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HUMANISM AND MENTAL HEALTH OF MARRIED FEMALE PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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ABSTRACT:

Background: Autoimmune diseases exert adverse impact on the psychological, social and physical well-being of the individuals who suffer from such diseases. Systemic lupus erythematosus is one of chronic illnesses that disturb the all areas of life especially psychosocial perspective of life. In such conditions, belief and view of patients about their own self is necessary to prognosis of their health. Studies suggest that humanism is one of those protective factors that can lead risky health towards better life.

Objective: The objective of the study was to investigate the relationship of humanism and psychosocial problems of married female patients with systemic lupus erythematosus.

Methods: Cross sectional research design along purposive sampling strategy was used to collect data of 100 married female patients from government and private hospitals.

Results: The results showed that humanism has negative significant correlation with psychosocial problems. Similarly, humanism revealed negative significant correlation with depression anxiety stress scale. The joint family system is more significant predictor of mental health problems.

Conclusion: The results suggested that psychosocial problems have negative relationship with humanism. Humanism is a protective factor like other many strategies to deal with negative physical disaster in a psychological way. Humanism can enhance the psychosocial wellbeing of the patients.

Keywords: Humanism, psychosocial problems, mental health, autoimmune disease, systemic lupus erythematosus.

INTRODUCTION: An autoimmune sickness occurs when the invulnerable system assaults the body because it complicates the something external. It starts to make antibodies that attack on different organs like heart, lung, kidney, joints and especially skin of the body. Systemic Lupus Erythematosus (SLE) is a prolonged autoimmune disease that is differentiated from other autoimmune diseases because of butterfly-shaped rash diagonally at cheeks and muzzle, raised red patches, membrane rash as consequence of unfamiliar response to daylight, mouth and nose sores, arthritis, soreness of the coating around the heart and lungs, seizures and/or insanity unnecessary protein in

the urine, hemolytic anemia, antibodies to double stranded DNA and antinuclear antibodies ^[1].

Epidemiological studies have shown that is there is world wide variation in the prevalence of SLE. SLE has showed variation with different demographic factors, including age, sex, ethnicity and genetic and environmental factors are the determinants of SLE prevalence. Prevalence of SLE has been reported higher in black people as compared to white and incidence and prevalence of SLE appearing higher with the time ^[2]. Raza and Khan conducted a study in 2012 and explored that rate of SLE is not much less in Pakistan but because of lack of accurate census and

reporting, this disease is considered as less prevailed in Pakistan. Studies have also indicated that in addition to physical symptoms, patients with SLE have also been psychosocially affected. Patients with SLE have been reported with stress, anxiety and depression [3]. It was explained that this disease usually targets the joints and induce pain and distress in the body and eventually targets psychological functioning of the patients. Such disturbances induce feeling of disability, loss of interest, feeling of being alone, and fatigue. Neuropsychiatric symptoms including behavioral and memory issues have also been observed in around 26% of Pakistani population [4]. As the etiology of SLE is still unknown and different factors have including genetic, hormonal, environmental, immune system abnormalities have been implicated. In addition, there is association between SLE and age, sex and race, so the treatment options vary. There is not only importance of pharmacological options but non pharmacological options are more important to cope with the psychosocial issues associated with patients of SLE [5]. Here the role of caretakers and humanism can increase their quality of life and help to reduce such psychological disturbances from their lives [6]. Humanism a psychological perspective in which the meaning of whole world around the individual is extracted by his own-self. Individual perceive and interpret his experiences, in a positive way [7]. In Pakistan, religion and spirituality are more prevailed to get inner satisfaction and to deal with life stressors. Humanistic psychology was emerged in the mid of twentieth century and addressed the new ways of thinking, provides the opportunity to the humans to think free, perceive free and interpret free by knowing their own self [8]. Culture plays noteworthy role as well as in the life of specific individuals are shaped by culture. In Pakistan collectivistic culture norms are prevailed in the roots of traditional family system as women have to do household chores and men have to earn. According to humanistic approach a best family system is that who take care of each other's needs regardless of keeping gender discrimination in view and provide mutual support [9]. People with SLE or other diseases adopted different views of self to interpret their subjective experiences. In this present study we want to explore their view of self in accordance with culture. So, this study was aimed to dig out most prevalent psychosocial problems prevailing in SLE patients in relation with humanism. Moreover, awareness regarding this disease would be provided on the basis of findings that side by side of medical treatment as psychological treatment is most important to deal and cope efficiently with such stressors of life to

improve their quality of life. In literature there is not enough work on this construct of humanistic psychology, as western studies and theoretical framework suggested the benefits of humanism perspective on the social, physical and psychological wellbeing of the individuals.

Methods

Research design and settings, cross sectional research design was used along purposive sampling strategy. The data was collected from 100 married female patients with SLE in private and government hospital settings. Rheumatologist diagnosed patients with SLE. SLE is multidimensional disease as it affects whole bodily system. In present research study, just females have chosen as participants because prevalence ratio may be imbalanced if males were also chosen. Second reason is that responsibilities of females are different from men specifically married females who suffer more conflicts and societal pressure if she is sufferer. The age range was 25-50 (M 33.30, SD 7.945) years.

Measures, Psychosocial problems scale for married female with systemic lupus erythematosus (PSPS-SLE) (Rafiq & Shafiq, 2018)

was used to identify their psychosocial issues. SLE was chosen to study because it is multidimensional disease as it affects whole body system despite of other autoimmune diseases in which specific area is affected. The scale was indigenous and comprised of 41 items. The scale has three factors named as psychological, somatic and social including 16, 14 and 11 items respectively. The scale was rated by Rheumatologists and health psychologists who have minimum five year experience to deal with serious health diseases. The internal consistency of the subscale was 0.91, 0.85 and 0.89 respectively.

Depression anxiety stress scale (DASS-21) [10]

was used in order to validate the mental health issues of the married females along indigenous scale on psychosocial issues of then married female patients with systemic lupus erythematosus. This scale consists of further three subscales: Depression, Stress and Anxiety with Cronbach alpha 0.74, 0.64 and 0.79 respectively. The validity coefficient was 0.88 with indigenous tool on psychosocial problems. **Humanism Scale (HUS)** (Mahmood, & Shaukat, 2017) scale measures how individual view his/her self in subjective experiences. This scale has 45 items and 4 point likert scale ranging from "0=not at all", "1= sometimes", "2= often" to "3= very common". The scale was simplified according to the patients' understanding and four item were omitted to remove confusion. The

reliability of the humanism scale was $r=0.96$ showed highest internal consistency.

Demographic questionnaire, this Performa was used to explore the participants' personal characteristics like age, education, information about family, developmental course of the disease and treatment of the disease, duration of diagnosis and duration of treatment.

Procedure, In the light of ethical considerations, the married women patients with systemic lupus erythematosus were taken from private and government hospitals. The participants were given clear instruction and purpose of the study was introduced to them clearly. All the participants were filled the forms individually by the trainee as some of the participants were illiterate and most were not able to do because of their health condition. The individual testing took 30 to 40 minutes approximately to fill the information of the form. During administration, mostly patients did their emotional disclosure and being a counselor their counseling sessions were done there and then side by side of the data collection. After completion of data form, each participant was debrief about the study and thanked to give appropriate closure. The whole data collection was completed individually in the same way.

Results

Table 1

Means, Standard Deviation and Frequency of Age of the Participants

Variable	M	f (%)	SD
Age (25-50)	33.65	100	7.212
25-32		51	
33-50		49	

Note. M= Mean, SD= Standard Deviation, f %= frequency in percentage

The above table showed that mean age of the participants was approximately 33 years. The age group between 25-32 years was having 51% participants and the age group of 33-50 years was having 49% participants in the study. The study showed that prevalence of psychosocial issues is 2% higher in young adulthood than late adulthood.

Table 2

Means, Standard Deviations and Frequencies of Demographic Variables (N=100)

Variables	M	f%	SD
Education	1.47		0.502
Illiterate		15	
Primary- Matric		38	
F.A- M.B.B.S		47	
Occupation Status	1.30		0.461
Non-working		70	
Working		30	
Family System	0.34	100	0.476
Joint		66	
Nuclear		34	
Duration of Diagnosis	7.11		5.105
1-5 years		55	
6-22 years		45	
Duration of Treatment	7.04		5.199
1-5 years		53	
6-22 years		47	

Note. M= Mean, SD= Standard Deviation, f= Frequency, %= Percentage

The table described the descriptive analysis of demographic variables by showing total of the percentage, average value and standard deviation.

The overall result depicted that participants with systemic lupus erythematosus who have average educational background and lived in joint families have higher chances to develop psychosocial issues. Moreover, it is depicted that systemic lupus erythematosus development and diagnosis is higher in early adulthood and in late adolescent age in Pakistan.

Table 3

Psychometric Properties of the Questionnaires for the Sample of 100

Measures	α
PSPS-SLE	.92
HUS	.96
DASS	.90

Note. PSPS= Psychosocial Problem Scale for Systemic Lupus Erythematosus, HUS= Humanism Scale, DASS= Depression Anxiety Stress Scale

The table depicted the internal consistency (Chronbac α) of each scale items. The internal consistency of indigenous constructed scale was $\alpha= .92$ that is consistent with the DASS scale $\alpha= 0.90$. The internal consistency of each scale is above from average value of $\alpha=0.75$ that showed high internal consistency of the scales used in present study.

Table 4
Inter Factor Co relation Among Humanism, Perceived Social Support and Psychosocial Problems Scale (N=100)

	PsyF1	PhyF2	SocF3	TotalP	F1HP	F2HI	F3HA	TotH
PsyF1	1	.562***	.506***	.887***	-.289**	-.105	-.047	-.159
PhyF2	-	1	.307**	.743***	-.112	-.278**	-.019	-.185
SocF3	-	-	1	.763***	-.346***	-.319**	-.250*	-.343***
TotalP	-	-	-	1	-.322**	-.278**	-.133	-.282**
F1HP	-	-	-	-	1	.735***	.600***	.862***
F2HI	-	-	-	-	-	1	.746***	.955***
F3HA	-	-	-	-	-	-	1	.849***
TotH	-	-	-	-	-	-	-	1

Note. PsyF1= Psychological complaints Factor of Psychosocial Problems Scale, Phy F2= Somatic complaints Factor, SocF3= Social complaints Factor of psychosocial problems scale, TotalPS= Psychosocial Problems Scale for females with systemic lupus erythematosus, F1HP= Personal Qualities factor of Humanism Scale, F2HI= Interpersonal Skills factor of Humanism Scale, F3HA= Absence of Negative Characters factor of Humanism Scale, TotH= Total Humanism Scale, ***p<0.01.

The above table depicted relationship between main variables and their factors in the present study. The psychological problem scale has negatively significant correlation with humanism as psychological problems increased then positive attitude decreased. The participants who complaint psychological problems showed were positively significant correlated with social and physical problems. The humanism is negatively but significantly correlated with psychosocial problems scale.

Table 5

Hierarchal Regression Analysis among Study Variables and Demographic Variables

Model	SEB	B	T	p<
Step 1 (R=.290, ΔR²=.084)				
Family System	4.065	-.313	-2.877	.005**
Step 2 (R=.617, ΔR²=.381)				
Family System	3.530	-.240	-2.537	.01*
Step 3 (R=.629, ΔR²=.396)				
Family System	3.622	-.229	-2.35	.02*

Note: Only significant results are presented in the table, *p<.05, **p<.01,***p<.001

Note: step 1, F (3,96) = 2.940, ***p<.000, Step II, F (6,93) = 9.534, ***p<.000, Step III, F (9, 90) = 6.558, ***p<.000

The above table was based on three models of hierarchical regression, and the results from all models depicted that joint family system is causing more

mental health and psychosocial issues in the females with systemic lupus erythematosus.

Table 6

Independent Sample t-test of Difference between Nuclear and Joint Family System on Study Variables (N=100)

Table 6

Independent Sample t-test of Difference between Nuclear and Joint Family System on Study Variables (N=100)

Variables	Nuclear		Joint		t	p	95%CI		Cohen's d
	M	SD	M	SD			LL	UL	
Humanism	79.97	15.416	79.06	13.284	-.307	.759	-6.7	4.971	0.13
PSPS-SLE	65.12	20.869	74.73	15.092	2.639	.010	2.38	16.83	0.01
DASS	31.35	9.218	35.32	8.505	2.146	.034	.299	7.63	0.06

Note. MSPSS= Multidimensional Scale for Perceived Social Support, PSPS-SLE= Psychosocial Problems Scale for female patients with Systemic Lupus Erythematosus, DASS= Depression Anxiety Stress Scale, M= Mean, SD= Standard Deviation, df=99, *p<.05, **p<.01, ***p<.001

The results depicted that participants who lived in nuclear family had more positive attitude towards humanistic behaviors than participants who lived in joint families.

Discussion

The aim of the current study was to find out the relationship in humanism and psychosocial problems in married women patients with systemic lupus erythematosus. In "the present research, the sample (N=100) was collected from different hospitals where women patients with systemic lupus erythematosus were admitted and treated. The fact of collectivistic culture is that male is the prominent part of that culture and females are suppressed and had to perform their triple role duties in the families. It affects the psychological wellbeing of women and then social and physical issues aroused [11]. This was the purpose to identify the issues relevant to married women suffering from chronic illness in such collectivistic culture. Moreover, in perspective of the noteworthy varieties of diseases crosswise over locales, ethnicities and races, it is of extraordinary significance for health workers to be educated about the study of disease transmission and background information of the area from where patients belonged and come from [12]. The descriptive analyses revealed that patients' mean age at the time of this disease was 33 years. As in literature, Raza and

Khan conducted a study in 2012 on total of 65 consecutively presenting patients with SLE. There results found the mean age of patients' was ranged in 28.45 ± 8.5 years. In total, 50% of the patients presented were between 19 and 35 years of age and results didn't revealed onset age after 55 years. In the present research the mean age of the participants was 33 years for the onset and diagnosis of SLE disease. In western cultures the onset mean age of this disease is 18 to 25 years ^[13]. Another Pakistani study revealed that mean age of the SLE patients was 33 ± 8.31 years ^[14]. The correlation analysis in study variables, depicted significant relationship as humanism has significant negative relationship with psychosocial problems. Women who were high at humanism score perceived their problems less. Humanism is one of those protective factors that can reduce the psychological pain in patients with chronic illness or psychological distress. Humanistic concept explained that a person's behavior is linked with individual's inward emotions and self-perception. This optimistic approach centers on respectable human ability to beat hardship, agony, pain and despair in life. The basic underlying concept is that how subjective experiences are perceived and interpreted by an individual ^[7]. The literature suggested that social factors enhance the susceptibility towards negative emotions in the patients with SLE. So, social factors are mainly important to get support while experiencing such chronic illness ^[15]. The women who scored high on humanism were having positive attitude and had psychosocial issues and vice versa. Positive thinking style is used as best coping strategy in patients with chronic illnesses. A study was directed by Hajian et al. in 2017 to explore the coping mechanisms in women facing breast cancer diagnosis. The regression analysis depicted the predictors of psychosocial problems in married women patients were family system. Culture plays a significant role in the life of individual, as individuals are shaped by culture. They want to live their life free from distress, and family is the important factor in achieving that perspective of being free and to cope elegantly with distress and stressful events ^[16]. In Pakistani culture support system is very crucial. Support system included family, friends and community but the most important form is support and family system. According to humanistic approach a best family system is that who take care of each other's needs regardless of keeping gender discrimination in view and provide mutual support. Each and every person have right to express and speak about their lives and gender roles must be divided on equality basis ^[9]. In Pakistani Islamic culture, people usually prone towards selfless behaviors inn the time of distress and for

gaining internal peace they tried to be helpful to God's creation. It can lead them towards inner peace and increase life satisfaction and reduce their death anxiety that is mostly caused in the time of physical or psychological distress ^[17].

The independent "sample t-test depicted that joint family system for married women patients was not psychologically suited family system as females who are the pillars of family support system on which whole family is dependant. Further literature highlighted that woman who is considered pillar of the family when women would not be able to serve their in laws due to chronic autoimmune disease that limited the life of patients because of restricted body movements and psychological distress. Such disturbances induce feeling of disability, loss of interest, feeling of being alone and fatigue ^[18]. The present research study concluded that patients who were diagnosed earlier were at high risk of mental disturbances as it is a chronic illness and according to the survey of world health organization (2014), the highest mortality rate in Pakistan is in between 30 to 70 years of age and 36% mortality rate is due to chronic illnesses because of lack of accurate census and reporting.

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