

Association between Internalized Stigma and Self Esteem among Chronic Patients with Psychiatric Disorders

ABSTRACT

Background: People with mental illnesses face societal stigma, which limits their social chances and meaningful interactions, lowering their self-esteem, life satisfaction and impeding recovery. **Aim:** The study focuses on exploring the prevalence and association between internalized stigma and self esteem among patients with psychiatric disorders. **Methods:** This hospital-based study consisted of 360 patients diagnosed with any psychiatric disorders using a purposive sampling selected from the outpatient department (OPD) of the CIIMHANS, Dewada, Chhattisgarh, India. Patients were assessed through the socio-demographic datasheet, Internalized Stigma of Mental Illness Scale (ISMI) and the Rosenberg's Self-Esteem Scale (RSES). **Results:** The result of this study indicates that internalized stigma was seen to be at a severe level in just under half (42.8%) and more than half low self-esteem (54.2%) among patients with psychiatric disorders. In regression analysis, overall internalized stigma strongly contributes 75.5% to the variance on self-esteem and duration of illness. **Conclusion:** People who have a psychiatric illness often feel stigmatized. These people are discriminated against, have restricted work opportunities, feel stigmatized at work around the world, which lowers their self-esteem and quality of life.

Key word: Internalized stigma, self-esteem and psychiatric disorder

Introduction

Mental health is a crucial component of overall health, it is defined as "a condition of well-being in which an individual recognises his or her own abilities, can cope with the normal stressors of life, can work productively, and can contribute to his or her community" (WHO 2014). According to the World Health Organization (2021), Mental illness is estimated that 450 million individuals worldwide suffer from mental disease.

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Approximately 80% of people with mental illnesses live in low- and middle-income nations (WHO, 2010). Among the Indian population, the lifetime prevalence of "any mental morbidity" was assessed to be 13.67%, with a current prevalence of 10.56% (Gautham et al., 2020).

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Stigma is a universal phenomenon that knows no bounds and can affect everyone. Stigma is defined as "societal-level, cultural norms, and institutional behaviours that limit stigmatised populations' prospects, resources, and well-being" (Link et al., 2014). In India, stigma towards persons with mentally illness was found to be present in 74.61% of the population (Venkatesh et al., 2015). Discrimination and stigmatisation of mentally ill people remain a persistent problem in mental health care (Zhang et al., 2020). This phenomenon is especially important in the fight to integrate mentally ill people into society (Beldie et al., 2012). Internalized stigma has also been connected to a variety of negative psychosocial consequences in those suffering from mental illness (Livingston & Boyd, 2010). These include poor social support and life satisfaction (Oliveira et al., 2015), limited career options, feeling stigmatised at work (Kumar et al., 2021), marginalisation, rejection, shame, and isolation are just a few examples (Shrivastava et al., 2012).

Self-esteem is linked to a person's ability to have a positive attitude toward themselves (Rosenberg, 2015) and to maintain those positive attitudes under difficult situations, particularly when they involve being assessed by others (Britt et al., 1997; Sowislo & Orth, 2013). Self-esteem may play a key influence in a patient's overall quality of life and social relationship (Barbalat et al., 2022). Low self-esteem increases the risk of developing psychiatric disorders such as depression, eating disorders, and substance abuse, and having a psychiatric disorder affects one's self-esteem (Razali et al., 2010; Mashiach-Eizenberg et al., 2013). In patients with psychosis, low self-esteem has been linked to the development of delusions and the duration of psychotic symptoms (Maharjan et al., 2019).

The Indian studies have clarified that psychiatric patients suffer a high level of stigma and low level of self-esteem (Venkatesh et al., 2015; Maharjan & Panthee, 2019). There are very few Indian studies

describing stigma predictors that influence self-esteem among patients with psychiatric disorders. We intend to look in the area of stigma, in order to know its predictive role in self esteem among patients with psychiatric disorders.

Objective of Study

1. To exploring the prevalence internalized stigma among patients with psychiatric disorders
2. To exploring the prevalence self esteem among patients with psychiatric disorders
3. To association between self-stigma and self esteem among patients with psychiatric disorders

Methods And Materials

The cross-sectional study was conducted between October 2021 to March 2022. The sample was selected from the outpatient department (OPD) of the Central India Institute of Mental Health and Neurosciences, Chhattisgarh, India through a purposive sampling technique. A total of 360 respondents were selected for this study. Patients with any psychiatric disorders who were already diagnosed as per the ICD-10 and those who are on regular follow-up at the CIIMHANS, Dewada, Rajnandgoan, Chhattisgarh, India were included in the study. Patients were interviewed by using the socio-demographic sheet, Internalized Stigma of Mental Illness Scale (ISMI) and the Rosenberg's Self-Esteem Scale (RSES). The Institutional Ethics Committee of Central India Institute of Mental Health and Neuro Sciences, Rajnandgoan, Chhattisgarh has approved this study.

Inclusion and Exclusion Criteria

Inclusion criteria: Patients diagnosed with any psychiatric disorders as per ICD-10, age more than 20 years and less than 50 years, (both male and female), duration of illness at least 5 to 15 years. Those who gave written informed consent for the participation were selected in the study.

Exclusion criteria: Uncooperative or unwilling to give consent, history of major general medical and/or psychiatric illness, patient age below 20 years or above 50 years and comorbid substance dependence (except nicotine & caffeine)..

Brief Information about the Tools

Socio-Demographic Data Sheet: It is a semi-structured, self-prepared proforma especially drafted for this study. Its data sheet was used to collect details such as age, education, marital status, domicile, family type, and duration of illness.

Internalized Stigma of Mental Illness Scale: It is a 29-item questionnaire designed to measure subjective experiences of self-stigma, which comprises five subscales: alienation, stereotype endorsement, discrimination experience, social withdrawal and stigma resistance (Ritsher et al., 2003). Participants respond on a four-point agreement scale (4 = strongly agree). Psychometric properties of the ISMIS are good with acceptable internal consistency ($\alpha = .90$) and test-retest reliability ($r = .92$).

Rosenberg's Self-Esteem Scale: It is a short, 10-item scale that measures self-reported global self-worth by measuring positive and negative feelings about one's self. Using a 4-point Likert scale from strongly agree (1) through to strongly disagree (4), respondents indicate how strongly they agree or disagree with each of the statements. Negative items are reverse-scored and higher scores indicate greater self-esteem (Rosenberg, 1965). There were two cases with missing items and these were excluded from the analysis. The RSES displayed good internal consistency (Cronbach's $\alpha = 0.84$)

Procedure

A total 360 patients with psychiatric disorders were selected for the study, those who fulfilled

the inclusion criteria. After that, researchers explained the purpose of the study to all participants. Informed consent was obtained from each participant before data collection. After providing sufficient instructions, patients with psychiatric disorders were interviewed to collect the socio-demographic data. Thereafter, the Internalized Stigma of Mental Illness Scale (ISMIS) and Rosenberg's Self-Esteem Scale were administered to patients with psychiatric disorders. The questionnaires were scored as per the test manual and the data was tabulated and analyzed.

Statistical Analysis

The statistical analysis was done using IBM Statistical Packages for the Social Science (SPSS) software package for windows, Version 25.0. Armonk, New York, United States: IBM Corp. Descriptive statistics such as frequency, percentage, mean, and standard deviation were employed for socio-demographic data (SD). For the relationship between variables, correlation and regression were used. At the start of the investigation, the significance levels of $p < 0.05$, $p < 0.01$ and $p < 0.001$ were determined.

Results

Table 1 reveals the socio-demographic details of the patients with psychiatric disorders. The mean age and SD score of the patients with psychiatric disorders were 34.24 ± 6.78 , with an age range between 20-50 years. The duration of illness mean and SD score was 7.55 ± 2.40 , with the range between 5-15 years. The majority of the patients were male (54.4%), educated up to secondary level (41.1%), married (75.3%), self-employee by occupation (68.3%), belonging to the nuclear family (74.2%), with residing in rural areas (55.0%).

Table 1. Socio-demographic profile of the patients with psychiatric disorders (N=360)

Variables		(Mean±SD)	
Age (years)		34.24±6.78 (range 20-50)	
Duration of illness (years)		7.55±2.40 (range 5-15)	
		Frequency	Percent
Gender	Male	196	54.4%
	Female	164	45.6%
Education	Illiterate	46	12.8%
	Primary	79	21.9%
	Secondary	148	41.1%
	Higher Secondary	49	13.6%
	Graduate and Above	38	10.6%
Marital Status	Married	271	75.3%
	Unmarried	89	24.7%
Occupation	Govt. Job	25	6.9%
	Self Employee	246	68.3%
	Student	13	3.6%
	Unemployed	76	21.0%
Family Types	Joint	93	25.8%
	Nuclear	267	74.2%
Domicile	Rural	198	55.0%
	Semi-urban	90	25.0%
	Urban	72	20%

SD=Standard deviation; %= percentage (100%)

Table 2 shows the prevalence of different levels of internalized stigma among patients with psychiatric disorders such as no stigma, mild, moderate and severe stigma. Among the 360 patients with psychiatric disorders based on the ISMIS score values, it was found that 42.8 % of patients with psychiatric disorders had a severe overall internalized stigma score. Regarding subscales of internalized stigma, 41.1% have alienation stigma, 39.4% have stereotype endorsement stigma, 52.8% have discrimination stigma, 35.0% have social withdrawal, and 17.8 have stigma resistance all corresponding to severe level.

Table 2. Prevalence of internalized stigma among patients with psychiatric disorders

Variables	Minimal to no stigma N (%)	Mild Stigma N (%)	Moderate Stigma N (%)	Severe Stigma N (%)
Alienation	36 (10.0%)	78 (21.7%)	98 (27.2%)	148 (41.1%)
Stereotype Endorsement	46 (12.8%)	60 (16.7%)	112 (31.1%)	142 (39.4%)
Discrimination Experience	26 (7.2%)	36 (10.0%)	108 (30.0%)	190 (52.8%)
Social Withdrawal	58 (16.1%)	76 (21.1%)	100 (27.8%)	126 (35.0%)
Stigma Resistance	84 (23.3%)	142 (39.4%)	70 (19.4%)	64 (17.8%)
ISMI	4 (1.1%)	56 (15.6%)	146 (40.6%)	154 (42.8%)

N= Number; %= percentage

Table 3 shows the prevalence of different levels of self-esteem among patients with psychiatric disorders. Among the 360 patients with psychiatric disorders based on the Rosenberg's Self-Esteem Scale (RSES) score values, it was found that 54.2 % had a low level of self-esteem, 32.2 % moderate level of self-esteem and 13.6 % high level of self-esteem among patients with psychiatric disorders.

Table 3. Prevalence of self-esteem among patients with e psychiatric disorders

Self-Esteem	N	Percentage
Low Self-esteem	195	54.2%
Moderate Self-esteem	116	32.2%
High Self-esteem	49	13.6%

Table 4 shows the correlation among internalized stigma, self-esteem and duration of illness of patients of psychiatric disorders. Internalized stigma was found significantly negatively correlated with self-esteem ($r = -0.806$; $p=0.000$), and significantly positively correlated with duration of illness ($r = 0.692$; $p=0.000$). Similarly self-esteem was also found significantly negatively correlated with duration of illness ($r= -0.511$; $p=0.000$).

Table 4. The correlation between the internalized stigma, self-esteem and duration of illness among patients with psychotic disorder

	internalized stigma	self-esteem	duration of illness
internalized stigma		-0.806**	0.692**
self-esteem	-0.806**		-0.511**
duration of illness	0.692**	-0.511**	

Table 5: Linear regression model with stigma as dependent variable and self-esteem and duration of illness as independent (n=360)

**= significant at the 0.001 level

Table 5 shows the internalized stigma contributes significantly to the prediction of self-esteem and duration of the illness among patients with psychiatric disorders [$F(2,357)=550.736, p=0.000$]. Overall internalized stigma contributes 75.5% to self-esteem, duration of illness and the remaining 24.5% factors were attributed to the variable which is not included in the study. Overall internalized stigma strongly contributes to the variance of self-esteem (Beta=-0.612, $t=-20.08, p=0.000$) and duration of illness (Beta= 0.379, $t=12.447, p=0.000$).

Variables	B	Std. Error	Beta	T	R	R ²	F	P-value
Self-Esteem	-1.905	0.095	-0.612	-20.08	0.869	0.755	550.736	0.000
Duration of illness	3.100	0.249	0.379	12.447				0.000

Discussion

The present study found that internalized stigma was seen to be at a severe level in just under half (42.8%) among patients with psychiatric disorders. Regarding subscales of internalized stigma, discrimination stigma (52.8%) was expected to be higher than alienation stigma (41.1%), stereotype endorsement stigma (39.4%), social withdrawal (35.0%), and stigma resistance (17.8) in psychiatric patients, all of which corresponded to the severe level. Some similar findings were found in other studies. Picco et al. (2016) found that just under half of mental patients had moderate to high internalized stigma. Most research revealed that between a quarter and half of individuals experienced significant levels of internalized stigma (Boyd et al., 2014; Mohamed, 2019 Park et al., 2019). Picco et al. (2017) reported that people with mental illnesses experience stigma in the workplace, and it's leading to self-stigma.

The present study was also discovered that more than half of psychiatric patients have low self-esteem (54.2%). Some similar findings were found in other studies. Mohamed, (2019) reported that near to half of the psychiatric patients have low levels of self-esteem. Keane and Loades (2017), reported that young people with any mental disorder have a lower level of self-esteem than their healthy counterparts. Rashid et al. (2011) revealed that social anxiety was

high among psychiatric patients but self-esteem and body-esteem were low. Another study reported patients with mental illnesses have low self-esteem and its impacts on their treatments and recovery of the illness (Barbalat et al., 2022; Oliveira et al., 2015;).

Regression analysis in the present study shows, overall internalized stigma strongly contributes 75.5% to the variance on self-esteem and duration of illness. In correlation, internalized stigma was found significantly negatively correlated with self-esteem, and significantly positively correlated with duration of illness. Similarly self-esteem was also found significantly negatively correlated with duration of illness among patients with psychiatric disorders. Some previous studies also suggested similar findings. Picco et al. (2016) revealed that internalized stigma was only strongly and adversely correlated with self-esteem. Yanos et al. (2008) discovered that internalized stigma affects people's hope and self-esteem, which has a negative impact on their ability to recover from sickness. According to Mohamed (2019), there is a highly strong correlation between internalized stigma and self-esteem. Mashlach-Eizenberg et al. (2013) found that self-esteem mediates the association with stigma, and that the effects of internalized stigma on quality of life may be directly tied to self-esteem levels. Further, self-stigma has a negative impact on self-esteem among people with mental illnesses (Maharjan & Panthee, 2019; Frias et al., 2019 Park et al., 2019).

Limitations

The patients with psychiatric disorders were selected only from the OPD of the hospital who came for the regular follow up, and therefore the results cannot be generalized to all populations. The sample size in this study was small and future studies should explore a larger sample from the community for a better understanding. In this investigation, only two scales were employed. More scales may have been used to get a more comprehensive picture of the patients with psychiatric disorders.

Implications

The present findings of the study are useful to understanding the internalized stigma and its relationship to self-esteem in patients with psychiatric disorders. Mental health practitioners can assist these patients with early assessment, treatment, and mental health promotion at the family and community levels. Family therapy and counselling can be organized to improve self-esteem, coping strategies, and self-efficiency, as well as to address societal stigma.

Conclusion

The present study suggests that internalized stigma is high and self-esteem is low in patients with psychiatric disorders. Internalized stigma is significantly associated with self-esteem. In addition, stigma strongly contributes (75.5%) to the prediction of self-esteem and duration of illness in psychiatric patients. Mental health professionals should try to identify the level of self-esteem as early as possible among patients with psychiatric disorders to deal with it effectively. Therefore, there is a need for an hour to formulate intervention as well as preventive strategies for psychiatric patients.

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