

SELF-ESTEEM AS A DETERMINANT OF DEPRESSION IN WOMEN WITH CHRONIC ILLNESS

Zaeema Riaz and Nasreen Bano

Institute of Clinical Psychology, University of Karachi

ABSTRACT

Objective: The aim of the study is to investigate the role of self esteem to cause depression in women with chronic illness.

Sample: 200 women diagnosed with Arthritis (n=50), Cancer (n=50), Heart Disease (n=50) and Diabetes(n=50) between ages of 30 years to 60 years with the mean age of 48 years selected from outdoor patient's clinics of public/private hospitals and clinics situated in different areas of Karachi were assessed.

Procedure: Personal Information Form, The Patient-Health Questionnaire (Spitzer, Kroenke & Williams, 1999), and Rosenberg Self-Esteem Scale (Rosenberg, 1965), were administered to test the hypothesis "Self-esteem would be a predictor of depression in women with chronic illness".

Statistical Analysis: After completion of the standard procedures of the scoring of the respective scales the data was statistically analyzed by using the SPSS (version 21). Descriptive statistics was used to explain the characteristics of sample and Linear Regression analysis was used to find the causal effect of self esteem on depression in this sample.

Results: Findings of the study indicated self-esteem as a significant predictor/determinant ($R=.480$, $p<.01$) of depression in this population.

Conclusion: These illness have a devastating effects not only on the physical health but also have a very strong negative influence on the psychological health of women in Pakistan.

Keywords: Self Esteem, Depression, Women, Chronic Illness

INTRODUCTION

Normal reaction of an individual to any significant loss, failure or distress is considered sometimes as depression however depression, is a state which affects every one's health at some point in life with various degree of

severity ranging from mild level to a severe level. Depression is considered to be an emotional and biological illness that has an impact on not only the feelings and mood of a person but it severely impedes the thoughts, behavior and also has devastating effects on the physical health. It is long lasting and chronic in its affect and requires long –term treatments as many of the other chronic diseases to prevent its recurrence. According to Kerr (2012) it is a mood disorder in which a person's sadness, aggression and frustration hamper the functioning of everyday life for weeks or longer. Globally it is estimated that 150 million people experience depression in life time and approximately 1 million of people with severe depression commit suicide every year (World Health Report, 2001). Major Depression is a category of psychological disorder in DSM-V (American Psychiatric Association, 2013) which indicates presence of five or more symptoms in addition to low mood and lack of pleasure or interest in daily activities for at least a period of 2-weeks. Besides low mood and loss of pleasure it may be manifested through significant weight loss, disturbance in sleep, psychomotor retardation, fatigue, feeling of worthlessness and unreasonable guilt, difficulty in the ability to think and concentrate and repeated thoughts of death. These symptoms significantly impair the social, occupational and other areas of functioning and all the symptoms are not attributed to effect of any substance or any medical condition. The severity of depression is largely determined by the number of symptoms experienced by a person and the impact of these symptoms on the ability to carry out significant functioning.

Apart from diagnosing as a disorder it is a state which is associated with various conditions or stressful situations. It is a public health problem which increases the morbidity and mortality rates of other lethal conditions. The diagnosis of depression is not only by itself fatal to human health it also is the most common problem which is mainly linked with variety of other medical and physical health issues. Depression majorly occurs in co morbidity with the chronic illness and adds to the devastating effects of the physical illness and on the quality of life of an individual. A large body of research has been conducted in accordance with the co-occurrence of depression with the chronic diseases.

Chronic illnesses are becoming the most prevalent health issue which needs intense care and costly treatments (Winters, Cudney, & Sullivan, 2010). Chronic illnesses are prolong existing disorders that adversely affect a person's functioning (de Ridder, Geenen, Kuijer, & van Middendorp, 2008). These conditions of health are progressive, long lasting and usually applied chronic when the course of the disease lasts for more than three months (Wikipedia).

Chronic illness frame work (Chronic Illness framework, 2008) considers chronic illness as a long term condition which is manageable but difficult to cure and includes various range of conditions like diabetes, heart failure, chronic obstructive pulmonary illness, dementia and mental health problems, asthma, musculoskeletal diseases, and a variety of incapacitating neurological conditions, most of which can be prevented or treated. The nature of the complications encountered with the experience of every chronic condition or the illness are different in their affects and disturbance in the diagnosed individual. Some chronic diseases like rheumatoid arthritis shows histories of progressive physical disability and associated pain which requires extended pharmacological treatment. Others for example diabetes can be managed with medical control, but it requires firm adherence to disease management schedules and diet. Thus, a person with a chronic illness has adverse impacts on the quality of life and changes in the person's overall life style (Sprangers et al., 2000).

The high mortality rates is one of the fundamental reasons that most of the diagnosed individuals with these chronic illness are highly susceptible to experience hopelessness and helplessness which mainly leads to depression and this depression is an overwhelming concern in addition to the physical ailments. It is one of the most prevalent and common difficulties associated with long term medical conditions and negatively impact the perceived quality of life (Gagnon, & Patten, 2002). Nitti and group (2007) have found a link between chronic illness and depression in Asian adults and also considered depression to be co morbid with every chronic illness in a different way including difference in the level of impairment and the severity of symptoms. The internal resources of an individual play crucial role in the perception of the situation as positive or negative and perception of availability of social support in face of the external stressful situation. Literature and most of the pronounced personality theories emphasized on the personal variables like self-image, coping strategies and other problem solving abilities as major factors in the effective dealing of stressors and maintenance of the psychological wellbeing. Self-esteem is defined as the appraisal which the individual makes and usually preserves with regards to himself which expresses an attitude of approval and specifies the degree to which an individual trusts on his abilities and consider himself worthwhile. In short, self-esteem is a personal judgment of the worthiness that is expressed in the attitudes the individual holds towards himself (Coopersmith, 1967). Self-esteem is an essential personal resource and strongly allied with psychological functioning (Katz, Rodin, Devins, 1995; Thoits, 1995). Through positive and self-enhancing cognitions, most individuals are able to protect themselves against

threats to their self-esteem and to maintain a positive self-esteem (Taylor & Armor, 1996), high level of self-esteem appears to improve coping, and stimulate and maintain physical health as well as the psychological wellbeing of a person (Baumeister, 1998; Greenberg et al., 1992; Taylor & Brown, 1988). Some research evidence the predictive role of self-esteem and shows that a higher the level of self-esteem lower the levels of depressive symptoms and in return ensues positive well-being (Carpenter, 1997; Dirksen, 1989; Hobfoll & Walfisch, 1984). People with negative self-esteem are more vulnerable to develop depressive symptoms. Thus, negative cognitions are significantly responsible to determine depression than positive ones. The most extensively approved perspective about the significance of self-esteem is the notion that individuals strive for self-esteem because high self-esteem stimulates positive affect by shielding the person against stress and other negative emotions by increasing person's adjustment, while low self-esteem is linked with depression, anxiety, and maladjustment.

People with low self-esteem mostly suffer from negative emotions as compared with the high self-esteem possessors (Cutrona, 1982; Goswick & Jones, 1981; Leary, 1983). Lower self-esteem in chronic illness is associated with distress and pain which causes helplessness. Low esteemed patients with chronic illness are unable to fulfill the demands to adapt to the illness which creates a vicious cycle of the negative affect and depression and it in turn adversely impacts the appraisal of the illness and so on (Juth, Smith, & Santuzzi, 2008). Researchers found negative self-esteem causing a medically ill person to develop depression in which the negative appraisal of the stressful situation of the illness results into helplessness and hopelessness. Psychologically distressed people have the predisposition to show cognitive errors and interpret reality in a self-critical manner. Commonly the people with such illness catastrophize the situation with faulty assumptions and misinterpretations which is characterized by pessimistic beliefs about self, others, and the future, in which one assumes that the worst possible outcome will occur (Corey, 1991). Summing up the literature self esteem is an essential element which plays a very significant role in perception of the situation, analyzing one's abilities in a specific situation and in return in maintaining social interactions to get social support in stressful situations like chronic illness. It is considered to be one of the basic components of one's health in general and of the psychological wellbeing of a person in particular.

METHODOLOGY

Participants

For the purpose of the study 200 women diagnosed as having Arthritis, (n=50), Cancer (n=50), Cardiovascular Disease (n=50) and Diabetes (n=50), by the standard medical procedures, were included as participants of the study. These participants were taken from both Government and Private hospitals with the consensus of the respective consultants and diagnosed patients. The diagnosis of every patient was discussed with the consultant dealing with the particular patients. Only women patients between ages of 30 to 60 years were assessed and included as the participants of the study. The mean age of the sample was 48 years.

Measures

The following measures were used in the current study

Demographic information Form

The form was consisted of personal information, family information and information regarding illness. Personal information was obtained through items focusing the participant's age, birth order, number of siblings and number of children etc. Family structure and the socioeconomic background was also part of the sample's demographic information. The health related information was focused in items related to name of illness, type and nature of the disease, onset, stage and family history of the particular illness with treatment details including nature, duration and results of the given treatment. The demographic characteristics of the sample are given in Table "1".

The Patient-Health Questionnaire (Spitzer, Williams & Kroenke, 1999)

The PHQ-9 is a nine item rating scale with items range from 0-3 which is used to screen for depression in patients with physical health problems, commonly used in the medical field. The PHQ-9 is a brief measure easily administered on a client and it can easily be scored. This instrument is commonly used in assessing depression among persons who are receiving medical treatment. It includes the nine diagnostic items from the Diagnostic and Statistical Manual of Mental Disorders for Major Depressive Disorder (Kroenke,

Spitzer, & Williams, 2001) Total scores on the PHQ-9 range from 0-27 (Monahan et al., 2009) showing the severity ranges of mild (5-10), moderate (11-15), moderate severe (16-20) and severe (21-27). PHQ-9 is a reliable and valid instrument used by many medical professionals to assess depression in patients with physical health issues and also has been used in several researches with same population. The Urdu translation of PHQ-9 was used in the current study. It is highly correlated with the AKUADS ($r=.803$, $p<.01$) and a Cronbach alpha of .878 indicating its high internal consistency. The split half reliability of the scale (.89) indicating the consistency of the scale when the items are divided into odd and even halves.

Rosenberg Self Esteem Scale (Rosenberg, 1965)

This scale measures the global self-esteem. It is a four point Likert scale with 10 items. The responses range from 'strongly agree' to 'strongly disagree'. Some of the items are reversed score and the high score indicates high levels of self-esteem. The possible range of scores for this scale is 0 to 30. It is a widely accepted and highly used in research tool with good psychometric properties (Blascovich & Tomaka, 1991). In the current study the translated version of Rosenberg Self Esteem Scale (Sardar, 1998) was used. Internal consistency of the scale in the current study is .850.

Research Procedure

A letter of consent describing the purpose of the research along with the questionnaires and assessment measures were provided to the authorities of randomly selected various hospitals and clinics. After getting permission from authorities of these departments and clinics, the patients were approached. Before interviewing the patients to rate the questionnaires, the researcher established rapport with the participants individually, and the purpose of the study was briefly explained. The format for the study was kept as an individual interview while keeping in mind the condition of the patients with chronic illness so that the patients must not lose interest and feel overburden which might result into high withdrawal ratio. First the examiner filled in the Personal Information Form describing medical history, history of problem (chronic illness), family, social/friendship history in order to evaluate the impact of the illness on different aspects of the participants' functioning. The socioeconomic status was also determined on the basis of house hold income and expenditure survey conducted by the Federal Bureau of Statistics (FBS), Government of Pakistan (2001). After

10 minutes break the Rosenberg Self-Esteem Scale was administered to determine the self-evaluation in the face of illness.

Statistical Analysis

In order to interpret the data in statistical terminology the SPSS 21 was used. Descriptive statistics (frequencies, percentages, mean) were used for getting a better statistical view of characteristics of sample of the data in a summarized way. Linear Regression was used to study the predictive values of self-esteem for depression in women with chronic illnesses.

RESULTS

Table 1
Descriptive Statistic for Illness

Variables	<i>N</i>	<i>%</i>
Illness		
Cardiac	50	25
Cancer	50	25
Arthritis	50	25
Diabetes	50	25
Treatment Type		
Medicines	159	79.5
Surgeries	23	11.5
Removal/transplantation of a body part	18	9.0
Family History for the Illness		
Yes	55	27.5
No	145	72.5

Table 2
Model Summary of Linear Regression analysis

<i>R</i>	<i>R Squared</i>	<i>Adjusted R Square</i>	<i>FC</i>	<i>df1</i>	<i>df2</i>	<i>p</i>
.480 ^a	.230	.226	59.832	1	200	.000

SE: Self-Esteem (constant)

Depression (Dependent variable)

Table 3**Coefficients for Linear Regression with self esteem as predictor of depression**

Model	Unstandardized Coefficients		Standardized Coefficients	<i>t</i>	<i>p</i>
	<i>B</i>	Std. Error	Beta		
Constant	22.941	.853		26.880	.000
SE	-.514	.066	-.480	-7.735	.000

P<.001***DISCUSSION**

High self-esteem is considered a hallmark of positive health and a low self-esteem is a benchmark for the development of psychopathology. Current studies show the relationship of self-esteem and depression in chronically ill women. The results indicate a significant role of self-esteem in elevating or eliminating the depressive symptoms. Table 2 and 3 shows 59.83% change in the relationship of perceived stress and depression ($R=.48$, $R^2=.230$, $t=-7.735$, $F=59.83$, $p<.001$). The importance of self-esteem in the development of depression is undisputed, it is a factor which is highly researched and is responsible for most of the aspects of wellbeing. Specifically in individuals diagnosed as having chronic illnesses low self-esteem plays a significant role in determining the depression. The potential explanation for low self esteem in these women causing depression can be because chronically ill patients like women with breast cancer receive treatment like chemotherapies which alters the body like removal of breast and a significant hair fall, leading not only to a low level of self-image but also effects their inclusion in social circles and interaction with the intimate relations. These reactions of the diseases and the associated treatment results in negative schemas related to self, causing significant depression.

Body image is highly associated with one's self image and self concept and it is considered to be essential in maintaining a positive self image (Bramble, & Cukr, 1998; McDaniel, 1976). However, "self-concept and self-identity" become conflicting for individuals with prominent disabilities. A person denies and loses a sense of real self in social interactions where people focus on the disability (Kelly, 2001). The person's self-esteem, representing the evaluative component of the self-concept, gradually shows signs of erosion and negative

self-perceptions following such encounters. The well-known negative triad theory of Beck (1983) in the development of depression suggests three components of negative thoughts i.e. about self, about world / environment and about future. Patients with chronic illnesses are apprehensive about their future and become hopeless and getting negative messages from others around i.e. perceiving others non supportive in their stress that helps them developing a sense of self worthlessness which ultimately leads to depression and mood disturbance. Self-esteem is not only asserting its role in self-management rather it also has various indirect chains to reduce stress and a consequent depression. Its role in the domain of social support is the one which in many cases help the elevation of mood of the patients with chronic diseases. Heller, Swindle, and Dusenbury (1986) defined a model to describe the positive effect of social support through self-esteem. The model includes two important components of social support: esteem-enhancing appraisals and stress related interpersonal transactions.

The esteem-enhancing component of social support is very important and is referred to “individuals believe that they are cared for and valued and that others are available to them in times of need”. With the diagnosis of chronic illness the individual has many physical limitations and they become dependent on others for their basic needs. In such circumstances they feel themselves burden on others which is followed by a loss of hope and a loss of sense of previous self image. Many of the respondents have expressed their feelings like “I am totally burden on others and this is the worst condition I ever have gone through, I prefer to have an end of my life rather to depend on others and to cause extra work for them”. Charmaz (1983) also have studied that for individuals with chronic illness physical limitation is not only a sense of dependency but it shows them to be useless. These feelings make the individual to struggle for independent functioning however they no longer become able to maintain their functioning consistently without assistance. These conditions and related feelings work in a vicious circle and lead to hopelessness and depression. Many of the patients with chronic illness also compare their illness histories with the illness of other person in family or they encounter in other places and if they come to know about the treatment failure they usually refuse to take similar treatments although they also have come across the effective treatment histories. Thus it shows that patients with chronic illness undermine the positive things and over generalized the negative ones and evaluate themselves in a negative frame of reference which results into depression. The most significant component of negative self image or a low self esteem in these women is the sense of loss of control.

In Islamic states like Pakistan religious values are consider prior to all other values. Any mistake or misdeed results in a sort of guilt and majority of people associate stressors with any kind of misdeed and feel guilty for that. Similarly majority of women with a diagnosis of the chronic illness mainly attribute the illness to themselves and consider that they may have committed some sort of sin that led to the unbearable consequences for them. Many of the research participants elaborated their views as “though I have tried to perform all the obligations in an appropriate way, may be the misdeeds are out of proportion to put me on such unforgivable consequences by Allah”. It reflects that in stressful situations like diagnosis of a chronic illness people use maladaptive religious coping and cognitive patterns to view and cope with the stress. These guilt related thoughts and self-disparaging statements lead to negative self-evaluations and a consequent depression.

In conclusion the prevalence of life threatening chronic illness is rising day by day all over the world and in Pakistan it is proliferating very fast. These illnesses have devastating effects not only on the physical health but also have a very strong negative influence on the psychological health of women. Depression is a common associate and it has high prevalence in women of Pakistan with chronic illness. Diagnosis of these lifelong illnesses is a major stressor for these women which limits their autonomy and freedom to fulfill their responsibilities and causing them with a loss of sense of control. Their diagnosis becomes a stigma in cultures like Pakistan due to which these women restrict their social interactions and become isolated. The social isolation, stigma and sense of inability along with the physical infirmities all contribute to a critical self-evaluation and consequent helplessness and hopelessness leading to depression which ultimately results has negative influences on the prognosis of the diagnosed chronic illness. Researches focusing on these aspects of health can be beneficial to understand the psychological aspects of these illnesses and to help the women improve the psychological wellbeing.

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