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SELF-ESTEEM AND MENTAL HEALTH IN A FORENSIC LEARNING DISABILITIES SETTING

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The research project examined the relationship between mental health and self-esteem in a forensic learning disabilities setting in the UK. Rosenberg Self-Esteem Scale (Rosenberg, 1965) was used as a measure of self-esteem. Global Severity Index (GSI) obtained from the Brief Symptom Inventory (Derogatis, 1975) was used as a measure of mental health. Correlation coefficient was computed for both scales in a forensic learning disabilities sample to measure the extent of relationship between self-esteem and mental health. RSES scores in forensic sample were compared with scores in the community group to assess if there was a greater need for self-esteem intervention in the forensic group. A correlation was also computed for GSI and RSES scores of the clients* in the community. The results confirmed the expectation that self-esteem and mental health would be related. The prediction that self-esteem needs of forensic patients would be greater than those in the community was not confirmed. Implications of these findings are discussed in the context of service development.

A few studies have looked at self-esteem in people with learning disabilities (Glenn & Cunningham, 2001; Kreshner, 1990). This is probably due to paucity of adequate measures (Beail, 2002). A forensic setting is defined as a rehabilitation setting where people who have gotten in trouble with the law and have some learning disability or mental incapacity and are referred to a forensic clinical psychologist for rehabilitation purposes. In forensic settings self-esteem is considered an important risk factor and is also explicitly used as a target for intervention (Donnelley & Scott, 1999; Martin, 2002). In forensic learning disabilities, however, no such interventions are available. A literature search revealed that to date no studies have been conducted to examine the relationship between self-esteem and mental health in learning disabilities. This is true for both clients in the community and patients detained in forensic settings.

Self-esteem may be defined as evaluation of oneself in the light of the belief one holds about oneself in a social context (Leary, Tambor, Terdal, & Downs, 1995). Surveys of self-esteem especially with regards to its implications for mental health suggest themes of competence and worthiness as central to the concept of self-esteem (Bednar & Peterson, 1995; Mruk, 1999).

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* In this study, people in the community are referred to as clients. People detained in a forensic setting are not referred to as clients but as patients. The word client implies choice to access services; the word patient does not.

Historically, theoretical models of self-esteem owe much to William James' work on the conceptualisation of the 'self' (James, 1890). He proposed a multidimensional and hierarchical model of the self. His suggestion, that differing degrees of self-esteem serve as either vulnerability or as protective factors for success and failure experiences, has influenced subsequent clinical thinking on the issue.

Rosenberg (1965) and Coopersmith (1967) regard self-esteem as attitudes towards the self largely shaped by an individual's social environment. Self-esteem is viewed as open to change since it can be influenced by the social environment. This makes it possible to change self-esteem through intervention in a clinical context. Coopersmith (1967) linked parental behavior with self-esteem in children. He argued that children's conceptualisation of themselves had its origins in parental affection. He was among the first to point out the links between low self-esteem and vulnerability to mental health problems. His contributions are clinically important for their focus on assessment of antecedents of self-esteem, focused and structured therapeutic sessions, and the use of modelling.

Branden (1969) proposed a humanistic approach to self-esteem which viewed self-esteem as having two main dimensions: worthiness and competence. He later developed his model further, according to which self-esteem is regarded as an existential drive mediated by reason, choice and responsibility and developed through trial and error, success and failure, and as an ongoing development issue across the lifespan (Branden, 1983).

A cognitive-experiential model of self-esteem has been proposed by Epstein (1980). Self-esteem is best understood in terms of a social information processing model emphasizing our experience, concept formation and hierarchical representations of these concepts. His work on self theories has influenced research on schemas. Epstein (1980) puts self-esteem at the centre of human motivation because of its impact on emotion and behavior.

Most theoretical models suggest that self-esteem is primarily shaped by social processes, particularly parenting. However, these models also acknowledge the role of subsequent social information processing. Adhering to these assumptions in a clinical setting will help identify the reasons for low self-esteem and also highlight potential intervention points and strategies.

High self-esteem helps defend against stress, anxiety and physical illness and also helps enhance coping (Baumeister, 1993; Taylor & Brown, 1988). Low self-esteem is associated with depression, anxiety and maladjustment (Taylor & Brown, 1988; White, 1981). Self-esteem is, therefore, recommended as a target for intervention in almost all mental disorders (APA, 1996; Carlock, 1998).

Bednar and Peterson (1995) propose a model of self-esteem in which an increase in self-esteem increases the probability of a coping response to conflict, in turn generating favorable self-evaluations. They argue that psychological interventions should, in

general, focus on enhancing self-esteem, which should have a global effect on the client's overall well being. Roberts, Shapiro, and Gamble (1999) have shown that level and perceived stability of self-esteem are good predictors of depressive symptoms. Bagley and Mallick (2001) studied different factors impacting mental health and found low self-esteem to be a useful predictor of mental illness. Beail and Warden (1996) have shown that psychotherapy with clients with a learning disability caused substantial improvement in self-esteem and mental health.

In the forensic realm as well, self-esteem has been shown to be an important factor (Donnelly & Scott, 1999; Gudjonsson, 1999; Hilgers, 1995; Martin, 2002; McGee & DeBernardo, 1999; Snyder, 1986). A detailed study of psychological factors responsible for violence among male forensic patients revealed that low self-esteem and external locus of control were relevant self-concepts (Donnelly & Scott, 1999). Donnelly and Scott (1999) also evaluated a treatment program for violent offenders and concluded that improvement in self-esteem coincided with overall improvement in behavior.

Gudjonsson (1999) describes the case of H. L. Lucas, a serial false confessor, who was estimated to have confessed to over 600 murders in the early 1980s. Among other significant psychological factors, low self-esteem was shown to be relevant. He argued that low self-esteem combined with personality disorder could lead to such bizarre and self-destructive behavior.

In a study examining the role of shame and pride in rapists and other sex offenders, Hilgers (1995) found that rape and other forms of sexual violence were responses to internal psychological states in many of her patients. Hilgers (1995) argues that destructive acting out of severely disturbed patients can often be interpreted as a defence against the feelings triggered by low self-esteem. McGee and DeBernardo (1999) examined the behavioral profiles of 12 adolescents responsible for school shootings. Low self-esteem was found to be a common element of their psychological profiles. McGee and DeBernardo (1999) argue that low self-esteem can be a good predictor of dangerousness due to mental problems, provided it is used in conjunction with other measures.

Snyder (1986) describes 4 cases of pathological lying that were associated with borderline personality disorder (BPD) in 3 females and one male. All the cases illustrate the association between pathological lying and narcissistic gratification, poor self-esteem, and a fragile sense of self in BPD patients. Martin (2002) studied a variety of factors used to predict short-term violence among forensic inpatients. Low self-esteem was found to be an important predictor of violent recidivism.

It would, however, be erroneous to consider the relationship between self-esteem and mental health as unidirectional in which changes in self-esteem cause changes in mental health. The current consensus about the link between self-esteem and behavior is that it is a reciprocal relationship (Bednar & Peterson, 1995;

Mruk 1999). Self-esteem influences behavior and is influenced by evaluations of that behavior. This has implications for clinical practice as an intervention at the right point can trigger a spiral of positive self-esteem and affirmative mental health, each factor pushing the other upwards.

The main aim of this investigation was to assess whether self-esteem-related interventions constituted a treatment need for patients in a forensic learning disabilities setting. A strong relationship between self-esteem and mental health is almost universally accepted. If the relationship between self-esteem and mental health is also present in learning disabled patients in forensic settings, one can demonstrate the need for self-esteem based interventions. So the research question was: Is there a relationship between self-esteem and mental health in a forensic learning disabilities setting? In order to determine the treatment needs of the patients in a forensic learning disabilities setting, it is important to assess which factors have an impact on their mental health. Self-esteem has been shown to be an important factor in preserving mental health.

Another objective was to determine whether among people with a learning disability, forensic patients suffer from a lower self-esteem than learning disabled clients in the community. One can argue that forensic patients with a learning disability are likely to score lower on self-esteem measures than the clients in the community, as forensic patients are likely to have experienced a greater degree of humiliation, and dehumanization. So it was examined that is self-esteem among patients in forensic learning disabilities setting significantly lower than clients with a learning disability in a community setting? The typical experience of a forensic placement is likely to have an adverse effect on one's self-esteem. On the other hand, those in the community are also subjected to considerable discrimination and dehumanisation. So the second research question was Is the need for self-esteem interventions greater in forensic settings than in the community?

The third aim was to assess if the community sample would also show a relationship between self-esteem and mental health. While this question did not concern us directly in the forensic settings, it would be useful to know whether this pattern of relationship was also evident in the community. This could facilitate meaningful exchange of information across settings. Another research question was Is there a relationship between self-esteem and mental health in clients with a learning disability in community settings? It would be useful to know if in a community sample self-esteem and mental health show a relationship similar to that found in forensic samples. This would imply that role of self-esteem in mental health remains constant across settings.

Hypotheses

1. The forensic patients' scores on RSES and GSI would be negatively correlated (The correlation would be negative because GSI is essentially a measure of psychopathology; the higher the GSI, the lower the mental health).

2. The RSES scores for the forensic patients with a learning disability would be significantly lower as compared with non-forensic learning-disabled clients in the community.
3. The clients in the community sample would also show a negative correlation between RSES scores and GSI.

Method

Sample

Data were collected from 79 male patients with a learning disability detained under the British Mental Health Act. This group of patients is referred to as the forensic sample in this study. All participants had been assessed and found to meet the American Association on Mental Retardation (AAMR) (1992) criteria for mild intellectual disability. This sample was also used to examine the difference in self-esteem between the forensic sample and a community sample.

Additional data were obtained from 30 male clients in the community who had also met the AAMR (1992) criteria for mild learning disability. These 30 men constituted our community sample. The sample size depended on the availability of patients in the groups defined above due to which the number of participants in both groups were unequal.

Instruments

1. Rosenberg Self-Esteem Scale (1965)

Rosenberg Self-Esteem Scale (RSES) is a widely used measure where participants are presented with 10 statements describing themselves. There are many ways of scoring the scales. In this study, the participants had to decide whether they agreed with the statements or not. A low score implies low self-esteem while a high score indicates high elf-esteem. The scale generally has high reliability: test-retest correlations are typically in the range of .82 to .88, and Cronbach's alpha for various samples are in the range of .77 to .88. Studies have demonstrated both a unidimensional and a two-factor (self-confidence and self-deprecation) structure to the scale.

2. Brief Symptom Inventory (Derogatis, 1975)

The Brief Symptom Inventory (BSI) is a 53 item self-report inventory designed to reflect the typical symptomotology of people experiencing psychiatric problems. Each item is scored on a five point Likert scale ranging from not at all to extremely. The BSI is a shortened version of the Symptom Checklist 90-Revised (SCL-90-R). In addition to providing nine symptom dimensions, the BSI also provides three global indices of psychopathology. Of these only the Global Severity Index (GSI) was used. The GSI combines data on the number of symptoms and the intensity of distress and represents an effective single summary indicator of psychopathology. Therefore, a high GSI indicates poor mental health and a low GSI implies better mental health. The

reliability for the BSI was .71-.85 using Cronbach's alpha.

Procedure

For the forensic sample, permission was obtained from the Special Hospital Authority. Consent was also obtained from each individual patient. The patients who could not consent were excluded from the sample. The scales were administered individually by 10 trained psychiatric nurses who were given detailed information and instructions with regard to the purpose of the study and administration of the scales.

For the community sample, the clients accessing the service voluntarily were contacted by their community psychiatric nurses. Those who could not consent were excluded from the study. After obtaining their consent the five nurses who had volunteered for the study, administered the scales. They were also given detailed information about the purpose of the study and instructions on how to administer the scales.

Results

A correlation coefficient was computed for the GSI and RSES scores for the forensic sample to see if there was a relationship between self-esteem and mental health.

The results are summarized in Table 1. As predicted, the RSES scores are negatively correlated (r = -.361; $p < .01$) with the GSI in the forensic sample. The correlation coefficient is statistically significant, indicating that self-esteem and mental health are related.

The RSES mean for the forensic sample was compared with the RSES mean for the community sample using *t*-test. These results are summarized in Table 2. The forensic sample does not have a lower RSES score but in fact has a higher self-esteem score, t = 2.25, $p < .05$, as compared with the community sample. This result was quite surprising and contrary to expectations. Prediction 2 was not fulfilled, even though a statistically significant difference was found. The direction of the difference was the opposite of that predicted: the forensic sample displayed a higher self-esteem score.

The correlation coefficient was computed for GSI and RSES in the community sample as well. The results are summarized in Table 1. The community sample not only showed a relationship between GSI and RSES (r = -.367, $p < .05$), but also displayed a striking similarity to the correlation found between self-esteem and mental health.

Table 1

Correlation between GSI and RSES Scores (N =109)

Setting	*Correlation coefficient*
Forensic (n = 79)	0.361**
Community (n = 30)	0.367*

*$p < .05$. ** $p < .01$.

Table 2

Difference between RSES Means for Forensic and Community Samples (N = 109)

Setting	*M*	M_{diff}	*df*	SE_{diff}	*t*
Forensic (*n* = 79)	3.81				
Community (*n* = 30)	3.03	0.78	107	0.075	2.25*

*$p < .05$.

The relationship between self-esteem and mental health in people with learning disabilities appears to hold true, regardless of the setting.

Discussion

Forensic patients have to go through a wide variety of treatments and interventions before they can be discharged. Many of these are offence related interventions that do not seem to have a clear evidence base. It is probably truer for people with a learning disability who are detained under the Mental Health Act. There is very little psychotherapy input offered to patients and most of the resources are directed towards offence-related work, which, at times, can be quite dehumanising. It was, therefore, quite intriguing that the self-esteem scores for the patients detained in a forensic setting were higher than their community controls.

Are clients with a learning disability subjected to similar humiliation and discrimination in the community? Sinason (1986) argues that rejection typically begins right from birth or from the time the child's disability is discovered. This rejection is usually so intense that he uses the term death wish to describe how the parents feel about the child. This death wish is again experienced by the child at the hands of society that emphasizes intellectual ability and competence and has very little tolerance for differences.

A likely explanation, however, appears to be the difference in social context between the forensic and the community settings. Self-esteem has been defined as evaluation of oneself in a social context. In the community, the clients with a learning disability are surrounded by those whom they perceive as more competent and intellectually able. This probably damages their self-esteem as they see themselves as relatively incompetent and disabled. In the forensic context, the patient is surrounded by others of equal or even lower intellectual abilities. Is it possible that patients in the forensic settings see themselves as relatively competent and intellectually more capable because of the presence of a large number of people with similar or lower ability? This would probably offset the negative effects of being in a restrictive and oppressive environment.

This apparent anomaly could be due also to the fact that forensic services for users with a learning disabil-

ity have been changing and becoming more and more humane in the recent past. There is a considerable increase in the number of new staff members who are opposed to inhumane and abusive practices in learning disabilities institutions.

Regardless of the causes of this difference, the need for self-esteem related interventions is borne out by the results of the first study where RSES scores were shown to be negatively correlated with the GSI.

This finding is the most important one from the point of view of patient needs. Fulfilling the self-esteem needs of the patients is likely to have a positive effect on their mental health. This, in turn, should boost their self-esteem further. This spiral of improvement can be triggered by a few well-designed interventions that seek to reinforce a positive sense of self-worth. There is a need to boost the patients' sense of self-efficacy by providing them with an empowering and enabling environment that protects their human rights and preserves their dignity.

The third prediction that clients in the community would also demonstrate a negative correlation between the GSI and RSES was also confirmed. Not only was self-esteem shown to be related to mental health, the coefficient of correlation was almost identical, implying that at least on the quantitative dimension, the relation between the two factors was identical to the one found in the forensic setting. This also has implications for service development. Those providing services in the community should not feel complacent; they should not assume that their clients don't have self-esteem needs just because they are supposedly leading normal lives in the community. Not meeting these needs is likely to impact their mental health adversely.

Based on the findings, the following recommendations can be made for service development:

Self-esteem based interventions should be provided to patients with a learning disability in forensic settings. There are many such treatments available to non-disabled clients. These can be adapted for use in forensic learning disabilities settings.

Self-esteem related interventions should be adapted for community clients as well. These can be compared with those developed for forensic settings. These comparative evaluations can help professionals in both kinds of settings understand the issues better.

All staff dealing with patients with learning disabilities should be provided with training on the importance of self-esteem as well as on self-esteem enhancement interventions for patients.

Conclusion

The widely witnessed relationship between self-esteem and mental health in the mainstream population was also found in a forensic learning disabilities setting. Self-esteem needs are important in forensic as well as in non-forensic settings. Services should try and meet these needs to help boost not only the patients' mental health but also their quality of life. There is a need to better understand the concept of self-esteem and what sorts of factors are involved in development of a self-concept among people with learn-

ing disabilities. This research project only scratches the surface of what is an extremely complicated issue. Hopefully, it would help heighten the awareness of mental health professionals regarding the self-esteem needs of the service users.

Limitations and Suggestions

All the participants in this project were men. The reason for this was relative accessibility of male data. The number of female patients in forensic settings tends to be quite small; and those with a learning disability make up an even smaller proportion of women detained under the British Mental Health Act. The quantitative measures used in this research project provide an easy way to compare self-esteem and the global severity index. Still the fact remains that while the RSES scores measure aspects of self-esteem, they are not self-esteem. A lot of information is lost when a complex and multi-dimensional concept such as self-esteem is represented with only a number. The same can be said of the Global Severity Index, even though the GSI is a much more thorough instrument as compared with the RSES. The GSI is also just a number representing overall psychopathology and it serves as a measure of mental health, only indirectly. There is a need for better measures of mental well being so that one does not have to rely on measures of psychopathology as measures of mental health. This research project used data that were routinely collected by the services. This caused the research to limit itself to asking a particular kind of question.

There are several questions that arise directly out of this research project. Would a negative correlation between RSES and GSI also be obtained for women with a learning disability? Would the relationship also hold true in forensic settings for women? Research that seeks to answer these questions would be useful for settings where women are detained. An important area to study would be the design and contents of self-esteem related interventions currently in use in the community with non-disabled clients. Outcome evaluation of self-esteem based studies can be compared with offence-related interventions that do not explicitly take into account self-esteem related issues. These studies can help the services identify treatment needs further and thus improve the quality of care provided to service users in forensic learning disabilities settings.

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