A Comparative Study of Perceived Social Support among Persons with Schizophrenia and Mania

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ABSTRACT

Background: In recent years social support has emerged as an important influencing variable and perhaps determining outcome in various disorders. It is proposed and generally accepted that social support buttresses against the deleterious of stress. In the context of better outcome of schizophrenia and mania in India and other developing countries, consideration of social support as an influential variable assumes importance. So the present study was conducted with the objective of to study and compare of perceived social support of the persons diagnosed with Schizophrenia and Mania and to find out its relationship with the socio-demographic variables. Methodology: The research work was done at the outpatient department of Gwalior Mansik Arogyashala, Gwalior, India. It was a cross-sectional hospital based study using purposing sampling technique. The sample consisting of 150 samples, 75 from each group diagnosed with Schizophrenia and Mania which were consented and met the inclusion criteria. Socio demographic and clinical data sheet and Social Support Questionnaire (SSQ) were used to collect the data. The persons with Schizophrenia and Mania have taken in study. Result: It indicates that persons with schizophrenia (PWS) group has less perceived social support in comparison to persons with mania (PWM) group. Conclusion: Perceived social support was correlated to symptoms because when individuals are provided a good support they cope with stressful events more effectively and thus are likely to experience less psychological distress.

Keywords: Schizophrenia, bipolar affective disorder, mania, perceived social support

INTRODUCTION

Schizophrenia is an illness that affects about one percent of the human population, with a relatively uniform distribution throughout the world. Being chronic and often incapacitating, it exacts tremendous cost from person affected, their families and the society. PWS experiences profound disruption to their thoughts and lives; families of patients face grief and emotional hardship and are frequently force to assume lifelong care taking roles. Schizophrenia is a major psychiatric disorder that can affect all aspects of daily living including work, social relationship and self care skills

Access the article online

Website: www.pswjournal.org

Quick Response Code

DOI: 10.29120/IJPSW.2018.v9.i1.43

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How to Cite this article:
Singh NK, Kishore A. A comparative study of perceived social support among persons with schizophrenia and mania. Indian Journal of Psychiatric Social Work 2018; 9(1): 24-28.

(such as grooming and maintain hygiene). People with this disorder can have variety of symptoms including problem with their contact of reality (hallucination and delusion), low motivation, inability to experience pleasure and poor attention etc.

Manic episode is defined by a distinct period during which there is an abnormally and persistently elevated, expensive and irritable mood. The period of abnormal mood must last at least 1 week (or less if hospitalization is required).[1]

Perceived social support has been defined as an individual's cognitive appraisal of being reliably connected to others[2], and it has been well documented that low level of perceived social support are related to psychological distress.[3] Further, the relation between perceived social support and disorders does appear to result merely from the potential confounds of prior symptomatology or social competence.[4] Thus increasing perceived support in risk for psychological disturbance may be an important preventive strategy.[5]

Researchers have ratified perceived social support as the most potential component of social support because of these reasons.

1. That perceived social support as the most persistently and powerfully associated with mental health.
2. Other element of support exert their by influencing this perception focus attention on perceived social support as an outcome. There are to general views raised to show the protective benefits of perceived social support.
3. Situation specific model in which perceived benefits of perceived social support particularly stressful events or circumstances.
4. Developmental perspective that views social support as an important elements of social personality development.

Perceived social support is related to symptom because when individuals are provided with supportive behaviour they cope along with stressful events more effectively and thus are less likely to experience psychological distress.[3] In recent years social support has emerged as an important variable influencing and perhaps determining outcome in various disorders. It is proposed and generally accepted that social support buttresses against the deleterious of stress6 In the context of better outcome of schizophrenia and bipolar affective disorder in India and other developing countries, consideration of social support as an influential variable assumes importance. It is thought that social support, available to the patients and caregivers because of joint and extended family systems, minimizing the damaging effects of the illness and thus improves outcomes.

Previous research has demonstrated that social support is a particularly important factor in assisting people with schizophrenia to remain in the community.[7] However, it is the degree in which people with schizophrenia perceived themselves to be support that is of crucial important.[8] Therefore, interventions that assist people with schizophrenia to built social networks and to assess social support are unlikely to promote community adaptation unless they include strategies to promote more positive client perceptions. The enhancement of the benefits of social support to people with a mental illness is important because people with enduring mental health are known to have restricted social networks.[9] Social networks (social ties that enable people to relate to one another and to construct social realities for themselves are likely to be beneficial for people with schizophrenia because they are helpful in minimizing the effect of stressful life events.[10] Social support is a particularly important factor in schizophrenia and affective disorder because it is assume to facilitate coping and competence.[11]

Aims of the study: To study and compare of perceived social support of the persons with schizophrenia and mania and to find out the socio-demographic correlates of perceived social support of persons with schizophrenia and mania.

METHODOLOGY

The research work was done at the outpatient department of Gwalior Mansik Arogyashala, Gwalior, India. It was cross-sectional hospital based study using purposing sampling methods. The present study has two groups of participants, persons with Schizophrenia and persons with manic. The sample consisting of 150

with 75 samples from each group according to ICD-10 DCR criteria. Participants in the age range of 21 to 45 years of either sexes (male and female) who have given consent to participate and met exclusion criteria of having any co-morbid psychiatric disorder or history of alcohol and substance abuse, head injury, seizure, or any other neurological problems or mental retardation and family history of any major physical/ mental illness.

Tools Used for the Study

Socio Demographic and Clinical Data Sheet: It was a semi structured Performa especially designed for this study. It contains information about socio demographic variables like age, sex, education, marital status, religion, occupation and socio economic status, domicile etc. Other than this following were also included; diagnosis, history of previous admission, history of treatment, age of onset, episode, duration of present episode, family history of mental illness, any history of significant head injury, seizure, mental retardation etc.

Social Support Questionnaire: The scale has been developed by Nehra, Kulhara, and Verma (1995).11 This scale measures perceived social support i.e. social support perceived by the subject. It has total 18 items. The total score indicates the amount of perceived social support. Higher score indicates more the amount of perceived social support. Higher score indicates more perceived social support. The test-retest reliability after two weeks internal on 50 subjects was found to be 0.59 significant at 0.01 levels. Concurrent validity has been found to be significant at 0.01 levels.

RESULTS

Table-1 is showing the socio-demographic characteristics of the persons with schizophrenia and mania. 30.66% patients of schizophrenia and 29.33% patients of Manic were in age range of 21-30 years. 54.66% in schizophrenia and 57.33% in mania belongs to the age range of 31-40 years. And 13.33% person with mania and 14.66% person with schizophrenia patients belong to the age range of 41-45 years. Out of 75 manic patients 50 (66.66%) patients were male and 25 (33.33%) patients were female and out of 75 patients of schizophrenia 48 (64%) patients were male and 27 (36%) patients were female.

With respect to marital status of person with mania, 57.33% subjects married and 42.66% were unmarried. Similarly in persons with schizophrenia 61.33% cases married and 38.66% were unmarried. About education, out of 75 patients, 9 (12%) were illiterate, 54 (72%) patients educated up to 10th level and 12 (16%) patients

Table-1 : Socio-demographic Characteristics of the Participants.

Variables	**Mania n (%) (n=75)**	**Schizophrenia n (%) (n=75)**	**χ^2 df**	**P**	**Significance**
Age					
21-30	22 (29.33)	23 (30.66)	0.1175	0.9429	NS
31-40	43 (57.33)	41 (54.66)	df = 2		
41-45	10 (13.33)	11 (14.66)			
Sex					
Male	50 (66.66)	48 (64.00)	0.1472	0.7012	NS
Female	25 (33.33)	27 (36.00)	df = 1		
Marital Status					
Married	43 (57.33)	46 (61.33)	0.2763	0.5991	NS
Unmarried	32 (42.66)	29 (38.66)	df = 1		
Education					
Illiterate	9 (12.00)	18 (24.00)	3.8182	0.1482	NS
Up to 10th	54 (72.00)	45 (60.00)	df = 2		
Up to Master Degree	12 (16.00)	12 (16.00)			
Domicile					
Rural	38 (50.66)	46 (61.33)	1.7587	0.1842	NS
Urban	37 (49.33)	29 (38.66)	df = 1		

Table-1A : Socio-demographic Characteristic of the Participants

Variables	Mania N=75 n(%)	Schizophrenia N=75 n(%)	χ^2df	P	Significance
Religion					
Hindu Muslim Other	49 (65.33) 18 (24.00) 08 (10.66)	57 (76.00) 12 (16.00) 06 (08.00)	2.0895 df = 2	0.3518	NS
Occupation					
Employed Unemployed	46 (61.33) 29 (38.66)	48 (64.00) 27 (36.00	0.1425 df = 1	0.7058	NS
Family Type					
Nuclear Joint	30 (40.00) 45 (60.00)	26 (34.66) 49 (65.33)	0.4844 df = 1	0.4864	NS
SES					
Up to Rs. 3,000 Up to Rs. 6,000 Above Rs. 6,000	43 (57.33) 29 (38.66) 03 (04.00)	46 (61.33) 28 (37.33) 01 (01.33)	1.1187 df=2	0.5716	NS

educated up to master level in manic cases and in schizophrenia 18 (24%) patients were illiterate, 45 (60%) patients educated up to 10th level and 12 (16%) patients were above matriculation. In respect of domicile, 38 (50.66%) persons with Mania were in rural area and 37 (49.33%) patients from urban background. In persons with schizophrenia 46 (61.33%) were from rural area and 29 (38.66%) belong to urban background.

Regarding the religion of participants, in respect of person with Mania, 65.33% were of Hindu Community, 24% patients were Muslim and 10.66% patients belong to other community. In respect of person with schizophrenia, 76.00% were Hindu, 16% were Muslim and 8% belongs to other community. About occupation person with Mania 61.33% were employed and 38.66% were unemployed. In person with schizophrenia, 64% were employed and 36% patients were unemployed. Categories of the family type in the two groups i.e. nuclear and joint. Out of 75 in person with Mania, a 40% belongs to nuclear family and 60% belongs to joint family in comparison 34.66% patients belongs to nuclear and 65.33% belongs to joint family in person with schizophrenia.

The socio-economic status of the patients was classified into three categories, monthly income up to Rs. 3000, Rs. 3000 to Rs. 6000 and above Rs. 6000. In person with Mania 57.33% were having up to Rs. 3,000 monthly income and 38.66% were having Rs. 3000 to to Rs. 6000 monthly income and 3% were above Rs. 6000 monthly income. Similarly in persons with schizophrenia, 61.33% were having upto Rs.3000 monthly income and 37.33% were having Rs. 3000 to Rs. 6000 and only one person with schizophrenia was above Rs. 6000 monthly income. x2 values suggested that there is no significant difference in socio demographic variables of persons with schizophrenia and mania

Table 2 is showing the perceived social support of the subject in two groups. The perceived social support was rated on the Social Support Questionnaire (SSQ) which

Table-2
Showing the Mean, SD and "t" values of perceived social support in Mania and schizophrenia.

Variables	Mania		Schizophrenia		't' Value df=148
	Mean	SD	Mean	SD	
Social Support Questionnaire	45.32	8.85	41.80	7.37	2.647**

**P < 0.01 level

has 18 items and it is four point rating scale. To know the statistical difference in the Social Support of two groups (Schizophrenia and Mania) "t" test was done.

The Mean and SD of the Manic group was 45.32 and 8.85, and in schizophrenic group 41.80 and 7.37. "t" score was 2.647 which is statistically significant on 0.01 level. Results indicate that schizophrenic group has less perceived social support in comparison to manic group.

Mean Value of the social support in Manic group was 45.32 and in Schizophrenic group 41.80 and df=148 and "t" value was 2.647 and it was significant on 0.01 level. It means Patients with Mania and Schizophrenia perceived social support in different way.

DISCUSSION

The present study is a comparative study which aims to examine and compare the perceived social support of persons with schizophrenia and manic.

Previous research was demonstrated that social support is a particular important factor in assisting people with schizophrenic to remain in community.[7] However; it is the degree to which people with schizophrenia perceive themselves to be supported that is crucial importance .[8]

Current study shows that the perceived social support is significantly low among the persons with schizophrenia as compared to person with mania. This difference is important as it is focus of our community rehabilitation and integration in main stream of society. Social support can be improved by psycho-education of family members and implementation of community treatment programs.

Short coming of current study is that sample were from mental hospital setting and thus it is difficult to apply result to community as most of the person attending the tertiary care mental hospital are referred and chronically ill patients and hence has burnout and increased burden among the family member.

CONCLUSION

The study has shown that perceived social support is less among the person with schizophrenia than person with mania. It is possible that it is due the psychopathology and nature of illness schizophrenia as compared to persons with mania. We need future studies to find out the same and other variable responsible for the difference in perceived social support.

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Source of Funding: None

Conflict of interest: None

Ethical clearance: Taken