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THE SUBJECTIVE WELL- BEING AND INTERPERSONAL SUPPORT EVALUATION IN THE PERSONS WITH CHRONIC SCHIZOPHRENIA: GENDER BASED COMPARATIVE STUDY"

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Abstract:

Schizophrenic disorders afflict approximately 1% of the population during their lifetime. TheseDisorders impose severe hardships on patients and their families and challenge society in thedevelopment of public policies that both preserve the public welfare and afford patients a decentQuality of life. Among the various conceptual challenges inherent in evaluating services for persons with schizophrenia has been the development of appropriate outcome and measures which reflecting the broad range of problems faced by these patients. The study assesses the subjective well- being and interpersonal support in the persons with chronic schizophrenia in both genders. This study assessed the subjective well-being and interpersonal support in the persons with chronic schizophrenia comparison with male and female. The Present study conducted at Ranchi institute of neuro-psychiatry and allied sciences in this study 30 Patients with Chronic schizophrenia were compared between male and female. Various scales were applied to measure quality of life, Subjective well-being and interpersonal support evaluation. Results showed that patients with schizophrenia have shown that high level of disability poorer social and psychology functioning.

Keywords: Subjective well-being, Interpersonal support, quality of life.

Introduction

Schizophrenia is one of the most debilitating psychiatric disorders (Rossler et al., 2005). It accounts for 1.1% of the total disability-adjusted life years (DALYs) and 2.8% for men and 2.6% for women of years lived with disability. Schizophrenia is listed as the fifth leading cause of loss of DALYs worldwide in the age group 15-44 years (WHO 2008). Schizophrenia is known as a chronic illness with a variable, but always destructive, pattern affecting the perceptual, cognitive, interpersonal and emotional aspects of the affected patients (Sadock& Sadock, 2005). The symptoms vary among patients but the sequels are generally considerable and persistent. People who are chronically ill with schizophrenia have particular needs that exert a profound influence on their existence and subjective well-being. Others have considerable family strain and may be disconnected from their family members. Due to the chronicity and incomplete symptom resolution, significant numbers of patients live in residential settings and do not

reach the adult milestones such as getting married, having children, and being gainfully employed. (Goodman & Smith, 1997)

Schizophrenia is associated with relapses with high hospitalization rates (Almond et al., 2004), loss of ability to work, mortality in younger age than a general population (Knapp et al., 2004), and, especially for these reasons, also with remarkable economic costs worldwide (Knapp et al., 2004; Sadock & Sadock 2007). Patients with schizophrenia are also stigmatized, which leads to discrimination (Graf et al., 2004), (Thornicroft et al., 2004) and thus affects their life opportunities, such as health care services, housing, education, employment and social relationships (Corrigan & Larsson, 2008).

Quality of life is a new view of health from a biopsychic- social perspective that emerged from a perceived need to balance and supplement the successes of modem medicine to improve QoL in cases of serious, chronic, and debilitating or fatal diseases. Social scientists detailed this broad concept by conducting population-based Quality of life research that contributed significantly to understandings of social indicators such as family and social relationships' Generally, Quality of life has encompassed several domains related to health, although the concept initially also included many other non-health-related issues such as work, family, wealth, religion, and environment.

Subjective wellbeing (SWB) has often been used as a general definition and synonym of happiness (Noddings, 2003) with the implication that happiness is intrinsically about subjective and individual experience (Nettle, 2005). Hence, happiness can be perceived as a positive subjective state defined by the individual who believes that his/her life and current events are going well (Diener & Biswas-Diener, 2008). Socialsupport involving people who find it very difficult to cope with everyday life and social contacts because of their mental illness or disability. Two techniques are considered particularly helpful here: living and social skills training and providing support to local communities, both fairly standard in contemporary social psychological care for mentally ill patients. Social contacts provide some of the most essential elements relevant to the quality of one's life. Low life satisfaction observed in schizophrenic patients is related to weak and inadequate social networks and interpersonal deficits. Therefore, some of the most effective tools, leading to increased life satisfaction in chronically mentally ill patients, would have to provide both psychiatric treatment and accessibility to non-medical facilities providing social support In the case of chronically ill people, who have spent many years in psychiatric hospitals, social support is absolutely essential in the rehabilitation process. The relationship between social support and health, functioning, and quality of life is well established in the literature (Cohen et al., 1985; Holahan et al., 1997) In the general population, social support buffers against stressful life events, increases adherence to medical, adequate social support are associated with several psychological benefits, including increased self-esteem, feelings of empowerment, functioning, quality of life, and recovery, while the absence of social support appears related to greater psychiatric symptoms, poorer

perceptions of overall health, and reduced potential for full community integration (Buchanan 1995; Caron et al., 1998; Goldberg et al., 2003)

Method:

This was a cross sectional, comparative, hospital-based study, conducted at Ranchi institute of neuro-psychiatry and allied sciences kanke, Ranchi. In this study 30 Patients with Chronic schizophrenia were compared between male and female. This is a tertiary central for psychiatric patients with a wide catchment area throughout eastern and northern India. The study sample was consisted of 30 respondents divided into two groups each group consists of 15 respondents. Earlier for study group 35 patients were screened among them 5 patients were not completed the study as they discharged in between. So, later on only 30 patients were completed the study. Sample was selected through using purposive sampling method.

The subjects who fulfilled the inclusion and exclusion criteria were taken up for the study. Written informed consent was taken from the patients after explaining the objectives and procedure of the study in details. At first socio-demographic data were collected from the patients. After that PANSS, WHO Subjective well-being, Interpersonal social support evolution and WHO-Quality of life questionnaire were applied on patients to assess the well-being, social support and quality of life respectively.

Measures:

- ✓ **Socio-Demographic and Clinical Data Sheet:** A socio-demographic and clinical data sheet was specially designed for the present study to record the socio- demographic variables and clinical variables such as age, sex, age of onset, duration of illness, history of past and present illness and family history etc.
- ✓ **The Positive and Negative Syndrome Scale (PANSS) for Schizophrenia (Kay et al., 1987**): This scale was developed by Kay et al, in 1987 and it consists of 30 items out of which 7 items measure positive symptoms, 7 items measure negative symptoms and 16 items measure general psychopathology. Each item is evaluated on seven-point scale (i.e. 1 to 7) and provides information regarding the severity of psychopathology

- ✓ **WHO Quality of life brief (WHO-QOL, 1998):** WHO Quality of life Hindi Version was a Developed (Saxens et al, 1998) it is a self-administered generic questionnaire developed in Hindi. it is a 26 items shorter version of the WHO OQL-100 Scale Which was Developed as a subjective evaluation of the respondent Health ,living condition and functioning and quality of life on the dimension of physical,

psychological, religion each of the domains is treated as a separate numeric variable high, higher score higher quality of life.

- ✓ **Subjective well-being inventory: (Sell and Nagpal, 1992):** The subjective well inventory was developed by (Sell & Nagpal, 1992). This is a comprehensive and robust instrument (originally in English language) for assessing positive indicators of health. It includes perceptions of wellbeing happiness, Life satisfaction, positive effects and feeling about social life.
- ✓ **Interpersonal support evaluation list (Cohen, S & Hoberman, H 1983).** A 40-item scale made up of four subscales. The subscales are: Tangible Support, Belonging Support, Self-esteem Support, and Appraisal Support.

Dataanalysis:

The results obtained were analyzed by using the computer software program, statistics packed for social science version 16.0(SPSS 16.0) with the used of different Parametric and nonparametric measurements

Results:

Table no 1.Comparison between socio demographical variable like Age, Duration of illness, and Number of hospitals:

Variable	Male(N=15) (Mean±SD)	Female (N=15) (Mean±SD)	t	Df	*P*
Age	27.67±5.7	27.67±5.7	.000	28	1.0
Duration of illness	21.93±11.93	20±11.9	.38	28	.74
Number hospital	2.8±1.3	1.1±.81	.12	28	.22

**p<.05; **p<.01; ***p<.001*

Pearson't' test or chi square exact Test were used to compare the demographical variable which were discrete. This table shows the comparison in age duration of illness and number of hospitalizations across the gender. This table shows that there is no significant difference between in both group across all the variable at p≥0.05 level (Table -1). Whether we compare the mean of illness, male (21±11.93) patients got high score in comparison of female (20±11.9) patients and number of hospitalizations mean, male (2.8±1.3) patients got high score in comparison of female (1.1±.81) patients.

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Table No-4. Comparison between (male & female) who quality of life and PANSS with patients with schizophrenia

Variable	**Male(N=15) (Mean±SD)**	**Female(N=15) Mean±SD**	**t**	**Df**	***P***
WHO-Quality of life Physical	5.8±1.3	5.9±1.6	.000	28	1.00
WHO-Psychology	18.4±4.4	21.0±3.4	-.20	28	.048*
WHO-Social	16.06±4.4	18.13±2.09	-2.2	28	.031*
WHO-Environment	23.26±2.6	23.06±7.5	.09	28	.62
PANSS Positive	17.80±4.5	18.53±3.4	.49	28	.92
PANSS Negative	12.60±6.09	14.53±3.4	-.10	28	.61
PANSS General	26.0±12.59	30.67±4.30	-13	28	.33

p<.05; **p<.01;*p<.001*

Table 4.Shows the comparison of male and female patients on the scale of WHO quality of life and PANSS scale. It shows that means score of female Group of patients high on the all domain of WHO quality of life e.g.Physical, psychology, and environment.It showsthat means score of female Group was higher in all domains of PANASS scale in comparison to male groupe.g.Positive, negative general health and total score of PANASS. This table also shows that there is significant difference between in both gender on the two domains (psychological and social) of WHO'S quality of life scale at p≥ 0.5 level.

Table no 5. Comparison between subjective wellbeing and interpersonal relation evaluation

Variable	**Male (N=15) (Mean±SD)**	**Female(N=15) (Mean±SD)**	**t**	**Df**	**P**
General well–being	5.6±1.3	5.4±1.4	.26	28	.79
Expatiation achievement	6.0±.75	6.0±.53	.000	28	1.0
Confidence coping	6.3±1.1	5.7±1.7	1.1	28	.26
Transcendence	6.5±1.5	6.2±.96	.56	28	.57
Family group support	6.8±1.3	6.6±1.04	.29	28	
Social support	6.6±1.8	6.2±1.27	.74	28	.76

Primary group	7.2±1.9	8.1±1.06	-1.6	28	.46
Inadequate	12.46±3.7	14.66±2.5	-1.8	28	.10
Perceive health	12.40±3.2	13.0±2.68	-.50	28	.07
Deficiency	6.5±1.05	6.1±.99	-6.1	28	.58
Gnarl wellbeing negative	5.8±1.4	5.5±2.09	-4.1	28	.29
Tangible	17.5±8.8	11.00±3.4	3.2	28	.61
Belonging	11±.80	11.13±2.7	.53	28	.54
Self-esteem	10.66±5.02	12.73±5.02 3.3	3.1	28	.03*
Appraisal	12.4±3.7	14.67±3.2	-1.7	28	.09

**p<.05; **p<.01; ***p<.001*

Table no 5. Shows the comparison on the scale's of subjective well-being and interpersonal relation evaluation scale in male and female patients. It shows that mean score of male patients score was higher in some domain of (General well–being, Confidence coping, Family group support, Social support, Deficiency) subjective wellbeing scale. On other scale of interpersonal evaluation list shows that mean score of male patients high on tangible domain in comparison to female patients. Table shows that there is significant difference in both genders on the domain of self-esteem at the p≥.05 level.

Discussion:

In present study 30 patients were selected in which 15 were male and 15 female who fulfilled the criteria of exclusion and inclusion. In present study, shown that there is no significant difference in both genders on age. Research showed that there are differences in age of onset of schizophrenia in male and female patients (Goldstein et al., 1989). Men usually develop the illness around the age of 18-25 but in female mean age of onset is 25-35. Some researcher suggested that age of onset depend on the presence or absence of family history (Hafner et al., 1998), reduction of estrogens in female (Riecher-Rossler et al., 1994)and menarche and menopause of female patients (Castle et al. 1993, & Ochoa et al. 2006). However, a number of studies found no gender difference in the age of onset (Folnegovic & Folnegovic-Smal, 1994).

In this study it found that there is no significant difference in course of illness of schizophrenia in both Gender. But mean score of duration of illness is less in female in comparison male. According to Angermeyer et al. (1990) found that about half of the studies showed a more favourable outcome in women, and this study was statistically

significant but other study did not find it. This result support to our hypothesis that men's socially unfavourable illness behaviour might be contribute poor course and outcomes (WHO, 1988). In this study it found that mean score of no of hospitalization is high in male in comparison female patients but it is not statistically significant. In previous study it was found that relapse rates being higher in men in compare to women but in some study Usall et al. (2001) found that no of hospitalization was same in both men and women.

The present study showed that female patients have high psychological social quality of life in comparison to men. Because women had less no of hospitalization in comparison to men, in research it shown that higher no hospitalization in psychiatric units is related to the worse quality of life of schizophrenic patients (Boyer et al., 2013). Considering the hospitalization within the last 5 years, correspond to relapse or quality of life somewhere associated with predictor for the relapse (Silva et al., 2011). In this present study found that there is no significant difference in PANSS score across the gender. This finding supported by previous research, found no gender difference in domain of PANSS scale (Sitzer et al., 2006).

In this study found that there is no significant difference in subjective wellbeing across the gender. In previous study mixed result was found some research has found men have significantly higher levels of subjective wellbeing (e.g., Stevenson & Wolfers, 2009; Haring, Stock, & Okun, 1984), whereas other studies have shown that women have significantly higher level of subjective wellbeing (e.g., Fujita et al., 1991) but further, many studies have found no significant difference between women and male (Okun & George, 1984).

In this study found that there is significant difference in interpersonal relation evaluation domain of self- esteem. Gender was a significant predictor of self -esteem in study. It found that women have significantly lower levels self-esteem than men but effect size was small (king et al., 1999). It could be associated with different factors which warrant further investigation (Thorup et al., 2015).

Conclusion:

Schizophrenic male patients are perceived more psychological problem compare to female because of male are faced more psychosocial issue in life. Mental disability is more in male schizophrenic's patients in psychological, social life and found the lower level of self esteem but it depends on other factors.

Following limitations were noted in the current study, Small sample size included in this study. Assessment was single time. Data collected from the territory hospital set up only. Future Suggestion of study to increase the generalization, further studies are required with larger sample size, consisting of both male and female patients. Researches can also include community population those who are diagnosis schizophrenia on regular basis and not

undergoing any treatment, can be studied.Future researches can select participants by Random Sampling Methods and that will allow us to generalize the results as uniformity and probability was taken into consideration.

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