

IMPACT OF SELF STIGMA ON DEPRESSION AND SELF-ESTEEM IN PATIENTS WITH SCHIZOPHRENIA

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ABSTRACT

Objective: The basic aim of the study was to investigate relationship between self- stigma, self-esteem and depression in patients with schizophrenia.

Design: correlation study with cross sectional research design.

Place and duration of study: It took 6 months to collect data from five hospitals of the Lahore city including Lahore General Hospital, Sir Ganga Ram Hospital, Services Hospital, Punjab Institute of Mental Health, and Jinnah hospital.

Subjects & Method: Purposive sample of 70 patients of schizophrenia with partial and full remission (residual phase). Socio demographic questionnaire, Internalized Stigma of Mental Illness scale, Rosenberg self-esteem scale and Saddiqui Shah Depression Scale were used for data collection

Results: Correlation analysis shows positive relationship between self -stigma and depression whereas negative relationship between self -stigma and self- esteem. Self stigma predicted self-esteem and depression in patient with schizophrenia.

Conclusion: Results indicated that as self -stigma increases so it will raise the depression and lowers down the self -esteem in patients with schizophrenia. Self-stigma was a predictor of self esteem and depression in patients with schizophrenia.

Key words: Self Stigma, Self Esteem, Depression, Schizophrenia

INTRODUCTION

Schizophrenia is a constant, extreme, and handicapping cerebrum issue that has influenced individuals all through history. Individuals with the issue may hear voices other individuals don't listen. They may accept other individuals are perusing their brains, controlling their contemplations, or plotting to mischief them. This can aggravate individuals with the disease and make them socially withdrawn or greatly unsettled. Individuals with schizophrenia may not bode well when they talk. They may sit for a considerable length of time without moving or talking. Here and there individuals with schizophrenia appear to be superbly fine until they discuss what they are truly considering. Numerous individuals with schizophrenia experience issues holding a vocation or nurturing them, so they depend on others for help (Chan, 2011).

Self -stigma has been related to loss of stateliness, sick treatment, evasion, demolish, the foreswearing of citizenship, self -stigma, shame, impediment, a claim of

disappointment or insufficiency, the unwillingness to claim advantages, naming, and emotions of inadequacy. "Any attribute, quality or issue that denote a single person as being unsatisfactorily not the same as the "typical" individuals with whom he or she routinely interfaces, and that inspires some type of group approval" (Goffman, 1963).

The vilification of emotional instability is basic among the overall public, psychiatric patients, and their families. These negative mentality are principally in view of the conviction that psychiatric patients are helpless and inclined towards impulsivity and savagery and basically awkward as a result of their decreased capacities. Such negative state of mind name psychiatric patients and disconnect them from society. On account of the presence of shame, patients regularly diminish their desires about their looming accomplishments and view themselves as failures. Stigma likewise causes delays for consideration looking for with respect to mental issues and enhance the troubles of patients with

emotional sicknesses they face while attempting to re-incorporate into society after intense scene of ailment (Goffman, 1963).

Self-esteem alludes to an individual's feeling of quality or worth, or the degree to which an individual acknowledges, or preferences himself (Taylor et al, 2000). Respect toward oneself is characterized by Rosenberg (1965) as the singular's assessment of his feeling of worth. Berge and Ranney (2005) portrayed it to be influenced both by our sentiments about the amount we are getting together to our own models (i.e., fundamentally interior) and by our capacity to direct our feeling of self in relations with others (i.e., basically outside); both these methodologies have critical repercussions on our emotions about us.

Major Depressive Disorder is described by one or more significant depressive scenes. The depressive episode incorporate indications, for example, no less than 2 weeks of discouraged inclination or loss of enthusiasm for day by day routine exercises joined by no less than four extra manifestations of discouragement including unsettling influence of hankering or weight (either weight reduction/pick up or abatement/increment in longing); slumber aggravation, (either a sleeping disorder or hypersomnia); psychomotor aggravation or hindrance; tiredness or loss of vitality; regret or improper blame; low respect toward oneself or uselessness; misery; poor fixation or uncertainty; intermittent musings of death or suicide (American Psychiatric Association, 2000).

Individuals with schizophrenia experience a wide range of sorts of self-stigma. The basis for leading research on self-stigma, self-esteem and depression in patient with schizophrenia in first identifies with the need to comprehend persistent experience of intermittent self-shame, respect toward oneself and sadness. Schizophrenia is a genuine general wellbeing concern on the planet today. To address this imperative phenomena was present study major objective.

Hypotheses

H1: There is likely to be a positive relationship between self-stigma, and depression and negative relationship between self-stigma and self-esteem in patient with schizophrenia.

H2: Self-stigma is likely to be a predictor of self-esteem and depression in patient with schizophrenia.

METHOD

Research Design

The present research is Co relational study which followed a cross sectional research design.

Participants

A non-probability purposive sample of seventy patients with schizophrenia was drawn from five hospitals including Lahore General Hospital, Jinnah Hospital, Punjab Institute of Mental Health, Services Hospital and Sir Ganga Ram Hospital.

Measures

Demographic Variable Questionnaire

Measure included information regarding age, gender, education, profession, duration of illness, social economic status.

Internalized Stigma of Mental Illness (ISMI) scale

The Internalized Stigma of Mental Illness (ISMI) scale with 29 items was developed to measure the subjective experience of stigma, with 5 subscales measuring Alienation, Stereotype Endorsement, Perceived Discrimination, Social Withdrawal and Stigma Resistance. The ISMI was developed in collaboration with people with mental illnesses and contains 29 Likert items. All items were measured on a 4-point Likert-type agreement scale (1 = strongly disagree to 4 = strongly agree). Urdu translated version was used in present research.

Rosenberg self esteem scale Urdu version (Majeed, Mohsin & Khan 2013)

The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) is a 10-items scale that was originally designed to measure the global self-esteem. To score the items, assign a value to each of the 10 items as follows, For items 1,2,4,6,7: Strongly Agree=3, Agree=2, Disagree=1, and Strongly Disagree=0, For items 3,5,8,9,10, Strongly Agree=0, Agree=1, Disagree=2, and Strongly Disagree=3. The scale ranges from 0-30, with 30 indicating the highest score possible. Urdu translated version of Rosenberg Self-Esteem Scale (Majeed, Mohsin & Khan 2013) was used in the present study.

Siddiqui-Shah Depression Scale (Siddiqui & Shah, 1999).

SSDS contained 36 item scored on 4 point rating scale. Total score on the SSDS scale was 108, with responses, never = 0, sometimes = 1, often = 2, every time = 3. Ranges was mild depression on 26 to 36, moderate depression on 37 to 49 and severe depression on 50 plus. The Co-efficient Alpha for the clinical and non-clinical samples was 0.91 and 0.89. The scale correlated significantly with the Zung's depression scale, $r = 0.55$, ($p < .001$) and psychiatrists' ratings of depression $r = 0.40$, ($p < .05$). The scale also showed a significant correlation

with subjective mood ratings for the clinical group $r=0.64$, ($p<.001$) as compared to the non-clinical group $r=0.14$.

Procedure

All ethical standards of APA were followed before conducting the study. First of all, permission was taken from all the related authors of the tools for data collection. Permission from all the Heads of the Psychiatric department was also taken for data collection. The research participants included. A non-probability purposive sample of 70 diagnosed patients of schizophrenia were with inclusion criteria of residual type drawn from five hospitals of the Lahore city that was Sir Ganga Ram Hospital, Services Hospital, Punjab Institute of Mental Health, Jinnah hospital and Lahore General Hospital. Patient in active phase of schizophrenia, drug Induced psychosis and co morbidity with any other psychological disorder was excluded from the study. Organicity was also ruled out with the help of Mini Mental Status Examination (MMSE). Brief introduction, nature and purpose of the study was provided to the patient and they were also be informed about the confidentiality that the provided information was used only for academic purpose. Written informed consent was taken from each participant. At the end participants and concerned authorities were thanked for their time and cooperation

RESULTS

Table 1: Demographic Description of Sample

N=70 M	Range	SD	
Age in years	18-75	32.50	9.060
Educational years	0-14	7.41	4.325
Family Income	Rs 5,000-25,000	17, 190	.862

	F	%
Gender		
Male	53	75.7
Female	17	24.3
Marital status		
Unmarried	38	54.3
Married	20	28.6
Separated	02	2.9
Divorced	09	12.9
Widow	01	1.4
Family system		
Nuclear	32	45.7

Joint	48	54.3
Profession		
Unemployment	52	74.3
Half time employment	04	5.7
Full time employment	06	8.6
Business	08	11.4
Physical disorder		
Present	23	32.9
Absent	47	67.1

Table 2: Table showed Correlations among Siddiqui shah depression scale, self- stigma of mental illness inventory and Rosenberg self-esteem scale.

M SD	SSDS	P
ISMI	67.50	8.32
RSES	17.45	4.37 -.645** .00
SSDS	27.34 20.12	484** .00

**P> 0.01 level

Note: SSDS= siddiqui shah depression scale, ISMI= internalized stigma of mental illness inventory, RESE=Rosenberg self-esteem scale.

Results indicated that significant relationship exists between self-stigma of mental illness, depression, and self-esteem of patients with schizophrenia. The more stigma associated the more depression and low self esteem revealed from results.

Table 3: Regression analysis of self -stigma as predictor and depression and self esteem as outcome variables

VB	B	B	p
RSES	-.336	-.639	.000
SSDS	1.17	.484	.000

Note: R=.63; R²= .40, Independent variable: ISMI, Outcome: SSDS

Results indicated that self-stigma was a predictor of self esteem and depression in patients with schizophrenia.

DISCUSSION

Schizophrenia, hinders individual's each territory of working including comprehensions, feelings, and practices, and in addition social and word related life. Discoveries acquired in the current study recommend that having a schizophrenia ailment harm self - stigma, depression and self-esteem. Then again when a patient with schizophrenia issue sees self -shame that accessibility of self- regard and gloom will must found

in patient. In the same way, the lower disgrace toward oneself is additionally discovered to be a premier indicator of self-regard and misery among patients with schizophrenia.

This exploration discoveries likewise upheld past inquires about as indicated, Link et al (2001) examined the effect of shame on respect toward oneself of individuals with serious dysfunctional behavior. 36% of the subjects were schizophrenia. He found that the individuals who had no intercession to adapt to the shame had low respect toward oneself than the individuals who had mediation to adapt to the disgrace. Upward social correlation and high objective for living in individuals with schizophrenia put them at danger of despondency and low respect toward oneself (Sing-Fai, 2000). Official working as a mediator of the relationship between psychosocial working and the respect toward oneself. They found that patients with hindered official working showed a positive and measurably critical relationship between psychosocial working and respect toward oneself however those with in place official working indicated negative affiliation (Baron & Matsuyama, 1987).

Macinnes and Lewis (2008) in their study reported the high predominance of low respect toward oneself in of patients with genuine and continuing psychological well-being issues. It was additionally reported that among patients with schizophrenia there was high premonitory respect toward oneself (Taylor et al, 2000) this point to that the low respect toward oneself is a results of having a crazy issue like schizophrenia. The predominance of low level of respect toward oneself among patients with schizophrenia is primarily because of belittling. The gathering of persons with schizophrenia those have high understanding/moderate shame normally have essentially least level respect toward oneself (Link et al, 2001)

On the premise of discoveries from the present study, it can be proposed that emotional well-being experts genuinely need to deal with schizophrenia patients' respect toward oneself, melancholy and self-shame by forming helpful mediations focused to make accessible social backing systems at this significant time by including families and others to whom the patient feel shut. Schizophrenia patients exclusively need admiration, respect, approbation and backing from their families and from society as a rule to go through from this horrible time of their ailment. In this way, saw social backing is a cushion that can help psychiatric patients in fighting the hopeless outcomes of their sickness, recovering their self-esteem, and obstructing the danger potential to depression.

Future Implications

The discoveries got in the present study propose planned courses for creating useful helpful and preventive arrangements for schizophrenia patients to enhance their respect toward oneself and decrease despondency probability of and self-shame. The discoveries of this study offer critical recommendations to psychological wellness experts, wellbeing organizations, group guardians, and NGOs, and so on.

Psychological wellness mindfulness crusades through both electronic and print media in Pakistan surely are a supplementary quality to kill the mistaken convictions with respect to emotional well-being issues and to bring mindfulness for their treatment and administration. In this way, if such projects will include families and others to help their friends and family assemble positive respect toward oneself, create powerful critical thinking, and great relational abilities, this will demonstrate exceedingly viable as this give the patients a feeling that other's backing is accessible for them to take a break period.

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