INTRODUCTION

Cooperation with the social environment of patients with mental disorders is a major aspect of psychiatric care, and social support is one of the central aspects of the multidisciplinary team work. [1]. Social support is a form of help to buffer certain stress factors and excessive subjective requirements imposed by social environment towards an individual.

There are “instrumental” (tangible, immediate financial assistance) and emotional (that promotes self-affirmation of the subject) types of support. Three main characteristics of social support are: 1) type of support, including its amount and how satisfying it is; 2) sources of support - specialists, family, friends, organizations; 3) functions of support - emotional and instrumental [2]. In addition, support can be direct, aimed at the patient or family caregivers, or indirect - through the activation of patients’ social networks and their closest environment [3]. One of the important types of support is inclusion of both patients and their family caregivers into group forms of psychosocial therapy. Such groups in process of working on one or another module often maintain formed connections and practically turn into therapeutic communities. In practice, the whole range of forms and methods of social support is used. At the same time, it can be both general and aimed at help to resolve certain specific tasks [4]. Ability to perceive social support is an integral indicator, that shows the individual ability to identify persons’ most priority relationships with the representatives of society (family, friends, significant others) [5]. One of the important factors influencing the overall effectiveness of treatment for schizophrenia and affective disorders is family support resource, which can help the patient to rebuild relationships with others, expand social contacts, use appropriate social skills, and form a self-service system [6].

THE AIM

The aim of our study was to reveal the features of patients with endogenous mental disorders (EMD) regarding their ability to perceive social support.

MATERIALS AND METHODS

Under informed consent conditions, 168 patients with schizophrenia (F20) and 75 patients with affective disorders (F30.F33) were surveyed. The main criteria for inclusion of patients into the study were: presence of general diagnostic criteria for schizophrenia and affective disorders according to ICD-10 (1994). Additional criteria...
for inclusion of patients into the study were: presence of episodic manifestations of psychosis with progressive development of “negative” symptoms during the intervals in between psychotic episodes; state of remission in patients with schizophrenia and intermissions in patients with affective disorders; presence of an own or parental family; informed consent of a wife, husband or other family caregiver to participate in the study. The exclusion criteria were: domination of behavioral inadequacy in the clinical picture; presence of acute productive symptoms or presence of an acute manic or depressive condition; presence of signs of schizophrenic defect.

Among the surveyed patients with schizophrenia, 77 patients were diagnosed with an episodic type of progression with an increasing defect and 91 – with continuous type of progression. Surveyed patients were aged from 23 to 45 years (mean age 34.1 ± 0.8 years). Duration of observation of these patients corresponded to the requirements of ICD-10 and was at least a year, mean 2.7 ± 1.1 years. According to the total duration of the disease patients were divided into groups as follows - in 57 patients duration was up to 4 years (main group of patients with schizophrenia 1 - 1MGSch), in 58 patients - 4-8 years (main group of patients with schizophrenia 2 - 2MGSch) and in 53 patients - more than 8 years (main group of patients with schizophrenia 3 - 3MGSch). The average age of the disease manifestation was 25.3 ± 2.9 years. Patients with affective disorders (AD) accounted 30.9% (75 persons) of the total number of patients surveyed (MGAD – main group of patients with affective disorders). Among them 44 patients suffered from bipolar disorder and 31 persons were diagnosed with recurrent depressive disorder. Patients were aged 29 to 56 years (mean age 38.6 ±0.3 years). Total duration of the disease was from 3 to 17 years.

The control group (CG) included 55 people who never sought for help from physicians for mental illness. The respondents from main and control groups were representative according to the basic socio-demographic characteristics. The study of perception of social support was conducted using the MSPSS scale by Zimet [7].

RESULTS AND DISCUSSION
In overcoming stress and problem situations, the social support process plays a key role, due to its main components: social networks, coping strategy “search for social support” and the ability of a person to perceive social support. Due to social networks, sense of mutual trust, reliability in relationships and commitment are created, which provide awareness of the fact that, despite the circumstances, support for the sick person will still be ensured. Therefore, we considered it expedient to study the ability to perceive social support for EMD patients (schizophrenia and affective disorders). This is especially significant for patients who are outside of the psychiatric hospital. It is precisely because of the ability to accept or not to accept social support, social and communicative activity of the personality is formed, and features of emotional and behavioral reaction in frustration conditions are determined. In a situation where disease, on the one hand, completely changes personality structure and leads to suppression of emotional sphere, and on the other hand, complicates process of adequate interpersonal communication in family as well as in society in general, it is through psychological resources that an adaptive or non-adaptive behavioral style is formed, based, first of all, on processes of empathy, affiliation, psychological protection, locus of control, self-esteem and ability to perceive social support [8].

As shown in Table 1, the patients surveyed, both in general and in certain spheres, had significantly lower subjective levels of perceived social support, compared to healthy individuals.

Indicators for the general assessment of patients with schizophrenia regarding the subjective perception of social support were 5.9 ± 2.0 points (or 49.2% of maximum expressiveness), while in patients with affective disorders - 8.7 ± 2.6 points (72.5% of maximum degree of expressiveness). Meanwhile, by all subscales, higher rates were recorded in patients with affective disorders (P <0.05).

For the “family” subscale, only 47 (27.9%) patients of MGSch showed 100.0% of expressiveness of perceived social support; 54 patients (32.1%) - 75.0% expressiveness of this feature; 29 (17.3%) patients - 50% and 10 (5.9%) - 25% of expressiveness, while in MGAD 26 patients (34.6%) showed a 100% degree of perception of this feature, 30 (40.0%) - 75.0% expressiveness of the feature; 11 (14.6%) - 50.0% and 8 (10.6%) - 25.0% expressiveness for perceived social support.

Disturbed interpersonal relationships in a family where schizophrenic patient lives, inhibited desire of family members to provide support to the patient, and this lifestyle have led to disintegration and breaks in family relationships. Family members’ counteraction towards behavioral changes, negative emotional responses to any event, caused negative and aggressive manifestations in patients with schizophrenia, increased emotional instability, aggressiveness and irritability. Social support of family did not meet the needs of patients and did not coincide with their intentions, desires, and as a result, patients denied support of family members, became non-compliant, and the relationships became even more negatively emotionally colored. Meanwhile, patients with affective disorders, by contrast, believed that family was trying to help by counseling in any situation, supported their sympathies and desires, and only in their own families, patients could discuss their problems and get meaningful advice when making any decisions.

Only 33 (19.6%) patients from MGSch showed 100% degree of expressiveness of perceived social support according to “friends” subscale; 49 (29.1%) patients - 75% expressiveness of the sign; 35 (20.8%) patients - 50% expressiveness of the sign and 51 (30.4%) - 25% expressiveness of the sign.

As for MGAD, 26 patients (34.6%) showed a 100.0% degree of perceived social support, 31 (41.3%) patients - 75.0%; 16 (21.3%) patients and 2 patients (2.6%) showed respectively 50.0% and 25.0% expressiveness of perceived social support from others.

Study of the “friends” social network in the dynamics (anamnestically) convincingly shows that this network for patients
with schizophrenia is leveled and subsequently ceases to exist. An increase in the phenomena of emotional and voluntary loss with autism contributes to the formation of an inadequate social network, where casual acquaintances become partners and friends of patients. Meanwhile, patients with affective disorders create a different psychological position, where new expectations and positive thoughts occur after communicating with friends, with hopes for the future and confidence that friends are always ready to help.

According to the “significant others” subscale 37 (22.0%) patients from MGSch showed 100.0% perception of social support; 66 (39.3%) of patients - 75% expressiveness of the sign; 42 (25.0%) - 50% expressiveness of the sign and 23 patients (13.7%) - 25% expressiveness of the sign. Somewhat different results were found in patients with affective disorders. 21 patients (28.0%) found 100.0% of perception of social support for the “significant others” subscale. The “significant others” network for patients with schizophrenia and affective disorders, was the source of material benefits, through which patients could afford satisfying their own needs. Forced nature of communication with its members made patients carry activities that meet the interests of social network regardless of their own desires. The limited experience of independent problem solving, destruction of social networks, lack of effective social support and its misperception contributed to the development of non-constructive behavioral patterns (avoidance). The results for “family”; “friends”; “significant other” subscales from the respondents of the control group were evenly distributed. The total score in healthy individuals was 3.8 ± 0.2 points or 85.0%, of the maximum possible expressiveness.

According to the “family” subscale, 22 (40.0%) persons of the control group showed 100% expressiveness regarding perceived social support; 17 (30.9%) - showed 75% expressiveness of this feature; 12 (21.8%) showed 50% expressiveness of the sign and 4 (7.2%) respondents - 25% expressiveness of the sign. For the “friends” subscale, 25 (45.4%) of the control group showed 100% expressiveness of perceived social support; 15 (27.2%) - 75% expressiveness of the sign; 9 (16.3%) persons showed 50% expressiveness of the sign and 6 persons (10.9%) - 25%. For the “significant others” subscale 19 (34.5%) healthy individuals in the control group showed 100% perception of social support; 24 (43.6%) persons - 75% expressiveness of the sign; 7 (12.7%) of respondents in the control group showed 50% expressiveness of the sign and 5 (9.0%) - 25%. Subjective assessment of perceived social support in the CG described positive interpersonal relationships with members of social networks and effective functioning of the two-sided oriented social support process. For respondents of the control group, family was a constant source of social support. Active participation in family life increased their self-esteem, contributed to awareness of responsibility and self-importance for the family. The “friends” and “significant others” social networks were important components of life for the control groups’ individuals to the extent that they attached to the vital importance. Conducting multiple interactions with representatives of social networks allowed them to get additional information on the issues that they were most worried about and were of significant importance to them, made it easier to identify possible solutions. Summarizing the foregoing, we can conclude that subjective ability to perceive assistance from society becomes one of the most important characteristics of the social-supporting process in patients with schizophrenia and affective disorders and to a certain extent determines directions for promoting the effectiveness of treatment.

An intergroup analysis of social support perception in schizophrenic patients shows (Table II) that for any duration of disease family remains the leading social support donor for the patient. Of course, with the duration of the disease for more

### Table I. Results of the study of perceived social support in patients with endogenous mental disorders (M±m)

<table>
<thead>
<tr>
<th>Subscales</th>
<th>MGSch (n=168)</th>
<th>MGAD (n=75)</th>
<th>CG (n=55)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>2.6±0.7**</td>
<td>3.8±0.9**</td>
<td>3.8±0.2**</td>
</tr>
<tr>
<td>Friends</td>
<td>1.3±0.2**</td>
<td>2.7±1.1**</td>
<td>3.5±0.5**</td>
</tr>
<tr>
<td>Significant others</td>
<td>2.0±0.1*</td>
<td>2.2±0.6*</td>
<td>3.2±0.8**</td>
</tr>
<tr>
<td>General scores</td>
<td>5.9±2.0**</td>
<td>8.7±2.6**</td>
<td>10.2±1.1**</td>
</tr>
</tbody>
</table>

Note: the differences are statistically significant for * (P<0.05); ** (P<0.001)

### Table II. Ability to perceive social support in patients with schizophrenia depending on the duration of the disease (M±m)

<table>
<thead>
<tr>
<th>Subscales</th>
<th>1MGSch (n=57)</th>
<th>2MGSch (n=58)</th>
<th>3MGSch (n=53)</th>
<th>CG (n=55)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>3.1±0.2*</td>
<td>2.8±0.5*</td>
<td>2.3±1.6**</td>
<td>3.8±0.2**</td>
</tr>
<tr>
<td>Friends</td>
<td>2.0±1.3**</td>
<td>1.4±1.8*</td>
<td>1.1±0.3*</td>
<td>3.5±0.5**</td>
</tr>
<tr>
<td>Significant others</td>
<td>2.4±0.1*</td>
<td>2.1±0.9*</td>
<td>1.7±0.2**</td>
<td>3.2±0.8**</td>
</tr>
<tr>
<td>General scores</td>
<td>7.5±1.8*</td>
<td>6.3±0.4*</td>
<td>5.1±0.05*</td>
<td>10.2±1.1**</td>
</tr>
</tbody>
</table>

Note: the differences are statistically significant for * (P<0.05); ** (P<0.001)
than 8 years (3MGSch), the rates (2.3 ± 1.6) are significantly (P < 0.05) decreased compared to those found in 2MGSch and 1MGSch patients (2.8 ± 0.5 and 3.1 ± 0.2 respectively). Detected fluctuations of scores for “family” subscale in patients with schizophrenia can be considered in the context of personality changes, namely, an increase in emotional-volitional loss. As for the subscales scores in the middle of the group (1MGSch, 2 MGSch, 3 MGSch), the overall picture was somewhat ambiguous. Among social support donors, the first ranked position was taken by the “family”; the second – by the “significant others” (Table II). It can be assumed that in the family micro-environment there is an artificial cultivation and idealization of certain individuals who are close to the family, which can not but touch personality of the patient, with formation of priorities in communication and possibly, rather material, than moral support.

As for the donors of social support, patients with schizophrenia give the least value to “friends” category (it’s progressively decreasing with the extension of the duration of the illness (1MGSch - 2.0 ± 1.3, 2MGSch - 1.4 ± 1.8 and 3MGSch - 1.1 ± 0.3; P < 0.05). In our opinion, the progression of the abulia phenomena, deformation of emotional components of personality in schizophrenia causes lack of need for the interpersonal relationships formation, as a social support factor.

According to the “family” and “significant others” subscales respectively 22 (38.6%) and 19 (32.7%) patients showed 100.0% of perceived social support in 1MGSch, 24 patients (42.1%) and 19 (32.7%) showed 75.0% perceptions of support; 11 (19.3%) and 21 (36.8%) - 50.0% of the maximum scores. According to the “friends” subscale in the same group of patients, 29 patients (50.8%) had 100.0% perception of friends as social support donors; 17 (29.8%) showed 75.0% of the maximum perception, and 11 (19.3%) identified 50.0% of the ability to perceive social support in prosocial networks. In 2MGSch, among donors of social support, the first ranked place is occupied by “family” subscale (2.8 ± 0.5 points), the second ranked place - “significant others” (2.1 ± 0.9) and the third ranked place is taken by “friends” subscale (1.4 ± 1.8 points). It can be assumed that with the duration of the disease from 4 to 8 years still, the main hope of patients is aimed at getting family support. 100.0% of perceived social support from family were shown by 12 patients (17.2%), 75.0% - by 11 (18.9%), 25 (34.8%) patients had a 50.0% perceived support level and 12 (20.6%) patients - 25.0%. As social support donors according to the “friends” subscale 100.0% perception was found in 9 (15.5%) patients, in 15 patients (25.8%) - 75.0% of the maximum, in 12 (20.6%) - 50.0% and in 22 patients (37.9%) perceived social support was 25.0%.

Scores for perception of social support donors in 3MGSch revealed low ability of patients to accept help of prosocial networks, as evidenced by percentage rates. For the “family” subscale, the average scores were 2.3 ± 1.6 points, and were the lowest among all groups of surveyed patients, as well as scores for other subscales. In this group of patients, only 6 patients (11.3%) showed 100% perceived social support, 11 (20.7%) perceived 75.0% of the maximum, 23 (43.3%) - 50.0% of the maximal expression and 13 patients (24.5%) showed 25.0%. According to the “friends” subscale (average scores 1.1 ± 0.3), the scores were the lowest. 100.0% of perceived social support has not been shown by any surveyed respondent; in 12 patients (22.6%) the scores were 75.0%, in 15 (28.3%) - 50.0% and 26 (49.1%) scores were 25.0% of the maximum possible. Accordingly, for the “significant other” construct, scores were in 3 patients (5.6%) - 100.0% of social support perception, 8 patients (15.1%) showed 75.0% of expression, 28 people (52.8%) - 50.0% and 14 (26.4%) - 25.0% of the maximum possible expression.

According to the obtained data, in situation of present disease (AD), family remains the main source of material and moral assistance for patients, provides positive emotional support. It is in the family circle that patients are trying to find the foundation for their own self-realization. However, the overall duration of the disease significantly (P < 0.001) affects relationship with all donors of social support. According to the total assessment, loss of social support capacity with the extension of the total duration of the disease is determined (Table III).

According to the “friends” subscale (average scores 1.1 ± 0.3), the scores were the lowest. 100.0% of perceived social support has not been shown by any surveyed respondent; in 12 patients (22.6%) the scores were 75.0%, in 15 (28.3%) - 50.0% and 26 (49.1%) scores were 25.0% of the maximum possible. Accordingly, for the “significant other” construct, scores were in 3 patients (5.6%) - 100.0% of social support perception, 8 patients (15.1%) showed 75.0% of expression, 28 people (52.8%) - 50.0% and 14 (26.4%) - 25.0% of the maximum possible expression.

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100.0% of social support perception in 1MGAD for the “family” and “significant others” subscales was revealed in 7 (20.6%) patients; 12 patients (35.3%) showed 75.0% of perceived support; 9 (26.5%) - 50.0% of the maximum, and 6 respondents (17.6%) showed 25.0% of the maximum possible expressiveness of the sign. In the same group of patients, 100.0% perceived support from friends and other significant people for the respondent’s personality was found respectively in 8 (23.5%) and 6 patients (17.6%); 10 (29.4%) and 9 (26.5%) showed 75.0% of the maximum expressiveness, and 10 (29.4%) and 12 (35.3%) found 50.0% of the ability to receive support donation in prosocial networks according to the subscales “friends” and “significant others”. And only 6 (17.6%) and 7 (20.65) patients showed 25.0% of possible perception of social support.
In 2MGAD and 3MGAD among social support donors, the first ranked place is taken by the “family” subscale, the second ranked place – by the “friends” subscale and the third ranked place is occupied by “significant other” subscale scores (Table III). It can be assumed that with the duration of the disease from 4 to 8 years still, the main hope of patients is aimed at getting family support. 100.0% of social support perception from family showed 11 (50.0%) patients in 2MGAD and 6 (31.6%) patients in 3MGAD; 75.0% - 7 (31.8%) and 9 patients (47.4%) respectively; meanwhile, 4 patients (18.2%) in 2MGAD and 4 patients (21.0%) in 3MGAD showed a 50.0% perception of social support. According to the “significant other” construct, percentages in 2MGAD were as follows: 100.0% of perceived social support were present in 10 patients (45.4%), 75.0% - in 7 (31.8%), 3 patients (13.6%) had a perception rate of 50.0%, and 2 patients (9.1%) found 25.0% of social support perception.

As donors of social support according to the “friends” subscale 100.0% of expressiveness of perceived social support was detected in 12 patients (54.5%) in 2MGAD and 6 respondents (31.6%) in 3MGAD; 75.0% of perceived support showed 8 patients (36.3%) from 2MGAD and 9 patients (47.3%) from 3MGAD; 2 patients (9.1%) in 2MGAD and 4 (21.0%) patients in 3MGAD found 50.0%. It should be mentioned that according to the construct “friends” in groups of patients from 2MGAD and 3MGAD there were no respondents with scores of perceived social support of 25.0% from the maximum possible. However, overall, scores of patients in 2MGAD were significantly superior to those of 3MGAD (2.6 ± 1.1 versus 2.1 ± 0.3; P <0.001).

CONCLUSIONS

Thus, the data we received as for the ability of patients with endogenous mental disorders to perceive social support showed the following: presence of a mentally sick person in family is a factor, that causes activation of prosocial networks to assist in formation of adaptation mechanisms. “Family”, “friends” and “significant others” become donors of social support for patients with endogenous mental disorders. Meanwhile, the social network “family” in patients with schizophrenia is in most cases represented by parental family; the social network of “friends” is narrow, the reasons for which are mental state of patients, severity degree of obligatory symptoms of schizophrenic process (autism, apathy, ambivalence), a certain level of disintegrative behavior with emotional and volitional loss. In the social network of “significant others” in patients with schizophrenia, leading donors of social support are determined as wife (28.6%), mother (39.8%), father (20.2%), husband (11.3%). In patients with affective disorders, indicators of perceived social support from friends and significant others are significantly higher compared to patients with schizophrenia (P <0.001). Revealed features should be taken into consideration while performing the development of appropriate psychoeducational programs for patients with endogenous mental disorders.

REFERENCES


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According to the order of the Authorship.

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Conflict of interest: The Authors declare no conflict of interest.