ASSOCIATION BETWEEN SOCIAL SUPPORT AND SELF-ESTEEM IN PEOPLE WITH SCHIZOPHRENIA

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ABSTRACT

The purpose of this study was to find out the predictive relationship between social support and self-esteem in diagnosed and under-treatment people with schizophrenia. On the basis of previous researches following hypothesis was formulated 1) Over all social support and its sub-domains would have predictive association with self-esteem in people with schizophrenia. A purposive sample of 52 persons diagnosed with schizophrenia age ranges 18 to 55 (mean age = 36.63, SD = 9.377) who belonged to different socioeconomic status was taken from different hospitals of Karachi-Pakistan. A self-developed demographic form, Multi-Dimensional Scale of Perceived Social Support, Urdu Version (Rizwan & Aftab, 2009) and Urdu Version of Rosenberg Self-esteem Scale by (Sardar, 1998) were used as measures. To evaluate the results, descriptive statistics and multiple regression analysis were computed. Results indicated that over all social support explained 23% variance in self-esteem of persons with schizophrenia while support from significant others, family and friends accounted for 25%, 05% and 07% variance in self-esteem respectively. Limitations, implications and avenues for future research are discussed.

Keywords: Adults, Social Support, Schizophrenia, Self-Esteem

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INTRODUCTION

Schizophrenia is one of the severe mental illnesses characterized by fixed beliefs, unreal perception of the objects, loosening of association, abnormal motor behavior, reduced expression of emotions, and major disturbance in functioning of personal, social and occupational domains. (American Psychiatric Association, 2013). It has lifetime prevalence of <1% equally in both gender (DiMaggio, Martinez, & Menard, 2001). Self-esteem referred to as composition of overall positive or negative approach of a person about him/herself (Rosenberg, 1965), is demonstrated to be associated with proneness to mental illnesses in people (Khanam, Rizwan, & Bilal, 2008). The low level of self-esteem also works as casual factor for many mental health problems (Silverstone & Salsali, 2003). Nonetheless, it is regarded as consequence of psychiatric illnesses as well (Steinhausen, 2005). A large number of previous researches have highlighted that low self-esteem (LSE) is consistent in people suffering from schizophrenia. Such as Link, Struening, Neese-Todd, Asmussen, and Phelan (2001) showed that 24% people suffering from schizophrenia have LSE. Another research by Silverstone and Salsali (2003) showed consistent results that persons with schizophrenia have low self-esteem when they were compared to people with other mental health concerns. This LSE affects quality of life and coping as many individuals with this illness become incapable to meet social and occupational demands (Breeke, Kohrt, & Green, 2001; Gureje, Harvey, & Herrman, 2004). It also has negative effect on recovery and increases chances of relapse (Wright, Gronfein, & Owens, 2000).

On the other hands, few researches have shown that consistency for treatment service show adequate consequences as people with schizophrenia who were taking regular rehabilitation and vocational services scored above or near above self-esteem on Rosenberg Self-Esteem Scale (Torrey, Mueser, McHugo, & Drake, 2000). Further, high self-esteem was observed in a group of schizophrenia who were recovered from depressive symptomatology with improved quality of life and satisfaction (Gureje, Harvey, & Herrman, 2004; Sorgaard, Heikkila, Hansson, & Vinding, 2002; Torrey, Mueser, McHugo, & Drake, 2000). Moreover, gender based findings indicated that female persons with this severe mental health problem has better self-esteem than males and among many females who have support from a single friend tend to have optimistic view and feeling of worth about themselves (Sorgaard, Heikkila, Hansson, & Vinding, 2002).

The protective role of social support in people with mental illnesses is highly emphasized. Terrence, Amick, and Judith (1994) described social support as firm inter-relatedness and connection that a person use to meet his/her basic and social needs. It also serves as a mutual helping zone that directs an individual to work independently, to face challenges, to seek and help others at the time of need. It is a complete bundle of interchange of emotional, social, influential and recreational resources (Bernal, Maldonado-Molina, & Rio, 2003). Social support serves as a protective factor not only in people with any mental health issue (Alloway & Bebbington, 1987; Cohen, Mermelstein, Kamarck, & Hoberman, 1985) but for persons with schizophrenia as well because it is expected to enable them in handling this severe problem with proficiency (Buchanan, 1995). Hospitalization works as a barrier in social relationships and other social networks for the person with schizophrenia as Neuchterlein and Dawson (1984) reported that lack of social, primary and secondary relationships and other treatment facilities are positively related with poor health outcomes.

However, in developing countries due to the collectivistic culture and strong social network persons with severe mental health problems have less relapse rate and live a healthy and fruitful life in their society (Verghese, John, & Rajkumar, 1989). Though social support (SS) creates motivation in the affected persons for better therapeutic treatment (Di Matteo, 2004) and predicts better quality of life (Yasin, Alvi, & Moghal, 2013). Unfortunately, this support system is just limited to some close family members for people with schizophrenia (Sawant & Jethwani, 2010). As being hospitalized people with schizophrenia face intense feeling of being alone or cut off from the society (Green, Hayes, Dickinson, Whittaker, & Gilheany, 2002). Majorly their support center around mental health professional, their care givers and the other peers with mental health concerns (Angell, 2003; Dailey, et al., 2000), that creates feeling of dissatisfaction with the support they received (Bengtsson-Tops & Hansson, 2001) and lack of social integration (Davidson, et al., 2004; Goldberg, Rollins, & Lehman, 2003; Rogers, Anthony, & Lyass, 2004). Still fear of being stigmatized, unwelcoming discriminated behavior and comparisons of the society put people with schizophrenia at risk of low self-esteem and depression that is a product of developed societies and unfortunately, prevailing in developing cultures too (Sing-Fai, Vee-Chiu, & Cap Siu-Ching, 2000).

To sum up, ample data is available regarding social support in normal population of Pakistan as Rizwan and Aftab (2009) found negative relationship of social support with depression and positive relationship with self-esteem.

However, rare literature is available on its role in global self-worth of persons with schizophrenia. Hence, contemplating the dearth of literature for this population, this research is to attempt to fill in the gap. The finding obtained will help mental health to better understand the role of social support system in enhancing the efficacy of recovery process for persons with schizophrenia. On the basis of previous research data following hypothesis was formulated:

1. The overall Social support and its sub-domains would have predictive association with self-esteem in persons with schizophrenia.

METHOD

Participants

A purposive sample of 52 clients (18 females & 34 males) with an age range of 18 to 55 years ($M = 36.18$, $SD = 9.40$) was taken from psychiatric wards of different hospitals of Karachi. They were both inpatient and outpatient people diagnosed according to criteria given in Diagnostic and Statistical Manual of Mental Disorders-V (American Psychiatric Association, 2013) as schizophrenia by the psychiatrists and clinical psychologists with at least illness period of 6 months. As DSM-V criteria lists no types of schizophrenia and only specifies the course specifiers and severity specifiers, hence, broad category of schizophrenia spectrum disorder was taken (American Psychiatric Association, 2013, p. 99). Further, researchers who themselves are clinical psychologist further confirmed the diagnosis on the basis of detailed clinical interview and diagnostic criteria of the DSM-V to reduce the biases. Furthermore, those persons with schizophrenia were recruited for this study whom positive symptoms were better controlled through psychotropic medication; they have one or more hospitalization; and they were taking counselling or rehabilitation services from the same places. Those people who have any other category of psychosis i.e.: schizoaffective disorder, medical induced psychotic disorder, brief psychotic disorder and substance induced psychotic disorder were excluded.

The education level of the participants was at least 5th grade. As the data was taken from the largest hospitals of Karachi (i.e., Jinnah Postgraduate Medical College, Dr. Abdul Qadeer Khan Centre, Institute of Behavioral Sciences and Gulshan Psychiatric hospital) where majority of the visiting population belongs to lower, middle and upper middle socio economic status. Their socioeconomic status was determined on income level as according to Federal Bureau of

Statistics Government of Pakistan (2001). Demographic characteristics of the sample are described in Table 1.

Measures

Demographic information Sheet

Demographic Form was consisted of information related to age, gender, education, occupation, marital status, family structure, total monthly income of the family, type of mental illness, duration of mental illness, duration of psychological or psychiatric treatment of the problem, and history of mental illness in the family.

Multi-Dimensional Scale of Perceived Social Support, Urdu Version

Multi-Dimensional Scale of Perceived Social Support (Rizwan & Aftab, 2009) assesses perception of social support adequacy from the sources of family, friend and significant other. It is a 7 point Likert scale ranging *'very strongly disagree'* to *'strongly agree'*. The Cronbach's alpha and test-retest reliability of Urdu translated version for Pakistani adults reported by Rizwan and Aftab is .89 and .76, respectively. The Cronbach alpha obtained for the current study is .80 for overall scale and .90 for significant others, .62 for family support, and .72 for support from friends.

Rosenberg Self Esteem Scale, Urdu Version

The Rosenberg Self Esteem Scale, Urdu Version (Sardar, 1998) is a 4 point Likert scale consisting of 10 items. It is used to assess global sense of self-worth. Some items are reversed scored. Its scores range from 0 to 30. Scores between 15 to 25 lie in normal range; scores <15 suggest low while score > 25 shows high level of self-esteem. The Urdu translated version by Sardar (1998) was used which demonstrated Cronbach's alpha of .75. The Cronbach's alpha obtained in the present study is .71.

Procedure

This article is one of the extractions of Ph. D work and for conducting this thesis first of all approval was taken from Board of Advance Research and Studies, University of Karachi. All recommendations related to the ethics were

followed during the procedure of the study. Concerned authorities were approached through proper channel with permission letters and purpose of the study was discussed to them. For data collection permission was taken from "Ethical Research Committee" of Jinnah Postgraduate Medical College, Dr. Abdul Qadeer Khan Centre, Institute of Behavioral Sciences and Gulshan Psychiatric Hospital of Karachi, Pakistan. After getting permission from authorities, persons with severe schizophrenia were approached and were informed about the nature of the research; were assured about the issues related to confidentiality; and also were given the right to terminate their participation at any time. After seeking formal permission through written consent form, initially, the researcher established the rapport with the participants then the demographic sheet was filled in followed by administration of other research measures was done. For further confirmation of the information given by each participant, their immediate family members or care givers were also involved in the interview. In the end, the participants and their care givers were thanked for their cooperation. The concerned authorities of respective psychiatric setting were also thanked for cooperative and positive response.

Scoring & Statistical Analysis

The standard method of scoring was used for all the scales. The multiple regression analysis was employed to test the hypothesis of the present study. Descriptive statistics was also calculated. All the analysis is done through the Statistical Package for Social Sciences (SPSS, Version 21)

Operational Definitions of Variables and Terms

Schizophrenia

This term is defined as abnormality in one or more of the following five domains; delusions, hallucinations, disorganized thinking (Speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms (American Psychiatric Association, 2013).

Social Support

Social support refers to the help, guidance, comfort and information one receives from one's social network (Malik, 2002).

Self-Esteem

It is a composition of overall positive or negative approach of a person about him/herself (Rosenberg, 1965).

RESULTS

Table 1
Summary of Demographic Characteristics of Participants (N=52)

Variables	Category	*f*	*%*
Education	Primary - Middle	37	71.2
	Intermediate – Above Matric	15	28.8
Socio-economic Status	14,000 – 30,000	33	63.5
	31,000 – 50, 000	9	17.3
	>50, 000	10	19.2
Family System	Joint	34	65.4
	Nuclear	18	34.6
Marital Status	Unmarried	15	28.8
	Married	24	46.2
	Divorced/ Widow	13	25.0
Family History of Psychological Problem	Yes	17	32.7
	No	7	13.5
	Didn't report	28	58.7
Job Status	Government Job	3	5.8
	Private Job	8	15.4
	Business	3	5.8
	Retired	1	1.9
	Unemployed	37	71.2

Table 2
Descriptive Statistics for the Age of Participants (N=52)

Variables	Male n= 18		Female n= 34		Total Sample N=52	
	M	*SD*	*M*	*SD*	*M*	*SD*
Age	36.18	9.40	37.50	9.53	36.63	9.37

Table 3
Descriptive Statistics for the Variables of the Study

Variables	*N*	*M*	*SD*
Self-esteem	52	-.41	.87
Social Support	52	-.63	.68
Support from Significant Other	52	-.58	.89
Support from Family	52	-.53	.92
Support from Friends	52	-.50	.45

Table 4
Percentages of Levels of Self-Esteem scores (N=52)

Variables	*f*	*%*
Low Self-Esteem	0	0
Intermediate Self-Esteem	39	75
High Self-Esteem	13	25
Total	52	100

Table 5
Regression Analysis with Social Support-Total as predictor of Self-Esteem in People with Schizophrenia (N=52)

Variable	B	SE	β	R^2	F	Sig.
Constant	-.01	.15				
Social Support-Total	.63	.16	.50	.25	16.34	.000*

$*p < .05; df = 1, 50$

Table 6
Multiple Regression Analysis with Sub-scales of Social Support as predictors of Self-Esteem in People with Schizophrenia (N=52)

Variables	B	SE	β	t	P	R^2	F
(Constant)	-.01	.16		-.072	.94		
Significant Others	.43	.14	.44	3.039	.00	.29	6.372*
Family	.07	.13	.08	.587	.56		
Friends	.21	.26	.11	.815	.42		

$*p<.05; df =1, 50$

DISCUSSION

The findings of the current study demonstrate some interesting trends. The total social support score accounted for 25% variance in scores of self-esteem in people with schizophrenia (Table 5) hence is demonstrated to be a significant predictor of self-esteem. However, among the three types of social

support, only the *Support from Significant Others* is found to be a significant predictor of self-esteem in people with schizophrenia ($p < .05$; Table 6). The *Support from Friends* and *Family* are found to be insignificant predictors of self-esteem ($p > .05$).

These findings could be explained in such a way. If we look at the levels of self-esteem (Table 4) our results are consistent with ranges highlighted in previous studies as patients with schizophrenia have intermediate level of self-esteem (Silverstone & Salsali, 2003). This is also well explained by the *social comparison theory* of Festinger (1954) who declared that people compare themselves with whom they perceive like themselves and when we talk about persons with mental illness it works as a safeguard against low self-esteem as they evaluate themselves because of similarity of mental illness.

In our study, support from family and friends failed to predict self-esteem (Table 6). Clinical observation depicted that social network of people with schizophrenia is mostly restricted to family that may negatively effects overall quality of life. In our culture, mostly people live in joint family setup and a person with some severe mental illness may be of great stress for them to manage. In our study it is indicated that 65.4% of current sample was living in joint family system and 46.2% were married having support from their partner/spouse. Thus, severe illness of their family member is a matter of great financial, psychological and emotional burden for them. Further, lack of awareness or insight, inadequate handling, family stress, financial condition, family history of psychological illness and stigmatization were great challenge to the self-esteem of persons with schizophrenia (Khang & Mowbary, 2005). Contributing role of other factors such as; denial, lack of insight, treatment satisfaction and stigma influenced self-esteem of patients to adopt positive social roles (Khang & Mowbary, 2005). When they faced rejection from society after recovery, it increases social stress and feeling of depreciation that has potential to damage their trust, and self-concept, and job status throwing them again to the realm of darkness (Wright, Gronfein, & Owens, 2000).

Further, our findings indicate the support from others as significant predictor of self-esteem. Thus, support from others have a positive role in our sample in enhancing the self-esteem. The people in our sample were under treatment and in hospitalized settings where they were admitted and receiving professional's support and peer's support around them. Otherwise they feel socially isolated that results in poor outcomes in terms of low self-esteem that

extends the illness course and duration of hospitalization with more aggravated symptoms (Muller, Nordt, Lauber, & Rossler, 2007; Sawant & Jethwani, 2010).

In conclusion, the evidence obtained in present study indicate the protective role of overall social support and support form significant others for self-esteem in people with schizophrenia. The findings suggest that it is imperative to incorporate social support programs and interventions in designing effective therapeutic services for people with schizophrenia to help them in restoring their self-worth.

The findings of the study needs to be interpreted with caution due to limited power of generalization because of inclusion of small sample size. However, it open the path for future research and may be replicated with a larger sample size and inclusion of clients with other mental illnesses and other mediator and moderator variables that underlie low level of self-esteem.

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