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Models of activity in the narratives of people with schizophrenia

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Summary

Aim. This article presents an analysis of the narratives of people with schizophrenia from the perspective of descriptions of activities. The goal is to look for changes in activity models under the influence of a psychotic crisis experience.

Method. Three fragments of auto-narratives concerning periods: prior to illness, during illness and during remission periods, were compared. These were created after psychotic crisis. The narratives of 26 people with schizophrenia about their lives and self-perception during the aforementioned periods made up the research material. Linguistics textual analysis was conducted, distinguishing the determinants of six selected models of activity relating to sense of agency and intentionality of action. Frequency analysis and multivariable methods were applied to compare the relative frequency of their occurrence in narratives.

Results. Descriptions of activities during the illness are more strongly saturated with models of an extrinsic control site, impersonal control over action, avoidance, individual actions, states in comparison to the remission period, and in particular, descriptions of activity prior to the illness.

Conclusions. The results of analysis of schizophrenia patients' narratives indicate a decreased sense of agency related to experiencing states of disorder (subjectively defined). This motivational deficit also concerns remission periods after the active phase of the illness, though to a lesser extent. Analysis of motivational models reveals differences of descriptions of own activity, indicating alterations in auto-narration and narrative identity under the influence of a psychotic crisis in a retrospective approach. These changes pertain to deep layers hidden in the relationship between the form of the narrative and its content. They indicate other images of oneself (self-positions or self-narrative voices) as a healthy, sick and in remission person – especially in terms of the perception of their own agency.

Key words: narration, schizophrenia, patterns of activity, narrative identity

Introduction

In the field of social constructionism, it is accepted that identity is socially constructed in the process of negotiating meanings. Narrative identity is the answer to the question "who am I?", within the life story that is being told, to endow it with meaning, a purpose and cohesion [1]. In the processual approach, identity is understood as a dynamic structure that changes over the course of one's life [2-4]. Changes of identity progress over the course of a lifetime, as one experiences crises, significant events, entry into close relationships and identification with new ideas. The experience of schizophrenia is related to trauma, a feeling of stigmatization, of the collapse of the life line and "the good story of life", as well as to a change in functioning on many levels [5-8]. The question arises: how is the experience of mental illness reflected in the auto-narrative? Do descriptions of oneself differ depending on whether they pertain to the period of health or illness?

In the subject literature, there are reports of the adverse effects of schizophrenia: reduced self-esteem, feeling of loss of meaning to life, breakdown of life plans and the current life line in an objective dimension, feelings of stigmatization, reduced quality of life, motivational deficits, and reduced meta-cognition and self-awareness skills [8-10].

In this article, activity models will be analyzed as a component of auto-narratives. An individual's activity defines models of social interactions and relations, describes how the individual functions, affects the life story, and because of this, determines their *modus vivendi* in the world and shapes identity. From various characterizations of activity, through motivations linked to intentions, one may find descriptions relating to methods of generating auto-narrative texts and references to self-perception in categories of identity [11].

The presented article is a continuation of research in which it was demonstrated that self-descriptions after falling ill are more strongly saturated with models of avoidance, intrinsic motivations related to attempts to deal with the illness and extrinsic control of actions related to a diminished sense of agency compared to the image of oneself as a healthy person created also after going through a psychotic crisis [12]. The results indicated differences in self-image between the period of health and "after falling ill", but they did not pertain to all analyzed activity models. The period "after falling ill" covers both the duration of illness and recovery, remission. A question was posed about differences in self-perception during the illness (subjectively defined) and prior to illness and in remission as three different periods of life and functioning. For obvious reasons, we were unable to collect narratives from people with schizophrenia before and after they fell ill. Thus, it is a retrospective study: self-descriptions relating to three periods of life are compared: before the onset of the disease, during the disease, and remission – all made after the onset (during the remission period). We believe that differences in the ways of self-description of these periods of life may indicate changes in the perception of oneself under the influence of the disease (when the three images are different) – observed after its occurrence.

Material

The studied persons are 26 schizophrenia patients of the Psychiatric Rehabilitation Clinic of the Institute of Psychiatry and Neurology in Warsaw, during a period of at least partial remission of psychotic symptoms.

Descriptive statistics of the studied group and patients' clinical condition are given in Tables 1 and 2.

Table 1. **Descriptive statistics of demographic and clinical data of the studied persons**

Descriptive statistics	Min.	Max.	Average	SD
Age	21	63	40.1	12.9
Duration of illness (years)	2	35	15.6	10.1
Number of hospitalizations	1	38	9.1	8.3
Total hospitalization time (months)	3	64	22.2	15.4
Age of onset	15	44	24.2	6.7
PANSS Positive Symptoms	7	22	12.0	4.0
PANSS Negative Symptoms	7	22	12.3	4.3
PANSS Psychopathological Symptoms	18	45	25.4	7.3
PANSS	33	89	49.6	13.4

The persons studied were aged 21-63 years, mean age was 40 years, and there were 9 men (35%) and 17 women (65%) among those studied. Patients had been suffering from the illness for 16 years on average; during this time, they were hospitalized 9 times on average, for 22 months. This group was selected for the study – it contains people with insight into their illness, who are aware of it, cooperate in treatment, remain in long-term therapeutic relationships, are able to create narratives about themselves from the period prior to the illness and afterward, and who can hold a conversation fluidly. The study was conducted during a period of remission of symptoms – typically partial (mean PANSS scale 50 pts.), but with low positive symptoms (mean PANSS scale Positive Symptoms 12 pts.). Demographic data are presented in Table 2.

Table 2. **Demographic data of the studied group**

	N	%
Education		
elementary and vocational	2	7.7%
secondary	19	73.1%
higher	5	19.2%
Marital Status		
single	21	80.8%
married	1	3.8%

table continued on the next page

divorced	3	11.5%
widow	1	3.8%
Inhabitancy		
with family of origin	17	65.4%
with the procreative family	1	3.8%
alone	8	30.8%

The subjects mainly had secondary education (73%), single marital status (81%), and lived with their families of origin (65%).

Method

The research material was the auto-narratives – stories about oneself and life experiences created by the persons studied, in a procedure of partially directed narrative interviews. Every study participant gave two interviews: "me as a healthy person" and "me as a person with schizophrenia". They were about self-description, skills, strong and weak points, actions taken, interests, interpersonal contacts (including family), and experiences from the two aforementioned periods in life. The responses were recorded and then transcribed. Texts were divided into three parts corresponding to the scope of content: (1) "prior to illness" – descriptions of self and life from the period before the first episode of schizophrenia; (2) "after falling ill" – concerning situations of remission of illness, mainly the present and the person's entire functioning since the period of illness; (3) "description of illness" – this representation of the experience of schizophrenia, just as the "after falling ill" period, was defined subjectively by the studied persons. An acute, psychotic phase appeared most frequently as the description of the disorder, but sometimes it was a period of intense, post-psychotic depression.

The three texts obtained from each subject of the study in this way were analyzed in terms of their form and semantics. The goal of this analysis was to distinguish operators of activity models. Analysis of the text from the perspective of activity models relates directly to the predicate-argument structure as characterizing the language used in descriptions of activities [13, 14]. In short, it can be stated that predicate forms were analyzed along with personal objects (arguments). They were distinguished between and categorized, after which frequency analysis was applied. A precise description of the method: "Activity models: semantic-logical analysis of narrative" is given elsewhere [15]. The goal of the study was to investigate how the experience of schizophrenia affects activity models relating to sense of agency. Sense of agency refers to the state in which a human "feels that they are the agent (author) of their own behavior and the source of their influence on the world" [16, p.172]. It is the conviction of subjective control of action [16, 17]. It consists of the senses: freedom of choice, control over life events and personal efficacy. This article focuses attention on the dimensions: situation of loci of control over actions (intrinsic or extrinsic), direction of motivations (pursuit or avoidance), impersonal control of actions (nominalizations, impersonal),

level of activity (states, activities), role in interactions (petentive actions), individual vs. collective actions (alone vs. with others).

Intrinsic and extrinsic locus of control

Intrinsic and extrinsic locus of control describes generalized expectations of a subject in relation to the existence of a connection between their own behavior and received reinforcements. Intrinsic locus of control is a belief that the effects depend on the actions and the efficiency of an individual in pursuit of the goal. It is characteristic for people pursuing their own goals, intentions and internalized norms, which the subject wants and considers worth following. Extrinsic locus of control – the belief that reinforcements received by an individual are independent of their behavior. It is characteristic for people whose actions are driven by requirements, external patterns in the form of constraint, suggestions and norms, which the person must follow or believes that he should follow [18, 19]. Locus of control can be traced in the narration through the analysis of operators of activity modalities – mainly deontic modality [14]. They are phrases like: "I can go", "I do not have to be afraid", "I ought to think", "I'm trying to win" (internal locus of action control sources) and "I have to take medication", "I should know", "it's necessary to sleep", "you cannot win" (external locus of control sources).

The value of each of the analyzed variables was calculated as the number of linguistic operators in the text of a given subject indicating the given variable, divided by the number of all verbs in personal form and (for transparency of calculations) multiplied by 100. The result obtained is the relative frequency of occurrence of linguistic indicators of the variable in the narrative – as a percentage. The indicator of the variable "Intrinsic/Extrinsic locus of control" will be the relative frequency of occurrence in the subject's narration of internal/external operators of action control locus (calculated as above).

Direction of motivation: pursuit – avoidance

The direction of motivation: pursuit – avoidance is a fundamental dimension characteristic for motivation. Reykowski [20, p. 18] defined it as: "the process of psychological adjustment which determines the direction of human activities and the amount of energy one is willing to sacrifice in order to complete it. Thus, motivation is an internal process, conditioning striving toward specific goals." In this sense, the direction obtains the base importance – which creates motivation and its character. The objectives of an individual are divided into two types: (1) positive – which an individual aims to achieve and which determine the positive motivation or "pursuit" and (2) negative – which is avoided by the person and thus they give rise to negative motivation or "avoidance". Positive motivation is related to desires, plans and intentions. In contrast, negative motivation refers to fear and aversion. The indicator of the variable "Pursuit" will be the relative frequency of occurrence of expressions which in the narration of the subject describe motivation and indicate a positive goal of actions

(the number of expressions like: "I can", "I want", "I should"). The indicator of the variable "Avoidance" has analogical occurrence of the phrases indicating a negative goal (e.g., "I cannot", "I do not have to", "I avoid") in the narration of the subject.

Personal involvement in actions: personal vs. impersonal action control

Personal involvement in actions: personal vs. impersonal action control is a model indicating personal engagement in actions or lack thereof. This distinction stems from the division of the needs into proactive and reactive [21, 22]. People acting proactively provide stimuli, initiate actions, and follow the goals and internal needs. Reactive actions occur in response to external stimuli as a reaction to changes in the surroundings. In the narration, personal commitment to action is expressed through the use of nominalization and impersonal forms [23]. In the simplest form, nominalization is a noun, derived from a verb, corresponding to a named function, condition, feature, event, or the notion of an abstract (e.g., waiting, thinking, singing). In such a structure, the person is reduced from the subject to object – a subordinate in relation to an action name (e.g., instead of: "My brother sings beautifully" the sentence with nominalization reads: "My brother's singing is beautiful"). This phenomenon is action deagenting – it is separated from the subject, cannot be controlled or influenced. The subject with the active position of an agent is by nominalization shifted to the role of a passive subject – a recipient of actions and powers [24]. The indicator of the variable "Nominalizations" will be the frequency of occurrence of expressions in the nominalized form in the narrative of the subject. Of similar importance is the use of passive constructions, without the subject. In the passive form, the position of the subject and the object is changed. The result is that the one who was an active agent – the perpetrator, in the passive voice becomes the patient – a passive recipient. The indicator of the variable "Impersonal" will be the frequency of impersonal verbs and the passive voice in the subject's narration.

Social character of activities: individual vs. collective

The social character of activities relates to the frequency of entry into interactions with other people. It describes how often a given person acts individually, by themselves, independently of others, and together with others – in different roles and relationships. The source of this differentiation can be sought in Horney's theory [25] – orientations toward others: moving toward, against or away from others. Her theory of neurotic needs explains the choice of attitude toward interacting with other people or distancing from others. Needs of affiliation, a sense of belonging to a group and similarity with its members, the feeling of being rooted, experiencing support, care, love and attention affect the choice of cooperative actions – with other people [26-28]. Meanwhile, needs of self-sufficiency and independence cause individuals to distance themselves in social situations and take independent actions [26, 29, 30]. People who prefer to act alone use imagery of individual action. Therefore, indicators of the "Alone" variable are verbs in the singular first person or in the singular for all

people. Individuals oriented toward interactions with others will describe collective actions. Therefore, operators of the "With others" variable are verbs in the plural form as well as multi-person subjects, i.e., descriptions of actions with someone: "somebody and I", "someone with me".

Role in interactions: petentive actions

The method of entry into interactions refers to roles adopted in social situations. They can generally be characterized in the dimension defined by the system of dependencies and power. A person can put him or herself in a superior position – as the one with power or controlling others; in an equal position – of cooperation; or in a subordinate position – when one is subject to others, conforming or adapting [31-34]. The role in interactions may depend on developed motivational tendencies: strength – power vs. love – intimacy [1], or strengthening oneself vs. the desire for contact [35]. The superior and equal roles are characterized by active behavior and adoption of a position as an agent of action, often directed toward other people. In a narrative, this is reflected in the adoption of the semantic role of an active agent. The subordinate role is linked to the reception of actions of others and placing oneself in the position of recipient, often the passive object of active agents. In the narratives of such people, so-called "actions on" will be more frequent, in which they are the recipients of actions directed toward them [15]. Indicators of the "Petentive actions" variable will be descriptions of actions in which the narrator is in the semantic roles distinguished by linguists: patient (a person who is subject to the action of an agent, a state carrier or an object subject to physical processes, e.g., the patient is the narrator in the sentence "John pushed me"); the beneficiary (a person on whose behalf an action is performed or who benefits from a state of affairs, e.g., in the sentence: "Mom read fairy tales to me" the narrator is the recipient – a beneficiary of mom's actions); and comitative (a participant of actions, states, e.g., "I play cards with Eve" – the narrator is a participant – comitative – of Eve's actions [36, 37].

Level of activity: orientation to states

Level of activity relates to the differentiation between actively performing an action, being the agent of change, seeking stimulation, and remaining in static, unchanged states, passively experiencing situations. It is related, among other things, to activity defined as a temperamental feature [38], a defensive orientation [39], and action orientation versus state orientation as defined by Kuhl [40]. Orientation toward action can, in short, be described as control of action for the purpose of achieving a goal. People with state orientation focus their attention on a certain state – a specific system of conditions – extrinsic or intrinsic. It becomes the main source of reference for the organization of actions. Indicators of the "States" variable will be references to states that distinguish states, processes and actions according to the classification of statements describing human activity (e.g., "I am angry", "he is weak-willed", "I am sick") [36, 41].

Results

In the search for differences in activity models related to the influence of a psychotic crisis experience, three fragments of auto-narratives were compared: "before falling ill", "after falling ill" and "description of illness" constructed after the psychotic crisis. The results of comparisons are shown in Table 3. Variance analysis with repeated measurements was applied, followed by a contrast test.

Table 3. **Mean results for activity models in narratives of people with schizophrenia, describing themselves before, after and during the illness**[1]

Pattern of activity	Variable	Description 1 "prior to illness"		Description 2 "after falling ill"		Description 3 "description of illness"		Variance analysis with repeated measurements – statistics			
								differences between measurements		differences between units	
		mean	SD	mean	SD	mean	SD	F	Pv	F	Pv
Impersonal Action Control	Impersonal	17.5	8.2	20.6	7.0	44.9	24.9	31.67	<0.001	163.56	<0.001
	Nominalizations	21.2	12.2	24.7	10.6	76.9	50.1	38.58	<0.001	89.61	<0.001
Direction of Motivation	Pursuit	13.1	4.3	14.4	5.4	7.3	6.2	15.37	<0.001	282.92	<0.001
	Avoidance	4.4	1.9	5.9	1.9	12.0	8.6	17.25	<0.001	127.90	<0.001
Locus of Control	Intrinsic	6.5	2.6	7.4	2.7	4.3	5.4	7.09	0.002	115.84	<0.001
	Extrinsic	3.6	1.4	5.7	2.4	8.3	6.7	10.71	<0.001	106.79	<0.001
Level of activity	States	32.3	5.3	26.0	6.5	38.1	14.9	17.64	<0.001	440.42	<0.001
Role in interactions	Petentive Actions	6.0	2.8	8.1	3.5	4.8	4.9	6.97	0.002	129.56	<0.001
Social character of activities: individual vs. collective	Alone	62.1	6.5	70.6	6.8	88.1	9.5	115.07	<0.001	4336.55	<0.001
	With Others	37.9	6.5	29.4	6.8	11.7	9.5	116.057	<0.001	557.03	<0.001

[1] The mean values in Table 3 are values of the frequency of occurrence of the described textual operators in narratives as a percentage. This is the frequency of all expressions of a given type divided by the number of all verbs in personal form, multiplied by 100 for clarity of calculations.

The highest results for the "Impersonal action control" model were obtained for the "during illness" period. An impersonal form of statements ("Impersonal" variable) was used with a frequency of 44.9% to describe the illness, 20.6% when describing oneself in remission, and 17.5% when referring to oneself prior to the illness (these differences were statistically significant – post-hoc contrast test). Nominalizations were used significantly more frequently to describe the illness (76.9%) compared to the periods prior to illness (21.2%) and after illness (24.7%) (Figure 1).

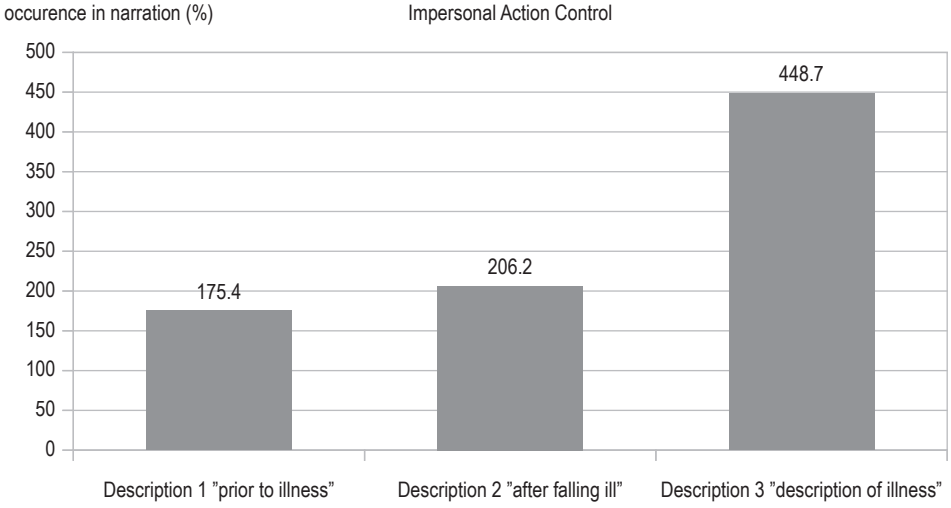

Figure 1. **Occurrence of "Impersonal action control" model in narratives – in descriptions of three stages of schizophrenia**

The "Avoidance" variable (Table 3), indicating a negative direction of motivation was used significantly more often to describe the illness (12%) than remission (5.9%), and statements of this type were least frequently used in the "prior to illness" narrative (4.4%). The following variables had a similar distribution: "Extrinsic locus of action control" and "Individual actions", i.e., they appeared most often in narratives describing the illness, less often in "after illness" descriptions, and least often in "prior to illness", – all differences were statistically significant. The "With others" variable, indicating collective actions, displayed an inverse distribution (most frequently in the narrative of the period of health, least frequently during illness). The "Locus of control (intrinsic vs. extrinsic)" model indicates a narrative of the illness that is most strongly saturated with indicators of extrinsic motivation (Figure 2). This is indicated not only by the distribution of the "Extrinsic" variable, but also of the "Intrinsic" variable, which has substantially lower results for the "during illness" stage (4.3%) compared to the stages: "prior to illness" (6.5%) and "after illness" (7.4%).

The "Direction of motivation" model has a similar configuration of variables: the "Pursuit" variable also has significantly lower frequencies of occurrence in descrip-

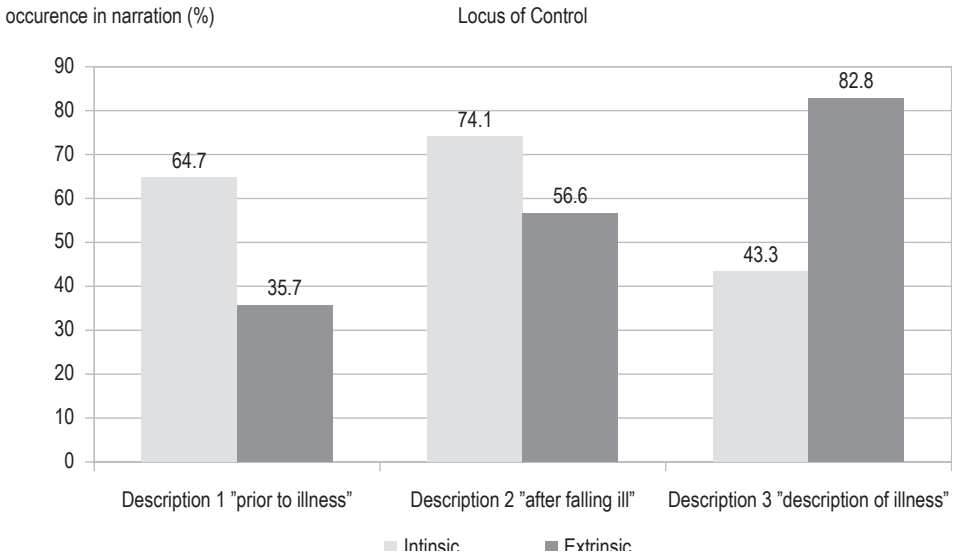

Figure 2. **Occurrence of "Locus of action control" model in narratives – in descriptions of three stages of schizophrenia**

tions of the illness (7.3%) than for the other periods (13.1% and 14.4% for descriptions 1 and 2, respectively). Descriptions of inactive "States" also occurred most frequently in "during illness" narratives (38.1%), less frequently in "prior to illness" (32.3%) and "after illness" (26%). Meanwhile, "Petentive actions" appeared significantly more frequently in depictions of the period of remission (8.1%) than of the "prior to illness" (6%) and "during illness" (4.8%) periods.

Discussion of results

In all of the analyzed activity models, significant differences were observed between results relating to descriptions of the experience of the illness and descriptions of the period prior to illness and remission. These differences indicated a perception of a reduced level of agency and intentionality in periods of psychotic exacerbation and severe post-psychotic depression, as well as (to a lesser extent) during remission compared to the state prior to illness. Schizophrenia has an effect on an individual's self-description, as they use categories of extrinsic and impersonal action control, avoidance, suppression of pursuits, individual actions and low level of activity – focusing on static states (in contrast to actions performed). In studies of narratives of people with schizophrenia, reduced motivation to take action and the influence of post-psychotic depression, resulting in incapability of leading an active life, are highlighted in the experience of the illness [9, 42, 43].

Other authors analyzing narratives of people with schizophrenia indicate an absence of hope, broken "spirit" or life line, inability to fulfill dreams and life plans, stigmatiza-

tion, which leads to difficulties in performing social roles and a decrease in motivation [8, 44]. The motivational deficit is described in the literature on schizophrenia. Passivity, social withdrawal, and negative symptoms are considered to be symptoms with a biopsychosocial basis [43, 45]. The present article places them within a subjective interpretational framework: understanding of oneself and one's life.

Motivational deficits permeate into the narrative – not only into its content, but also to deep, semantic-linguistic layers, i.e., the method of using language to describe actions. In one's self-portrayal, one may transition from descriptions of various characteristics of activities, through motivations related to intentions (i.e., landscape of activity), to a landscape of identity based on intentional states [46]. Thus, from various characterizations of activity, through motivations linked to intentions, one may find descriptions relating to methods of generating auto-narrative texts and references to self-perception in categories of identity. So is the identity arising from activity models variable? On the one hand, activity models as methods of using linguistic categories seem to be a constant human feature, and on the other, they are, by definition, contained in the relationship between the form and content of the auto-narrative. The analyses presented here show that describing oneself in the context of the trauma that is a psychotic crisis and breaking of the life line may result in a change of one's perception of the self and his or her life, which is reflected in the method the narrative is conducted, in the narrative's deep layers.

The differences observed in this study do not concern changes in self-narrative over time – created in different periods of life, but changes between retrospective self-images depending on the triggered context – the phase of suffering from schizophrenia. Creation of identity by an individual requires the development of new experiences in order to preserve the sense of continuity and cohesion [2, 47]. However, there are descriptions of identity indicating its complexity: as a multivoiced structure from the perspective of the dialogical self: fluid, variable, inhomogeneous in the processual approach [3, 35]. Changes in identity are linked to the course of life, turning points, and the experience of being different from other people. Trauma and stigmatization are inscribed into the experience of schizophrenia. Hence, it may cause variability of identity, revealing its different aspects: more or less agentive depending on reference to oneself as a healthy person (prior to illness), sick (during illness) or recovering (after illness). Analyzing family narratives about people with schizophrenia, White [48] emphasized a decline in sense of agency and responsibility, describing them as "driven to wit's end".

This decline in agency is particularly visible in the example of nominalizations. In descriptions of their experience with the illness, subjects used them extremely frequently (in approx. 77% of all activities), while another study demonstrated that healthy people use them to describe themselves with a frequency of 19% on average [15]. Nominalizations are the phenomenon of depersonalization of messages and deagentivization of actions – in this form the involvement of the performer of actions is minimized, and the action itself is accentuated as happening independently of them. One may seek a relationship between the use of nominalizations and language impairments in schizophrenia – e.g., a reduction in composite utterances [49, 50]. In the

present article, the study participants wove a narrative of nominalizations describing phenomena occurring in the world, not the actions of the "hero", when talking about themselves from the time when they were ill. However, when they described themselves prior to illness or in remission, the narrative's heroes were in the position of an active subject. Thus, the choice of this linguistic form is not determined by language impairments but rather relates to the content that is described, indicating the semantics of the narrative about the world of the ill person, which is additionally emphasized by the fact that all three self-descriptions were created at the same time – after falling ill.

The fact that petentive actions are used more frequently in depictions of remission than in descriptions of health and of the illness is interesting. This shows a tendency to perceive oneself as the recipient of the actions of others during the period of recovery – treatment and therapy. During periods of health and illness, the persons studied saw themselves more in the position of an agent of actions, although in illness – depending on circumstances, one reacting to stimuli, while in health – one who is the author of their own life. Analysis of activity models indicates that as people afflicted by schizophrenia recover, they see their lives in categories of collective actions more and more strongly. This confirms the reports that positive events in narratives are more often described as collective, realized together with others [51]. A tendency for people with schizophrenia to increase the number of their interactions was also indicated in studies of narrative changes under the influence of psychotherapy in schizophrenia [52].

In the search for factors that allow one to "break free" from schizophrenia and surmount motivational deficits, emphasis is placed on creating strategies of action, building a structure of daily life, entering into interactions to receive support and help others, which allows one to perceive themselves as a needed, active person [45]. In this study, all of the presented models have higher results indicating a sense of agency, greater and collective activity during the period of recovery – remission in comparison to the subjectively defined period of illness. In addition, remission periods are characterized similarly to periods prior to illness – by pursuits and intrinsic locus of control. However, there are differences, and they pertain to: avoidance, extrinsic and impersonal action control, and individual and collective actions. This is a confirmation of the reduction of the motivational deficit (in its subjective, though not necessarily conscious description) after the period of illness. The image of self before falling ill is the most saturated with sense of agency (although in some respects similar to the description after falling ill). This may indicate a partial process of idealizing oneself as "healthy". Since this self-image was created after falling ill, such idealization could also be the result of the experience of being ill – difficult experiences may change the past vision of oneself, allow one to appreciate what has been lost.

The identity of a person suffering from schizophrenia includes various subjective positions of the self, voices in self-narrative, which are characterized by patterns of activity, and perception of self-agency. These are retrospective descriptions created after experiencing a psychotic crisis, and the differences between them are related to the activation of the context of the description of experiences, i.e., the phases of being ill (before the illness, during and in remission). The presented work shows that

with the activation of this context, the linguistic structures used to describe oneself and own experiences change. These structures are used in a manner not susceptible to conscious manipulation – because they are based on the frequency of occurrence of semantically related groups of expressions. These changes indicate differences in the use of subjective activity patterns to describe oneself as a healthy, sick or cured person. Thus, different ways of narrating were observed at the level of semantic-linguistic layers, which relate to identity and point to the variability of the self-position and self-images, related to the experience of a psychotic crisis. This proves the impact of the trauma of schizophrenia, leading to the formation of polyphony, which may enrich or hinder the integration of identity [1-4]. Thus, the goal of psychotherapy is to help integrate and use this polyphony.

Conclusions

1. In all of the analyzed activity models, significant differences were observed between results relating to descriptions of the experience of the illness and descriptions of the period prior to illness and remission. These differences indicated a perception of a reduced level of agency and intentionality in periods of psychotic exacerbation and severe post-psychotic depression, as well as (to a lesser extent) during remission compared to the state prior to illness. Descriptions of activity during illness are more saturated with patterns of external locus of control, impersonal action control, avoidance, individual actions, and states – compared to the remission period, and especially: descriptions of functioning before the onset of illness.
2. Changes in the method of conducting the narrative – concerning its deep, semantic-linguistic layers – dependent on the period of the illness being described, indicate a process of identity reformulation under the influence of the trauma of schizophrenia.
3. Descriptions of periods of health, illness and remission can be treated as separate voices in the auto-narrative, differing not only in the content of self-descriptions but also in the method of narration and use of operators of activity models.

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