

SELF STIGMATIZATION AMONG PATIENTS DIAGNOSED WITH SELECTED PSYCHIATRIC DISORDERS

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Received: 14 April 2020 Revised and Accepted: 8 August 2020

ABSTRACT: Self-stigma is an internalized stigma that eats away at one's self esteem and self-efficacy. It is seen that most people with mental illness suffer with self-stigma leading to various complications. The following descriptive survey study was conducted with the objectives to estimate the level of self-stigmatization in selected psychiatric disorder patients and to find out the association between level of self-stigmatization and demographic variables of psychiatric disorder patient. The study was conducted using Internalized stigma of mental illness scale (ISMI) and analysis was done by using descriptive statistics and inferential statistics. The study results showed that, maximum number of subjects were reported to be having moderate self-stigma i.e. about 56.67% (85) and 40% (60) of them had mild self-stigma. Whereas, about 2% (03) were having severe self-stigma. The study could not establish any significant association between level of self-stigma and demographic variables. The study concludes that the early assessment of self-stigma is essential to devise interventions in order to reduce self-stigma and increase the good prognosis and illness.

Keywords- Self-stigma, Psychiatric disorder, Internalized stigma

INTRODUCTION

Anyone who has had experienced mental illness, personally or professionally, can tell that regardless of advances in field of psychiatry and psychology, there is a great deal of [stigma](#) that remains.(1)The World Health Organization (2001) defines stigma as "A mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against and excluded from participating in a number of different areas of society".(2)

Stigma is when someone views an individual in a negative way because they have a distinguishing characteristic or personal trait that's thought to be, or actually is, a disadvantage (a negative stereotype). Unfortunately, negative attitudes and beliefs toward people who have a mental health condition are common.(3) That may in turn reflect within the Persons with mental illness may experience internalize stigma and diminished self-esteem and self-efficacy. And this process is referred as self-stigma. However Not everyone with mental illness, suffers a loss of self-esteem due to stigma.(4)Stigma of mental illness is manifested as public stigma and personal stigma. Public stigma is the reaction that people hold towards those with mental disorder. Personal stigma includes perceived stigma and internalized stigma by a mentally ill person within himself or herself.(5)

Internalization of stigma will begin once people with mental illness notice that the others begin to act otherwise to them as a result of their mental struggles and notice the prejudices that cause such action. Later, they start to believe that the views and attitudes towards folks with mental disturbance are even. Within the last stage of internalization of the stigma, the patients apply the prejudices to themselves and act consistent with them. This method results in the rise within the intensity of symptoms and worsen overall prognosis.(6)

There are different types of stigma associated with various mental disorders these are: (1) Personal stigma or the individual's stigmatizing attitudes and beliefs about other people. (2) Perceived stigma which is nothing but the sufferer's beliefs about the negative and stigmatizing views that other people hold toward their condition. (3) Self-stigma which is the stigmatizing views that individuals hold about themselves; And (4) Structural stigma which the policies of private and governmental institutions and cultural norms that restrict the opportunities for people with mental illness.(2)

Self-stigma happens once individuals interiorize these social attitudes and suffer various negative consequences as a result. According to a study conducted in Kerala, India the prevalence of high internalized stigma among patients from psychiatric hospital-based care was 34.1% .Social stigma towards person with psychiatric disorder may lead

to many negative effects in the person. Self-stigma occurs when the individual internalize these social attitudes and suffer from many negative effects.(6)Such is the case among the patient with chronic illness like Tuberculosis with depression express significant self-stigma through disruption in the role, vitality, emotional distress and overall mental health.(7)

Self-stigmatization affects quality of life in several ways. It worsens the mental disorder and result in social exclusion, inability to participate in vital life activities and poor tendency to hunt treatment that eventually hampers one major dimension of quality of life.

Internalized stigma is one of the factors that perpetuate the mental illness-related morbidity and mortality. It significantly affects the social behavior of patient such as help seeking behavior, adherence to prescribed medications, and influence for substance use. Furthermore, the internalized stigma at its worst it increases the intention to commit suicide. This may be decreased by undertaking few approaches such as group approach, the cognitive behavioral approach to reduce the internalization of public stigmas, methods to strengthen family and community ties. And techniques for responding to public discrimination.(7)(8)

Hence the authors were critical about examining the extent and magnitude of internalized stigma and it's precursors to illustrate the level of self-stigma to ascertain the areas to be focused while disseminating the awareness related to mental disorders and self-adaptation to it.

REVIEW OF LITERATURE

Michelle L. et al. A randomized control test between March 2009 and October 2009 in USA was conducted among 144 racially diverse samples with the aim of studying the current prevalence of internalized stigma and correlation between demographic variables and high levels of internalized stigma in samples of experimental and control groups. The ISMI scale was used to measure the internalized stigma. The study results showed that 36.1% of samples had higher levels of internalized stigma and it was found that among all the demographic variables only age was correlated with the level of internalizes stigma. The study concluded that a large number of people with severe mental illness are affected by internalized stigma.(9)

Louisa Picca. A cross sectional survey study was conducted in 2016. On "Internalized stigma among 280 psychiatric outpatient study samples with aim to ascertain the prevalence of internalized stigma and to correlate with quality of life, general function and self-esteem. To measure the level of Internalized stigma ISMI scale was adopted. The findings revealed that, 43.6% had moderate to high internalized stigma and the self-esteem and hope were the only aspects significant and positively associated with Internalized stigma. the study concluded that the Internalized stigma is more common and has significant association with self-esteem of patient with mental illness.(10)

Vrbova. et al. A cross sectional study between May 2015 to August 2016 was conducted on self-stigma and schizophrenia among 197 outpatient samples with the aim to check the level of self-stigma in patients with schizophrenia and the association between self-stigma and demographic factors, The tools adopted for this study were ISMI scale and demographic questionnaire along with objCGI-S and subCGI-S scales. The results showed that over ± 13.59 . Positive co-relation was seen between the total ISMI score, severity of the disorder, treatment duration and number of psychiatric hospitalizations. The study concludes that the routine care of the patient with schizophrenia should include the management of self-stigma.(11)

Pellet J, Golay P, Nguyen A, et al. In 2019 at Switzerland conducted a longitudinal study among 80 samples with the aim of studying experience of self-stigma among people with schizophrenia and relationship between self-stigma and depression. The tool adopted were self-stigma scale and Calgary Depression scale for schizophrenia. The result of this study showed that there was no association between self-stigma score and age, duration of illness, sex, education, relationship status or working in sheltered employment. But a lower level of self-stigma was observed in people living in sheltered home and also greater age $p=0.04$ and duration of illness $p=0.03$ were found to be positively correlated with discrimination subscale score. The study also showed that self-stigma and depression were co related over time i.e. $p = 0.001$. The study concluded that assessment of self-stigma in clinical areas will enable appropriate intervention.(12)

Molly Howland, Jennifer Levin, Carol Blixen et al. in 2016 conducted a mixed method analysis on internalized stigma correlates in poorly adherent individuals with bipolar disorder among 115 samples. The tool used was ISMI scale. The results showed that 26% participants had high internalized stigma. The results of Karl Pearsons co-relation and ANOVA showed no statistical significance between ISMI and demographic variables. Also no association with mania was found. Internalized stigma was associated with bipolar disorder symptoms of depression, anxiety, guilt feelings, suspiciousness and hallucinogenic behavior. The study concluded that there is a

need of affective interventions to target internalized stigma and further researches should be done to evaluate the internalized stigma among bipolar disorder patients.(13)

METHODOLOGY

A descriptive survey design was adopted and 150 subjects were chosen by non-probability convenient sampling technique. The inclusion criteria was placed as; the patients who are relatively stable and attending the outpatient departments of selected hospitals of Sangli, Miraj and Kupwad corporation area. Patients included were on follow up as maintenance phase with treatment history of more than 05 years. The clinical diagnosis of subjects such as Mania, Schizophrenia, Depressive disorder, Bipolar Affective disorder were included. The exclusion criteria placed were patients who are less than 18 years of age and patients suffering from mental retardation, cognitive impairments and severely ill.

The study was approved by institutional ethics committee of the affiliated institute, and formal permission to utilize the study setting was obtained and written informed consent was obtained from each participant.

The participants were assessed using tool which was divided in two sections

Section I: Demographic variable: The demographic variables were used to gather the baseline data of the psychiatric patients like age, gender, education and duration of treatment.

Section II: Internalized Stigma of Mental Illness Inventory (ISMI) scale: The ISMI scale is a standardized instrument used to assess the self-stigma/ Internalized stigma. It consists of 29 questions, which are classified into five subscales (alienation, stereotype endorsement, perceived discrimination, social withdrawal, and stigma resistance). All items were measured on a 4-point Likert scale. The total score was then divided by the total number of questions answered i.e. 29 to get the mean scores between 1.00 and 4.00 and they were interpreted using the 4-category method. The reliability of the tool was checked with split half method and the "r" value obtained was 0.79 which signified that the tool found to be reliable to use in current subject under study.

RESULTS

Demographic Information

The demographic variables shown in Table 1. The gender distribution was homogeneous i.e. 50.67% (76) females and 49.33% (74) males. Majority of which were between the age group of 41 to 50 years about 28% (42). Education level was nearly equal in which 30% (45) secondary educated, 28.67% (43) were higher secondary, 26% (39) were primary, 10.67% (16) and 4.67% (7) were post graduates. The duration of treatment among subjects were also nearly equal i.e. 05 to 10 years about 49.33% (74) and 11 to 15 years were about 50.67% (76).

Table 1:- Frequency & Percentage Distribution of Demographic Variables. n=150

SN	Demographic Variables	Groups	Frequency	Percentage
1	Age (In years)	18 to 30 years	38	25.33%
		31 to 40 years	39	26%
		41 to 50 years	42	28%
		Above 50 years	31	20.67%
2	Gender	Male	74	49.33%
		Female	76	50.67%
3	Education	Primary	39	26%
		Secondary	45	30%
		Higher Secondary	43	28.67%
		Graduation	16	10.67%

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		Post-graduation	7	4.67%
4	Duration of Treatment	5 - 10 years	74	49.33%
		11-15 years	76	50.67%

Internalized stigma

The pie Chart and Table 2 about level of self-stigma showed below suggest majority of the subjects were reported to be having moderate self-stigma i.e. about 56.67% (85) and 40% (60) mild stigma. And the most concerning aspect revealed was severe self-stigmatized was although only 2% (03) of subjects but moderate self-stigma may give rise to severe as a trajectory.

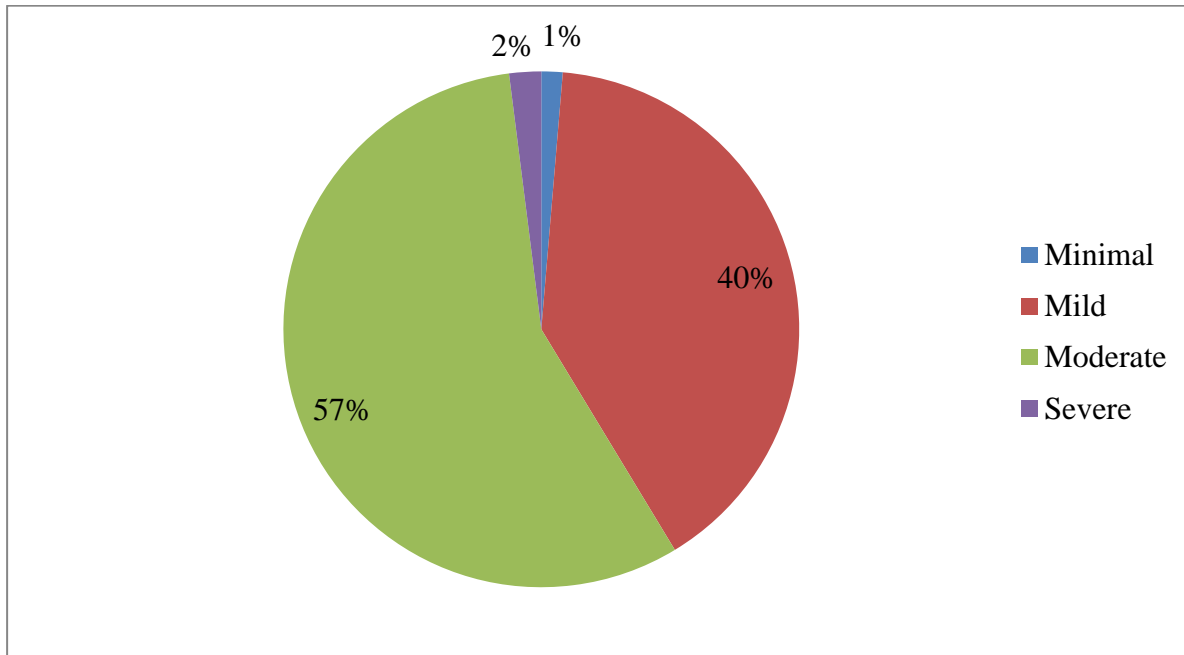


Figure No. 1: Frequency & percentage distribution of overall self-stigma score

Table 2: Frequency & percentage distribution of overall self-stigma score. n=150

SN	Categories	Frequency	Percentage
1	Minimal	2	1.33%
2	Mild	60	40%
3	Moderate	85	56.67%
4	Severe	3	2%

n= 150

II.B. Subscales of ISMI scale in relation to self-stigma:

The Fig No: 2 and Table No: 3 depicts the findings pertaining to subscales of ISMI. All the subjects reported to be distributed almost evenly in terms of subscales of self-stigma. That is as follows, Feeling of alienation 40% subjects with the mean score of 2.40 ± 0.94 , Stereotypical endorsement 42.5% samples with the mean of 2.55 ± 0.82 , Discrimination experience was 45.3% subjects with the mean of 2.72 ± 0.95 , Social withdrawal was 42.3% among the subjects with the mean of 2.54 ± 0.90 and Stigma resistance was observed 38.6% of subjects with the mean of 2.32 ± 0.83 .

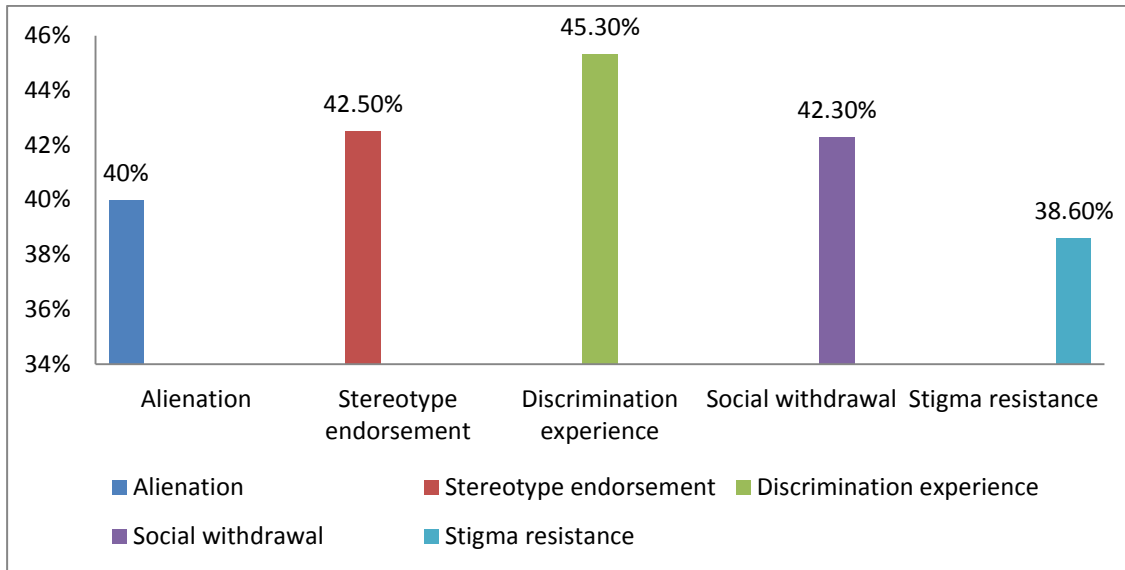


Fig No. 2: Analysis of subareas of ISMI scale in relation to self-stigma.

Table No: 3 Descriptive analysis of subscales of ISMI scale in relation to self-stigma n= 150

SN	Subscales	Mean	SD	Percentage
1	Alienation	2.40	0.94	40%
2	Stereotype endorsement	2.55	0.82	42.5%
3	Discrimination experience	2.72	0.95	45.3%
4	Social withdrawal	2.54	0.90	42.3%
5	Stigma resistance	2.32	0.83	38.6%

Association of self-stigma score with demographic variables

The association of self-stigma score with demographic variables shown in table 3. The data was analyzed using chi-square test and there was no association found between demographic variables under study such as age, gender, education and duration of treatment and mean total self-stigma score. As calculated ‘p’ values of each demographical variables were greater than 0.05 level of significance.

SN	Demographic variables	Mean	SD	‘P’ Value
1	Age	2.44	1.08	0.676
2	Gender	1.51	0.50	0.765
3	Education	2.38	1.12	0.980
4	Duration of treatment	1.51	0.50	0.168

Table 4: Association of Self stigmatization score with Demographic variables n=150

DISCUSSION

Self-stigma in psychiatric patients were estimated using the ISMI scale after informed consent. It was found that maximum 56.67% of samples had moderate self-stigma, about 40% sample had mild levels of self-stigma, about 2% samples were having severe self-stigma and only 1.33% had minimal level of self-stigma.

The findings in relation to mild self-stigma but the other levels of stigma findings were contradictory in a study done by HeliaGhanean, MarziehNojomi, and Lars Jacobson et al. on Internalized stigma of mental illness in Tehran, Iran among 138 patients with schizophrenia with the purpose of investigating the internalized stigma in people with mental illness. The study results showed that 40% of samples had minimal self-stigma while 21% mild self-stigma, moderate stigma was seen in 27% of samples and 12% of samples had severe self-stigma(14).

During data collection the researcher observed that, Nowadays the people with mental illness get a greater amount of support and care from family members as compared to earlier, Which may be a reason behind less severity of self-stigma in current study, however there is still mild to moderate self-stigma can be seen in people with mental illness which need strategic planning to prevent severe self-stigma.

The association between self-stigmatization score with demographic variables. In age category the "p" value is 0.676, in gender the "p" value was 0.765, in education category the "p" value was 0.980 and in duration of treatment category the "p" value was 0.168, Hence the "p" values of all the demographic variable category are greater than 0.05 level of significance. Therefore there was no association between the self-stigmatization score and demographic variables.

The similar findings were reported in a study done by Silveira et al. on the relationship between self-stigma and socio demographic variables in people with substance abuse among 248 samples. Spearman's correlation test and t- test did not show any association between self-stigma and any of the socio demographic variables except for employment which had the "t" value of -2.06.

While conducting the study researcher observed that each individual sample had a different point of view regarding their mental illness and had a different perception regarding the community in which they live. The researcher feels that the reason for no association between the above demographic variables and self-stigma is because there are other factors which have a greater influence on the self-stigmatization such as self-esteem, individuals level of coping to the situation etc.(15)

CONCLUSION

The present study suggests that majority of participants with psychiatric illness have moderate self-stigma. the study also suggest that the demographic variables of subjects such as age, gender, education and duration of treatment had no influence on self-stigma of individual, indicating that various other psychosocial variables such as self-esteem, individuals perception regarding the psychiatric disorders, individuals coping ability etc. may have influence upon self-stigma of an individual. Hence the much emphasis must be laid on the preventive aspects of self-stigma to make the patient live happily and prevent relapses.

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