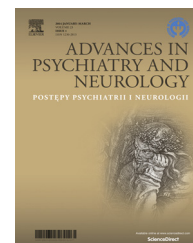


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Stigma and social support – Similarities and differences in group of women suffering from chronic diseases

Piętno a wsparcie społeczne – podobieństwa i różnice w grupach kobiet chorujących przewlekle

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ABSTRACT

Aim: To compare the frequency of experiencing stigma in group of women suffering from schizophrenia and women after breast cancer treatment, as well as to measure correlation between feeling stigmatised and the various aspects of social support in both groups. **Method:** Participants in the study were 30 women with schizophrenia and 33 women after breast cancer treatment. The stigma subscale of the Consumer Experiences of Stigma Questionnaire (CESQ), Berlin Social Support Scales (BSSS) and the author's own General Data Inventory were used to collect data. **Results:** Women with schizophrenia experienced stigma significantly more often than women after breast cancer treatment. They also reported greater need for support and sought support more frequently as well. Moreover, patients who fell ill in older age declared higher level of currently received support and experienced stigma in a lesser degree. Women after breast cancer treatment who experienced higher level of stigma perceived currently received support in a lesser degree and reported higher level of protecting buffering. In addition, the older they got, the more support they needed. **Conclusions:** Stigmatisation of people who suffer from chronic diseases is still a prevailing problem which requires implementation of adequate interventions preventing social exclusion. Further research assessing particular protective factors may contribute to launching effective programmes that would break social stigma and support both patients and their loved ones.

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Introduction

Since the mid-twentieth century, the medical world has been dominated by chronic diseases. The most serious health problems include somatic diseases, especially heart and cardiovascular diseases, cancer (lung cancer, breast cancer) and mental illnesses, particularly depression and psychotic disorders [1]. The development of a chronic disease may lead to a radical change in one's current lifestyle, which involves a number of negative consequences for the psychosocial functioning of patients and their loved ones. A sick person is confronted by serious problems such as the struggle with pain and suffering, the need to undergo permanent therapy and limited ability to perform existing social roles. Lack of sense of control and difficulties in coping with the new situation often cause severe stress combined with chronic emotional tension. Such a condition may weaken one's motivation and will to live, as well as make a person think he or she is useless because of the disease, which may in consequence lead to a significantly lower quality of life and to self-stigmatisation [2, 3].

Coping with a disease is largely dependent on how it is perceived [4]. A specific attitude to the problem is associated with experiencing different emotional states that can aggravate symptoms or help overcome them. The behaviour triggered by emotions affect our choice of strategy towards dealing with the situation and the course of treatment. The task-oriented approach is considered to be the most effective one when struggling with cancer. Being active increases the chances for full recovery in this case [5]. It should be remembered that the preferred coping styles are modified along with the stages of treatment [6]. Among people with schizophrenia, the task-oriented style is also recognised as the most adaptive. Adopting this strategy mobilises a given individual to attain the set goals and to overcome obstacles encountered in the way of reaching them.

The research carried out so far indicate that chronic diseases are still subject to stigmatisation. This problem particularly affects people suffering from mental disorders [8]. The public opinion keeps perceiving such people as dangerous, irresponsible and bearing at least part of the blame for their condition [9-11]. People suffering from somatic diseases also experience social rejection and negative consequences of stigmatisation [12]. Stereotypes about cancer strongly stigmatise people struggling with this disease. "Cancer" is still viewed as synonymous with a death sentence [13]. Therefore, such a diagnosis often means exclusion from community life. For women affected by breast cancer, mastectomy is a strongly crippling and stigmatising experience. It may result in increased vulnerability and sensitivity to criticism, thus leading to a gradual withdrawal from social life [14].

Stigmatising people with mental disorders and oncological diseases contributes to making them no longer serve their family and professional roles. Losing one's social life and exclusion are demotivating and cause a significant drop in activity. Fearing rejection, ill people often isolate themselves from the society. Constant rejection may lead to a significantly lower self-esteem and to creating one's own

image based on stigmatising beliefs, which negatively affects the quality of life [15].

Social support is one of the most important resources, helping an individual cope with the experience of a chronic disease. It increases the sense of security, inspires hope and restores faith in one's self-efficacy. The existence of a truly available social network strengthens the sense of stability, reduces emotional tension and relieves negative symptoms, which makes it easier to adapt to living with a chronic disease. The quality of social relationships influences health, the course of treatment and prognosis, in the case of both mental illnesses and somatic disorders [16]. In the population of patients diagnosed with schizophrenia, social support proved to play a crucial role. Those who reported greater availability of a social network often had a better insight into the disease and expressed higher subjective satisfaction with their treatment. Stronger sense of support was also associated with fewer and shorter hospitalisations [17].

Not very many studies on the subject of stigma, its consequences and the role of social support in dealing with it by the persons suffering from mental disorders and oncological diseases are described in the relevant Polish literature. Therefore, the assessment of these variables in the case of schizophrenia and breast cancer seems to be equally important both from the cognitive and the applicative perspective. Although the presence of stigma is not a direct cause for developing chronic diseases, it significantly increases the level of stress, which may intensify clinical symptoms and even lead to the recurrence of a disease [18]. Social stigmatisation reduces the chances in life and prevents the possibility of self-fulfilment of an ill person, regardless of the diagnosis [18-20]. For this reason, it is so important to conduct research on the assessment of various factors affecting the decrease in the level of stigma perception among people suffering from chronic diseases. This knowledge could help in adjusting programmes aimed to counter stigmatisation, and thus increase the effectiveness of therapeutic and healing strategies used so far.

Aim of the study

The aim of the study¹ was to compare the frequency of experiencing stigmatisation due to illness in the group of women suffering from schizophrenia with women after breast cancer treatment. The analysis also covered the correlation between feeling stigmatised and the various aspects of social support in both groups. The following research hypotheses were formulated:

1. Women with schizophrenia are more likely than women after breast cancer treatment to report the experience of stigmatisation due to illness.

¹ The presented study results are part of a research project carried out within the framework of a graduate seminar and an unpublished master's thesis entitled "The Importance of Social Support in Coping with Stress and with the Sense of Stigma among Women Suffering from Chronic Diseases" [21].

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