

# **A comparative study to assess the changes in self-esteem during treatment among patients with psychiatric illness and their relatives admitted at the Department of Psychiatry, Christian Medical College, Bagayam, Vellore, South India**

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## **Background**

### **I. Introduction**

The most basic task for one's mental, emotional and social health, which begins in infancy and continues until one dies, is the construction of his/her positive self-esteem.<sup>1</sup> According to Maslow all people "have a need or desire for a stable, firmly based, usually high evaluation of themselves for self – respect or self-esteem and for self-esteem of others." Maslow defines these basic needs in his famous hierarchy of needs, which includes physiological needs, the need for safety and security, the need for love and belonging, the need for esteem and the need to actualize the self. One of the important components of Maslow's hierarchy is the self-esteem.<sup>2</sup>

Self-esteem is one's judgment of one's own worth that is how the person's standards and performance are compared to others and to one's ideal self. If a person's self-esteem does not match with the ideal self, then low self-concept results.<sup>3</sup>

Self-esteem is an important issue of mental health. Most people have a need for a stable self – respect and self-esteem. Maslow noted a lower one and a higher one. The lower one is the need for status, recognition, fame, prestige, and attention. The higher one is the need for self-esteem, strength, competence, mastery, self-confidence, independence, and freedom. The last one is higher because it rests more on inner competence won through experience. Derivation of these needs can lead to an inferiority complex, weakness and helplessness. Healthy self-respect is based on earned respect.<sup>2</sup>

Self-esteem is disturbed when a person is physically ill and mentally ill. In psychiatric patients, the self-esteem becomes usually low. Therefore, the self-esteem of the patients' needs to be increased. The psychiatric patients need to be treated by giving drugs, psycho education, and counselling and cognitive behaviour therapy. Increased self-esteem helps the patient to seek challenges and achievement in life. The relative's self-esteem is also disturbed when taking care of a sick member in the family. The self-esteem may be disturbed because of the stigma or the burden affecting the relatives. The increase in the self-esteem of the patient in turn increases the self-esteem of the family member taking care of the patient.

The mental illness affects not only the individual's self-esteem but also the relatives who care for the patient. So taking care of a sick family member becomes a great burden to the members, which in turn lowers the relatives' self-esteem.

The investigator felt the need to assess the self-esteem of patients with psychiatric illness and their relatives at the time of admission and to assess the self-esteem after two weeks of admission to see whether the standard treatment has any effect on the self-esteem of the patients and relatives.

### **Objectives**

1. To assess the self-esteem of patients with psychiatric illness and their relatives at the time of admission.
2. To assess the self-esteem of patients with psychiatric illness and their relatives after 2 weeks.
3. To compare the self-esteem of patients and their relatives at the time of admission and after 2 weeks of standard treatment.
4. To associate the self-esteem of patients with the demographic clinical variables.
5. To associate the self-esteem of the relatives with the demographic variables.

### **Hypothesis**

The self-esteem among patients and relatives' changes during treatment.

## II. Methods

This was a Descriptive Comparative study conducted in the Department of Psychiatry, Bagayam, Christian Medical College Vellore on all the subjects with psychiatric illness and their relatives who were admitted to the Department of Psychiatry.

The Study included a sample of 76 subjects with psychiatric illness and 76 relatives who stayed with the subject for 2 weeks. Consecutive sampling technique was used to select the subjects.

- **Data collection instrument**

The following instruments were used for the study.

- I. Patients demographic and clinical profile- This was prepared by the investigator, and it includes age, sex, religion, marital status, education, occupation, income, locality, diagnosis, and duration of illness.
- II. Relatives demographic profile- This includes age, gender, religion, marital status, education, occupation, family income, locality, and relationship to the subjects.
- III. Rosenberg self-esteem scale- The Rosenberg self-esteem scale is a standardized and free scale developed by Dr. Rosenberg. The reliability for English version ranges between .77 to .88. The feasibility of the study was measured during the pilot study. Translated versions of Tamil, Hindi and Bengali was checked by back translation to English.

- **Scoring and Interpretation**

The Rosenberg self-esteem scale has both positive and negative stated items. The items to be arranged against a 4-point Linker scale, that ranges from strongly agree to strongly disagree with a score of 3, 2, 1, and 0 respectively. Scoring for the negatively stated items was reversed. The score ranges from 0 to 30, with higher the score, the higher the self-esteem. The maximum score is 30.

The score was interpreted as follows:

- >20 High self esteem
- 10- 20 Medium self esteem
- <10 Low self esteem

- **Data collection procedure**

The data were collected from the inpatient Department of Psychiatry. Data was collected for a period of 6 weeks starting from 14th May to 23rd June 2007.

The investigator developed a rapport, explained the purpose of the study, and obtained the written consent from the subjects and the relatives. An initial assessment of the self-esteem was done by administering the questionnaire of the Rosenberg self-esteem scale to the subjects and their relatives within 24 hours of admission. After 2 weeks of their hospitalization, the questionnaire was re-administered to the subjects and their relatives to assess their changes in self-esteem.

- **Data analysis**

1. Self-esteem of patients and their relatives at the time of admission and after 2 weeks of standard treatment was assessed using descriptive statistics.
2. Comparison of self-esteem of patients and their relatives at the time of admission and after two weeks of standard treatment was done using paired t-test.
3. Association of self-esteem of patients with demographic and clinical data was done by Chi-square.
4. Association of self-esteem of the relatives with demographic variables was done by Chi-square.

- **Ethical Considerations**

The pilot study and the data collection procedure were conducted after the approval from the dissertation committee. Permission was obtained from the Head of the Department of Psychiatry, CMC, Vellore as well as from the Nursing Department. Informed consent was obtained from the subjects and relatives before data collection.

## III. Results

- **Demographic characteristics**

The demographic characteristics of the sample shows that (43.4%) of patients were between the age of 31- 50 years, (71.1%) of them were males, (56.6%) were married, Among the subjects majority (31.6%) were educated up to higher secondary level, (84.2%) were from urban areas. Only (18.4%) patients' income was more

than Rs 10,000 and majority (30.8%) were diagnosed to have psychotic disorders. And for the patient relatives (40.8%) of relatives were between the age of 31-50 years, (61.8%) were females, Majority (92.1%) of the relatives were married, 85.5% were from urban areas and only (38.2%) has income more than Rs10,000.

#### • Findings

At the time of admission majority (69.7%) of the patients had medium self-esteem and (52.6%) of the relatives had high self-esteem. After two weeks of standard treatment (48.7%) of patients had medium self-esteem and (48.7%) had high self-esteem and (60.5%) of the relatives had high self-esteem. There was a statistically significant increase in self-esteem of patients ( $p=0.01$ ) and relatives ( $p=0.001$ ) after two weeks of standard treatment. There was no association between the demographic and clinical variable with the self-esteem of patients and the relatives.

**Table 1**

**Assessment of self-esteem of patients with psychiatric illness and their relatives at the time of admission**

Levels of self esteem	Patients		Relatives	
	No	%	No	%
High self esteem	17	22.4	40	52.6
Medium self esteem	53	69.7	36	47.4
Low self esteem	6	7.9	-	-

**Table-2**

**Assessment of self-esteem of patients with psychiatric illness and their relatives after two weeks**

Levels of self esteem	Patients		Relatives	
	No	%	No	%
High self esteem	37	48.7	46	60.5
Medium self esteem	37	48.7	30	39.5
Low self esteem	2	2.6	-	-

**Table 3**

**Comparison of the self-esteem of the patients and their relatives at the time of admission and after two weeks**

	At the time of admission Mean (SD)	After two weeks Mean (SD)	t value	p value
Patients	17.68 (5.39)	19.67 (4.47)	-4.760	0.000***
Relatives	20.34 (4.15)	21.56 (3.67)	-3.293	0.002**

\*\* $p<0.01$     \*\*\* $p<0.001$

#### IV. Discussion

According to the demographic characteristics The study findings contradict the study done by Jirovec<sup>4</sup>. The study reported that (21%) of men looked after the patients and only (16%) looked after were women.

According to the first objective the findings were contradictory to the findings by Bailey' Crocq and Guillon where he reported that majority 81.0% had low self-esteem and only a 11.2% were reported to have high self-esteem.<sup>5</sup>

According to the second objective the similar finding was reported by Baily, Crocq and Guillon where self-esteem increased significantly after 12 weeks in patients with a first psychotic episode who responded successfully to antipsychotic drug treatment.<sup>5</sup> In another study O'Grady et al. found that after 12 months of Cognitive Behavioural Therapy and usual treatment self-esteem was improved to (95%).<sup>6</sup> Morrison, Fern, Boardman, Elliott & Brown reported that after 3 months of self-confidence workshop there was significant reduced in depression and distress as well as (90%) improvement in self-esteem.<sup>7</sup> This finding could be suggestive of impact of treatment, hospitalization and nursing care in bringing down patients' symptoms, thereby improving their self-esteem.

According to the third objective the present study contradicts to the study done by Drake where he stated that there was no significant change from baseline to 18 months.<sup>8</sup>

According to the fourth objective the similar finding was reported by Salsali and Silverstone that self-esteem of the patients was significantly ( $p<0.05$ ) associated with the type of mental disorders, they were diagnosed to have.<sup>9</sup>

According to the fifth objective The present study findings showed no significant association between the self-esteem of relatives with the age, sex, marital status, education, occupation, locality, income and

relationship to patients. Probably the reasons for no association could be because of the less number of samples and not expressing the true feelings to the questionnaire.

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