

Psychopathology and Self Esteem among Students of University of Karachi

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ABSTRACT: A number of studies evidenced the psychological problems being faced by university students. However, little work has done in Pakistan with respect to psychological problems faced by university students and its impact on their self-esteem. On the basis of literature review it was hypothesized that 1) There would be a significant inverse relationship between symptoms of psychopathology and self-esteem. 2) There will be a difference between symptoms of psychopathology among men and women university students. Sample of 400 participants had been taken from major representative departments of Humanities, Sciences, and Social Sciences, Management and administrative sciences of University of Karachi, while using Systematic Random Sampling. Consent form was got signed from every participant. Interview sheet and General Health Questionnaire: GHQ-28 and Rosenberg Self-Esteem Scale (RSES) was administered on each participant. Result analysis revealed that a correlation between symptoms of psychopathology and self-esteem is negatively associated and significant at 0.01alpha level. However, no gender difference found in the symptoms of psychopathology.

KEYWORDS: Psychological problems, Self-Esteem, Gender difference, Systematic random sampling, inverse relationship.

1 INTRODUCTION

Students face many situations in university life that may result in psychological problems. Meeting deadlines of assignments, performing well in presentations and examination. In addition University life needs a lot of collaboration and group work which can also create stress for students who are socially uncomfortable and cannot make friends easily. The pressure and adjustments that come with university life can often be overwhelming for students. We all go through from different challenges in our daily life but when challenges of life become overwhelming and it slow down our ability to do our work than it creates distress and prone us to develop psychological problems.

Adjustment to a new environment is a challenging task. Shift of students from school atmosphere to university atmosphere can create a psychological, academic and social upset to students. There is enormous diversity in educational system: the students have to adjust with different methods of teaching, new academic necessities, formation of relationship with other students and with teacher (Hussien and Hussien 2006). Mikolajczyk, Brzoska and Maier, et al. (2010), mentioned Students face number of stressors for instance academic overwork, pressure to do well, achieve better than peers, short of spare time and less time to spend with their dear ones. Furthermore, they are pressured about the future and in few areas of the world students face serious financial issues.

Those students who don't cope up well with stressors end up with psychopathology. Psychopathology [from psycho + pathology] is defined as pathology of the mental illnesses or as the study of the causes and nature of mental illnesses. Psycho comes from the Greek — *psyche* — meaning breath, blast of life, soul. This term is already documented in Greek words as

psicagogo and many others. The prefix patho comes to us from the Greek *pathos* which means 'sickness, passion, and feeling' (Cunha, 1997).

Literature shows that psychological problems are prevalent among university students. Study conducted by Yadeta Dessie, Jemal Ebrahim, Tades (2013) to measure mental distress among students. Cross-sectional design was used for the study. Four hundred and thirteen students were approached for the study. Participants were selected while utilizing Simple random sampling technique. Mental distress was measured with the help of Self-Reporting Questionnaire-20 (SRQ-20). Results showed significant mental distress among students. 21.6% students were found to be mentally distressed. Diagnosable mental problems among university students are alarming. As estimated by Berman et al in 2000, shared that a noticeable percentage (37%) of Americans which fall in the age range of fifteen and twenty four years, most of them are college going students having diagnosable mental problems. These disorder having mild to chronic phases, list of disorders includes depression, anxiety, schizophrenia, and bipolar disorder, and it presents with different frequencies at different campus.

Psychological problems especially depression, anxiety, somatic symptoms are quite prevalent among students. González, Landero & García-Campayo (2009) conducted a study to measure somatic symptoms, depression and anxiety in which convenience sample of 506 psychology students were taken from two universities in Monterrey, in the state of Nuevo León, Mexico. In order to find out somatic symptoms, the Patient Health Questionnaire (PHQ) was used; for depression, the Beck Depression Inventory; (BDI). Finding shows that, 129 (25.5%) showed somatic symptoms that range from medium intensity to severe. The severity of somatic symptoms correlated well with anxiety and depression levels. Most reported problem was somatic symptoms and the most frequent complaints were: headache, menstrual pain, pain in back, feeling exhausted and having staying asleep.

One of the major components of personality development is self-esteem. Self-esteem is a necessary human need that is fundamental for healthy psychological development. It helps the person to deal better with the stressors. Self-esteem plays a vital role in one's personality development. It is a major pillar in construction of one's personality. It indicates how much a person gives significance and worth to him or her. Person with good self esteem take positive attitude towards self and others that in turn protect them developing pathologies. According to Blascovich and Tomaka (1991), Self esteem is most popular and frequently used notion in the field of psychology. It tells about person's own sense of regard, or the degree, to which a person gives value, approves, appreciates, prizes or likes him or herself. Self esteem is commonly thought-out the evaluative construct of the self concept, a broader depiction of the self that includes cognitive and behavioral aspects as well as evaluative or effective ones.

Rosenberg and Owen (2001) propose the explanation of low self-esteem people. Individuals who are having low self-esteem are more disturbed by failure and be inclined to amplify situations as being negative. For example, they frequently infer non critical remarks as critical. They are more probable to go through social anxiety and low intensity of interpersonal confidence. This makes social contact with others hard as they feel uncomfortable, withdrawn, conspicuous, and unable to adequately express them while communicating with others (p. 409). Moreover, low self-esteem persons likely to be pessimistic regarding people and groups surrounded by society.

Self-esteem is an essential feature of understanding individuals, low self esteem develop psychological problem. Self esteem has been associated with a variety of mental health issues. Low self-esteem has been linked with a greater intensity of psychiatric problem, including depression and anxiety, and it has been well thought-out as a susceptibility factor in the growth of depression and psychosis (Wittkowski, 2006).

Low self esteem develops proneness towards psychopathology. Research was conducted by Garaigordobil, Pérez, and Mozaz (2008), to find out the characteristics of self-concept, self-esteem and its impact on psychopathological symptoms with reference to age and gender. In order to conduct this study representative sample was taken from the Basque Country. The sample comprised of 1,579 participants, age range from 12 to 65, there were 732 males participants (46.4%) and 847 were females (53.6%) participants. In order to find out psychopathological symptoms, self-concept and self-esteem, three questionnaires were administered. The findings of the analyses established noteworthy inverse relationships between self-concept/self-esteem and symptoms of psychopathology.

Talaei, Fayyazi and Rezaei (2009), conducted study on students of Ferdowsi University of Mashhad.1200 participants responded on Eynseck self-esteem scale, Beck Depression Inventory and Cassidy social support scale. Finding shows 1.8% of the participants reported low levels of self-esteem, 6.3% reported moderate levels and 91.9% reported high levels of self-esteem. Results showed levels of self esteem were negatively associated with frequency of depression and social support.

Zeigler-Hill (2011) reviewed the literature that pays attention to the interconnections between self-esteem and psychopathology. Self-esteem is closely connected with psychopathology. High self-esteem appears to precede as a source

that shield people from negative experiences. Individuals with low self esteem, on the other hand, may be more likely to experience different forms of psychopathology because they are short of these sources.

Gender difference is also evident in psychological problems. Rate of prevalence of psychological problems among university students is quite high especially among female students. A cross-sectional study was carried out by Jadoon, Yaqoob, Raza. et al at Nishtar Medical College, Multan. Participants were approached from medical college, the questionnaire was administered on 815 students who didn't report any physical illness and had spent more than less months at the college. Result showed high occurrence of anxiety and depression. Analysis found that 43.89% of students gone through from anxiety and depression. Anxiety and depression was also found elevated in female students as contrast to male students.

Furthermore study was conducted by Bitsika, Sharpley and Melhem (2010), in order to find out difference in psychopathology among male and female students of university population. Anxiety and depression inventory were administered on 200 male and female university students from private university in Australia. Results showed that female students were more likely than males to account symptomatology related with pain and exhaustion, sleeping and digestive issues, psychomotor shakeup, bewilderment, and glumness.

2 METHOD

Sample:

The present research has approved by The Board of Advanced Studies and Research (BASR). Sample has been collected from student population of University of Karachi while using Systematic Random Sampling. The sample of present study had been taken from representative departments of University of Karachi including: Humanities, Sciences, Social Sciences and Management and administrative sciences. The sample is consisting of 400 students including gender, male participants and female participants.

Measurement

Consent Form;

Consent was obtained from every participant. Consent form is illustrating the nature of the study and the need to do the study, ensuring confidentiality of participant. Participant's right to withdraw and their right to get to know about research findings have been mentioned. E-mail address was mention through which participants can contact and get to know about their results. Participants' were asked to put their initial on consent form if they are willing to participate in the study.

Demographic Sheet;

Demographic sheet is consists of questions including, Name (Optional), Age, Gender, Education (year of study), Department, Income level and Spoken language.

General Health Questionnaire-28: GHQ;

The General Health Questionnaire (GHQ) assesses present mental health. It was development by Goldberg in the 1978. General Health Questionnaire (GHQ) is a screening measure it indicates risk for the development of psychiatric disorder. It is widely used in different purpose for instance assessment, research, and in different cultures. It has been translated in 38 languages.

The General Health Questionnaire (GHQ) consists of 28 statements. Administration of General Health Questionnaire (GHQ) require participant to judge his/her psychological state with given statements. In order to answer every statement, four options are on hand (1-not at all, 2-no more than usual, 3-rather more than usual, 4- much more than usual). Likert scoring method (0, 1, 2, and 3) is followed in the present research, lowest score on the scale is 0 and highest is 84, the higher number indicates higher level of mental distress. General Health Questionnaire (GHQ) measures four areas; Items 1-7 measure somatic symptoms, item 8-14 measure anxiety/insomnia, item 15-21 measure social dysfunction, item 22-28 measure severe depression.

Rosenberg Self-Esteem Scale (RSES);

Rosenberg Self-Esteem Scale developed by Rosenberg, 1965. In general it evaluates thoughts of self-worth. It consists of ten items and four response category (Strongly Agree, Agree, Disagree and Strongly Disagree). Scores are calculated as follows: For items 1, 2, 4, 6, and 7: values are assigned as, for Strongly Agree=3, Agree=2, Disagree =1and Strongly Disagree=0. Items 3, 5, 8, 9, and 10 are reversed items, values are assigned as for Strongly Agree=0, Agree=1, Disagree =2 and

Strongly Disagree=3. Total score obtained by adding all the values. The higher score the better the self-esteem. The scale score ranges from 0-30. Scores between 15 and 25 are under the normal range; scores less than 15 indicate low self-esteem.

Procedure

In order to carry out present research, sample of 400 participants, age range 18years and above, were taken from representative departments of University of Karachi including: Humanities, Sciences, Social Sciences and Management and Administrative Sciences while using Systematic Random Sampling.

First of all authorities of the departments were approached in order to take the permission for data collection. After getting permission and formal introduction to the participants, participants were asked to read the informed consent in which participants were ensured that the information they provided will be kept confidential, and their results will only be used for research purposes. Participants were asked that if they are willing to participate than sign the inform consent and proceed. Along with Consent Form, Demographic sheet, General Health Questionnaire: GHQ 28 (assess somatic symptoms, anxiety and insomnia, social dysfunction and severe depression) and Rosenberg self-esteem scale. Participants were asked to respond on each scale.

3 RESULTS

Table I – Descriptive Statistics of General Health Questionnaire and Rosenberg Self Esteem Scale Descriptive Statistics

	Mean	Std. Deviation	N
General Health Questionnaire	27.8475	12.73419	400
Rosenberg Self Esteem Scale	18.9875	3.94350	400

Table I: illustrates the descriptive values of General Health Questionnaire and Self esteem.

Table II – Descriptive Statistics of Subscales of General Health Questionnaire

Subscales	Mean	Std. Deviation	N
Somatic Symptoms	6.792	4.433	400
Anxiety Symptoms	6.485	4.709	400
Social Dysfunction	9.322	3.570	400
Depression Symptoms	5.280	4.609	400

Table III – Correlation between General Health Questionnaire and Self Esteem Correlations

		SE_total
GHQ (Total)	Pearson Correlation	-.478**
	Sig. (1-tailed)	.000
	N	400
**. Correlation is significant at the 0.01 level (1-tailed).		

Table III: illustrates the inverse correlation between General Health Questionnaire and Self Esteem

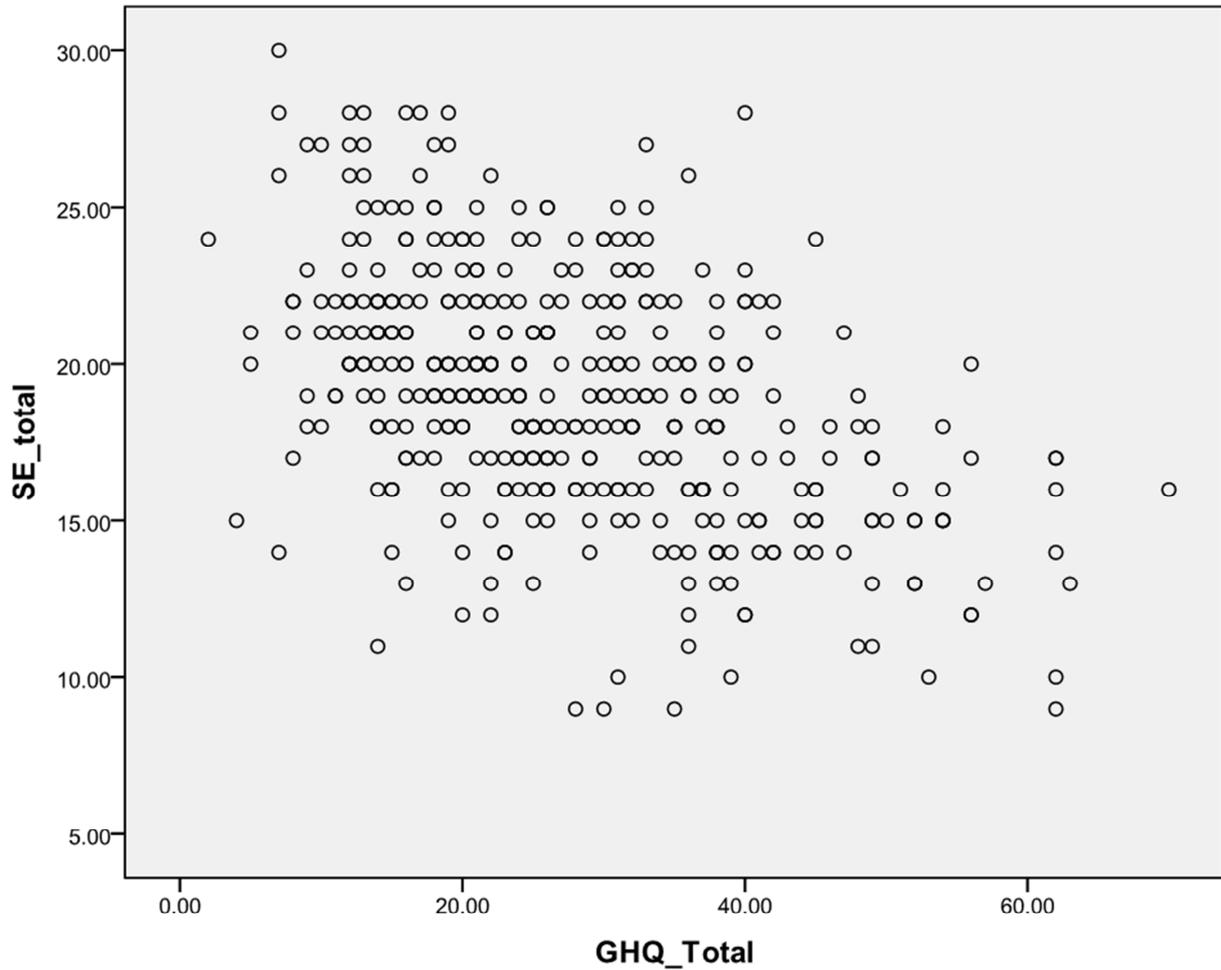


Figure 1: Correlation between General Health Questionnaire and Self Esteem

Graph shows negative correlation between GHQ (General Health Questionnaire) and Self Esteem

Table IV: Difference In the symptoms of psychopathology with reference to gender through t-test.

Table IV: illustrates the difference in the symptoms of psychopathology with reference to gender

Groups	N	Mean	Std. Deviation	T-Value	df	Sig	Mean Difference	Standard Error Difference	Confidence interval of the Difference
Male	162	27.012	11.99689	-1.083	398	.280	-1.40362	1.29677	Lower -3.95
Female	238	28.416	13.20718						Upper 1.14575

$p > 0.05$

Table IV indicates the t-test value for male and female sub groups of the sample in the context of Symptoms of psychopathology. The calculated t value is -1.083 at 0.280 (significance level). Therefore p is greater than 0.05 that indicates that there is no significant gender difference in symptoms of psychopathology in the given sample.

4 DISCUSSION

University students consist of population with problems and worries that is unlike from other age and profession crowd. Challenges faced by students at times becomes exciting, interesting and empowering but at the other hand can also be stressful, anxiety producing and may prompt different forms of psychological problems. In university life many students first time encounter co-education system, and teaching style is also different from college one. Some students find difficult to adjust in university environment and end up with psychological problems.

University students are renowned as a population group experiencing problems that can make a payment to psychological disorders (Eisenberg, Gollust, Golberstein 2007). Impaired Subjective wellbeing also impacts on a person's ability to function and thus predicts subsequent work disability among healthy adults (Koivumaa-Honkanen, Koskenvuo, Honkanen et al. 2004).

Present study is conducted to see the relationship between symptoms of psychopathology and self esteem among students of University of Karachi. The study is comprised of two hypotheses, for the first, (i) *"There will be a significant inverse relationship between symptoms of psychopathology and self-esteem among university students"*, has been established as our result supports it as symptoms of psychopathology increase then self esteem will go down. Mean value of General Health Questionnaire is found 27.84 with the standard deviation of 12.73 (see table I) mean values of subscales Somatic Symptoms, Anxiety Symptoms, Social Dysfunction, and Depression Symptoms were found respectively 6.792, 6.485, 9.322 and 5.280 (see table II). Mean value of Rosenberg Self Esteem Scale was found 18.98 with the standard deviation of 3.94 (see table I). Result shows significant inverse correlation between symptoms of psychopathology and self esteem - 0.47 which is significant at the 0.01 level (Refer table III). Findings are consistent with the literature; presence of symptoms of psychopathology makes self esteem low.

Self-esteem plays a vital role in one's personality development. It is a major pillar in construction of one's personality. It indicates how much a person gives significance and worth to him or her. Person with good self esteem take positive attitude towards self and others that in turn protect them developing pathologies.

Self-esteem has been defined by Silverstone (1992), as "the sense of contentment and self-acceptance that stems from a person's appraisal of their own worth, significance, attractiveness, competence and ability to satisfy their aspirations". Features of low self-esteem are uncertainty, depression, poor body image, characteristic of low self-esteem are negative frame of mind and depression, insecurity, pitiable body image, feelings of insufficiency, social and personal withdrawal, poor adjustment, and unrealistically high targets to achieve (Steinhausen 1993). Numbers of studies have given evidence regarding self-esteem and its inverse relationship with psychological problems among university students. Low self-esteem is correlated with numeral negative results, such as depression (Silverstone, and Salsali, 2003).

Presence Aarif and Mishra (2009) designed cross sectional study to evaluate the mental health and self esteem of four hundred medical students. GHQ-28 (General Health Questionnaire) and Rosenberg self esteem scale was administered on participants. Prevalence of psychiatric morbidity was found 29.75%. Social dysfunction was found 56%. Anxiety and insomnia was evident in 31%. Depression and somatic symptoms were found 20% and 30% respectively. Low self esteem was reported by 18% of students. Strong negative relationship found between psychiatric morbidity and self esteem ($r = -0.431$, $p = 0.000$).

Another study conducted by Abdullah et al. (2013) examined the quality of mental health of students of Ardabil University of Medical Science their educational years 2009-2010. Study was conducted on 383 students, who were belonging to different educational fields. Students responded on general health (GHQ28), and Rosenberg self-esteem questionnaire. Results indicated that the average score of GHQ28 for the university students is $\bar{x} = 16.08$, social dysfunction with an average ($\bar{x} = 6.98$) found close to cut-off line. In scale of social dysfunction, more scores crossed the cut-off line. On self esteem scale total average score of students was $\bar{x} = 32.25$. Significant negative relationship found between scores of GHQ and Rosenberg self-esteem scale ($r = -0.547$, significance level = 0.01).

Sowislo (2013) examined 18 studies relationship between anxiety and self-esteem and an added 77 studies on depression and self-esteem by Meta analyzing. She looked at the susceptibility factors and evaluated the impact they had on each other. She found that reduction in self-esteem were predictive of raise in depression. Furthermore she found that the correlation was more mutual, with both self-esteem and anxiety negatively disturbing each other alike.

The second hypothesis of this study is (ii) *"There will be a significant difference between symptoms of psychopathology among men and women"*. Result shows no significant difference in the symptoms of symptoms of psychopathology among men and women (Refer table IV). There are number of reasons behind as same challenges are likely to face both genders and same opportunity is available for both.

Our findings are consistent with the researches below. Chen et al. (2013) examined prevalence of depression among Chinese students. Multi-stage stratified sampling was used to select students. Result shows that Moderate depression is prevalent among university students and no statistical significant difference found in the occurrence of depression with reference to gender.

Study was conducted on Kenyan university students 923 University of Nairobi students (525 male and 365 female) were taken as a sample. Centre for Epidemiological Studies Short Depression Scale (CES - D 10) was used to measure depressive symptoms. The mean age of participant was 23 years. Results of Logistic regression showed that those students who used tobacco, occupied with binge drinking and had an older age were likely to be more depressed. No difference was found with respect to gender (Othieno, Okoth, Peltzer et al 2014).

Quince et al (2012) conducted a longitudinal study. Participants were from 2007 and 2010. Sample was comprised of Cambridge (UK) medical course students 1112 students (Year 1) the Core Science component as well as 542 students (Year 4) joining the Clinical component. Participants were followed-up annually. Subscale of the Hospital Anxiety and Depression Scale (HADS-D) was administered on each participant. Finding shows prevalence of depression ranged aimed 5.7% and 10.6% among students all Core Science and aimed 2.7% and 8.2% among students of Clinical. There was no difference found between men and women participants in median HADS-D scores.

Prevalence of psychological distress, depression and anxiety was examined among nursing students in Greece. Sample was comprised of 170 students (34 males, 136 females). Three measures General Health Questionnaire (GHQ), the Beck Depression Inventory II (BDI-II) and the State-Trait Anxiety Inventory (STAI) was administered on each participant. No difference was observed in stress and depression with reference to gender. Most of the students scored relatively high on the GHQ signifying increased psychiatric morbidity. 52.4% of students suffered from depressive symptoms (34.7% mild, 12.9% moderate and 4.7% severe) (Papazisis., Tsigas, Papanikolaou, Vlasiadis. et al., 2008).

Khan, Mahmood, Badshah and Jamal, (2006), conducted cross-sectional research on Public Sector University. Mean age of students was 21.3 years. A self administered questionnaire Aga Khan University Anxiety and Depression Scale (AKUADS) was given to the students. Prevalence of anxiety and depression found 70% among students which is reasonably high. No gender difference was found in depression and anxiety.

5 CONCLUSION

This study investigated the symptoms of psychopathology among and its relationship with self-esteem students of University of Karachi. From the analyses, significant inverse relationship found between psychopathology and self-esteem. Finding shows that self-esteem of the majority students falls in normal range. No significant gender difference was observed in the level of Psychopathology.

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