to schizophrenia.²⁷ It was reported in 2014 that 165,800 people with schizophrenia are inpatients and 69,700 are outpatients in Japan.²⁸ In addition, the average number of hospitalization days in a psychiatric ward was 274.7 days in 2015.²⁹ Considering their background, while hospitalized some people with schizophrenia might have had to face public stigma and are aware of the negative stereotypes about them.

The Self That Is Seen by Others includes statements that mean "How other see, think, feel and evaluate oneself." In our findings, some codes correspond with the theory of mind, for example, "Others think I have an illness" and "Others think that I am getting better." Brüne³⁰ reported that people with schizophrenia find it hard to take other people's perspectives and understand other's thoughts and feelings because of an impaired theory of mind. Actually, in this study, the percentage of meaning units for *The Self That Is Seen by Others* was smaller than that of the other elements. Considering this finding, impairment of the theory of mind might be related to our finding about *The Self That Is Seen by Others*.

In *The Self-Image About Possibility and the Future*, the participants could recognize a sense of self-control, for example, "I know when my condition will get worse" and "I have the possibility to do well." Andresen²⁶ proposed "taking responsibility for recovery" is one of the recovery component processes and "responsibility" includes the self-management of wellness and self-determination. In this study, the codes that mean getting a sense of self-control correspond with "taking responsibility for recovery." However, some of the patients think "I worry about my future" and "I still can't imagine what I will do in the future." Indeed, another

important element, *How I Should Be and the Ideal Self*, had the fewest meaning units. This finding might relate to Japanese culture. People in Asia have a tendency to identify themselves through their relationships with others.¹⁸ The Japanese tend to be especially conscious of the self that others can observe.¹⁹ We postulate that Japanese with schizophrenia might be conscious of the self that others observe and try to fit in with relevant others; therefore, they could not reconsider the self beyond "schizophrenia" as the label. In addition, long-term hospitalization might have denied them the opportunity to rebuild their self-image in the future and self-determination.

4.2 | Limitations

In this study, we analyzed the interview contents obtained from fifty-three participants. However, we have conducted interview of only four outpatients. Because of this, this study could not compare the self-concept between inpatients and outpatients, and our finding might have affected outpatients' statements. Therefore, caution should be exercised when attempting to generalize the results of this study to all people with schizophrenia.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

DATA REPOSITORY

The data of our research are the interview date from patients with schizophrenia. If we open our data to the public, it means we do not protect privacy. Therefore, we do not make my data open to the public.

INFORMED CONSENT

The participants provided their written consent to participate in the study after we had explained to them the purpose, method of study, and the fact that their involvement in the study would be voluntary and confidential and that they were free to withdraw at any time.

AUTHOR CONTRIBUTIONS

H.S. designed and C.M. supervised the study. H.S. collected the interview date. H.S. and C.M. analyzed the interview data. H.S. wrote the manuscript, which was revised and approved by all of the authors.



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