

## Correlates Of Stigma Among Patients with Schizophrenia

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### ABSTRACT

Stigma is the phenomenon whereby an individual with an attribute which is deeply discredited by his/her society is rejected as a result of the attribute. Stigma is a process by which the reaction of others spoils normal identity. Schizophrenia is a chronic, debilitating mental disorder characterized by abnormalities of thoughts, emotions, perception and cognition. The article aims to discuss the factors that determine and promote stigma among patients with schizophrenia. The factors responsible for stigma among people with schizophrenia are biological, psychological and social. People with schizophrenia may internalize perceived prejudices and develop negative feelings about themselves and feel shame and embarrassment about having the mental illness. People with schizophrenia that are stigmatized are usually unwilling to seek services, social interaction, and employment opportunities and even when they do, they often do not perform optimally in those domains because of the internalized stigma. Besides, the issue of stigma is a severe burden for people with schizophrenia in both their private and public lives, and it also affects their relatives. Stigma affects the quality of life with people with schizophrenia usually in the negative trend, but this is modifiable with good implementation of adequate public mental health policies.

**Keywords:** schizophrenia, stigma, negative feelings, relatives.

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Stigma is a powerful social process of devaluing people or groups based on a real or perceived difference - such as gender, age, sexual orientation, class, race, ethnicity, or behavior. Stigma is used by dominant groups to create, legitimize, and perpetuate social inequalities and exclusion. Stigma often leads to discrimination, which is the unfair and unjust treatment of an individual based on that socially identified status [1].<sup>1</sup>

Erving Goffman defined stigma as the phenomenon whereby an individual with an attribute which is deeply discredited by his/her society is rejected as a result of the attribute. Stigma is a process by which the reaction of others spoils normal identity. It involves the processes of labeling, stereotyping, separation, emotional reaction, status loss and discrimination. The awareness of stigma has increased considerably in the field of mental health services. Substantial research in the area of mental illness has been carried out to understand the complexity and a multidimensional effect of stigma on an individual's well-being [2].

Regarding mental illness, public stigma represents the prejudice and discrimination that affect people with mental illness when appreciable segments of the general population endorse negative stereotypes about psychiatric disorders. Stigma can be perceived or internalized. It is perceived if the object of the negative attitude recognizes it, and it is internalized if he/her accepts it as being true so much that it influences his or her daily activities [3].

The prevalence of perceived stigma among people with schizophrenia from 16 countries was found to be 13.5% and 22.1% for developing countries and 11.7% in developed ones, respectively. In another study conducted in 14 European countries, the prevalence of stigma was 41.7% among schizophrenia patients. In Ethiopia, the prevalence of stigma among people with mental illness were reported to be within the range of 32.1% to 83.5% [4].

Schizophrenia is a chronic, debilitating mental disorder characterized by abnormalities of thoughts, emotions, perception, and cognition. It has a prevalence of 1% and an incidence of 0.1% globally. It is characterized by lowering of social and occupational functioning and poor quality of life among patients that are being managed for it. It is of great public health concern because of its burden of care [5].

In Nigeria which is a low- and middle-income country and where a lot of patients access medical services with the out-of-pocket payment system, the menace of stigmatization among patients with schizophrenia is quite enormous. This consequently affects their quality of life, compliance with medications, level of productivity at home, work and other public spaces. In all, the correlates of stigma among patients with schizophrenia can be discussed along the biological, psychological, and social factors [6].

People with schizophrenia may internalize perceived prejudices and develop negative feelings about themselves and feel shame and embarrassment about having the mental illness. People with schizophrenia that are stigmatized are usually unwilling to seek services, social interaction, and employment opportunities and even when they do, they often do not perform optimally in those domains because of the internalized stigma. Besides, the issue of stigma is a severe burden for people with schizophrenia in both their private and public lives, and it also affects their relatives [7].

**Biological factors:** some patients with schizophrenia have siblings or other relatives with a similar condition. This may make other people around them to beam the light of stigma on them individually and or collectively, while giving them undue labels resulting in discrimination and social exclusion. Also, some patients with schizophrenia may have co-morbid medical conditions that may require treatment by other specialties. When they attend clinic sessions at those places, they may experience negative attitudes from health workers and co-patients. This may limit their adherence to all medications and increase the risk for psychiatric and physical morbidity and mortality [8].

**Psychological factors:** some patients with schizophrenia have cognitive styles that portend low self-esteem and feelings of being humiliated even before the onset of the condition. This is made worse and elaborated by the societal attribution of negative attitudes like stigma. In addition, some patients with schizophrenia are of low social class and low socioeconomic status, which may have already positioned them for social exclusion, while the perceived stigma from the society becomes easily internalized by them [5]. Studies have shown that patients develop self-stigma when they internalize the prejudices and unfavorable preconceptions associated with having a severe mental illness, and this has a negative impact on many aspects of their lives, including increased depressive disorders, suicidal ideation, impaired self-esteem, quality of life, and adherence to treatment [9].

**Social factors:** Unhealthy family environment and internalized stigmatization may worsen the quality of life in people with schizophrenia. Family is an important milestone in the development of mental structure of a person and certain family environments can change the direction of psychiatric disorders. Social components like unhealthy family communication, psychiatric and social difficulties occur in the development of schizophrenia, and communication problems with insensitive relatives may worsen the prognosis in such patients [10].

In schizophrenia, self-stigma is strongly associated with poor social contact and lower perceptions of social support, which has a negative impact on recovery results. This reduces the chances of clinical and subjective recovery, and plays an important role in personal recovery, given that it affects hope and self-esteem. Increased internalized stigma affects social exclusion and self-marginalization, which makes it challenging to obtain and uphold social roles. This has an impact on functionality as well [9]. Also, the effects of poor social support are observed in high expressed emotion, which is characterized by critical comments, hostility and emotional over-involvement and significantly associated with internalized stigma [5]. These would hamper productivity resulting in reduced empowerment, resilience, and low patronage of mental health services for psychiatric care [11].

### **Recommendation For Public Policy**

- As most countries possess their respective National Mental Health Acts, these documents should be well circulated to both private and public establishments in order to protect the interests of the mentally ill.

- The proper integration of mental health care into primary and secondary health care should be done as international best practice. This would promote the utilization of mental health services in the country and reduce the spate of stigma among patients with schizophrenia.
- People with live in experiences of schizophrenia should be made members of committee for policy making for schizophrenia treatment in respective nations.
- Public and population mental health promotion should be adequately, consistently and continuously done by necessary bodies of professionals, non-governmental organizations and civil society organizations so as to improve the public enlightenment about mental illness nad the mentally ill. These would reduce the menace of stigma and other negative attitudes towards people with schizophrenia.

In conclusion, stigma is the phenomenon whereby an individual with an attribute which is deeply discredited by his/her society is rejected as a result of the attribute. It is a negative attitude which in its severe form results in discrimination, social exclusion and lowered performance in social and or occupational functioning. The correlates of stigma among patients with schizophrenia can be viewed in terms of biological, psychological and social factors and public mental health policies and advocacies can help modify some of these factors and their consequences.

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