Relationship Between Self- Esteem and Psychotic Symptoms among Psychiatric Patients at Assiut University Hospital, Psychiatric Unite

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Abstract: Low levels of self-esteem have been implicated as both a cause and a consequence of severe mental disorders. The **study aimed** to determine the relationship between degree of self esteem and psychotic symptoms among psychiatric patients and identify the relationship between self-esteem and patients diagnosis. **Descriptive design** was used in carrying out this study. **Subjects and methods:** The studied sample included 110 patients with different psychiatric diagnoses. Rosenberg self –esteem Scale (version 1-4) and Arabic version of Brief psychiatric Rating Scale (BPRS) was used as instruments for data collection in this study. **Results:** 55.5% of the participant's were males and 44.5% were females, High percentages of participants have diagnosed with schizophrenic disorder (48.2%), about 40% of the studied group has low self esteem. There were statistically significant difference between patient's gender and low self esteem, (*P* value = 0.03). Also there were highly statistically significant differences between marital status, medical diagnosis and low self-esteem of the studied group (*P* value = 0.001). **Conclusion:** There were statistically significant difference between marital status of the studied group and Brief Psychiatric Rating Scale .Also there were no statistically differences between brief psychiatric rating scale and self esteem scale.
[Nadia Ebraheem Sayied. **Relationship Between Self- Esteem and Psychotic Symptoms among Psychiatric Patients at Assiut University Hospital, Psychiatric Unite.** *J Am Sci* 2013;9(8):7-15]. (ISSN: 1545-1003). http://www.jofamericanscience.org. 2

1. Introduction:-

Self esteem can be defined as a positive feeling and respect for oneself. It is essentially a measure of self worth and importance. It is important part of personality that has been shaped from very early years, (Deb & Bhallacharjee 2009). Self-esteem, a global and complex concept, is comprised of both appraisal of self-worth based on personal achievements and anticipation of evaluation by others, (Kernis *et al.,* 1998, Kernis, 2005). Although not uniformly low, self-esteem is often found to be compromised among persons with mental illnesses (Van etal *et al.,* 1996). Low self-esteem is therefore of considerable interest as it is both a possible consequence and a possible cause of psychiatric symptoms (Greenberg *et al.,* 1992), Blairy, etal, *et al.* (2004).Regarding self-esteem as a consequence of mental illness, studies predictably show that stigmatization and self-stigmatization may lower self-esteem in persons with mental illness (Link *et al.,* 2001).

Low self-esteem also appears to increase the risk of psychiatric disorders such as depression, eating disorders and substance abuse, (Silverstone & Salsali, 2003). In psychotic disorders, low self-esteem has been implicated in both the development of delusions and the maintenance of psychotic symptoms, (Bentall *et al.,* 2001, Garety *et al.,* 2001,Barrowclough *et al.,* 2003) . Previous researches indicated that lowered self-esteem frequently accompanies or became an etiological factor in many psychiatric conditions (Robson 1998, Silverstone *et al.,* 2003). (Wright *et al.,* 2000) stated that the mentally ill people who experienced negative self-appraisals performed badly in community, and were more likely to relapse.

Low self esteem has been associated with and cited as an etiological factor in a number of different psychiatric diagnoses as well as suicidal individual (Silverstone , 199; 1Overholser *et al.,* 1995). Lowered self esteem has been found to occur in several psychiatric disorder include major depressive disorder , eating disorder , anxiety disorder, alcohol & drug abuse , chronic pain & psychosis (Gual *et al.,* 2002, Mcmanus *et al.,* 2009). Silverston & Salsali (2003) reported that lower self esteem in all psychiatric diagnosis than in a comparison group that the effect of psychiatric diagnosis on self esteem may be additive in that those patients with more than one diagnosis had the lowest self esteem particularly when one of the diagnoses is major disorder.

Low self esteem has also been associated with self harm & suicidal behavior, (Hawton *et al.,* 2002, Mcmanus *et al.,* 2009). Low self esteem is a common attribute of depression. Individual may be feeling helpless to manage their lives and resolve problems. Thy may be viewing their lives & futures as black and unrewarding , feeling that change is not only pointless but also essentially un attainable (Deb & Bhallacharjee 2009) . (Hayward *et al.,* 2002) suggests that a relationship between mood and self

esteem. Low self esteem has been shown to be a poor prognostic indicator in the treatment of depression, eating disorder, substance abuse ant to predict relapse following treatment
(Button &Warren 2002, Hawton *et al.,* 2002). While low self esteem has been associated with many psychiatric conditions, the nature of this relationship is unclear. Some studies show that having a psychiatric illness, (Mcmanus *et al.,*2009). Despite these studies, it remains unclear whether lowered self esteem occurs in a few discrete psychiatric conditions and also whether self esteem is equally lowered in different psychiatric condition (Silverston & Salsali, 2003).

Low self esteem is common distressing and disabling in its own right; it also appear to be involved in the etiological and persistence of different disorder and attending to those processes may improve treatment out come. Hence, it is a priority to develop effective treatment for low self esteem that can applied across the range of diagnosis associated with low self esteem (Mcmanus *et al.,* 2009).

Aim of the study:-
1- The aim of the present study to determine the relationship between degree of self esteem and psychotic symptoms among psychiatric patients.
2- Relationship between self-esteem and patients diagnosis.

Significance of the study:
Self-esteem is an important component of psychological health. Much previous research indicates that lowered self-esteem frequently accompanies psychiatric disorders. It has been suggested that low self-esteem is an etiological factor in many psychiatric conditions as well as in suicidal individuals. Self-esteem also plays some role in quality of life for psychiatric patients. So health care providers (psychiatrists, psychiatric nurses and clinical psychologists) should be oriented to the effect of low levels of self-esteem in severe mental disorders, and how this in turn may increase vulnerability to more severe symptoms. This is of importance both for the understanding of the mechanisms behind the development of psychotic symptoms and also for improving treatment as self-esteem can be influenced by therapeutic interventions.

Subject and methods:
Design: Descriptive correlation design was used in this study.
Setting:
The study was conducted at inpatient psychiatric unite at, Assiut University   Hospital. The hospital is serving Assiut city and all Governorates.
Subjects:

The subjects of the study included 110 psychiatric patients, at psychiatric unite within the period of four months from the November1 st, 2012 to February 31st, 2013 following criteria will included in the study sample; diagnosis with schizophrenia& mood disorder ,schizoaffective disorders , major depression . Both sexes will be included in the study.
Tools of the study:
 Three tools will be used.
1- Tool no. (1) Sociodemographic data sheet:
This tool was developed by the researchers to collect the information about the Sociodemographic data such as age, occupation, marital status, education; diagnosis; & number of hospitalization.
2- Tool no. (2) Rosenberg self –esteem Scale (version 1-4)
It was developed by, Rosenberg (1965) this scale was valid and reliable. Rosenberg self –esteem scale is 10 – item self report measure of global self esteem. It comprises of 10 statements related to overall feeling of self worth or self acceptance. The items are answered on a four-point (0-3) scale ranging from strongly agree (3) to strongly disagree (0), 5 items are reversed scoring items number (3,5,8,9,10). The total score is ranging from low self esteem (10) to high self esteem (40). The following definition of severity levels Low self esteem = >15, Normal self esteem = 15- 25, High self esteem = <25. The Malay version of RSES (10 items) has been validated by (Mahmood *et al.,* 1999) with Cronbach alpha value of 0.63.
3- Tool no. (3) Arabic version of Brief psychiatric Rating Scale (BPRS)
This scale consists of 24 symptoms constructs ,each to be read in a 7 – point likart- type scale of severity ranging from "not present " (1) to "extremely sever " (7)higher number indicated greater severity . Reading of this score is range from 168, higher score to 24 lower score. The higher positive score indicates greater severity of the symptoms (Ventura *et al.,* 1993).
Ethical consideration:
Oral informed consents were taken from the patient's for their approval to participate in this study. The researchers reassured them about the confidentiality of the information
Methods of data collection:
1- After preparation of the tool, official permission was obtained from the dean of the faculty of nursing , Assiut University directed to the head of psychiatric mental health unite at Assiut University Hospital in order to get permission to conduct the study.
2- The purpose, aim and nature of the study were explained to the patients to participate in the study.
3- Interviews were conducted individually with patients in psychiatric unit. Data collection was done

from 9.00 A M, to 1.00 P M; each interview took about 30/35 minutes. Data collection took four months from the November1 st, 2012 to February 31st, 2013.

Pilot study

Pilot study was conducted on 10 patients' to test the clarity of the questions and identify any problems before the actual study.

Statistical analysis

The data were analyzed using SPSS for Windows, version 16.0. Descriptive statistics were used to figure out the demographic and clinical characteristics' of the sample and were written as means± SD,cont , percentage ,Qui square test was used –test analysis of variance were used to assess differences among groups. Level of significance was considered at *P* value equals to or less than0.05

3. Results

Socio-demographic characteristics of the participants:

The total subjects number110 patients (55.5% males and 44.5% females) with different psychiatric diagnoses. Diagnosis according to DSM-IV TR criteria of this 110 patients are as follow; 48.2% patients with schizophrenic disorder, 19.2% patients with depressive disorder , 24.5%patients with manic disorders and 8.1% patients of other diagnoses (Schizoaffective disorder, and scizophrenoform disorders). The participant age ranged from 15 to 66 years with the mean of 32.3 ±11.0year. 54.5% was single, 37.3 were married, and the rest of them were divorced, 43.6% admitted for the first time and the rest of .6% of them admitted more than two times. 49.1% of them have basic education, 43 them were illiterate. Only 19.1% of the subjects were unemployed 37.3% of the subjects were housewives and the rest of them were work, refers to (Table 1)

Distribution of Brief Psychiatric Rating Scale (BPRS) among studied group according to each items, 49.1%of the studied group reported that they have severe to extremely severe unusual thought, followed by 39.1% of them have hallucination, 38.2% of them were suspicious, 30.1% of them were grandeur, followed by 26.4% of them were have severe to extremely severe anxiety, 25.9 were depression and 23.6% were have severe to extremely severe suicidal idea (Table 2).

Table (3) shows that there were statistically significant difference between marital status of the studied group and Brief Psychiatric Rating Scale (*P* value = 0.04), this indicates that single and divorced or separated patients have high mean 71.2 ±19.3, 66.0± 24.3.

Relationship between Sociodemographic characteristics of the studied group and Self esteem in table (4), it illustrates that there were statistically significant difference between patient's gender and low self esteem, this means that female patients have more low self esteem than male patients (*P* value = 0.03). also there were highly statistically significant differences between marital status , medical diagnosis and low self-esteem of the studied group this indicates that single and divorced patients have low self esteem more than married patients ,also patients with depression and patients with schizophrenia have more low self esteem than others (*P* value = 0.001).

Figure (1) shows that, about 40% of the studied group has low self esteem, 58.4% of them have normal self esteem and the rest of the sample has high self esteem.

Figure (2) indicates that 20.9% of the studied group reported that low psychotic symptoms ,followed by 38.2% of them have mild psychotic symptoms ,31.8% moderate psychotic symptoms, and 9.1% of them reported that they have severe psychotic symptoms.

Table (5) illustrated that there were no statistically differences between brief psychiatric rating scale and self esteem scale.

Table (1) Sociodemographic characteristics of the studied group (n=110)

Sociodemographic characteristics	No	%
Age = (15-66)	(mean ± SD) 32.3±11.0	
Sex		
Male	61	55.5
Female	49	44.5
Occupation:-		
Work	48	43.6
Not work	21	19.1
House wife	41	37.3
Education:-		
Illiterate & read and write	48	43.6
Basic	54	49.1
University	8	7.3

Marital status:-		
Married	41	37.3
Single	60	54.5
Divorced or separated	9	8.2
Diagnosis:-		
Schizophrenia	53	48.2
Mood D(Mania)	27	24.5
Mood D(depression)	21	19.2
Others (O.C.D)	9	8.1
No of hospitalization :-		
First	48	43.6
2 – 3 times	33	30
4 or more times	29	26.4

Table (2): Distribution of Brief Psychiatric Rating Scale (BPRS) among studied group according to each items (n=110)

(BPRS)	Not present		very mild & mild		Moderate& moderately severe		Severe& extremely severe	
	No	%	No	%	No	%	No	%
Somatic concern	74	67.3	24	21.8	8	7.3	4	5.6
Anxiety	43	39.1	16	14.5	22	20.0	29	26.4
Depression	43	39.1	13	11.8	26	23.6	28	25.9
Suicidality	65	59.1	9	8.2	10	9.1	26	23.6
Guilt	63	57.3	12	10.9	13	11.8	22	20.0
Hostility	43	39.1	22	20.0	23	20.9	22	20.0
Elated Mood	60	54.5	14	12.7	12	11.0	24	21.8
Grandiosity	49	44.5	13	11.8	16	14.6	32	30.1
Suspiciousness	39	35.5	8	7.3	21	19.1	42	38.2
Hallucinations	43	39.1	6	5.4	18	16.4	43	39.1
Unusual thought content	22	20	10	9.1	24	21.8	54	49.1
Bizarre behavior	73	66.4	19	17.2	7	6.3	11	10.0
Self-neglect	54	49.1	23	20.9	22	20.0	11	10.0
Disorientation	73	66.4	19	17.2	14	12.7	4	3.6
Conceptual disorganization	63	57.3	20	18.2	18	16.4	9	8.2
Blunted affect	74	67.3	22	20.0	7	6.3	7	6.3
Emotional withdrawal	55	50	24	21.8	16	14.6	15	13.7
Motor retardation	65	59.1	17	15.5	18	16.3	10	9.1
Tension	41	37.3	32	29.1	19	17.3	18	16.3
Uncooperativeness	51	46.4	25	22.8	21	19.1	13	11.8
Excitement	51	46.4	22	20.0	19	17.3	18	16.3
Distractibility	68	61.8	15	13.7	17	15.5	10	9.1
Motor hyperactivity	63	57.3	20	18.2	14	12.7	13	11.8
Mannerisms and posturing	85	77.3	12	10.9	6	5.4	7	6.4

Table (3) Relationship between Sociodemographic characteristics of the studied group and Brief Psychiatric Rating Scale (BPRS) according to Mean & SD (n=110)

Sociodemographic characteristics	BPRS		
	Mean	±Std. Deviation	*P.* value
Sex			
Male	68.8	±19.9	
Female	65.0	±19.3	0.318
Total	67.1	±19.6	
Occupation			
Work	66.4	±20.3	
Not work	73.7	±18.8	
House wife	64.5	±18.9	0.208
Total	67.1	±19.6	
Education			
Illiterate & read and write	66.1	±19.0	
Basic	69.0	±20.0	
University	60.0	±21.3	0.438
Total	67.1	±19.6	
Marital status			
Married	61.3	±17.9	0.043

Single	71.2	±19.3
Divorced or separated	66.0	±24.3
Total	67.1	±19.6
Diagnosis		
Schizophrenia	66.9	±18.2
Schizoaffective	71.8	±30.3
Others (O.C.D)	55.3	±17.4
Mood D(Mania)	63.6	±19.5
Mood D(depression)	73.1	±20.6
Total	67.1	±19.6
No of hospitalization.		
First	66.4	±18.3
2 – 3 times	66.8	±21.8
4 or more times	68.5	±19.6
Total	67.1	±19.6

(Diagnosis P. value: 0.338; No of hospitalization P. value: 0.902)

Table (4): Relationship between Sociodemographic characteristics of theStudied group and Self esteem (n=110)

Demographic & clinical data	Self esteem level						*P*. value
	Low(n=44)		**Normal(n=64)**		**High(n=2)**		
	No	%	No	%	No	%	
Sex:							
Male	28	25.5	32	29.1	1	0.9	0.371
Female	16	14.5	32	29.1	1	0.9	
P. value	0.032		0.999		0.999		
Occupation:							
Work	20	18.2	27	24.5	1	0.9	0.297
Not work	11	10.0	9	8.2	1	0.9	
House wife	13	11.8	28	25.5	0	0.0	
P. value	0.266		0.008		0.607		
Education:							
Illiterate & read and write	15	13.6	33	30.0	0	0.0	0.053
Basic	26	23.6	27	24.5	1	0.9	
University	3	2.7	4	3.6	1	0.9	
P. value	0.266		0.008		0.607		
Marital status :							
Married	18	16.4	22	20.0	1	0.9	0.761
Single	24	21.8	35	31.8	1	0.9	
Divorced or separated	2	1.8	7	6.4	0	0.0	
P. value	0.001		0.001		0.607		
Diagnosis:							
Schizophrenia	22	20.0	30	27.3	1	0.9	0.001
Schizo affective	2	1.8	3	2.7	0	0.0	
Mood D.(Mania)	1	0.9	26	23.6	0	0.0	
Mood D.(depression)	19	17.3	1	0.9	1	0.9	
Others (O.C.D)	0	0.0	4	3.6	0	0.0	
P. value	0.001		0.001		0.561		
No of hospitalization :							
First	19	17.3	28	25.5	1	0.9	0.883
2 - 3 times	12	10.9	20	18.2	1	0.9	
4 or more times	13	11.8	16	14.5	0	0.0	
P. value	0.427		0.235		0.607		

**Table (5)** Relation ship between Self esteem level & Brief Psychiatric Rating Scale level(BPRS)among studied group.

BPRS level	Self-esteem level						Total		p. value
	Low		Normal		High				
	No	%	No	%	No	%	No	%	
Low	6	13.6	17	26.6	0	0.0	23	20.9	
Mild	15	34.1	25	39.1	2	100.0	42	38.2	0.237
Moderate	17	38.6	18	28.1	0	0.0	35	31.8	
Sever	6	13.6	4	6.2	0	0.0	10	9.1	
Total	44	100.0	64	100.0	2	100.0	110	100.0	
p. value	0.382		0.761		0.402				
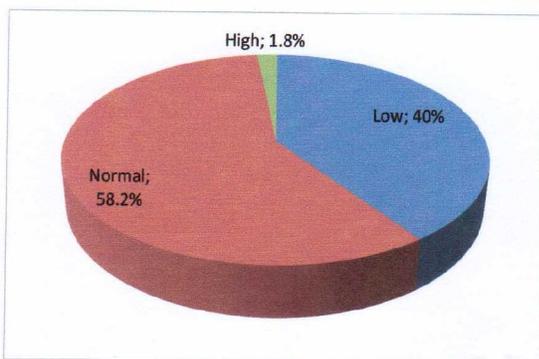
Figure (1) showing that Distribution of Rosenberg Self-Esteem Scale among studied group
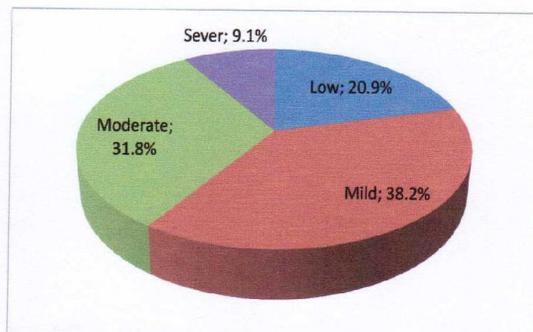
Figure (2) showing that Distribution of *Brief* Psychiatric Rating Scale (BPRS level) among studied group

4.Discussion

Self-esteem plays some role in quality of life for psychiatric patients. However, the nature of the relationship between lowered self-esteem and psychiatric disorders remain uncertain. It is not yet clear if lowered self-esteem occurs in a few psychiatric conditions, being relatively specific to them, or if it is simply representative of poor psychological health regardless of the diagnosis (Ruggeri *et al.,* 2001).

The results of current study showed that mean age of the studied group was 32.3±11.0 (15- 66 years), 55.5 %of them were female and the rest of the sample were male, 48.2% patients with schizophrenic disorder, 19.2% patients with depressive disorder, 24.5%patients with manic disorders and 8.1% patients of other diagnoses, 54.5% single, 37.3 were married, and the rest of them were divorced. 19.1% of the subjects were unemployed 37.3% of the subjects were housewives and the rest of them were work. This finding was partially supported by, (Shamsunnisah & Hasanah, 2008), who pointed that; the final subject number was 165 patients. 49.1% patients were male and 50.1% were female. The participants' age, ranged from 17 to 58 years with the mean of 33.4 year. 58.2% of the 165 patients were single, 30.9% of them were married and 10.9%were divorced. Only 32.1% of the subjects were unemployed and 10.9% of the subjects were housewives (Table1).

In relation to Distribution of Brief Psychiatric Rating Scale among studied group according to each items about 49.1%of the studied group reported that they have severe to extremely severe unusual thought, followed by 39.1% of them have hallucination, 38.2% of them were suspicious, 30.1% of them were grandeur, followed by 26.4% of them were have severe to extremely severe anxiety, 25.9 were depression and 23.6% were have severe to extremely severe suicidal idea. This finding partially supported by (Smith *et al.,* 2006) who illustrated that ,the mean scores for the psychotic symptom measures are fifty five percent of the sample reported persecutory delusions, 57% auditory hallucinations, and 17% grandiose delusions (all rated from moderate-severe).

Also (Barrowclough *et al.,* 2003) stated that, a relatively rich literature exists on the relationship between low self-esteem and symptom formation in severe mental disorders including psychotic disorders. One study showed that the contents of patient's delusions were consistent with patient's global self-esteem and suggested that low self-esteem accounted

for the persistence of delusions. Other studies found significant correlations between negative self-evaluation and a wider variety of positive symptoms i.e. hallucinations and delusions, in schizophrenia. In this respect (Smith *et al.,* 2006) found that, patients with a low level of self-esteem and more depressive symptoms had more intense auditory hallucinations with a more negative content. In addition, (Lysaker *et al.,* 2009) found that patients who had both high levels of suspiciousness and low self-esteem made more misattributions of anger which may also fuel delusional ideation. (Warman&Lysaker 2011) reported that several delusional themes including persecution, thought disturbances/thought broadcasting, catastrophic ideation, and negative self beliefs were related to low self-esteem. In this respect (Garety *et al.,*2001) stated that, psychotic disorders, low self-esteem has been implicated in both the development of delusions and maintenance of psychotic symptoms .Also (Overholser *et al.,*1995) suggested that low self-esteem is an etiological factor in many psychiatric conditions as well as in suicidal individuals . In addition (Garety *et al.,*2001) proposed that, direct and non-defensive associations between individual symptoms and depression, low self-esteem and negative schematic beliefs. We first predicted that the severity and distress/negative content dimensions, of auditory hallucinations would be associated with depression and low self-esteem. This is consistent with suggestions that the content of distressing auditory hallucinations specifically mirror the content of depressive thinking associated with low mood (Fowler *et al.,* 2000). The direction of the relationship between auditory hallucinations and low mood/low self-esteem was predicted to be driven both by the auditory hallucinations and the resultant negative affect (Table 2).

The present study revealed that, there were statistically significant difference between marital status of the studied group and Brief Psychiatric Rating Scale (*P* value = 0.04), this indicates that single and divorced or separated patients have high mean 71.2 ±19.3, 66.0± 24.3. This might be related to lack of social support and feeling of loneliness among single or divorced patients (Table 3).

The current study revealed that there were statistically significant difference between patient's gender and low self esteem, this means that female patients have more low self esteem than male patients (*P* value = 0.03). also there were highly statistically significant differences between marital status , medical diagnosis and low self-esteem of the studied group this indicates that single and divorced patients have low self esteem more than married patients ,also patients with depression and patients with schizophrenia have more low self esteem than others

(*P* value = 0.001). This finding is in agreement with (Richardson &, Benbow 1990, Hong, & Bianca 1993), they reported that majority of researchers have reported higher global self-esteem in men compared to women. (Romm *et al.,* 2011) stated that, self-esteem was significantly correlated with several demographic and clinical characteristics, including the current levels of symptoms (depression, persecutory delusions and hallucinations, poor rapport and stereotyped thinking). Furthermore, females reported lower self-esteem than men. Also, (Salsali, & Silverstone, 2003), stated that, Female patients had significantly lower self-esteem compared to males (mean in females 5.22 ± 2.91 vs. 4.71 ± 2.81 in males; $p < 0.01$). The same outher found that, married patients had significantly higher self-esteem compared to never married patients ($F6,776 = 2.71$, $p < 0.01$) and Psychiatric patients had significantly lower self-esteem compared to controls ($p < 0.001$). The amount by which self-esteem was lowered differed significantly between different diagnostic groups (Table4).

The current study showed that, about 40% of the studied group has low self esteem, 85.4% of them have normal self esteem and the rest of the sample has high self esteem. This finding was partially supported by (Link *et al.,* 2001and Gureje *et al.,* 2004) they reported that , about 24%-43% of the patients having low self-esteem. Other studies (Shamsunnisah & Hasanah, 2008) they found that, above or near average level of self-esteem in remitted chronic psychotic disorder patients. Silverstone *et al.,* 2003) found that, patients with schizophrenia had intermediate levels of self-esteem. However, when compared to other psychiatric conditions, this group of patients had significantly low self-esteem. In this respect (Silverstone &Salsali 2003) added that, a number of previous studies have reported lower self-esteem in psychiatric patients compared to normal controls, all psychiatric patients had lower self-esteem compared to the control group. However, the degree of lowering of self-esteem in psychiatric patients varied with their diagnostic groups. Also, most psychiatric patients had a lower level of self-esteem compared to the psychosocial stressor group. Furthermore, patients with co morbidity of psychiatric disorders, particularly when one of the diagnoses was major depressive disorder, tended to have lower self-esteem compared to patients who suffered from only one of those disorders (Figure1).

The present study illustrated that there were no statistically differences between brief psychiatric rating scale and self esteem scale. This finding was disagreement with (Romm, 2011) who stated that there is a relationship between low self-esteem and symptom formation in severe mental disorders

including psychotic disorders. Other study showed that the contents of patient's delusions were consistent with patient's global self-esteem and suggested that low self-esteem accounted for the persistence of delusions. Other studies found significant correlations between negative self-evaluation and a wider variety of positive symptoms i.e. hallucinations and delusions, in schizophrenia (Barrowclough *et al.,*2003). Also (Smith, 2006) stated that, patients with a low level of self-esteem and more depressive symptoms had more intense auditory hallucinations with a more negative content.

(Sondhaus *et al.,* 2001and Trzesniewski *et al.,* 2003) they reported that, lowered self-esteem is recognized to occur in several psychiatric disorders, particularly depressive disorders, eating disorders, and alcohol and drug use disorders. It has been proposed that lowered self-esteem is an important etiological determinant in the development of each of these disorders (Table 5). In this respect (Barrowclough *et al.,* 2003) assessed negative self-evaluation using an in-depth interview in a group with schizophrenia. They found that negative self evaluation was strongly associated with the positive symptoms of psychosis.

Conclusion

There were statistically significant difference between marital status of the studied group and Brief Psychiatric Rating Scale .Also there were no statistically significant differences between brief psychiatric rating scale and self esteem scale. There were statistically significant difference between patient's gender and low self esteem, also there were highly statistically significant differences between marital status , medical diagnosis and low self-esteem of the studied group. In addition patients with depression and patients with schizophrenia have more low self esteem than others.

Recommendation,

Further studies must be done to determine relation between self esteem and brief psychiatric rating scale. Depressive and Schizophrenic patient's needed more nursing intervention to improve their self esteem. Health care providers (psychiatrists, psychiatric nurses and clinical psychologists) should be encouraging psychotic patient's to express their negative feeling and describe positive aspect about self.

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6/11/2013