
Self-Perception— Self-Concept Pattern

Fear (Specify Focus)* (1980, 1996, 2000)**DEFINITION**

Feeling of dread related to an identifiable source that is perceived as a threat or danger to the self (specify focus [e.g., prognosis, surgical outcome, death, disability])

DEFINING CHARACTERISTICS**Diagnostic Cues**

- Report of feelings of dread, nervousness, or worry/concern about a threatening event, person, or object with expectation of danger to the self
- Describes (with or without assistance) the focus of perceived threat or danger (potential, actual, or imagined)
- Narrowing focus of attention progressing to fixed (increased severity)

and one or more of the following:

- Restlessness; fidgeting
- Increased questioning or information seeking
- Increased heart rate, increased respiratory rate
- Increased muscle tension
- Increase in quantity or rate of verbalization
- Vigilance/scanning surroundings
- Voice tremors, pitch changes
- Hand tremor
- Diaphoresis
- Diminished productivity
- Irritability

Severe

- Anguish
- Uncertainty

*Note: This condition is frequently a focus for intervention (i.e., etiological/related factor).

Fear (Specify Focus)* (1980, 1996, 2000)—*continued*

- Distress
- Sleep disturbance
- Confusion (elderly)

OUTCOME

Fear

- Absence of apprehension, tension, or uneasiness from an identifiable source

ETIOLOGICAL OR RELATED FACTORS

- Knowledge deficit; unfamiliarity with environmental experience(s)
- Perceived inability to control events (see Powerlessness)
- Language barrier
- Sensory impairment (specify)
- Phobic stimulus

HIGH-RISK POPULATIONS

- Surgical or diagnostic procedures
- Surgical outcome
- First hospitalization
- Discharge to self-care
- Support system deficit (in stressful situation)

Anxiety (1973, 1982, 1998)**DEFINITION**

Vague, uneasy feeling of discomfort or dread, the source of which is often nonspecific or unknown to the individual

DEFINING CHARACTERISTICS**Diagnostic Cues**

- Reports feeling “anxious,” apprehensive, tense, scared, worried, “fearful”
- Reports vague, uneasy feeling of concern about unspecified consequences or changes in life events

and one or more of the following:

- Reports inability to relax, feeling jittery
- Increased muscle tension, foot shuffling, hand or arm movements, trembling, hand tremor, shakiness
- Facial tension
- Lack of concentration
- Insomnia
- Sympathetic response (increased heart rate, respiratory rate, dilated pupils)

Supporting Cues

- Focus on self
- Verbalizes painful and persistent feelings of increased helplessness, inadequacy, regret (see also Ineffective Coping)
- Restlessness, fidgeting, increased perspiration
- Overexcited, rattled, jittery, scared
- Increased wariness, glancing about, poor eye contact, facial tension, voice quivering
- Diminished productivity
- Scanning the environment, vigilance, impaired attention
- Irritability, anguish, distress

Anxiety (1973, 1982, 1998)—*continued*

OUTCOME

Anxiety Level

- Absence of apprehension, tension, or uneasiness from an unidentifiable source

ETIOLOGICAL OR RELATED FACTORS

- Perceived threat to self-concept, health status, socioeconomic status, role functioning, interaction patterns, or environment
- Unconscious conflict (essential values or life goals)
- Unmet needs (specify)
- Interpersonal transmission or contagion
- Uncertainty

Mild Anxiety

DEFINITION

Increased level of arousal associated with expectation of a threat (unfocused) to the self or significant relationships

DEFINING CHARACTERISTICS

- Verbalizes feelings of increased arousal, concern, vigilance
- Increased questioning
- Increased awareness
- Increased attending
- Mild restlessness
- Lip chewing, nail biting, foot movements, finger or pencil tapping

OUTCOME

Anxiety Level

- Absence of apprehension, tension, or uneasiness from an unidentifiable source

ETIOLOGICAL OR RELATED FACTORS

- Perceived threat to self-concept, health status, socioeconomic status, role functioning, interaction patterns, or environment
- Unconscious conflict (essential values or life goals)
- Unmet needs (specify)
- Interpersonal transmission or contagion

Moderate Anxiety**DEFINITION**

Increased level of arousal with selective attention and associated with expectation of a threat (unfocused) to the self or significant relationships

DEFINING CHARACTERISTICS

- Expressed feelings of unfocused apprehension, nervousness, or concern
- Verbalizes expectation of danger
- Voice tremors, pitch changes, hand tremor
- Narrowing focus of attention
- Increased rate of verbalization
- Restlessness, pacing, increased muscle tension
- Diaphoresis
- Increased heart and respiratory rate
- Sleep or eating disturbances

OUTCOME**Anxiety Level**

- Absence of apprehension, tension, or uneasiness from an unidentifiable source

ETIOLOGICAL OR RELATED FACTORS

- Separation (use separation anxiety)
- Perceived threat to self-concept, health status, socioeconomic status, role functioning, interaction patterns, or environment
- Unconscious conflict (essential values or life goals)
- Unmet needs (specify)
- Interpersonal transmission or contagion

Severe Anxiety (Panic)**DEFINITION**

Extreme arousal and scattered focus associated with expectation of a threat to the self or to significant relationships

DEFINING CHARACTERISTICS

- Feelings of unfocused and severe dread, apprehension, nervousness, or concern
- Inappropriate verbalization or absence of verbalization
- Diminished ability to problem solve
- Purposeless activity or immobilization
- Perceptual focus scattered or fixed, or inability to focus on reality
- Increased heart rate
- Hyperventilation
- Diaphoresis
- Increased muscle tension
- Dilated pupils
- Pallor

OUTCOME**Anxiety Level**

- Absence of apprehension, tension, or uneasiness from an unidentifiable source

ETIOLOGICAL OR RELATED FACTORS

- Perceived threat to self-concept, health status, socioeconomic status, role functioning, interaction patterns, or environment
- Unconscious conflict (essential values or life goals)
- Unmet needs (specify)
- Interpersonal transmission or contagion

Anticipatory Anxiety (Mild, Moderate, Severe)**DEFINITION**

Increased level of arousal associated with a perceived future threat (unfocused) to the self or significant relationships

DEFINING CHARACTERISTICS**Diagnostic Cues**

- Reports feeling anxious, apprehensive, jittery, tense, or fearful
- Reports vague, uneasy feeling about unspecified future or impending event perceived as a threat to the self or significant relationships (unfocused)

and one or more of the following:

- Inability to relax
- Increased muscle tension, restless, foot shuffling, hand or arm movements, trembling
- Sympathetic response (increased heart rate, respiratory rate, pupils dilated)

OUTCOME**Anxiety Level**

- Absence of apprehension, tension, or uneasiness from an unidentifiable source

ETIOLOGICAL OR RELATED FACTORS

- Perceived threat to self-concept, health status, socioeconomic status, role functioning, interaction patterns, or environment
- Unconscious conflict (essential values or life goals); unmet needs
- Interpersonal transmission or contagion

Death Anxiety (1998)**DEFINITION**

Vague uneasy feeling of discomfort or dread generated by real or imagined threat to one's existence

DEFINING CHARACTERISTICS**Diagnostic Cues**

- Expresses deep sadness
- Reports concerns/fears about dying and one or more of the following:

Concerns: Others

- Worrying about the impact of own death on significant others (grief and suffering)
- Concerns about overworking the caregiver as terminal illness incapacitates self
- Worrying about being the cause of others' grief and suffering
- Fear of leaving family alone after death

Concerns: Dying Process

- Expresses "fear" of the process of dying
- Powerlessness (issues related to dying)
- Expresses "fear" of loss of physical and/or mental abilities when dying
- Anticipation of pain related to dying
- Expresses concern over total loss of control over any aspect of own death
- Negative death images or unpleasant thoughts about any event related to death and dying
- Fear of prolonged dying
- Fear of premature death because it prevents the accomplishment of important life goals
- Fear of developing a terminal illness

Death Anxiety (1998)—*continued*

Concerns: After Death

- Concern about meeting one's creator or feeling doubtful about the existence of a god or higher being
- Denial of own mortality or impending death
- Uncertainty about life after death

OUTCOME

Anxiety Level

- Absence of apprehension, tension, or uneasiness about death/dying process

ETIOLOGICAL OR RELATED FACTORS

- Diagnosis incorporates probable focus of anxiety/fear (i.e., death)
- Treatment focuses on anxiety/fears about death

Reactive Depression (Specify Focus)**DEFINITION**

Acute decrease in self-esteem, worth, or competency linked to a situational threat (specify situational threat [e.g., health outcome, disability, physical deterioration])

DEFINING CHARACTERISTICS**Diagnostic Cues**

- Expressions of sadness, despair, or hopelessness about a situation (specify situation)
- Continual questioning of self-worth (self-esteem) or feeling of failure (real or imagined)
- Pessimistic outlook

and one or more of the following to determine severity:

- Withdrawal from others to avoid possible rejection (real or imagined)
- Suspicion or sensitivity to words and actions of others related to general lack of trust of others
- Threats or attempts to commit suicide (refer for immediate evaluation, if observed)
- Extreme dependency on others with related feelings of helplessness and anger
- Misdirected anger (toward self)
- General irritability
- Guilt feelings
- Inability to concentrate on reading, writing, conversation
- Change (usually decrease) in physical activities, eating, sleeping, sexual activity
- Early morning awakening

OUTCOME**Depression Level**

- Absence of melancholic mood
- Expressions of self-worth/interest in life events

Reactive Depression (Specify Focus)—*continued*

ETIOLOGICAL OR RELATED FACTORS

- Perceived powerlessness
- Anxiety

HIGH-RISK POPULATIONS

- Debilitating surgery or trauma, new physical disability
- Significant personal loss

Risk for Loneliness (1994)

DEFINITION

Risk for experiencing vague dysphoria

RISK FACTORS

- Feelings of deprivation of affection
- Physical isolation
- Cathectic deprivation
- Social isolation

OUTCOME

Loneliness Severity

- Absence of expressed feelings of emotional, social, or existential isolation

Hopelessness* (1986)**DEFINITION**

Perception of limited or no alternatives or personal choices available and unable to mobilize energy on own behalf

DEFINING CHARACTERISTICS**Diagnostic Cues**

- Verbalization of despondent or hopeless content (e.g., “I can’t,” sighing; feel empty, drained; “end of my rope,” feeling of deprivation, impossibility)
 - Lack of initiative or ambition (e.g., lack of involvement in care; passively allowing care)
 - Decreased affect
- and one or more of the following:

- General passivity; decreased verbalization
- Decreased appetite
- Increased sleep time
- Shrugging in response to speaker
- Closing eyes
- Turning away from speaker
- Decreased response to stimuli
- Expresses the perception of no alternatives (severe)

OUTCOME**Hope**

- Expressions of optimism that are personally satisfying and life-supporting

ETIOLOGICAL OR RELATED FACTORS

- Prolonged activity restriction (creating isolation)
- Abandonment
- Loss of belief (transcendent values or god)

*Note: See also Powerlessness, Reactive Depression.

Hopelessness* (1986)—*continued*

HIGH-RISK POPULATIONS

- Impaired adjustment to chronic or terminal illness (self or significant other)
- Chronic pain
- Self-care or mobility deficits
- Activity intolerance
- History of long-term stress
- Failing or deteriorating physiological condition
- Long-term stress

Readiness for Enhanced Hope (2007)

DEFINITION

Pattern of expectations and desires that is sufficient for mobilizing energy on one's own behalf and can be strengthened

DEFINING CHARACTERISTICS

- Expresses desire to enhance ability to set achievable goals
- Expresses desire to enhance belief in possibilities
- Expresses desire to enhance congruency of expectations with desires
- Expresses desire to enhance hope
- Expresses desire to enhance interconnectedness with others
- Expresses desire to enhance problem solving to meet goals
- Expresses desire to enhance sense of meaning to life
- Expresses desire to enhance spirituality

OUTCOME

Hope

- Expressions of optimism that are personally satisfying and life-supporting

Powerlessness (Severe, Moderate, Low)* (1982)**DEFINITION**

Perceived lack of control over a situation and perception that own actions will not significantly affect an outcome

DEFINING CHARACTERISTICS**Diagnostic Cues****Severe**

- Verbalization of having no control or influence over a situation, an outcome(s), or self-care
- Does not participate in healthcare decisions
- Apathy

Supporting Cues

- Depressed over physical deterioration despite compliance with regimens

Moderate

- Passivity

and one or more of the following:

- Expressed doubt regarding role performance
- Expressed dissatisfaction or frustration over inability to perform previous roles, tasks, activities
- Dependence on others that may result in irritability, resentment, anger, guilt
- Nonparticipation in care or decision making when opportunities are provided
- Reluctance to express true feelings fearing alienation from caregivers
- Does not monitor progress, seek information regarding care, or defend self-care practices when challenged

*Note: See also Reactive Depression, Hopelessness.

Powerlessness (Severe, Moderate, Low)* (1982)—*continued*

Low

- Expressed uncertainty about fluctuating energy levels
- Passivity

OUTCOME

Health Beliefs: Perceived Control

- Personal conviction that one can influence a health/life outcome

ETIOLOGICAL OR RELATED FACTORS

- Healthcare environment (specify aspect)
- Perceived interpersonal control by others
- Lifestyle of helplessness
- Impaired verbal communication

HIGH-RISK POPULATIONS

- Degenerative disease
- Forced relocation
- Institutional residency

Risk for Powerlessness (2000)

DEFINITION

At risk for perceived lack of control over a situation and/or ability to significantly affect an outcome

RISK FACTORS

Physiological

- Chronic or acute illness (hospitalization, intubation, ventilator, suctioning)
- Acute injury or progressive debilitating disease process (e.g., spinal cord injury, multiple sclerosis)
- Aging (e.g., decreased physical strength, decreased mobility)
- Dying

Psychosocial

- Lack of knowledge of illness or healthcare system
- Lifestyle of dependency with inadequate coping patterns
- Absence of integrity (e.g., essence of power)
- Decreased self-esteem
- Low or unstable body image

OUTCOME

Health Beliefs: Perceived Control

- Personal conviction that one can influence a health/life outcome

Readiness for Enhanced Power (2007)

DEFINITION

Pattern of participating in change that is sufficient for well-being and can be strengthened

DEFINING CHARACTERISTICS

- Expresses readiness to enhance awareness of possible changes to be made
- Expresses readiness to perform actions for change
- Expresses readiness to enhance identification of choices that can be made for change
- Expresses readiness to enhance involvement in creating change
- Expresses readiness to enhance knowledge for participation in change
- Expresses readiness to enhance participation in choices for daily living and health
- Expresses readiness to enhance power

OUTCOME

Health Beliefs: Perceived Control

- Personal conviction that a health/life outcome can be influenced

Risk for Compromised Human Dignity* (2007)

DEFINITION

Risk for perception of a loss of respect and honor

RISK FACTORS

- Cultural incongruity
- Disclosure of confidential information
- Exposure of the body
- Inadequate participation in decision making
- Stigmatizing label
- Use of undefined medical terms
- Loss of control of body functions
- Perceived dehumanizing conditions
- Perceived humiliation
- Perceived intrusion by clinicians
- Perceived invasion of privacy

*Note: As stated, this may not be a patient diagnosis but rather a care delivery problem. One school of thought is that human dignity is an inherent characteristic. It can be threatened or affronted, but not given up or compromised. The last four characteristics, alone, may indicate Risk for Compromised Human Dignity.

Situational Low Self-Esteem* (1988, 1996, 2000)**DEFINITION**

Development of a negative perception of self-worth in response to a current situation

DEFINING CHARACTERISTICS**Diagnostic Cues**

- Repeated self-negating verbalizations (negative feelings about self)
- Evaluation of self as unable to deal with situations or events and one or more of the following:
 - Lack of eye contact
 - Head flexion
 - Shoulder flexion

Supporting Cues

- Indecisive; nonassertive
- Hesitation to try new things or situations
- Rationalizations or rejections of positive feedback
- Exaggerations of negative feedback about self
- Hypersensitivity to a slight or a criticism
- Expressions of shame or guilt
- Expressions of helplessness and uselessness
- Compensations:
 - Grandiosity (see also Defensive Coping)
 - Denial of problems obvious to others (see also Defensive Coping)
 - Projection of blame or responsibility for problems (see also Defensive Coping)
 - Rationalization of personal failures (see also Defensive Coping)

*Note: This condition is frequently a focus for intervention (i.e., an etiological/related factor).

Situational Low Self-Esteem* (1988, 1996, 2000)—*continued*

OUTCOME

Self-Esteem

- Demonstrates feeling of self-worth and competency

ETIOLOGICAL OR RELATED FACTORS

- Developmental changes (specify)
- Disturbed body image
- Functional impairment (specify)
- Loss (specify)
- Social role changes (specify)
- Lack of recognition/rewards
- Behavior inconsistent with values
- Failures/rejections

Risk for Situational Low Self-Esteem (2000)

DEFINITION

Presence of risk factors for developing negative perception of self-worth in response to a current situation (specify)

RISK FACTORS

- Developmental changes (specify)
- Disturbed body image
- Functional impairment (specify)
- Loss (specify)
- Social role changes (specify)
- Lack of recognition/rewards
- Behavior inconsistent with values
- Failures/rejections
- Unrealistic self-expectations
- History of abuse/neglect/abandonment

OUTCOME

Self-Esteem

- Demonstrates feeling of self-worth and competency

Chronic Low Self-Esteem* (1988, 1996, 2008)

DEFINITION

Long-standing negative self-evaluation/feelings about self or self-capabilities

DEFINING CHARACTERISTICS

Diagnostic Cues

All behaviors below are long-standing/chronic:

- Repeated self-negating verbalizations
- Lack of eye contact, head flexion, and/or shoulder flexion

Supporting Cues

- Evaluations of self as unable to deal with events
- Hesitation to try new things or situations
- Exaggerations of negative feedback about self
- Rejection of positive feedback about self
- Frequent lack of success in work or other life events
- Overly conforming, dependent on others' opinions
- Nonassertive or passive
- Indecisive behavior
- Excessively seeking reassurance
- Expressions of shame or guilt
- High level of negative criticism from significant other

OUTCOME

Self-Esteem

- Personal feeling/expression of self-worth and competency

ETIOLOGICAL OR RELATED FACTORS

- Ineffective adaptation to loss
- Lack of affection/approval

*Note: This condition is frequently a focus for intervention (e.g., etiological/related factors).

Chronic Low Self-Esteem* (1988, 1996, 2008)—*continued*

- Lack of membership in group; perceived lack of belonging
- Perceived discrepancy between self and spiritual or cultural norms
- Perceived lack of respect from others
- Repeated negative reinforcement from failures
- Traumatic event or situation

HIGH-RISK POPULATIONS

- Psychiatric disorder
- Repeated failures
- Total self-care deficit

Risk for Chronic Low Self-Esteem (2010)

DEFINITION

At risk for long-standing negative self-evaluation/feelings about self or self-capabilities

RISK FACTORS

- Ineffective adaptation to loss
- Lack of affection
- Lack of membership in a group
- Perceived discrepancy between self and cultural norms
- Perceived discrepancy between self and spiritual norms
- Perceived lack of belonging
- Perceived lack of respect from others
- Repeated failures
- Repeated negative reinforcement
- Traumatic event
- Psychiatric disorder

OUTCOME

- States positive evaluation of self and self-capabilities

Readiness for Enhanced Self-Concept (2002)

DEFINITION

Pattern of perception or ideas about the self that is sufficient for well-being and can be strengthened

DEFINING CHARACTERISTICS

- Expresses willingness to enhance self-concept
- Expresses satisfaction with thoughts about self, sense of worthiness, role performance, body image, and personal identity
- Actions are congruent with expressed feelings and thoughts
- Expresses confidence in abilities
- Accepts strengths and limitations

OUTCOME

Self-Esteem

- Consistently demonstrates personal feeling of self-worth and competency

Disturbed Body Image* (1973, 1998)**DEFINITION**

Negative feelings or perceptions about characteristics, functions, or limits of body or body part

DEFINING CHARACTERISTICS**Diagnostic Cues**

- Verbalized actual or perceived change in structure and/or function of body or body part
- Verbalized feelings of helplessness, hopelessness, and/or powerlessness in relation to body and fear of rejection or reaction of others

and one or more of the following:

- Verbalized negative feelings about body (e.g., dirty, big, small, unsightly)
- Repeated expressions of negative feeling about loss of body fluids, addition of body fluids, or machines
- Repeated verbalizations focusing on past strength, function, or appearance

Supporting Cues

- Verbalized change in lifestyle because of negative feelings or perceptions of body
- Preoccupation with change in body or loss of part
- Refusal to verify actual change in body or body part
- Change in ability to estimate spatial relationship of body to environment
- Personalization of part, or loss, by name
- Depersonalization of part or loss by impersonal pronoun
- Extension of body boundary to incorporate environmental objects (e.g., machines, oxygen, respirator)

*Note: This condition is frequently a focus for intervention (e.g., etiological/related factors).

Disturbed Body Image* (1973, 1998)—*continued*

- Emphasis on remaining strengths or heightened achievement
- Trauma to nonfunctioning part (intentional or nonintentional)
- Change in social involvement or social relationships
- Hiding or overexposing body part
- Not touching body part
- Not looking at body part

OUTCOME**Body Image**

- Positive perception of own appearance and body functions

ETIOLOGICAL OR RELATED FACTORS

- Nonintegration of change (in body characteristics, function, or limits)
- Perceived developmental imperfections
- Obesity

HIGH-RISK POPULATIONS

- Hemiplegia
- Loss of a body part (e.g., leg amputation, breast removal)
- Loss or change in body function (e.g., reproductive, elimination)
- Loss of body part
- Facial trauma
- Pacemaker implant
- Congenital anomalies (observable)

Disturbed Personal Identity (1978, 2008)**DEFINITION**

Inability to maintain an integrated perception of self or distinguish between self and nonself

DEFINING CHARACTERISTICS**Diagnostic Cues**

One or more of the following:

- Unable to distinguish self from others or objects
- Unable to distinguish between inner and outer stimuli
- Verbalizations of “not knowing who I am”; delusional description of self
- Expresses feelings of emptiness or strangeness
- Gender confusion

Supporting Cues

- Disturbed body image
- Disturbed relationships
- Ineffective coping
- Fluctuating feelings about self
- Ineffective role performance
- Uncertainty about goals
- Uncertainty about cultural or ideological values (e.g., beliefs, religion, moral questions)

OUTCOME**Identity**

- Distinguishes between self and nonself

ETIOLOGICAL OR RELATED FACTORS

- Use of psychoactive drugs
- Cult indoctrination
- Cultural discontinuity

Disturbed Personal Identity (1978, 2008)—*continued*

- Discrimination or prejudice
- Dysfunctional family processes
- Low self-esteem
- Manic states
- Situational crises
- Social role change
- Inhalation or ingestion of toxic chemicals

HIGH-RISK POPULATIONS

- Multiple personality disorder
- Organic brain syndrome
- Psychiatric disorders (e.g., psychoses, depression, dissociative disorder)
- Stages of growth
- Stages of development

Risk for Disturbed Personal Identity (2010)

DEFINITION

Risk for the inability to maintain an integrated and complete perception of self

RISK FACTORS

- Dysfunctional family processes
- Stages of growth and development (e.g., adolescent)
- Use of psychoactive pharmaceutical agents
- Ingestion or inhalation of toxic chemicals
- Situational crises
- Discrimination
- Perceived prejudice
- Cultural discontinuity
- Cult indoctrination
- Social role change
- Situational crises
- Situational low self-esteem
- Chronic low self-esteem
- Organic brain syndromes
- Multiple personality disorder
- Manic states
- Psychiatric disorders (e.g., psychoses, depression, dissociative disorder)

OUTCOME

- Able to distinguish between self and nonself
- Reports confidence in personal abilities, values, and goals

Risk for Self-Directed Violence (1994)**DEFINITION**

Presence of risk factors for behavior that can be physically, emotionally, and/or sexually harmful to the self

RISK FACTORS

- Suicidal ideation (frequent, intense, prolonged)
- Suicidal plan (clear and specific lethality; method and availability of destructive means)
- History of multiple suicide attempts; family history of suicide
- Behavioral clues (e.g., writing forlorn love notes, directing angry messages at a significant other who has rejected the person, giving away personal items, taking out a large insurance policy)
- Verbal clues (e.g., talking about death, “better off without me,” asking questions about lethal dosages of drugs)
- Emotional status (hopelessness, despair, increased anxiety, panic, anger, hostility)
- Mental health (severe depression, psychosis, severe personality disorder, alcoholism or drug abuse)
- Conflict in interpersonal relationships
- Marital status (single, widowed, divorced)
- Occupation (executive, administrator/owner of business, professional, or semiskilled worker)
- Employment (unemployed, recent job loss/failure)
- Personal resources (poor achievement, poor insight)
- Social resources (poor rapport, socially isolated, unresponsive family)
- Family background (chaotic or conflictual)
- Engagement in autoerotic sexual acts
- Age 15–19 and over 45 years
- Sexual orientation (active bisexual, inactive homosexual)

Risk for Self-Directed Violence (1994)—*continued*

OUTCOME

Suicide Self-Restraint

- Takes personal actions to refrain from gestures and attempts at killing self

SELF-PERCEPTION-SELF-CONCEPT PATTERN

NOTES

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