Selfconcept – Psychiatry Portrait

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ABSTRACT

Background and Objectives: Human beings have always expressed vast interest in the interpretation of the Self. The concept of "Self" has been a primary focus for philosophers (Socrates, Plato, Aristotle and Kant), religious (St. Augustine and St. Thomas Aquinas), thinkers, politicians and, more recently in the history of thought, for psychologists (John Locke, David Hume and Stuart Mill).

Self concept has been referred in Literature with synonyms like self knowledge and self consciousness. The individuals' self-concept influences the way they perceive themselves and the world around them. It affects the individuals' actions, both positively and negatively, and therefore, its awareness is fundamental to the clinical practice of Psychiatry.

This study intends to explore the aspects, dimensions and disturbances of Self-concept, correlating to the individual's mental health.

Methods: This work combines a Literature Review, using both PubMed Bibliographic Research and other selected books/ papers.

Results: From the first incursions of 19th century Psychology on the concept of Person and on the individuals' perception of themselves, to 21st century studies on the self-concept, scholars cover the perception people have on their material, social and spiritual structures. Self-concept scales could be used as a clinical tool.

Conclusions: There is a general consensus among the authors. Self-concept is a system that influences the way people face society and their own selves, thus affecting their actions. Further research on self-concept would be beneficial for Psychiatry, knowing its influence on the individuals' personality, their actions and mental health deviations.

Keywords: Global self-concept; Dimensions of self-concept; Psychiatry; Disorders of self-concept, Self-image, Self-esteem

INTRODUCTION

The terms self-knowledge and self-consciousness are commonly found in literature as similar to self-concept, and according to (Valente, 2002,) [1] should be observed as synonyms. In European writings one can find the expressions "self-knowledge" and " Self-consciousness" and in American writings the terms "Self", "Me" and "Mine", terms which are similar to each other, according to the author.

Human beings have always manifested a vast interest in the interpretation of themselves. The concept of "Self" is and always has been a primary line of attention for philosophers (Socrates, Plato, Aristotle and Kant), religious (St. Augustine and St. Thomas Aquinas), thinkers, politicians and, more recently in the history of basic human need (e.g. Fromm interpreted the "Self" as the "inner nature or essential nature of men," and thought, for psychologists (John Locke, David Hume and John Stuart Mill). Some consider interest in the "Self" to be the Harrè,

considered self-esteem as the deepest human motive (cit. in Hattie, 1992) [2]),

These manners of affective consciousness of our own value can be designated by other concepts such as pride, presumption, vanity, self-love, arrogance and vainglory on the one hand and modesty, humility, contrition, sense of dishonor and despair on the other.

The self-concept will influence the entire sphere of the individual, including the way of thinking and acting, with mental health correlations.

Objectives

This Literature Review aims to deepen the concept of Self-concept in its multiplicity, allowing a better understanding of the term and its influence on the personality of the human person and mental health deviations.

Materials and Methods

This study intends to be a free Literature Review, resorting to bibliographic research in books and scientific articles. As a search engine, Pubmed was used, collecting articles, with subsequent analysis of the results found.

DISCUSSION

Definition of Self-Concept

Self-concept is an overarching, multidimensional definition which dominates the human being as a whole, both physically and spiritually and influences all aspects of life. In this section the evolution of the notion of self-concept will be discussed.

Shavelson and Bolus (cited in Bruges, 2006) [3] consider self-concept to be a general, stable, and multifaceted concept, reflecting a system of categories adopted by a given individual and/or shared by a group, which should be further explored.

Persons, as individual, are influenced by mental schemes that determine the type of information they considers relevant to themselves (Valente) [1]. In this way, if a person has a high self-concept, success is attributed to internal factors - such as abilities to perform something -, consequently improving hope for success and increasing effort.

The self-concept is the perception that the subject has of the "Self" from various points of view, whether personal, social, spiritual or moral.

These perceptions, according to Shavelson and Bolus (quoted in Vaz Serra, 1986) [4], are formed from three aspects that establish them: 1. the experience and interpretations of the environment where the person is located, 2. the effort and evaluation of significant people in the environment, and 3. the individual's own attributions of respective behaviour.

Shavelson [2];[4] concluded in their various studies of the self-concept that it can be:

Hierarchical

- Perceptions of behaviours and attitudes in specific situations will allow inferences about the Self in different domains - social, physical, and academic - to rise progressively to the higher levels of global or apex self-concept. The notion of a hierarchy of self-concept is universal.
- Rychlak (cit in Hattie, 1992, p. 94) [2] stated that "a hierarchical concept is immediately suggested when one thinks of the formal properties of particulars, each of which belongs to a certain class of now more abstract, universal form.".
- According to Hattie (1992) [2] , most consistent top of the hierarchy is the conception about the "Self".

Multifaceted

- Self-concept is the system of categories of self-reference of a given individual or group, reflected by the facets that constitute themselves.
- Goldstein, Rogers, and Murphy (cited in Bruges, 2006) [3] support this terminology, arguing that the "Self" was a total configuration of interwoven portions, potentially influencing each other at any given time.

Organized or structured

- The subject creates categories with the information people have of the subject's self, relating them;

Stable

- The self-concept is stable at the apex of the hierarchy; however, as one moves down the hierarchical organization reaching the level of specific situations, this stability tends to become ephemeral.
- For Marsh (cited in Bruges, 2006, p. 62) [3] "changes in self-perception at the bottom of the hierarchy may alter the concepts at the high levels; and changes in the overall self-concept may require changes in many specific situations."

Evolving

- Tends to become multifaceted as the individual evolves from childhood to adulthood;

Descriptive, evaluative, and differentiable

- Subjects can concomitantly describe themselves and evaluate their behaviours. The self-concept can be differentiated from other constructs, with which it is related.

Physical, emotional, and social self-concept

From the non-academic perspective, self-concept is segmented into physical, emotional and social self-concept, which, subsequently, are also subdivided into more specific areas [5]

The physical self-concept takes into account aspects related to personal skills and physical appearance, which is positively related to self-concept, according to some studies (Bruges, 2006). [3] From this perspective, people with a good perception of their physical characteristics tend to have high self-esteem.

Physical self-concept should not be confused with body image, although the latter is linked to the evaluation of physical appearance, because there is not necessarily a positive relationship between the two variables (Bruges). [3]

As far as social self-concept is concerned, it is subdivided in social peers and significant people (Vaz Serra). [5]

In this line of thought, social self-concept refers to people's perceptions of how others love and admire them, that is, it refers to the perception of social acceptance, an idea also focused by Fitts (cited in Bruges) [3] when defining social self-concept as the perception that people have of their social skills, in which the presence of a positive self-concept in the subject before others stimulates confidence in their social competence.

Self-concept can be influenced by significant situations and people, being culturally limited by generational differences and changing with age (Hattie, 1992). [2]

Multidimensional organization of self-concept

Esteban (cited in Bruges) [3] approaches self-concept from a distinct prism, defining it as a multidimensional structure composed of other fundamental structures, delimiting large regions of self-concept - substructures - which, in turn, are divided into categories.

The following table presents Esteban's multidimensional organization of self-concept (cited in Bruges, 2006, p. 68-69) [3]:

Table1: Multidimensional organization of self-concept. [3]

Strutures	Substruture	Categories
The material self	The somatic self The possessive self	Acções, aparência física e condição física
		Possessão de objectos
		Possessão de pessoas
The personal self	Self image Self identity	Aspirations
		Skills
		Feelings and emotions
		Preferences and interests
		Strengths and weaknesses
		Simple denominations
		Role and status
		Consistency
		Ideology
		Abstract identity
The adaptive/ resilient self	Self-value Self-activity	Competence
		Personal Value
		Autonomy
		Coping strategies
		Ambivalence
		Dependence
		Actualization
		Lifestyle
The social self	Social concerns and occupations Reference to sex	Openness
		Dominance
		Altruism
		Simple Referral
		Attractiveness
		Sexual experience
O "si mesmo" dos outros	Referral to the other Opinions of others about self	

COMPONENTS/DIMENSIONS OF SELF-CONCEPT

As a construct, self-concept presents itself with a multidimensional definition, applied to each of the areas in which the individual moves and acts. In this section, the dimensions of self-concept will be presented.

Cognitive component

From a developmental perspective, the Self has been considered as a cognitive concept, subject to changes due to age and people's abilities that emerge throughout life (Harter, cited in Bruges). [3]

For Alcantara and Esteban (cited in Bruges), [3] the perceptual facet of self-concept is called self-image, referring to the ideas, beliefs or opinions, perceptions and processing of information, i.e., the judgment one has of one's own personality and conduct.

Real self-image, ideal self-image, and social self-image

Vaz Serra (cited in Valente), [1] had already classified the notion of self-image as the set of perceptions that the individual has of himself/herself, that is, the person as an object perceived by him/herself. This perceptual component, in its integrity (the various self-images) will organize the structure of the self-concept.

In this line of thought, the cognitive component is subdivided into three components (Alcântara and Esteban (cited in Bruges) [3]: the Real self-image, the Ideal self-image, and the Social self-image.

Accordingly, Vaz Serra (1986) [4] uses the term real self-concept and ideal self-concept as a segmentation of the cognitive component of self-concept, being significantly similar.

The real self-concept is equipollent to the way persons conceive and compute themselves as they are in reality. The ideal self-concept is the way the subject would like to be, representing the

human qualities, which are valued by the sociocultural environment. The aspired self-concept is yet another term the author uses, meaning what the subject aspires to be.

The self-image can thus be seen as the mental representation that a subject has of the self, in aspirations and expectations.

Evaluative Component

The evaluation that an individual makes of the self is nothing more than a reproduction of the evaluations produced by others. In such a way, "the self-perceptions of individuals on a task are greatly influenced by the credibility attributed to the evaluator" (Rosenberg, 1974 in Vaz Serra, 1986) [5]. In other words, we see ourselves through the eyes of others, feeling appreciation only when the evaluators are significant.

Vaz Serra (1986) [5] takes evaluation as significant for human behavior, since it is the source of the affective and emotional aspect.

In this context, it is self-esteem that rules, linked to the aspects of evaluation and acceptance/rejection of personal abilities and actions. It can be presented as the individual's perception of the self as such and of the self in relation to others, being the most central core of personality and existence, determining thoughts, feelings and behaviour (Veiga, 1995). [6]

Self-esteem

Self-esteem was addressed by William James, in 1890, when he mentioned an individual's level of self-love/self-worth. For this author, self-feeling cannot be separated from the study of the notion of self. Self-feeling can exist in a positive or negative sense. For the first sense we find the term "self-complacency," which can be understood as pride, vanity, self-esteem, arrogance, or vainglory. At the opposite extreme, James equates the terms modesty, humility, confusion, shame, and mortification.

The variations in an individual's self-worth usually have a correspondence in their facial expressions and posture, and the individual may present a sad semblance and loose posture or a confident semblance with an erect posture, depending on whether one presents low self-esteem or presents confident, respectively.

Self-esteem can be conceived as global, "the measure of how one perceives oneself, in its totality" or specific, "the measure by which one appreciates a specific part of oneself".

Self-esteem is crucial in the perception of events, their interpretation and subsequent development in people's actions. If the failures are in line with the aspirations, ideal and estimations of others, then one finds people with a negative evaluation of themselves, which can lead to self-loathing, or disapproval. On the other hand, people who accept their own achievement and are able to live with their mistakes and failures without pathological crises, usually have an adequate level of self-esteem (Bruges, 2006). [3]

Self-esteem thus assumes a predominant role in the understanding of achievements, their transfer and the subsequent development of people's actions. It is strongly related to the self-perception of physical appearance, whereby young

people who have a positive notion of their physical appearance - being satisfied with it - are likely to have a high general self-esteem, since the perception of physical appearance has more significance for general self-esteem than the perception of social acceptance (Harter, cited in Bruges, 2006).Desta forma, a autoestima ocupa um lugar pertinente na vida das pessoas, influenciando vários dos seus aspectos (Alcántara, cit. in Bruges, 2006) [3]:

- It conditions learning;
- Helps overcome difficulties, when it is positive;
- It supports responsibility, that is, it helps people to be responsible, capable and willing to commit themselves;
- Supports creativity which arises when the person has faith in the self, own originality and skills;
- Determines personal autonomy where the person with positive self-esteem is autonomous, self-sufficient, self-assured, able to make decisions, accepts the self and feels satisfied;
- It guarantees the person's future projection from the assumption of skills and projects the self into the future;
- It constitutes the core of the personality;

Furthermore, self-esteem values what is positive and negative in an individual. It implies the distinction between the favorable and unfavorable, the pleasant and unpleasant, which the person sees in the self.

The essence of the person is thus a dynamic action in the self-actualization, in which self-esteem is condensed in the appraisal, the feeling, the admiration or the disgust, the affection, the enjoyment or the intimate pain of each being.

According to Alcántara (Bruges, 2006) [3], one thus arrives at the core of self-esteem, where one will be one step away from "love thy neighbor as thyself". In other words, it is through love and esteem for oneself that a person will develop and become fulfilled.

Behavioral Component

People perceive, or think of themselves in many ways, both in terms of feelings, skills, and actions (Bruges, 2006) [3]. These perceptions evoke feelings about themselves, which are usually intense, may or may not be a reliable picture of reality, and which lead the person in a tendency to adopt social acceptance/ rejection behaviour (Vaz Serra, 1986). [4]

Over time, self-knowledge, or self-perception helps to obtain a more realistic view of oneself, leading to a balance between self-acceptance and self-rejection (Sorenson, cited in Bruges, 2006). [3] This ability that the subject has to innovate, transform, and be flexible enables development, making possible a healthy psychological adaptation, achieving a balance between accepting oneself as one is and rejecting whatever one wants to change.

Self-awareness then leads to personal growth in terms of behaviour and personal judgment, since people are not static, but are embedded in the process of personal development (Sorenson, cited in Bruges, 2006). [3]

The dimensions of self-concept can also be considered as the factors of the scales used to evaluate it (Veiga, 1995). [6]

As such when Fitts (1964) [7] refers to the spheres of self-concept, he considers the eight factors of the scale depicted in Figure 1: the "Tennessee Self Concept Scale",.
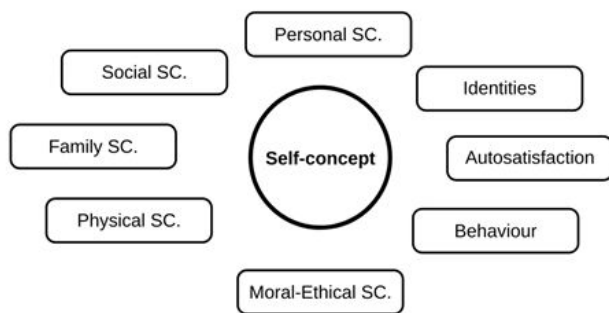
Figure1: Factors of Self-concept according to Tennessee Self Concept Scale.

Physical Self-concept

The physical self-concept presents the individual person's view, their particular way of seeing themselves, about their body, their state of health, their physical appearance, their skills, and their sexuality, and can be divided into physical abilities and physical appearance (Fitts) [7]).

Physical self-concept reflects the subject's attitudes toward his physical characteristics, leadership skills, and the ability to express ideas. It can be measured by items such as, "I am an attractive person" and "my appearance bothers me" (Hattie [2]).

Moral-Ethical Self-concept

The moral-ethical self-concept describes the person from a moral and ethical lens, examining moral worth, personal relationship with a higher entity, (e.g.: God), perceptions of "being a good or bad person" and satisfaction with one's own beliefs and religion or lack thereof (Fitts) [7]).

Hessen, [8] and Marques, [9], point out that most philosophical systems hold that moral laws are fundamental principles that should govern human conduct. The obligation to identify with a moral conduct is determined by several factors: "God", social imperative, tradition, duty, conscience, the pressure of an ideal.

The main social institutions that foster morality in modern society are the household, the school, the Church, the public opinion, and the Law.

Today there are renewed tendencies, putting aside traditional morality and abandoning the "concept of Man", which are oriented toward anthropological considerations of morality, seeking the "concrete Man" in his existential relationship with "God".

Personal Self-concept

Personal self-concept reflects the individual's sense of personal worth, feelings of adequacy as a person, and self-evaluation of personality, excluding the body and relationships with others (Fitts,) [7]).

"The notion of personal involvement in whatever happens to human beings, wherever, is also an expression of a philosophy of life" (Altschul). [10]

Family Self-concept

The family self-concept reflects the individual's feelings of adequacy, worth, value and dignity as a member of a family. It refers to the individual's perception of the self in relation to the closest relational and social circle (Fitts). [7]

As stated in the Grande Enciclopédia Universal (2004), [11] the family is the natural sociological unit, and as such, has existed in every civilization and every age for as long as there have been historical testimonies. Its primary function is to care for the children, and that of marriage regulating social conduct.

As a sociological unit, the family is an organized group, united by personal, intimate, and domestic ties. Its mission is not restricted to caring only for the offspring while they need shelter and protection. It also serves as a means to develop socially useful personalities, to transcend the accumulation of human knowledge, such as language, writing, and social conduct, and to perpetuate social organization. The family is therefore fundamental to human civilization (Great Universal Encyclopedia, 2004). [11]

Family values are thereby of high importance for its members as well as for society, the reason why it enjoys an immeasurable religious importance, (e.g.: the Catholic Doctrine has elevated marriage to a sacrament). The family then acquires something "Divine" in the sight of society.

Social Self-concept

Social self-concept is the "other Self" in the way it is perceived in relation to others, but defining "others" in a more general way, by reflecting one's sense of personal adequacy and worthiness in social interaction with others in general (Fitts) [7]).

Thus, social contribution is one of the ways in which many people give meaning to their reason for living, directly influencing their emotional maturity (Altschul). [10]

Along this line of thought, social maturity comprises the way in which we interconnect with the different social circles with which we interact, whether close family, close friends, acquaintances, in that order, and can be assessed by the level of interest expressed by members of the different circles, which is increasingly distant from our intimate social field and which is usually manifested as increasing.

James (cit. in Hattie [2]), states that we have an innate propensity to become noticed, and favorably noticed by our peers. However, he recognizes the importance of individual perceptions of the subject: a person can have as many social self-concepts as there are individuals who recognize them and carry their image in their mind.

The social self-concept is thus concerned with our honor/reputation, our friends, human ties, and everything about the person, that is, it is the recognition or perception of the subject by friends or "significant others", Sullivant (quoted in Bruges[3], p. 72).

Self-satisfaction

Self-satisfaction emphasizes how individuals describe their degree of satisfaction through the perception of their self-image. Ultimately, it refers to the personal level of self-acceptance (Fitts) [7]).

Behaviour

Behavior assesses an individual's perception of personal conduct or the way a person functions, in the sense of "what do I do?" or "the way I act" (Fitts) [7]).

Human behavior was the subject of early studies by psychology, which developed several theories about it, such as The Psychodynamic Theory, The Cognitive Theory, and The Behavioral Theory (Feldman). [12]

- The psychodynamic perspective believes that behaviour is motivated by inner forces and conflicts, in which the person has little awareness and control, and that the only way to understand human behavior is to understand the inner person.
- The cognitive perspective focuses on the study of how people know, understand, and think about the world, that is, the only way to understand human behavior is to understand the roots of understanding itself..
- The behavioral perspective studies human behavior itself, pointing out that the only way to understand it is by observing the outer person.

Self-Concept Disorders

Being more than the sum of the parts of a whole that make up an individual, self-concept can influence all areas of an individual's life, both positively and negatively. In this section, we will discuss some of the self-concept disorders which can have the greatest impact on a person's life.

It has already been remarked what the self-concept is and described that it affects the individual's actions, both positively and negatively. This complex phenomenon is operationalisable into dimensions and can be described through its components. Self-esteem, self-image, and self-ideal dribble in a dynamic game whose outcome is feelings of worth or guilt, the latter of which is extremely active in social groups where moral consciousness is strong. (Hattie [2]).

These feelings are associated with feelings of inferiority and the process of compensation. Since such feelings imply a value system, an aspiration to social status, and a system associated with it, it is established that the feeling of inferiority is of social origin.

The current globalized society imposes more and more rigorous performance models, making it necessary to make an increasingly effective effort to keep up to date. Only the use of work methods and techniques congruent with social demands allow the individual the permanent development necessary to maintain ones aspirations. (Guerra) [13]

In synthesis, the social environment in which the individual is involved and with which he interacts and identifies exerts pressures as diverse as the people who make up the social network. In the same way, different responses will be observed in different individuals, according to each one's personality, previous learning, and present psychological and emotional state. In the case of illness, the society discriminates. According to the "social status" and the illness, this discrimination often develops in a positive way, helping the patient to overcome that difficult phase.

For Potter, [14], a self-concept disturbing factor is any real or perceived change that compromises some of its components. Thus, a change in health may be an element of stress that affects the self-concept. As an example, the implementation of a chronic illness can alter the individual's roles, as well as his or her identity and self-esteem.

In summary, the factors that affect self-concept in the context of daily living are quite diverse, and such disturbances do not necessarily have a permanent character.

Disorders of self-concept can arise as a reaction to various health problems, situations, or conflicts, and can be subsumed into three groups (Bruges, 2006 [3]): pathophysiological disorders, maturational disorders, and situational disorders, the latter being the most common.

- Pathophysiological disorders are linked to changes in appearance, lifestyle and role performance.
- Maturational disorders involve changes linked to aging or functional losses.
- Situational disorders relate to feelings of abandonment or failure involving significant people, jobs, or other media-related changes.

Changes in Body Image, Idealization and Self-Esteem

Carpenito (1998) [15], considers disturbance in self-concept as a state in which the individual presents, or may present, a negative change in the way he feels, thinks or sees himself. Included in this definition are changes in body image, self-idealization, self-esteem, roles, or personal identity, by themselves or in combination with others.

Body image represents the individual's perception of one's body. A disorder in this valence happens when this perception is distorted, manifesting verbal or non-verbal characteristics related to the change or supposed change in the body - its structure or functioning - such as feelings of shame, embarrassment, guilt, disgust, as well as negative feelings of helplessness, hopelessness, powerlessness, and vulnerability.

Self-esteem, as previously mentioned, plays a significant role in the perception and interpretation of events, and influences the subsequent development in people's actions. Coopersmith (cited in Bruges, (2006) [3] points out that young people with high self-esteem are more active, successful, spontaneous, self-confident, and optimistic, manifesting little anxiety, and weak tendency to destruction. On the contrary, when self-esteem is low, these characteristics are reversed.

The disturbing factors of self-esteem are the same as those of self-concept and can be due to failures in life events and/or ageing. Disorders of self-esteem are a general diagnostic category,

which can be subdivided into chronic and situational low self-esteem.

Chronic low self-esteem is a state in which the individual exhibits a negative self-assessment, usually for a long period, about oneself and one's abilities (Carpenito, 1997). [15]A baixa auto-estima crónica é um estado em que o indivíduo apresenta uma autoavaliação negativa, normalmente por um longo período, sobre si mesmo e sobre as suas capacidades (Carpenito, 1997). [15]

In the first years of life, the bodily self develops and the first sense of self-esteem appears. In the preschool phase, the self-image develops. From 6/7 years on, attitudes and value systems are already observed (Guerra) [13].

Doenges [3] considers as factors of chronic low self-esteem, the continuous negative evaluation of the abilities of the self during childhood, due to a personal vulnerability and life choice that propagates defeat.

Situational low self-esteem happens when the subject with previously positive self-esteem, presents or develops negative feelings about oneself, as a way to respond to an event (Carpenito, 1997). [15]

The Psychiatrist's intervention

The psychiatrist's action towards the patients with self-concept disorders must be well thought out before the contact with them. A psychiatrist who is sure of self-identity is more qualified to and more easily accepts the identity of patients. Self-awareness is indispensable for the initial understanding and acceptance of the other. It should be emphasized that each person has own reference system, and, as such, different means of looking at health-illness and stress factors.

Some clinical (non-pharmacological) interventions regarding self-concept would be:

• Encourage the person to express feelings, especially about how they feel, think, or see themselves.
• Encourage the person to ask questions about the health problem, treatment, progress, and prognosis.
• Provide reliable information and reinforce the information already provided.
• Finding out what areas the person would like to change. Encourage options for problem solving.
• Clarify misconceptions the person has about themselves, [about] care or caregivers.
• Avoid destructive criticism.
• Provide privacy and a safe and inclusive environment.
• Educating the person about available community resources, if needed.

When it concerns self-esteem, interventions differ depending on its etiology (chronic or situational) and may include various aspects such as: validation and enhancement of personal experiences, encouragement, counseling and information, redefining the concept of normalcy, bibliotherapy, setting behavioral tasks, conducting narratives, and promoting self-suggestion (Nanchoff-glatt, cited in Bruges). [3]

The psychiatrist should in his analysis obtain data on actual or potential stressors, on behaviour associated with an altered self-concept, on how the patient has overcome stress at previous times (coping mechanisms), as well as the support resources (e.g. psychologist, psychiatrist, family doctor/general practitioner, etc.) made available by the community to which the patient has already recurred.

Table II presents the initial assessment aspects of self-concept and self-esteem disorders (Nanchoff-glatt, cited in Bruges [3]):

Table2: Avaliação inicial dos problemas de autoconceito/auto-estima.

Aspects to be Assessed	Assessment Strategies
Assessment of self-concept/self-esteem deficit	Identifying what it means for the person and the family to have low self-esteem by asking them to describe situations of low self-esteem as they reveal themselves.
Assessment of self-concept/self-esteem deficit's impact	Identification of the representation of the problem to the person/family, knowing that disorders of self-concept/self-esteem influence several aspects of life, such as: Relationship with others; Interaction capabilities; Task performance, etc.
Assessment of self-concept/self-esteem deficit's environment	Identifying situations in which the person frequently displays low self-esteem, allowing you to understand the reciprocity between self-concept/self-esteem and context by raising questions, as in the following example: When do you feel low self-esteem? What do your parents do? You? What happens? What happens when you notice your parents making decisions for you? How do you feel?
Assessment of self-concept/self-esteem deficit related beliefs	It is necessary to assess beliefs, since the meaning that the person and family members attach to self-concept/self-esteem disorders can determine clinical interventions. Identifying beliefs helps the patient/family and health care provider to achieve obtainable goals.
Assessment of solutions to improve self-concept/self-esteem	Evaluate situations in which the person/family, has managed to improve self-esteem, that is, the strategies that succeeded - evaluating them helps to understand what not to do.

Assessment of exceptions of self-concept/self-esteem disorders	There are life situations where problems do not emerge themselves. The assessment of these exceptions is crucial, as it enables one to take advantage of these situations to raise one's self-concept/self-esteem.
Assessment of self-concept/self-esteem with scales	Using scales to assess self-concept/self-esteem allows you to recognize the perception that the person and the family have about the severity of the problem.

CONCLUSION

Self-concept is the total sum of the portions of an individual that make the self the true self, whether on a physical, personal, social, moral, ethical or spiritual level.

The formation of self-concept is closely associated with identity formation and, as such, develops in tandem with the child's growth. This classification finds some parallels in currents of Developmental Psychology, in which the child's self-direction in the early stages of life and the formation of the value framework at the beginning of school age are highlighted.

There is, in general, a consensus among authors. From the first incursions of 19th century psychology on the concept of the Person and on the individual's perception of him/herself, to the most recent studies of the 21st century on the self-concept, the various scholars cover the perception that the person has of his/her material, social, and spiritual structures. It is understood that the notion of self-concept is organized as a system that influences the way a person stands before society and himself, and therefore, also influences his actions.

By recognizing the deficits of others, often irreversible, and strengthening their remaining, sometimes fragile, skills, we contribute to the strengthening of their self-esteem and to health promotion.

Psychiatry is then, in the nature of human care aimed at maintaining and developing people's health and well-being, empowering individuals, families and communities with personalized skills and services, favorable to the development of healthy conditions and lifestyles. In other words, educating for health and citizenship. It is with education that everything begins and everything is prepared.

Given its influence on the personality of the human person, on the actions of individuals, and on mental health deviations, it is suggested that further study of the Self-concept is beneficial to the clinical practice of Psychiatry.

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