

Coping with Stigma Experienced by Family Caregivers of Patients with Schizophrenia: the Impact of Family Functioning and Caregivers' Self-Esteem

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Abstract:

The aim of this research was to examine the influence of family functioning and caregiver self-esteem on affiliate stigma among family caregivers of persons with serious mental illness in China. Using data collected from a sample of 148 family caregivers of individuals with serious mental illness (schizophrenia) in Zhuhai city, China, the results indicate that both family functioning and self-esteem are associated with affiliate stigma. Although previous studies have shown that family functioning can help in reducing stigma among parents of autistic children, the present study argues that the usefulness of family functioning is not limited to parents of autistic children alone, as strengthening family functioning can also help family caregivers of patients with schizophrenia. Importantly, the present study argues that family functioning is useful in reducing stigma not only among parents of persons with mental illness but also among other family members involved in caregiving, for example, siblings of patients with mental illness. Hence, relevant policymakers should consider formulating initiatives to improve family functioning in order to reduce stigma among family caregivers of patients with mental illness.

Keywords:

Family Functioning, Self-Esteem, Affiliate Stigma, Caregivers of Persons with Schizophrenia, Serious Mental Illness

1. Introduction

In 2016, the Chinese government implemented a policy that aims at providing a financial subsidy to families of people with serious mental illnesses, in order to encourage caregiving practices and prevent violent behaviours of persons with serious mental health illnesses [1]. The policy is in line with the government's goal of promoting community safety, as the reward (a living allowance for the family) is issued on the condition of zero crimes or legal offences committed by the family member with mental health illness [1,2]. Thus, the policy has multiple potential benefits, not only to persons with mental health illness but also their families and the

community. However, despite the potential benefits, recent research [3,4,5] suggests that the policy might have negative unwanted effects on persons with mental illness along with their family caregivers. Firstly, the policy may lead to increased social stigma among persons with mental illness [5]. Additionally, stigma can also affect family caregivers of persons with mental illness, for example, their parents, siblings, or close friends, mainly because of their relationship with the person with mental illness [4,5].

Thus, it is important for health practitioners and policy makers to address such unintended negative outcomes, particularly considering that increased stigma can worsen mental health problems and prevent persons with mental health illness from receiving all the required help [5,6]. Because the official notes and documents regarding the policy have been made public, there is a likelihood that the reward policy may intensify social stigma [6], which tends to occur when the public sees these people in a negative way because of their mental illness [7]. Crucially, the experiences of stigma may negatively affect not only persons with mental illness but also their close family members, because of their relationship with the patient with mental illness [6,8,9]; this form of stigma is referred to as affiliate or associative stigma [10].

On that account, the aim of this research is to examine the effect of caregivers' self-esteem and family functioning on affiliate stigma among caregivers of persons with serious mental health illness in China. Caregivers' self-esteem refers to how caregivers value and perceive themselves, or simply, their opinions of themselves [11,12], while family functioning can be understood as the degree of family cohesiveness [13,14]. Like self-esteem, family functioning may also be linked with associative stigma, in that high levels of family functioning can reduce stigma and generally trigger positive impacts on persons with health problems along with their families [15,16]. Thus, focusing on family functioning and self-esteem, the objectives of this research are:

- (1) To examine the effect of family functioning on affiliate stigma among caregivers of persons with serious mental illness in China.
- (2) To examine the effect of caregivers' self-esteem on affiliate stigma among caregivers of persons with serious mental illness in China.

2. Literature Review

2.1. Mental Illness in China

Mental illnesses are common in China, as estimates suggest that around fifty million people suffer from depression, and about forty million suffer from anxiety disorders [17]. Two broad categories can be used to describe mental illnesses: Any Mental Illness (AMI) and Serious Mental Illness (SMI). AMI encompasses all recognized mental illnesses, such as depression and anxiety disorders, while SMI is a smaller and more severe subset of AMI that comprises mental illnesses that result in serious functional impairment [18]. Because SMI often results in serious functional impairment and considerably interrupts some major life activities, such as socialization and formal education, the burden of mental illnesses in China is greater for patients with SMI [5]. Hence, a majority of the initiatives introduced by the Chinese government to improve mental healthcare are directed towards patients

suffering from serious mental illnesses [19]. Correspondingly, this research focuses on the experiences of caregivers of persons with serious mental illnesses in China.

2.2. Serious Mental Illness in China

According to the WHO, there were slightly over 16 million people living with serious mental illness in China in 2022, with such a high number of patients pushing the government to become keener on the management of serious mental illness in the country [17]. As of 2020, there were more than five million patients suffering from schizophrenia in China [20], with slightly more than three million individuals suffering from bipolar disorder [21]. Additionally, patients with schizophrenia and bipolar disorder are considered to be socially vulnerable, with a greater risk of committing self-harm and suicide, which makes these mental conditions to become a burden to the patients' families, the healthcare sector, as well as the wider Chinese society [17,22]. Therefore, in the context of China, it is important to examine the experiences of families of patients suffering from serious mental illness, such as schizophrenia and bipolar disorder.

2.3. Affiliate Stigma Experienced by Caregivers

Stigma has been found to have negative effects on self-esteem, family relationships, socialization abilities, as well as recovery outcomes of persons with serious mental illness in China [4,23]. Additionally, several studies reveal that the experiences of stigma may negatively affect not only persons with mental illness but also their close family members, because of their relationship with the patient with mental illness [6,8,9,24]; this form of stigma is referred to as affiliate or associative stigma [10]. According to previous research, affiliate stigma can have negative effects on family caregivers of patients with mental illness [8, 9]. For example, studies have shown that affiliate stigma generally leads to reduced quality of life, low self-esteem, as well as social exclusion and isolation among parents of children with mental illness [24,25].

Correspondingly, previous studies generally reveal that psychosocial factors such as stress, depression, caregiving burden, and social support are strongly associated with affiliate stigma [8, 24]. Additionally, illness-related factors such as disease attribution and care duration have also been found to be related to affiliate stigma among Chinese families of persons with mental illness [8]. Moreover, psychological distress has been found to be a major factor associated with stigmatization of families of persons with serious mental illness [24]. Likewise, affiliate stigma of caregivers of persons with mental illness is strongly associated with their self-esteem, caregiving burden, as well as the diagnosis [26]. Crucially, affiliate stigma can also be experienced by children of parents living with mental illness, with these experiences of stigma capable of preventing children and their parents from accessing the necessary support [27]. Thus, the existing literature proposes the implementation of health-focused interventions for family caregivers, such as self-help groups, online support programs, and psychosocial education, in order to curb the adverse effects of affiliated stigma among families of persons with mental illness.

Comparing experiences of stigma across several mental health problems, previous research [28] reveals that caregivers of a family member with schizophrenia had a higher level of affiliate stigma than those of bipolar disorder and major depressive disorder; these findings support the argument that it is important for research to provide a better understanding of how to reduce feelings of stigma among family caregivers of persons with schizophrenia. In this regard, even though previous studies

[5,6,8] have highlighted an association between self-esteem and affiliate stigma, research is yet to specifically examine parental self-esteem among Chinese parents of persons with schizophrenia. Additionally, while the existing literature indicates that family functioning (along with self-esteem) can help in reducing affiliate stigma among parents of children with autism, research is yet to examine the association between family functioning and affiliate stigma in the context of family members of persons with schizophrenia in the country. Therefore, this research seeks to address the identified literature gap by examining the influence of self-esteem and family functioning on the experiences of affiliate stigma among family caregivers of persons with schizophrenia in China.

2.4. Family Functioning

In the context of public health, family functioning is defined as the regularity of normal family routines, the effectiveness of family communications and problem solving, the degree of family cohesiveness, and how well the family members get along with each other [29,30]. Relatedly, family functioning has also been described as the process in which members of a particularly family interact with each other regularly to meet basic needs, make important decisions, and set key goals that contribute simultaneously to individual and family development [31]. Previous research has indicated that family functioning may vary based on sociodemographic factors such as parental education level, family income, family structure, socioeconomic status, as well as parents' and child's gender [32,33]. Generally, families with higher income and socioeconomic status are considered to have better family functioning, while family structures such as single-parent families are often associated with relatively poor family functioning [34]. Consequently, previous researchers have stressed the need to improve family functioning in order to positively impact crucial aspects such as communication, role allocation, emotional response, problem-solving capability, and behaviour control among family members [29,30,31]. Correspondingly, previous studies have found a strong association between family functioning and psychological well-being and physical health [32,33], which suggests that enhancing family functioning can positively impact the health and well-being of patients with mental illness along with their close families. Therefore, in the context of mental health illness, the present research hypothesizes that family functioning has a significant negative effect on affiliate stigma experienced by family caregivers of persons with mental illness in China.

H₁: family functioning has a significant negative effect on affiliate stigma experienced by family caregivers of persons with mental illness in China.

2.5. Self-Esteem

Self-esteem, defined as the positivity of the caregiver's self-evaluation, can influence the establishment of key life outcomes, including educational achievements, job success, as well as physical and mental health [26]. Crucially, studies have suggested that self-esteem is particularly low among parents of persons with serious mental illness [28,35], with many researchers concurring that in China, stigmatization is a major issue that leads to lower levels of self-esteem among family caregivers of persons with serious mental illness [25,36,37]. Correspondingly, having low self-esteem has been found to be associated with poor health, both mental and physical, and decreased quality of life for family caregivers of patients with serious mental illness in China [25,27,38]. Thus, it is important to understand how to reduce

stigmatization as a means of increasing the self-esteem of family caregivers of persons with serious mental illness in China. However, in the context of serious mental illness in China, previous research on self-esteem is mostly concentrated on the self-esteem of patients and parents, with relatively little attention directed to the self-esteem of other family caregivers, such as spouses and siblings of patients. Hence, this research argues that it is important to examine self-esteem among caregivers of patients with mental illness, and not just the patients' parents. Correspondingly, based on previous studies on the role of self-esteem, the following hypothesis is developed for this research.

H₂: Self-esteem has a significant negative effect on affiliate stigma experienced by family caregivers of persons with mental illness in China.

3. Methodology

3.1. Methods

A survey was conducted to achieve the research aim, with a questionnaire used as the data collection instrument for the present research. Conducting a survey was deemed to be an appropriate method that would help in collecting data from a large group (sample) of people (the study population), while a questionnaire was used because of its usefulness in collecting quantitative data from a large sample and within a limited time period [39]. Thus, using this method enabled the operationalization of the research variables, which basically involved transforming the abstract concepts (i.e., family functioning, caregiver self-esteem, and affiliate stigma) into measurable variables.

3.2. Measures

To operationalize the variables in the present research, several measurement scales (that have been developed and tested by previous researchers) were used. More specifically, the 12-item McMaster Family Assessment Device–General Functioning Subscale (FAD-GF) was used to measure the participants overall level of family functioning, as this measurement scale has been found to be valid in measuring a person's level of family functioning [40,41]. Additionally, the 10-item Rosenberg Self-Esteem Scale (RSES) was used to measure self-esteem of the participants, as this measurement scale has also been tested and validated by previous researchers in the field of public health, particularly mental health [42,43]. To measure the dependent or outcome variable, the Chinese version of the 22-item Affiliate Stigma Scale was used, considering that this measurement scale has been used in previous studies [5,44] and found to be a reliable scale for measuring affiliate stigma. Thus, using the above-mentioned measurement scales helped not only in promoting the reliability of the present research but also in enabling the results of the present research to be compared with previous studies that have also adopted these measurement scales.

3.3. Sample and Participants

The questionnaire was distributed to a sample of family caregivers of persons with mental health illness in Zhuhai City, Guangdong province, China. The survey research was based in a large public hospital in the city, where the present researcher had previously worked as an intern in the psychiatry department of the hospital. Because the researcher had already built a rapport with some doctors, nurses, as well as patients and their family members, it was not difficult to acquire the necessary

permission to survey some of the family caregivers of persons with mental illness who regularly visit the hospital. Thus, the participants were accessed via the hospital, as the questionnaires were placed in strategic locations where the target participants could access and complete them easily, for example, most of the questionnaires were placed in the waiting areas, where caregivers of persons with mental illness often sit while waiting for their patient's sessions to be completed. An invitation message was pinned on strategic locations, especially the notice boards around the hospital, in order to convey important information to the potential participants, such as the aim of the research, the ethical principles observed, what it would mean for them to participate in the research, and how to fill and return the questionnaire in order to contribute to the research. Thus, the invitation message helped in ensuring that the potential participants were well-informed of the research before deciding to participate. Using this procedure, the researcher managed to obtain a total of 148 valid responses from family caregivers of individuals with mental illness.

3.4. Ethical Considerations

Considering that the research focused on mental illness and stigma, it was essential for the research to be conducted in an ethical manner so as not to cause any harm to the participants along with their family members with mental illness. Thus, the ethical principles that were adhered to in conducting the research included voluntary participation, informed consent, anonymity, and the protection of personal, sensitive information.

4. Analysis and Results

Statistical analysis was conducted to test the developed hypotheses and achieve the aim of the research. More specifically, descriptive statistics were first used to summarize the data set, while correlation and regression analysis were subsequently performed to examine the relationships between the research variables and test the developed hypotheses.

Table 1 displays the descriptive statistics, which reveal the means (and standard deviations) of the research variables. As displayed in the table, the mean score for self-esteem ($M=3.42$, $SD=1.34$) is slightly higher than the mean score for family functioning ($M=3.25$, $SD=1.25$), while the mean score for affiliate stigma ($M=2.5$, $SD=1.26$) indicates that there are moderately low levels of stigma among the participants.

Table 1. Descriptive Statistics.

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Affiliate Stigma	148	1.00	5.00	2.5135	1.26490
Family Functioning	148	1.00	5.00	3.2466	1.25220
Self Esteem	148	1.00	5.00	3.4172	1.34119
Valid N (listwise)	148				

Table 2 displays the correlations between the research variables, using Pearson correlation coefficient (r). The results indicate that there is a strong negative correlation between affiliate stigma and self-esteem ($r=-.834$), and also, a moderate negative correlation between affiliate stigma and family functioning ($r=-.633$). Importantly, both correlations were found to be significant at the 0.01 level, i.e., $p<.01$.

Table 2. Correlations.

Correlations				
		Affiliate_Stigma	Family_Functioning	Self_Esteem
Affiliate_Stigma	Pearson Correlation	1	-.633**	-.834**
	Sig. (2-tailed)		.000	.000
	N	148	148	148
Family_Functioning	Pearson Correlation	-.633**	1	.744**
	Sig. (2-tailed)	.000		.000
	N	148	148	148
Self_Esteem	Pearson Correlation	-.834**	.744**	1
	Sig. (2-tailed)	.000	.000	
	N	148	148	148

** . Correlation is significant at the 0.01 level (2-tailed).

Table 3 displays the model summary of the multiple regression model using affiliate stigma as the dependent variable, and family functioning and self-esteem as the independent variables. The model explained approximately 69% of the variables. Table 4 displays the ANOVA, with the results indicating a significant model, $F(2, 145) = 165, p < .01, R^2 = .735$. Additionally, Table 5 displays the coefficients, and the results indicate that both family functioning ($\beta = -.030, p < .01$) and caregiver self-esteem ($\beta = -.765, p < .01$) exerted a significant negative effect on affiliate stigma. Hence, multiple regression was conducted predict affiliate stigma from family functioning and caregiver self-esteem, and the results revealed a significant model. Therefore, the results support both of the hypotheses that were developed for this research, indicating that both family functioning and caregiver self-esteem have a significant negative influence on affiliate stigma.

Table 3. Model Summary.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.834 ^a	.695	.691	.70309

a. Predictors: (Constant), Self_Esteem, Family_Functioning

Table 4. ANOVA.

ANOVA ^a						
	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	163.516	2	81.758	165.390	.000 ^b
	Residual	71.679	145	.494		
	Total	235.195	147			

a. Dependent Variable: Affiliate_Stigma
b. Predictors: (Constant), Self_Esteem, Family_Functioning

Table 5. Coefficients.

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	5.226	.170		30.778	.000
	Family_Functioning	-.030	.069	-.030	-.438	.002
	Self_Esteem	-.765	.065	-.811	-11.831	.000

a. Dependent Variable: Affiliate_Stigma

5. Discussion

The aim of this research was to examine the influence of family functioning and caregiver self-esteem on affiliate stigma among family caregivers of persons with serious mental illness in China. Using data collected from a sample of 148 family caregivers of individuals with serious mental illness (schizophrenia) in Zhuhai city, China, the results indicate that both family functioning and self-esteem are associated with affiliate stigma. These findings are consistent with previous studies that have found significant associations between self-esteem and affiliate stigma experienced by the primary caregivers for people with mental illness in China [8,24,25,26]. Additionally, the findings of the present study reinforce the argument that improving family functioning can lead to positive outcomes for both patients suffering from mental illness and their caregivers [29,30].

Therefore, the present study suggests that family functioning can also be instrumental in reducing stigma for family caregivers of persons with mental illness in China. Although the role of family functioning has been studied previously in the context of mental health, not much focus has been directed toward family caregivers of patients of schizophrenia in China, despite recent reports showing an increase in the number of patients with schizophrenia in the country [20,45]. Therefore, while previous studies have shown that family functioning can help in reducing stigma among parents of autistic children, the present study argues that the usefulness of family functioning is not limited to parents of autistic children alone, as strengthening family functioning can also help family caregivers of patients with schizophrenia.

Importantly, the present study argues that family functioning is useful in reducing stigma not only among parents of persons with mental illness but also among other family members involved in caregiving, for example, siblings of patients with mental illness. As the findings of this research reveal, there is a fairly large percentage of siblings who are involved in caring for a family member with schizophrenia in Zhuhai city, which suggests that in addition to parents of persons with mental illness, siblings (brothers and sisters) of these patients are also actively involved in the caregiving process. Additionally, the findings of the present study reveal that spouses are also involved in caring for patients with schizophrenia, which suggests that in addition to parents and siblings of persons with mental illness, spouses are also actively involved in the caregiving process. The high involvement of spouses in caregiving for mental illness can be explained by the age distribution of persons with mental illness in the country, as youths and the elderly account for more than 50% of the patients with mental illness in the country [21,44]. Therefore, the present study argues that improving family functioning can help in reducing stigma of family caregivers, not only parents but also siblings and spouses. Hence, relevant policymakers should consider formulating initiatives to improve family functioning in order to reduce stigma among family caregivers of patients with mental illness.

Indeed, serious mental illnesses have some weighty adverse effects on the lives of patients along with their families as well as the community as a whole. Thus, it is important for health professionals to work closely with patients, their families, and members of the community to prevent and manage the adverse consequences of serious mental illness. While the reward policy introduced by the Chinese government focuses on preventing the negative consequences of serious mental illness (specifically the risk of violent behaviour) by providing a financial reward (monthly allowance) to families of persons with serious mental illness, it is important for the

relevant policymakers to understand that lowering the financial caregiving burden alone might not be effective in addressing (all) the negative consequences of serious mental illness [23,24]. More specifically, the present research argues that in addition to helping families to meet the costs of caregiving for a member with mental illness, it is also important to help them to better cope with affiliate stigma, which is a major challenge facing caregivers of persons with serious mental illness.

6. Conclusions

Considering the negative impacts of stigma on patients of mental illness along with their family caregivers, it is important for public health policies to address the issue of stigmatization in order to improve the status of mental health in China. Therefore, this research is important not only in adding to the existing scholarly work on affiliate stigma but also in providing informed recommendations on how health professionals and policymakers can reduce stigma among caregivers of persons with mental illness in China. By examining the potential impact of parental self-esteem and family functioning on social stigma, the present research makes an important contribution to the existing literature on caregiving for persons with mental health illness in China, revealing how parental self-esteem and family functioning can help in improving the well-being of parents of persons with mental illness. The current research also makes a valuable contribution to practice, as the findings can help policymakers in addressing the negative unintended effects of China's new mental health policy on the family caregivers of persons with mental health illnesses. More specifically, the present research argues that in order to manage the risk of criminal justice involvement among persons with serious mental illness, the Chinese government should ensure that besides providing financial rewards to families, there should also be policies or initiatives to address the broader range of issues facing patients with serious mental illness along with their caregivers and family members. According to the findings of the present study, initiatives aimed at strengthening family functioning can lead to positive outcomes for both patients and their family caregivers. Thus, the current research has helpful implications for both theory and practice. Further research should seek to examine how to effectively strengthen family functioning among families of patients with serious mental illness in China.

Conflicts of Interest

The author declares that there is no conflict of interest regarding the publication of this article.

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