FEAR OF NEGATIVE EVALUATION, ILLNESS PERCEPTION, AND FAMILY RELATIONS AS CORRELATES OF DEPRESSIVE SYMPTOMS AMONG SICKLE CELL PATIENTS

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Abstract
Sickle cell disease is the most common form of haemoglobinopathy in Nigeria, and as a blood disorder, it is one of the greatest public health problems of this age with elevated rate depressive symptoms as one commonest problems. Unfortunately, sometimes, the inability to recognize that depression may arise from psychosocial factors surrounding patients with sickle cell disease, rather than being symptomatic of the disease itself remains a problem. The study adopted bio-psychosocial theory as a theoretical framework. The aim of this study was to examine fear of negative evaluation, illness perception and family relations as correlates of depressive symptoms among sickle patients. The study deployed 54 sickle cell patients from Chukwuemeka Odumegwu Ojukwu University Teaching Hospital Awka and Onitsha General Hospital using total population sampling technique. Four sets of well-structured questionnaire were used to collect data from the patients. The study utilized a correlation design and Pearson's Product Moment Correlation was used as a statistical tool for the study. The first and second hypotheses were accepted because result revealed that fear of negative evaluation and illness perception were significant positive correlates of depressive symptoms. However, the third hypothesis was rejected because family relations was not a positive correlate of depressive symptoms. Based on the findings, the study concluded that fear of negative evaluation and illness perception are positive correlates of depressive symptoms among sickle cell patients. The study recommended that clinicians should always consider patients' fear of negative evaluation and illness perception when rendering treatment for depressive symptoms among sickle cell patients. And psychological therapies should always be encouraged among sickle cell patients.

Keywords: Sickle Cell, Fear of Negative Evaluation, Illness Perception, Family Relations, Depressive Symptoms.

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Introduction
It has been observed that sickle cell disease is the most prevalent form of blood disorder in Nigeria (Olagunju, Faremi & Olaifa, 2017). Individuals with sickle cell disease often encounter a range of mental and behavioural problems such as depression (Jonassaint et al., 2016). However, the challenge sometimes lies in the failure to recognize that depression may arise from psychosocial factors surrounding patients with sickle cell disease, rather than being symptomatic of the disease itself (Kofi, Feyijimi, & Olu, 2010; Ola et al 2016; Olagunju et al., 2017). This issue can be problematic because the symptoms of depression and sickle cell disease as a chronic illness often overlap, and healthcare providers may occasionally fail to diagnose depression. This problem is exacerbated by the biomedical model commonly employed in most hospitals today. This model views depression as a mental health disorder inherent to the individuals affected and associates it with most chronic illnesses, including

sickle cell disease. Consequently, this model unintentionally places the burden of the condition entirely on the affected individuals, while according to the social model of disability; the real causes of disability are social barriers and negative attitudes rather than the actual physical impairments that may be associated with the disease conditions. (Oliver, 1992).

However, despite the prevalence of psychological disorder among people with sickle cell disease, from the researchers' best of knowledge, limited research has explored a broader perspective of psychosocial adaptation and its link to internalizing symptoms of depression among youths with sickle in Nigeria. This is primarily necessary because without a clear understanding of how depression can result from the interplay between disease-related and non-disease-related factors, inconsistent identification of problematic symptoms and ineffective treatment may occur (Reinman, 2019). Therefore, despite the recognition that depression is common among individuals living with sickle cell disease and that its effects are severe and multifaceted, the underlying causes of depression remain poorly understood (Kofi, Feyijimi, & Olu, 2010). To gain a better understanding, it is essential to investigate certain psychosocial factors. Some of these factors include the fear of negative evaluation, illness perception, and family relations, among others.

Therefore, in addition to the pain that accompanies the illness, negative vibes and attitude from the environment and people do compound depressive tendencies among sickle cell disease victims (Adeyemi, 2018). Depression among sickle cell disease victims has also been associated with stigma (Ola, Yates, & Dyson, 2016). This may have a direct effect on one's self concept and the consequent fear of negative self-evaluation. Fear of Negative Evaluation can be referred to as apprehension about others' evaluations, distress over their negative evaluations, avoidance of evaluative situations, and the expectations that others would evaluate oneself negatively" (Geeta & Trishi (2017).Individuals suffering from chronic illnesses such as sickle cell disease often express apprehension concerning negative evaluation (Leary, 1983; Watson & Friend, 1969) or worry about the possibility of receiving adverse judgments from others. In accordance with the theory of anxiety response styles, anxiety frequently precedes the onset of depression. The theory of comorbidity in anxiety response styles posits that individuals prone to rumination or making pessimistic attributions about their anxiety symptoms (referred to as negative anxiety response styles [NARS]) are more susceptible to subsequent depressive symptoms. However, this theory has received limited or no attention among young adults with sickle cell disease (Duke, Krishnan, Faith, & Storch, 2006).

Furthermore, illness perception may be another psychosocial predictor of depression among sickle cell patients. According to Petrie, Jago and Devcich (2007), illness perceptions are the cognitive representations or beliefs that patients have about illnesses and medical conditions. Patients' beliefs and perceptions regarding their condition often diverge from those held by their healthcare providers, and some medical personnel are typically unaware of their patients' perspectives on their condition. Patients' perceptions can vary significantly even among individuals with the same medical condition. These perceptions of illness play a crucial role in determining when and how patients adhere to their treatment schedules and their subsequent recovery. Currently, the concept of illness perception, which pertains to a patient's cognitive representation of his/her illness and potential outcomes, has not been fully integrated into most healthcare settings. Consequently, the role of illness perceptions as a modifiable risk factor for depression among sickle cell patients has also not been thoroughly investigated and understood.

Moreover, additional evidence has shown that factors related to family environment can affect everything from child psychopathology, self-efficacy, to school functioning (Jenerette & Valrie, 2010). Therefore, another important factor to consider is family relations, which refer to the degree of interpersonal relationships within the family. It pertains to the extent, severity, or magnitude of problems that family members experience in their relationships with each other (Hudson, 1982). The psychosocial impacts of family relations on sickle cell disease are concerning, beginning with the financial burden, lack of support, stigma, and nonchalant attitude from family members, as well as insufficient support for young adults with sickle cell disease. Some may lack care and support during crises, face difficulties in social adjustment and functioning, suffer from visual impairment, lose friends, struggle with feelings of incapacity in terms of love and affection, education, and employment, and endure psychosocial devastation. The aforementioned statements stem from the fact that parents of sickle cell disease patients often report a lack of support from family, relatives, and friends when their children experience crises (Adams, 2020). This can significantly affect the emotional well-being of parents, leading to frustration and hopelessness. Most studies focus on the impact of the burden of sickle cell disease on family caregivers without investigating how this burden affects the behaviour of the family members in relation to the affected individual. The interaction patterns between a person suffering from depression and their family members are often marked by periods of emotional distance, negative thinking, and irritability. At other times, the depressed individual may seek confirmation of their worthiness and lovability. In response, family members, who become weary of these mood fluctuations, often distance themselves from the depressed person. This distancing can intensify feelings of isolation and reinforce the depressed person's negative perspective (Sandberg, Miller, & Harper, 2002; Whiffen, 2005). If this emotional distance persists, it may contribute to relationship distress, which, in turn, exacerbates symptomatic behaviour. Therefore, this study aims to investigate the fear of negative evaluation, illness perception, and family relationships as factors associated with depressive symptoms among young adults living with sickle cell disease.

Hypotheses

The following research hypotheses were formulated to guide the study:

1. There will be a significant relationship between fear of negative evaluation and depressive symptoms among youth with sickle cell disease.
2. There will be a significant relationship between illness perception and depressive symptoms among youth with sickle cell disease.
3. There will be a significant relationship between family relation and depressive symptoms among youth with sickle cell disease.

Theoretical Framework

This study adopted bio-psychosocial theory as a theoretical framework for the study. The bio-psychosocial theory of illness was developed by Engel (1977). The bio-psychosocial model is important to just not psychology but to health, medicine and human development. This is because of the bio-psychosocial model's ability to explain how biology, psychology and socio-environmental factors play a role in health. The theory posits that psychosocial factors like fear of negative evaluation, stigma, trauma etc play significant role in the development of mental illnesses. It is thus worthwhile to note the importance of both biological and psychosocial factors in the development of an illness. This model gives a holistic approach to understanding depression as not just a biological but also psychological problem. The proponents of bio-psychosocial theory pointed out that the theory is used for the treatment, re-education and preventive purposes of the people with "problem of living. The bio-psychosocial theory houses

other bio-psychological approaches (Beck's Cognitive Theory of Depression, Self-Regulation Model)**.** In this paradigm, depressive symptoms among sickle cell experience in relation to the context of interest are conceptualized in terms of reciprocal interaction between biological and psychosocial mechanism. The relevance of this theory lies in its ability to link the three independent variables (fear of negative evaluation, illness perception and family relation) of this study with the dependent variable (depression).

Method

Participants:

The participants of this study were 54 youths with sickle disease from Chukwuemeka Odimegwu Ojukwu University Teaching Hospitals (COOUTH) Awka, and Onitsha General Hospital both in Anambra State, Nigeria. These hospitals were selected because they are the major state government owned hospitals in the two major cities in Anambra state. The participants of this study were 54 sickle cell outpatients from the hospitals, who met the inclusion criteria. Their age ranged from 17 to 44 years, with a mean age of 26.9 and a standard deviation of 6.67. They were drawn using total population sampling technique. Data showed that 31 (57.4%) attended senior secondary school, and 23(42.6%) have tertiary education. On occupation, 13 (24.1%) of them were of both federal and state civil servants, 21 (38.9%) traders, 1(1.9%) farmer and 19 (35.2%) were students. On ethnicity, data revealed that 52 (96.3%) were Igbo and 2 (3.7%) were Hausa. Finally, 54 (100%) were Christians.

Instruments for the Study include:

Depression subscale (Scale-D) of Symptom Distress Checklist-90 (SCL-90), Fear of Negative Evaluation, Illness Perception Questionnaire Revised (IPQ-R) and Family Relation Questionnaire were used for the study.

Research Procedure

The researchers first obtained permission from the relevant authorities to conduct this research from the hospitals. Having obtained approval letter, the researchers went to the Head of Department of heamatology outpatient clinic of the hospital. They introduced and familiarized with the doctors, nurses and staff in the Unit. After, the researchers explained the nature of the research involving sickle cell patients.

One research assistant with (M.Sc) in Clinical Psychology was employed for the study. This research assistant was trained on how to create rapport and administer the instrument and to maintain the confidentiality of the clients' responses. The participants were drawn using total population sampling technique. This is a type of purposive sampling technique of non-probabilistic sampling method that involves employing all participants of interest seen at the field of study that met the inclusion criteria and are willing to participate voluntarily in that study. Inclusion Criteria were1); participant must be suffering from any of the forms of sickle cell diseases (HbSS, HbSC, HbSThal). 2) Must not have any other diagnosis. 3) The participants must be 17 to 44 years of age. This is because at this age, participants, will have and be able to recount some life experiences that may have affected their psychosocial state. 4) Participants were drawn from those who come to receive treatment as hospitals out-patients. 5) Participants were drawn on voluntary basis who signed and returned the informed consent letter to the researchers. 6) Participants needed to be strong enough to participate in the study: not under crises or severe pain or other similar medical condition that can interfere with effective participation. 7) All the participants chosen can read and communicate in English language.

Design and Statistics: This study used correlation design because the study is seeking for relationship among factors of the study namely:- fear of negative evaluation, illness perception and family relations as independent variables of the study and depressive as the dependent variable. The right statistics used in analyzing the data collected is Pearson's Product Moment Correlation.

Results

Table 1: Summary table of Correlations among Fear of Negative Evaluation, Illness Perception and Family Relation

		Correlates	**Depressive Symptoms**
FNE	Pearson Correlation	1	.827
	Sig (2 tailed)		.000
	N	54	54
Illness Perception	Pearson Correlation	1	.639
	Sig (2 tailed)		.000
	N	54	54
Family Relations	Pearson Correlation	1	-.250
	Sig (2 tailed)		.068
	N	54	54

***p*<.05**

The first hypothesis stated that there will be a significant positive relationship between fear of negative evaluation and depressive symptoms among young adults with sickle cell disease. Table1 above revealed a significant positive relationship between FNE and depressive symptoms, r, 1, 54 = .827, *p*<.05. Therefore, hypothesis one was accepted

The second hypothesis stated that there will be a significant positive relationship between illness perception and depressive symptoms among young adults with sickle cell disease. Table 1 above revealed a significant positive relationship between illness perception and depressive symptoms, r, 1, 54 = .639, *p*<.05. Therefore, hypothesis two was also accepted

The third hypothesis stated that there would be a significant positive relationship between family relations and depressive symptoms among young adults with sickle cell disease. Table 1 above revealed no significant relationship between family relation and depressive symptoms, r, 1, 54 = -.250, *p*<.05. Therefore, hypothesis three was rejected.

Discussion and Conclusion

In a bid to examine some psychosocial factors as possible positive correlates of depressive symptoms among young adults with sickle cell, three hypotheses were postulated. The first hypothesis which stated that there will be a significant positive relationship between fear of negative evaluation and depressive symptoms among young adults with sickle cell disease was accepted. This result suggests that sickle cell patients are vulnerable to depression because of fear of people's negative view of their condition. As such this study agrees with the following studies by Talat and Naeem (2012) who conducted a study on fear of negative evaluation and

psychological distress (depression, anxiety and stress) among patients of drug addiction. The study concluded that fear of negative evaluation is a positive correlate of psychological distress which houses both depression and anxiety.

Again, the second hypothesis which precisely stated that there will be a significant positive relationship between illness perception and depressive symptoms among young adults with sickle cell disease was accepted. This result suggests that sickle cell patients are vulnerable to depression because of their unhealthy perceptions and belief about the identity, consequence, cure, treatment control, personal control and even timeline of the their condition. It agrees with studies that reported that illness perception is a positive correlate of depression. As such this study agrees with the study by Villiers-Tuthill, Barker and McGee (2014) who did a study on the contribution of illness perception to psychological distress (depression and anxiety) in heart failure patients.

Moreover, this study postulated a third hypothesis which stated that there will be a significant relationship between family relation and depressive symptoms among young adults with sickle cell disease was rejected. Based on the findings, the study concluded that fear of negative evaluation and illness perception are positive correlates of depressive symptoms among sickle cell patients.

Recommendations

Based on these findings, the study recommends among others, that hospitals should initiate program that will always check the mental health of sickle cell patients especially young adults. This will contribute in deploying clinical psychologists and equipping them with the necessary instrument needed to examine and understand some psychosocial correlates of depressive symptoms especially fear of negative evaluation and illness perception in order to arrest and minimize their effect on mental health.

Also creating preventive programs to tackle the effect of fear of negative evaluation and illness perception on depressive symptoms among sickle cell patients will do a lot in eliminating the impact of this mental health issues on this vulnerable group.

Limitations of the Study

The study did not get enough participants. This is because this study would unlikely be able to recruit the desired sample size if inclusion was limited to young adults with homozygous sickle cell decease. Although some findings have been made from this study, it is very important that these findings be interpreted with caution, based on the reason that there are some limitations to it. Secondly, this study employed only a few young adults from a section or unit under just two hospitals in Anambra state. Employing participants from different hospitals in other state would have provided large sample size and increase easy generalization.

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