

Relationship between self-esteem and personality traits among schizophrenic patients

Abeer El Sayed Berma¹, Rasha Mohamed Elsayed², Huda Gaber Hamza³.

Psychiatric Nursing and Mental Health, Faculty of Nursing, Port Said University, Port Said, Egypt^{1,2,3}

ABSTRACT

Background: Schizophrenic patients have abnormalities in basic dimensions of personality. Self-esteem might be a driver or resource for the development of personality traits. **Aim:** This study aimed to evaluate the association between self-esteem and personality traits among schizophrenic patients. **Subjects and Method:** **Design:** A descriptive correlational research design was utilized. **Setting:** This study was carried out at inpatient units in Port Said Psychiatric Health Hospital. **Subjects:** The study subjects consisted of 104 schizophrenic patients from the above-mentioned setting. **Tools:** Three tools were used to collect data which were the Rosenberg Self-Esteem Scale, and Big Five Inventory, in addition to personal and Clinical questionnaires. **Results:** Most of the studied patients had a high score of self-esteem. About half of the studied patients had a low score of extraversion personality. **Conclusion:** The study concluded that there are highly positive statistically significant relationships between self-esteem and extraversion, agreeableness, conscientiousness, and openness personalities and there is no statistically significant correlation between self-esteem level and neuroticism personality. **Recommendation:** The study recommended an educational session for schizophrenic patients about specific self-esteem enhancement interventions. An educational session is recommended to psychiatric nurses about preferred approaches to enhance patients' self-esteem and improve their personality from being disordered.

Keywords: Schizophrenic patients, Self-esteem, Personality Traits.

INTRODUCTION

Mental disease is often defined by a combination of behavior, feeling, perception, or thinking of an individual (WHO, 2014). Schizophrenia is an illness characterized by an abnormality in social behavior and an inability to understand reality (WHO, 2015). Commonly reported symptoms are false beliefs, unclear thinking, hearing non-existing voices, poor social engagement and emotional expression, and reduced motivation (National Institute of Mental Health, 2017).

Self-esteem is a significant concept of psychological health (Taylor, Peplau & Sears, 2000). It is defined as a positive or negative attitude of a person towards him/herself. It has also been described as a person's self-rating and an assessment of self-concept (Proios & Balasas, 2007). Over the last 10 years, self-esteem has emerged as an essential component associated with the etiology, understanding, and management of persons having severe mental disorders (Markowitz, 2001). Studies have reported associations between self-esteem and social engagement (Roe, 2003).

Personality has an important effect on life. It is significantly linked to life satisfaction. With such a big effect on life, it's essential to reliably measure personality (Boyce, Wood & Powdthavee, 2013). Personality is considered to be a significant factor for schizophrenia pathogenesis as it might affect symptoms, cognitive function, and social functioning of the patient (Gurrera, McCarley & Salisbury, 2014; Compton et al., 2015). Moreover, it predicts an illness's onset and course (Van Os & Jones, 2001; Gleeson, Rawlings, Jackson & McGorry, 2005; Lonqvist et al., 2009).

Studies on personality among schizophrenic patients reported high neuroticism, low extraversion, and low conscientiousness in comparison with normative levels or healthy persons, and such differences seem to persist through active and residual stages of schizophrenia. Furthermore, the research found that healthy persons having increased neuroticism and reduced extraversion were more likely to be diagnosed with schizophrenia later, signifying that such personality differences could occur before schizophrenia onset (Smeland et al., 2017). Such a phenomenological approach considers personality pathology to be crucial to the psychopathology of schizophrenia (Simonsen & Newton-Howes, 2018).

The research examined the association between self-esteem and personality (Robins, Tracy, Trzesniewski, Potter & Gosling, 2001). However, the other studies had convincingly shown that self-esteem is significantly rooted in main personality traits, such as the “Big Five” (Erdle, Gosling & Potter, 2009; Amirazodi & Amirazodi, 2011). These Big Five personality dimensions include openness, conscientiousness, extraversion, agreeableness, and neuroticism (Power & Pluess, 2015).

Understanding the association between self-esteem and personality traits is essential for many reasons such as embedding self-esteem within the Big Five framework will link it to other psychological constructs and outcomes associated with the Big Five. Self-esteem and personality share common developmental roots, and examining the personality correlates of self-esteem throughout life might offer insights into self-esteem's nature and development. Self-esteem is also moderately heritable, with approximately 30% of the variance because of genetic variations. Thus, self-esteem and personality might directly affect each other (Robins et al., 2001).

Highlighting and understanding the correlation between self-esteem, and personality traits among schizophrenic patients can help psychiatric nurses to focus on health promotion through identifying people who have traits, promoting community awareness about predisposing factors of low self-esteem, participating in continuing educational programs, and planning effective treatment measures. Moreover, mental health nurses require developing awareness of their own, as well as their clients. Understanding this relationship is critical in developing a therapeutic relationship and motivating patients to learn and understand their disorders and participate in their management (Kobau et al., 2011).

SIGNIFICANCE OF THE STUDY

Schizophrenia is characterized by tremendous heterogeneity in manifestations, course, as well as prognosis (Wijers, Verhoeven & Tuinier, 2005). This heterogeneity brings to the fore an interest in the role of personality and self-esteem in the adaptation process to schizophrenia. Taking into consideration research attesting to the fragile and unstable nature of the self in schizophrenia (Lysaker & Lysaker, 2001; Shahar & Davidson, 2003)

Understanding the association between self-esteem and personality is significant for many reasons. First, embedding self-esteem within the Big Five framework will link it to all other psychological constructs and outcomes associated with the Big Five. Second, self-esteem and personality share common developmental roots, and assessing the personality correlates of self-esteem throughout life can offer insights into its nature and development. Third, self-esteem and personality might directly affect each other. For instance, personality affects how a person perceives and evaluates himself/herself. On the contrary, self-esteem might have an essential role in personality determination. Conversely, self-esteem may play a critical role in shaping personality processes. Individuals' beliefs about themselves influence how they act in particular situations, the goals they pursue in life, how they feel about life events and relationship partners, and how they cope with and adapt to new environments. Finally, the link between personality and self-esteem has implications for personality measurement. These connections among social desirability, self-esteem, and personality raise the question of whether any of the relations between self-esteem and the Big Five dimensions can be accounted for by individual differences in social desirability (Robins et al., 2001).

AIM OF THE STUDY

This study was carried out to examine the relationship between self-esteem and personality traits among schizophrenic patients.

Research Objectives:

- 1- Measure self-esteem levels among schizophrenic patients.
- 2- Identify personality traits among schizophrenic patients.
- 3- Finds out the association between self-esteem and personality traits among schizophrenic patients.

SUBJECTS AND METHOD

Research Design:

A descriptive correlational research design was used.

Setting:

This study was conducted in psychiatric inpatient units at Port Said Psychiatric Health Hospital. This hospital is affiliated with the General Secretariat of Mental Health and Addiction Treatment (GSMHAT), Ministry of Health. It offers care to psychiatric patients and abusers. Its capacity is 110 beds; serves Port Said, El-Ismailia, and El-Suez Governorates. The hospital composes five inpatient psychiatric units including one men's department for substance abuse (10 beds), two units for males, and 2 units for females. The male units are free and health insurance ward "A" (30 beds) and private ward (25 beds). The female units are one free and health insurance ward (30 beds) and one private ward (15 beds), additionally, one clinic for children, and finally, psychiatric outpatients clinics which are accessible all days of the week from 10 a.m. to 2 p.m.

Research Subjects:

A convenient sample of schizophrenic patients who were able to communicate effectively were recruited from inpatient units of the previously mentioned setting within six months. Their total number amounted to 104 patients.

Tools of data collection:

For data collection, the following tools were utilized:

Tool I: Personal and clinical questionnaire:

The questionnaire was developed by the researcher to elicit data regarding the patient's personal characteristics including gender, age, marital status, educational levels, birth order, family income, employment status, residence, number of family members, and persons sharing the home. Also include patient's clinical characteristics such as duration of illness, mode of admission, number of previous psychiatric hospitalization, and duration of current hospitalization. As well, including the presence of a family history of mental illness, presence of support system, source of support, type of support, and type of psychiatric treatment.

Tool II: Rosenberg Self-Esteem scale (RSS):

It was developed by Rosenberg (1979) in an English language. The researcher used an Arabic version of (RSS) translated by Abusaad (2011). It was a 10 items scale that

measures global self-worth by measuring positive and negative feelings about the patient's self.

Scoring System:

All items were answered utilizing a 4-point scale that ranged from strongly agree (1) to strongly disagree (4). Items 2, 5, 6, 8, and 9 are reverse scored. Higher scores indicate higher self-esteem.

Tool III: Big Five Inventory (BFI):

It was developed by John, & Srivastava (1999) and John, Robins, & Pervin (2008) in an English language and translated into An Arabic language by Elfaoumy (2011). It identifies Openness, Extraversion, Agreeableness, Neuroticism, and Conscientiousness. It is relatively brief for a multidimensional personality inventory (44 items).

Scoring System:

BFI scale scoring ("R" indicates reverse-scored items): Extraversion: 1, 6R, 11, 16, 21R, 26, 31R, 36. Agreeableness: 2R, 7, 12R, 17, 22, 27R, 32, 37R, 42. Conscientiousness: 3, 8R, 13, 18R, 23R, 28, 33, 38, 43R. Neuroticism: 4, 9R, 14, 19, 24R, 29, 34R, 39 Openness: 5, 10, 15, 20, 25, 30, 35R, 40, 41R, 44. Participants' answers using a five-point scale where 5 indicates strongly agree to 1 indicates strongly disagree. Personality traits will represent the highest score of any one of the five dimensions.

Reliability of the Study Tools:

It was established by assessing Cronbach's alpha coefficient. The tools were proved to be reliable as the tool (II) assessed global self-worth through measuring positive and negative feelings about the patient's self has confirmed a high internal consistency as Cronbach's α was between 0.85 to 0.88. As well as, Tool (III) has an acceptable and satisfactory internal consistency for the five dimensions of personality traits (Neuroticism, Extraversion, Openness to experience, Agreeableness, and Conscientiousness subscales respectively (Cronbach's α = 0.83, 0.82, 0.80, 0.82, 0.92).

Pilot study:

A pilot study was performed on 10% (10 patients) of hospitalized schizophrenic patients before the actual study. It was carried out for establishing the applicability of

study tools, and for estimating the appropriate time needed for answering the questionnaire. No modifications were done to the tools.

Fieldwork:

Before the study began, an official letter from the Dean of the Faculty of Nursing was sent to the director of Port Said Psychiatric Health Hospital to obtain permission for conducting the present research following an explanation of the study's aim. Consequently, the director referred the researcher to the responsible nurse of each department, the researcher attended to each responsible nurse's office to introduce herself, clarify the aim of the study, and pursue an agreement. The researcher started data collection by explaining the purpose of the study. Data was collected in 6 months from March to August 2019. The researcher attended the setting (The in-patient units) two days/ a week on Monday and Thursday from 9.00 a.m. to 1.00 p.m. The data collection procedure was conducted utilizing a face-to-face interview method that was done on an individual basis and this was done in a private area in the inpatient department to ensure discretion and confidentiality of the collected data.

Ethical considerations:

The protocol obtained approval from the Ethical Committee of the GSMHAT. The purpose of this study was explained to the Director of the hospital to obtain permission. Informed consent was taken from every patient after explaining the purpose of this study. The patients had the right to withdraw from the study at any time. Ensuring the confidentiality of the information collected and anonymity is guaranteed. The process of data collection was disturbing the harmony of the work of the above-mentioned setting.

Statistical analysis:

Collected data were coded, arranged, tabulated and analyzed by SPSS version 22. Data presentation was done using suitable tables and graphs.

RESULTS

Self-esteem level among studied patients clarifies in **Figure 1**; a majority of studied schizophrenic patients (76%) had high levels of self-esteem, while the rest of the patients (24%) had low levels of self-esteem.

Figure (2): represents that; considering to personality traits among studied patients representing that about half of the studied patients (51.9%) had a low score of extraversion personality that means having of introversion personality. While most of the studied patients (86.5%) had agreeableness personality, 74% of studied patients have a conscientiousness personality, 70.2% of studied patients had a neuroticism personality, while around one-third of the studied patients (29.8%) had emotional stability. More than half of the studied patients (57.7%) had a closeness to experience personality.

Table (1): represents the correlation between personality traits and self-esteem among studied patients; which indicates a highly positive statistically significant correlation between the total score of self-esteem and extraversion personality, agreeableness personality, conscientiousness personality, and openness personality as ($p=0.000$)($p=0.000$) ($p=0.004$) & ($p=0.005$) respectively.

On another hand, the relation reveals negatively statistically significant between total score of self-esteem and neuroticism personality as ($p=0.003$).

Table (2): displays the best fitting enter regression analysis model of the score of self-esteem level (dependent variable) and personality traits (independent variables) among studied patients. It was founded that the best predictor factor of self-esteem is extraversion, agreeableness, conscientiousness, neuroticism, and openness personalities.

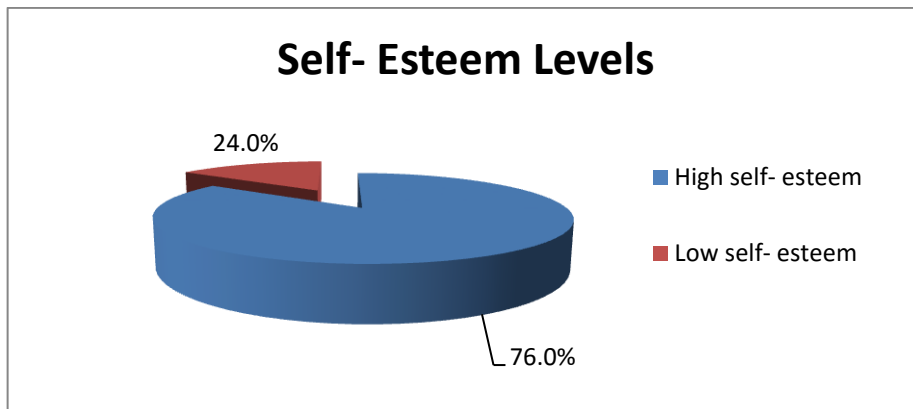


Figure (1): Self- esteem levels among the studied patients (n=104)

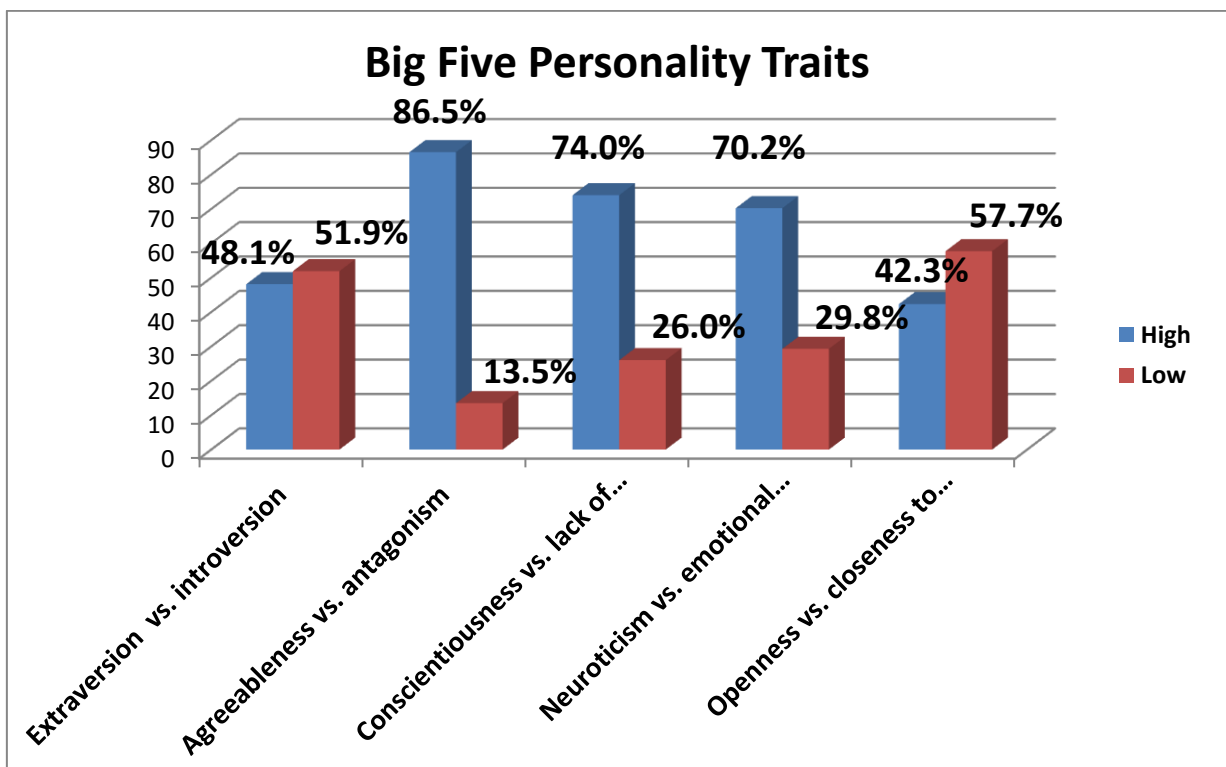


Figure (2): Personality Traits of the studied patients (n=104)

Table (1): Correlation between Personality Traits and Self-esteem among studied patients

Items	Total score of self-esteem	
	R	P
Extraversion versus introversion	0.361	0.000**
Agreeableness versus antagonism	0.503	0.000**
Conscientiousness versus lack of direction	0.283	0.004**
Neuroticism versus emotional stability	- 0.022	0.003**
Openness versus closeness to experience	0.254	0.009**

r= Pearson correlation

significant at $P \leq 0.0$ **Table (2): Regression analysis for the score of self-esteem levels (dependent variable) and Personality Traits (independent variables) among studied patients.

Big Five Personality Traits	Total self-esteem level			
	Beta coefficient	Standard error	t-test	P- value
Extraversion vs. introversion	0.173	0.082	1.799	0.075*
Agreeableness vs. antagonism	0.406	0.112	4.528	0.000*
Conscientiousness vs. lack of direction	0.137	0.088	1.510	0.034*
Neuroticism vs. emotional stability	-0.021	-0.082	-0.234	0.016*
Openness vs. closeness to experience	0.078	0.185	0.801	0.025*

*Significant at $P \leq 0.05$

R-square 0.34.

Model ANOVA: $F=9.48$ $P \leq 0.01$

DISCUSSION

Schizophrenia is among the main 10 causes of disability globally and adversely influences the quality of life (Herran, Sierra-biddle, Cuesta, Sandoya & Vázquez-barquero, 2006). Personality is a significant factor in schizophrenia pathogenesis as it influences a patient's symptoms, cognitive function, as well as social functioning. Schizophrenic patients have abnormalities on the main traits of personality which might be a manifestation of liability to schizophrenia (Gurrera, Nestor & O'donnell, 2000). Schizophrenia is associated with differences in personality dimensions (Smeland et al., 2017). Schizophrenic studies reported associations between self-esteem and social functioning (Roe, 2003). Personality variables are significantly associated with self-esteem (Fannon, Green & Wykes, 2003; Haug et al., 2016). So the current work was carried out to examine the relation between self-esteem and personality traits among schizophrenic patients.

In our study, considering the assessment of self-esteem level among studied patients denoted that most of the studied patients had a high score of self-esteem. The interpretation might be that some schizophrenic patients might avoid devaluing experiences and maintain a rigid sense of self-worth by perceptual distortions of reality; Bentall et al. (2008) supported these interpretations and stated that schizophrenic patients attempted to avoid feelings of reduced self-esteem through attributing adverse experiences externally. Thus, they result in perceptions of persecution (Kumar & Mohanty, 2016). In Canada, Baumeister, Campbell, Krueger & Vohs (2003) have shown that increased self-esteem was associated with persistence when facing adversities. In Canada also Silverstone & Salsali (2003) reported that schizophrenic patients showed intermediate self-esteem levels.

Some automatically assume that people with severe mental illness experience low self-esteem. A possible explanation is that this moderate self-esteem may be a result of comparing oneself with those who also have a severe mental illness. By avoiding comparison of oneself with those who are not mentally ill, one can protect his or her self-esteem because a negative difference is not seen (Bhar, Ghahramanlou-Holloway, Brown & Beck, 2008; Bentall et al., 2008). In Pakistan, Grbic (2013) found that schizophrenic patients had significantly reduced self-esteem as compared with other psychiatric illnesses. Also, other studies revealed that around half of the studied persons had reduced self-esteem (Link, Struening, Neese-Todd, Asmussen & Phelan., 2001; Gureje, Harvey & Herrman, 2004).

Concerning personality traits among studied patients, it was reported that about half of studied patients had a low score of extraversion personality and that means having introversion personality. This may be related to the fact that schizophrenic patients have pervasive impairments of psychosocial adjustment (American Psychiatric Association, 2013); they have less chance than normal controls to be engaged in emotional acceptance (O'Driscoll, Laing & Mason, 2014).

Similar to the foregoing current study results, In California, Le Hellard et al. (2017) and In India, Camisa et al. (2005) illustrated that schizophrenic patients consistently find decreased extraversion compared to normative levels, and such differences seem to be persistent in active and residual stages of schizophrenia. Also, several studies found that premorbid personality traits of decreased extraversion were linked to a risk of schizophrenia development (Van Os & Jones, 2001; Krabbendam et al., 2002; Goodwin, Pope, Mort & Smith, 2003; Lonqvist et al., 2009). On the same line, meta-analyses demonstrated low diagnostic specificity, with a general personality profile of low extraversion for schizophrenia compared to healthy controls (Malouff, Thorsteinsson & Schutte, 2005; Kotov, Gamez, Schmidt & Watson, 2010; Ohi et al., 2016).

In the current study, most of the studied patients had agreeableness, conscientiousness, and neurotic personality, and more than half of them had a closeness to experience personality. The interpretation might be that personality traits of schizophrenic patients seem to be linked to greater levels of positive symptoms, patient's experiences, social impairment, and dysfunctional coping. (Lysaker et al., 2004; Couture, Desrosiers & Leclerc, 2007; Boyette, et al., 2014; Ridgewell, Blackford, Mchugo & Heckers, 2016), also may be due to an interaction of a neural integrative defect with social learning (Camisa et al., 2005).

In harmony with the current study, Shimada et al. (2016) showed that greater neuroticism levels, and reduced openness, agreeableness, extraversion, and conscientiousness. Also similar to our result, Shi et al. (2018) emphasized that schizophrenic persons showed greater neuroticism levels. Additionally, Le Hellard, et al. (2017) illustrated that schizophrenic patients consistently found high neuroticism, reduced extraversion, and reduced conscientiousness, and such differences seem to persist through active and residual stages of schizophrenia.

According to the findings of the present work, the total score level of self-esteem was statistically significantly higher among patients with extraversion personalities. This can be attributed to the patients who extraverts speak more rapidly, utilizing higher pitch, and give more feedback than an introvert. Likewise, they were more likely to take the role of the interviewer in dyadic circumstances also they tend to communicate with numerous persons and they speak out their problems with friends and family as they seek out stimulation from their external environment that in return will increase their self-esteem level.

This interpretation is supported by Vaughan-Johnston, Mac-Gregor, Fabrigar, Evraire & Wasylikiw (2021) who reported that self-esteem regulation processes might propose three explanations. First, increased self-esteem persons might have more activity in social behavior, for instance, since they are more self-assured being will be accepted by other people. Second, high extraversion might be linked to better self-enhancement motivation. Third, extraverts may be more motivated or proficient in implementing some self-esteem-enhancing strategies. Similarly, Swickert, Hittner, Kitos & Cox-Fuenzalida (2004) found a significant influence of extraversion on self-esteem via positive affect.

The findings of the present study revealed that highly positively statistically significant correlation between the total score level of self-esteem and agreeableness personality. A possible explanation for this finding may be that those patients who had agreeable personalities tend to have straightforward, helpful, and more trusting traits so they were cooperative and got involved with altruistic activities, and had a positive view of human nature that in return will increase their self-esteem level. Interpretation supported by Gleeson, Rawlings, Jackson & McGorry (2005) who illustrated that cases that remained stable were more sympathetic to other people, were more prepared to offer help and believed that other people were more likely to reciprocate.

In the present study, there is a highly positively statistically significant relationship between the total score level of self-esteem and conscientiousness personality. This may be due to that patients who are high on conscientiousness always stand strong for their own point of view and decisions and stick to their decisions until they can be. Besides that, high self-esteem persons are those who believe in themselves that they are capable and worthy. This finding is confirmed in Australia by Jo et al. (2020) who reported that cases having high conscientiousness levels might believe that their problems could be handled with no help from others or medical advice. Additionally, psychotic exacerbation in conscientious

cases might lead them to not look for help when they have to. In congruence with this, a study in Turkey reported that conscientiousness was positively related to self-esteem (Mutlu, Balbag & Cemrek, 2010).

The present study had shown a highly positive and statistically significant correlation between the level of self-esteem and openness personality. The interpretation might be that patients who had an increased level of openness to experience be likely to have traits like creativity, aesthetic sensitivity, the capability of rapid learning, clever and insight that in return will increase their self-esteem level (Caspi, Roberts & Shiner, 2005). The personality type openness is characterized by core traits including imaginatively, creativity, aesthetic sensitivity, rapid learning, cleverness, and insightfulness.

This interpretation is supported by Amirazodi & Amirazodi (2011) who clarified that the power, the responsibility in the public domain, receipt of support, and high autonomy are as the high self-esteem's characteristics. Also, they demonstrated that having a high level of openness to experience tends to possess traits such as creativity, aesthetic sensitivity, and the ability to learn quickly, cleverly, and insightfully. Individuals who are high on openness tend to move out of their comfort zone and constantly acquire a wide range of interests to have new experiences. Hence, the positive effect of openness on self-esteem is conformed.

On the same line, a study in India by Kumari & Sharma (2016), found that extraversion and openness to experience are crucial determinants of mental well-being and those who scored high on these personality traits tend to have high scores on mental well-being as well.

On the other hand the current work illustrates that there is a negative statistically significant relationship between self-esteem level and neuroticism personality. The interpretation might be that patients, who had neurotics traits tend to be overly anxious, more prone to stress, constantly lack confidence, experience a lot of mood swings, easily get frustrated, and often feels insecure in their relationship. Therefore, the negative association of neuroticism with self-esteem is supportable. This interpretation is congruent with Mu et al. (2019) who considered that neuroticism is a core characteristic that is generally consistent patterns of thoughts, feelings as well as actions over time and situations. Also, our result is in agreement with the study by Barlett & Anderson (2012) in

the United States of America which demonstrated that there is a strong negative association between neuroticism and self-esteem.

On the other hand, self-esteem is considered a surface characteristic, or characteristics which may emerge much later, continue to evolve across the life span, and are less stable or more environmentally malleable compared with core characteristics (based on such point of view, it is thought that self-esteem is the by-product of interaction between core characteristics, like neuroticism and environmental stimuli (McAdams & Pals, 2006).

CONCLUSION AND RECOMMENDATIONS

Based on the results of the current work, it is concluded that:

Schizophrenic patients showed abnormalities in basic traits of personality. Self-esteem might be a driver or resource for personality trait development. This work reported that more than half of patients had introversion personalities; the most of studied patients had agreeableness, openness, neuroticism, and closeness to experience personalities. Also, the most of studied patients had high self-esteem. Finally, a highly positive statistically significant correlation between levels of self-esteem and extraversion, agreeableness, conscientiousness, and openness personalities was found, but there was a negative statistically significant association between self-esteem level and neuroticism personality.

Based on the results of the current work, the following recommendations are suggested:

1. An educational session is recommended for schizophrenic patients about specific self-esteem enhancement interventions.
2. An educational program for teaching psychiatric nurses about using high self-esteem in schizophrenic patients positively and encouraging them to make new friends.
3. An educational session is recommended to psychiatric nurses about preferred approaches to enhance patients' self-esteem and improve their personality from being disordered.

Recommendations for Future Research:

-Future research is proposed to assess the effectiveness of educational programs about assertiveness training among schizophrenic patients to modify personality styles.

REFERENCES

Abusaad, A. (2011). Manual of psychological and educational standards and tests, Depono Center for Teaching and Thinking, Part One, Amman (Jordan), p. 44-4.

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, D.C.

Amirazodi, F., Amirazodi, M. (2011). Personality traits and self-esteem. *Procedia—Social and Behavioral Sciences*, 29, 713–16.

Barlett, C., & Anderson, C. (2012). Direct and indirect relations between the Big 5 personality traits and aggressive and violent behavior. *Personality and Individual Differences*, 52, 870-875.

Baumeister, R., Campbell, J., Krueger, J., & Vohs, K. (2003). Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles?. *Psychological science in the public interest*, 4(1), 1-44.

Bentall, R. P., Rouse, G., Kinderman, P., Blackwood, N., Howard, R., Moore, R., & Corcoran, R. (2008). Paranoid delusions in schizophrenia spectrum disorders and depression: the transdiagnostic role of expectations of negative events and negative self-esteem. *The Journal of nervous and mental disease*, 196(5), 375-383.

Bhar, S., Ghahramanlou-Holloway, M., Brown, G., & Beck, A. (2008). Self-esteem and suicide ideation in psychiatric outpatients. *Suicide and life-threatening behavior*, 38(5), 511-516.

Boyce, C., Wood, A., & Powdthavee, N. (2013). Is personality fixed? Personality changes as much as "variable" economic factors and more strongly predicts changes to life satisfaction. *Social Indicators Research*, 111, 287-305.

Boyette, L., van Dam, D., Meijer, C., Velthorst, E., Cahn, W., de Haan, L., & Myin-Germeys, I. (2014). Personality compensates for impaired quality of life and social functioning in patients with psychotic disorders who experienced traumatic events. *Schizophrenia bulletin*, 40(6), 1356-1365.

Camisa, K., Bockbrader, M., Lysaker, P., Rae, L., Brenner, C., & O'Donnell, B. (2005). Personality traits in schizophrenia and related personality disorders. *Psychiatry research*, 133(1), 23-33.

Caspi, A., Roberts, B. W., & Shiner, R. L. (2005). Personality development: Stability and change. *Annual Review of Psychology*, 56, 453-484.

Compton, M., Bakeman, R., Alolayan, Y., Balducci, P., Bernardini, F., Broussard, B., & Wan, C. (2015). Personality domains, duration of untreated psychosis, functioning,

and symptom severity in first-episode psychosis. *Schizophrenia research*, 168(1-2), 113-119.

Couture, M., Desrosiers, J., Leclerc, G. (2007). Self-actualization and poststroke rehabilitation. *International Journal of Rehabilitation Research*, 30(2), 111-117.

Elfaoumy, R. (2011). The relationship between personality traits and level of depression among depressed patients. Unpublished Master Thesis. Faculty of Nursing: Alexandria University. EGYPT.

Erdle, S., Gosling, S., Potter, J. (2009). Does Self-Esteem account for the higher order factors of the Big Five? *Journal of Research in Personality*, 43, 921–2.

Fannon, D., Green, N., & Wykes, T. (2003). Beliefs about voices and depression in schizophrenia: The role of self-esteem. *Schizophrenia Research*, 60(1), 169.

Gleeson, J., Rawlings, D., Jackson, H., & McGorry, P. (2005). Agreeableness and neuroticism as predictors of relapse after first-episode psychosis: a prospective follow-up study. *The Journal of nervous and mental disease*, 193(3), 160-169.

Goodwin, D., Pope, C., Mort, M., & Smith, A. (2003). Ethics and ethnography: An experiential account. *Qualitative health research*, 13(4), 567-577.

Grbic, S. (2013). A Systematic Literature Review of the Role of Self-esteem in Persecutory and Grandiose Delusions and a Grounded Theory Exploration of Grandiose Beliefs. Unpublished Doctoral dissertation, University of Sheffield.

Gureje, O., Harvey, C., & Herrman, H. (2004). Self-Esteem in Patients who have Recovered from Psychosis: Profile and Relationship to Quality of Life. *Australian & New Zealand Journal of Psychiatry*, 38(5), 334–338.

Gurrera, R., McCarley, R., & Salisbury, D. (2014). Cognitive task performance and symptoms contribute to personality abnormalities in first hospitalized schizophrenia. *Journal of psychiatric research*, 55, 68-76.

Gurrera, R., Nestor, P., & O'donnell, B. (2000). Personality traits in schizophrenia: comparison with a community sample. *The Journal of nervous and mental disease*, 188(1), 31-35.

Haug, E., Øie, M., Andreassen, O., Bratlien, U., Romm, K., Møller, P., & Melle, I. (2016). The association between anomalous self-experiences, self-esteem and depressive symptoms in first episode schizophrenia. *Frontiers in human neuroscience*, 10, 557.

Herrán, A., Sierra-biddle, D., Cuesta, M., Sandoya, M., & Vázquez-barquero, J (2006). Can personality traits help us explain disability in chronic schizophrenia?. *Psychiatry and Clinical Neurosciences*, 60(5), 538-545.

Jo, A., Kim, H., Lee, J., Kim, J., Jeong, M., Chung, Y., & Kim, S. (2020). The effects of patient personality traits and family cohesion on the treatment delay for patients with first-episode schizophrenia spectrum disorder. *Early Intervention in Psychiatry*.

John, O., Robins, R., Pervin, L. (2008). *Handbook of personality: Theory and research* (3rd Ed.). New York, NY, US: Guilford Press.

John, O., Srivastava, S. (1999). The Big Five trait taxonomy: History, measurement, and theoretical perspectives. In Pervin L., & John O., (Eds.), *Handbook of personality: Theory and Research* (102-38). New York: Guilford Press.

Kobau, R., Seligman, M., Peterson, C., Diener, E., Zack, M., Chapman, D., & Thompson, W. (2011). Mental health promotion in public health: Perspectives and strategies from positive psychology. *American journal of public health, 101*(8), e1-e9.

Kotov, R., Gamez, W., Schmidt, F., & Watson, D. (2010). Linking “big” personality traits to anxiety, depressive, and substance use disorders: a meta-analysis. *Psychological bulletin, 136*(5), 768.

Krabbendam, L., Janssen, I., Bak, M., Bijl, R. V., de Graaf, R., & van Os, J. (2002). Neuroticism and low self-esteem as risk factors for psychosis. *Social Psychiatry and Psychiatric Epidemiology, 37*(1), 1-6.

Kumar, S., & Mohanty, S. (2016). Factors associated with self-esteem in patients with chronic schizophrenia. *SIS Journal of Projective Psychology & Mental Health, 23*(1), 56-60.

Kumari, B., & Sharma, R. (2016). Self-esteem and personality traits as predictors of mental wellbeing. *Int. J. Psychol. Stud, 3*, 52-57.

Le Hellard, S., Wang, Y., Witoelar, A., Zuber, V., Bettella, F., Hugdahl, K., Espeseth, T., Steen, V., Melle I., Desikan, R., Schork, A., Thompson, W., Dale, A., Djurovic, S., & Andreassen, O. (2017). Identification of gene loci that overlap between schizophrenia and educational attainment. *Schizophrenia bulletin, 43*(3), 654-664.

Link, B., Struening, E., Neese-Todd, S., Asmussen, S., & Phelan, J. (2001). Stigma as a barrier to recovery: The consequences of stigma for the self-esteem of people with mental illnesses. *Psychiatric services, 52*(12), 1621-1626.

Lonnqvist, J., Verkasalo, M., Haukka, J., Nyman, K., Tiihonen, J., Laaksonen, I., & Henriksson, M. (2009). Premorbid personality factors in schizophrenia and bipolar disorder: results from a large cohort study of male conscripts. *Journal of abnormal psychology, 118*(2), 418.

Lysaker, J., & Lysaker, P. (2001). Being interrupted: The self and schizophrenia. *Journal of Speculative Philosophy, 19*(1), 1-40.

Lysaker, P., Bryson, G., Marks, K., Greig, T., & Bell, M. (2004). Coping style in schizophrenia: associations with neurocognitive deficits and personality. *Schizophrenia bulletin*, 30(1), 113-121.

Malouff, J., Thorsteinsson, E., & Schutte, N. (2005). The relationship between the five-factor model of personality and symptoms of clinical disorders: A meta-analysis. *Journal of psychopathology and behavioral assessment*, 27(2), 101-114.

Markowitz, F. (2001). Modeling processes in recovery from mental illness: Relationships between symptoms, life satisfaction, and self-concept. *Journal of health and social behavior*, 64-79.

McAdams, D., & Pals, J. (2006). A new Big Five: fundamental principles for an integrative science of personality. *American psychologist*, 61(3), 204.

Mu, W., Luo, J., Rieger, S., Trautwein, U., Roberts, B., & Vazire, S. (2019). The relationship between self-esteem and depression when controlling for neuroticism. *Collabra: Psychology*, 5(1).

Mutlu, T., Balbag, Z., & Cemrek, F. (2010). The role of self-esteem, locus of control and big five personality traits in predicting hopelessness. *Procedia-Social and Behavioral Sciences*, 9, 1788-1792.

National Institute of Mental Health. U.S. Department of Health and Human Services. Archived from the original on 7 April 2017. Retrieved 28 April 2017.

O'Driscoll, C., Laing, J., & Mason, O. (2014). Cognitive emotion regulation strategies, alexithymia and dissociation in schizophrenia, a review and meta-analysis. *Clinical Psychology Review*, 34(6), 482-495.

Ohi, K., Shimada, T., Nitta, Y., Kihara, H., Okubo, H., Uehara, T., & Kawasaki, Y. (2016). The Five-Factor Model personality traits in schizophrenia: A meta-analysis. *Psychiatry research*, 240, 34-41.

Power, R., Pluess, M. (2015). Heritability estimates of the Big Five personality traits based on common genetic variants. *Translational Psychiatry*, 5 (7), 604.

Proios, M., Balasas, D. (2007). Self-esteem as a moderator agent for the improvement of the adolescents' moral behavior. *International Journal of Physical Education*, 44 (2), 67-74.

Ridgewell, C., Blackford, J., Mchugo, M., & Heckers, S. (2016). Personality traits predicting quality of life and overall functioning in schizophrenia. *Schizophrenia Research*. 182:19-23

Robins, R., Tracy, J., Trzesniewski, K., Potter, J., & Gosling, S. (2001). Personality correlates of self-esteem. *Journal of research in personality*, 35(4), 463-482.

Roe, D. (2003). A prospective study on the relationship between self-esteem and functioning during the first year after being hospitalized for psychosis. *The Journal of nervous and mental disease*, 191(1), 45-49.

Roe, T. (2003). Determinants of economic growth: A cross-country empirical study. *American Journal of Agricultural Economics*, 85(4), 1087-1088.

Rosenberg, M. (1979). Rosenberg Self-Esteem Scale (RSE). *Measures for Clinical Practice*. 1. 610-1.

Shahar, G., & Davidson, L. (2003). Depressive symptoms erode self-esteem in severe mental illness: A three-wave, cross lagged study. *Journal of Consulting and Clinical Psychology*, 71, 890-900.

Shi, J., Yao, Y., Zhan, C., Mao, Z., Yin, F., & Zhao, X. (2018). The relationship between big five personality traits and psychotic experience in a large non-clinical youth sample: the mediating role of emotion regulation. *Frontiers in psychiatry*, 9, 648.

Shimada, T., Ohi, K., Kawasaki, Y., Kihara, H., Oshima, K., Sawai, K., & Kimura, K. (2016). The Five-Factor Model Personality Traits in Schizophrenia: *Meta-Analysis*. *International Journal of Neuropsychopharmacology*, 19(1), 94.

Silverstone, P. H., & Salsali, M. (2003). Low self-esteem and psychiatric patients: Part I—The relationship between low self-esteem and psychiatric diagnosis. *Annals of general hospital psychiatry*, 2(1), 1-9.

Simonsen, E., & Newton-Howes, G. (2018). Personality Pathology and Schizophrenia. *Schizophrenia bulletin*, 44(6), 1180–1184.

Smeland, O., Wang, Y., Lo, M., Li, W., Frei, O., Witoelar, A., & Andreassen, O. (2017). Identification of genetic loci shared between schizophrenia and the Big Five personality traits. *Scientific reports*, 7(1), 1-9.

Swickert, R., Hittner, J., Kitos, N., & Cox-Fuenzalida, L. (2004). Direct or indirect, that is the question: A re-evaluation of extraversion's influence on self-esteem. *Personality and Individual Differences*, 36(1), 207-217.

Taylor, S. E., Peplau, L. A., Sears, D. O. (2000). *Social psychology* .10th ed. Upper Saddle River, NJ: Prentice-Hall

Van Os, J., & Jones, P. (2001). Neuroticism as a risk factor for schizophrenia. *Psychological medicine*, 31(6), 1129.

Vaughan-Johnston, T., MacGregor, K., Fabrigar, L., Evraire, L., & Wasylkiw, L. (2021). Extraversion as a Moderator of the Efficacy of Self-Esteem Maintenance Strategies. *Personality and Social Psychology Bulletin*, 47(1), 131-145.

Wijers, F., Verhoeven, W., & Tuinier, S. (2005). The enigmatic phenotype: Relevant signs and symptoms in schizophrenia. *The European journal of psychiatry*, 19(4), 215-230.

World Health Organization. (2014). Archived from the original on 18 May 2015. Retrieved 13 May 2015.

World Health Organization. (2015). Archived from the original on 18 October 2016. Retrieved 3 February 2016.

العلاقة بين تقدير الذات والسمات الشخصية بين مرضى الفصام

عبير السيد برمه¹ ، رشا محمد السيد² ، هدى جابر حمزة³.

التمريض النفسي والصحة العقلية بكلية التمريض جامعة بورسعيد- بورسعيد – مصر^{1,2,3}

الخلاصة

مرضى الفصام لديهم اختلاف في الأبعاد الأساسية للشخصية. قد يكون تقدير الذات دافعاً أو مورداً لتنمية سمات الشخصية. **الهدف:** هدفت هذه الدراسة إلى التحقق من العلاقة بين تقدير الذات وسمات الشخصية بين مرضى الفصام. **التصميم:** تم استخدام تصميم بحث وصفي ارتباطي ، **العينة:** وتكونت عينة الدراسة من 104 مريض فصام في وحدات المرضى الداخلية بمستشفى بورسعيد للصحة النفسية. **ادوات جمع البيانات:** تم استخدام ثلاث أدوات لجمع البيانات وهي مقياس روزنبرغ لتقدير الذات ، والمخزون الخمسة الكبار ، بالإضافة إلى الاستبيان الشخصي والسريري. **النتائج:** كان لدى معظم المرضى الخاضعين للدراسة درجة عالية من تقدير الذات. حوالي نصف المرضى الخاضعين للدراسة كان لديهم درجة منخفضة من شخصية الانبساط. **الاستنتاجات:** كشفت هذه الدراسة إلى أن هناك علاقة ذات دلالة إحصائية إيجابية للغاية بين تقدير الذات والانبساط ، والتوافق ، والضمير والانفتاح ، ولا توجد علاقة ذات دلالة إحصائية بين مستوى تقدير الذات والشخصية العصابية. **التوصيات:** أوصت الدراسة بجلسة تثقيفية لمرضى الفصام حول تدخلات محددة لتعزيز تقدير الذات. يوصى بجلسة تثقيفية للممرضات النفسيين حول الأساليب المفضلة لتعزيز تقدير المريض لذاته وتحسين شخصيته من الاضطراب في الشخصية.

الكلمات المرشدة: الفصام ، تقدير الذات ، سمات الشخصية.