

Stigma and Shame among Substance Abuser Women

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Abstract

Background: Women who use drugs have to face very hazardous consequences, self-stigma, internalize shame and stigmas of society as compared to men's. They have less social support; are more influenced in issues relating to drug use and recovery by their parental role and through their partners; and are at a greater risk of exposure to violence and blood-borne infections. **Aim:** to assess the level of self stigma and shame among substance abuser women. **Study design:** a descriptive exploratory study design was used. **Setting:** this study was conducted at inpatient department for substance abusers women in Abbasiya for Mental health Hospital- Cairo city. **Subject:** convenient sample of 30 substance abuser women. **Data collection tools:** 1) Socio-demographic questionnaire for women. 2) Substance Abuse Self Stigma Scale, SASSS. 3) The Internalized Shame Scale, ISS. **Results:** the result of this study revealed that half of the studied substance abuser women had "high" level of self-stigma, less than half of them recorded "average" level, and the less of them had "low" level of self stigma related to substance abuse. Also, half of the studied substance abuser women had "average" level of shame, less than half recorded "high" level, and the less of them had "low" level of internalized shame related to substance abuse. **Conclusion:** the study concluded that, there were highly statistically significant positive correlations between total level of self-stigma and internalized shame among studied substance abuser women. **Recommendations:** A hotline must be available to solve immediate problems of substance abuser women with self stigma and shame. Expand primary health care services in community services frequently used by substance abuser women.

Keywords: self-stigma, internalize shame, substance abuser women.

Introduction:

Substance abuse refers to the harmful hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes physical withdrawal state *Alfonso Troisi, (2020)*.

Women who use drugs face a number of issues that vary in extent and nature compared with those experienced by male. They have greater experiences of stigma, shame and discriminatory responses; have less social support; are more influenced in issues relating to drug use and recovery by their parental role and through their partners; and are at a greater risk of

exposure to violence and blood-borne infections (*Sharone Apra, 2017*).

Women with substance abuse may internalize negative stereotypes and respond by self-stigmatization. High levels of self-stigma are associated with low levels of hope, self-esteem, self-efficacy, and quality of life. Self-stigma may undermine adherence to treatment recommendations and decrease help-seeking behavior. It also may interfere with rehabilitation goals, such as pursuing employment, independent living, and having a full social life. The concept of self-stigma has been described by various terms, including internalized stigma, perceived stigma, and enacted stigma (*Shanta Maharjan and Bimala Panthee, 2019*).

Both men and women experience shame, although it has been postulated throughout the literature that women experience shame differently due to cultural, societal and relational norms that are expected of women. Women may have more intense feelings of

shame from the negative evaluations of self. Men and women process shameful feelings and experiences differently. (Robertson K. R., 2019).

Shame has been deeply involved in habits that enable people, such as binge-eating, sexual risk-taking and drug use to avoid feelings of worthlessness and disappointment. Increased feelings of shame dramatically increase sensitivity to addictive behaviors, particularly drug abuse. In fact, women seeking treatment for substance-related problems can suffer greater shame than males and frequently fear intimate relationship breakdowns Masuma and Robert, (2014).

The most significant aspects in reducing stigma and shame associated with addiction are Education and awareness. For people with addiction, it's important to realize that substance abuse a disease, it is not personal failure and it is possible to cure. For substance abusers, it is really important to seek treatment and not let the fear of being stigmatized and shamed prevent them from seeking support Luoma, Barbara, Steven, Kara, and Alyssa, (2016).

In aiding individuals who are undergoing the drug rehabilitation, nurses play an important role. They map their improvement, help them to adapt their life without drugs, educate them how to reduce the feeling of stigma and shame, and how to sustain their sobriety after completing therapy Ibrahim, (2018).

A relatively recent field of study is designed approaches to minimize self-stigma. Psycho-education or psycho-education combined with cognitive restructuring are most successful forms of intervention strategies for reducing self-stigma Dinesh Mittal, et al, (2014).

Significance of the Study:

High levels of self-stigma are associated with considerable guilt and shame, low levels of hope, self-esteem, self-efficacy, and quality of life. Self-stigma may undermine adherence to treatment recommendations and decrease help-seeking behavior. It also may interfere with rehabilitation goals, such as pursuing employment, independent living, and having a

full social life Louisa, Ying, Shirlene , Edimansyah, and Janhavi , (2017).

In Egypt substance abuse is the main societal problem, where national results search for addiction confirmed that the prevalence of the drug addiction in Egypt is twice the global rates, as the proportion in Egypt has reached 10% and % 27 of drug consumers and abusers are women *The Egyptian center for prevention and treatment of addiction, (2018)*. Globally, a third of drug users worldwide are women, but only fifth of drug addiction patients are women according to *The World Drug Report United Nations Office on Drugs and Crime :UNODC, (2018)*.

So, understanding the interrelated components of stigma, including labeling, stereotypes, and discrimination, can help nurses to reduce its impact in clinical care sittings to improve care experience for patients and nurses. Appropriate assessment may help for reducing the level of stigma among substance abuser women, increasing their level of self esteem, may help them to maintain drug free life and encourage women to get their lives back to "normal".

The aim of the study

The current study aimed to assess the level of self-stigma and shame among substance abuser women.

Subjects and Methods

• Research design:

An exploratory descriptive research design was adopted to fulfill the aim of the study and answer the research questions. It helps the researcher to describe and document aspects of a situation as it naturally occurs.

• Setting:

The study was conducted in the inpatient department for substance abusers women in Abbasiya for Mental health Hospital, in Salah Salem Street, Cairo, Egypt, affiliated to Egyptian Ministry of health.

• Subjects:

The current study comprised of convenient sample used to achieve the aim of

this study. The sample was chosen as the number of available substance abuser women of the present study were 30 women.

Tools for data collection

Tool (1): Socio-demographic data questionnaire

1. Interview questionnaire sheet developed by the researcher it consisted of two parts:

A- Demographic characteristic of substance abuser women such as (Age, work/ job, Education, etc...).

B- Knowledge regarding substance abuse such as (kind, duration, route of administration.....etc).

Tool (2): SASSS Substance Abuse Self Stigma Scale: This scale was adapted from *Luoma et al., (2013)* to assess self-stigma among individuals with substance abuse disorders, and it consists of the following three subscales :-

A-Self-devaluation: it consists of 8 items.

B-Fear of enacted stigma: it consists of 9 items.

C-Stigma avoidance and Values disengagement: it consists of 23 items.

❖ Scoring system:

Each item of the **Self-devaluation** subscale required participants to respond on a 5-points Likert-type scale, ranging from 1(never) to 2 (rarely), 3 (sometimes), 4 (often) and 5 (very often).

Each item of the **Fear of enacted stigma** subscale required participants to respond on a 5-points Likert-type scale, ranging from 1(Few People) to 2(Some people), 3 (Many people), 4 (Most People) and 5 (Almost Everyone).

Each item of the Stigma avoidance and Values disengagement subscale required participants to respond on a 5-points Likert-type scale, ranging from 1(Never or never almost true) to 2(Rarely true), 3 (sometimes true), 4 (Often true) and 5 (Always or almost always true). This scale have the following 10 reverse items no: 2,3,5,6,7,12,13,14,21,22. The Cronbach's alpha for the subscales ranging from $\alpha=0.82 - \alpha=0.88$.

Full scale (40 items; $\alpha =0.86$) obtained acceptable levels of internal consistency.

Tool (3): The Internalized Shame Scale, ISS: This scale adapted from *Cook, (2001)* to assess shame-related thoughts and feelings. The ISS consists of 30 items. Six items comprise a self esteem subscale, and the remaining 24items comprise the internalized shame subscale. The researcher edited and rephrasing items of tool to meet the aim of the study after reviewing literature in this field.

❖ Scoring system:

Each item of the internalize shame scale using a 5-point Likert scale that describes how frequently the item is experienced ranging from 0(Never) to 1(Seldom), 2(Sometimes), 3(Frequently), and 4 (Almost Always). The 6 items that assess self esteem (no: 4, 9, 14, 18, 21, 28) are reverse items. Potential scores for internalized shame range from 0 to 96.

Ethical considerations

The ethical research considerations in this study include the following:

An official permission was obtained through an issued letter from the Dean of Faculty of Nursing, Ain Shams University to conduct this study. The research approval obtained from Scientific Research Ethical committee in Faculty of Nursing at Ain Shams University before starting the study. The purpose of the study was explained to the women in the first part before starting the administered questionnaire the researcher informed the participants that, the study was voluntary, they were given an opportunity to refuse to participate and they had the right to withdraw from the study at any time, without giving any reason. Moreover, they were assured that, their information would be confidential and used for research purposes only.

Operational Design:

The operational design includes preparatory phase, pilot study, and field work.

Data collection

It includes reviewing of the past and current related literature and different studies

covering the various aspects of women substance abuse self-stigma and shame by using books, articles, periodicals, magazines and online references to get acquainted with the research problem and develop the study tools. The study tools were designed and translated into Arabic language by language experts and back translated to ensure its accuracy.

Pilot study

The aims of pilot study were

- Identify any unexpected obstacles and problems.
- Ensure the clarity of the assessment sheet.

A pilot study was carried out after the adaptation of the tools and before starting the data collection. A pilot study was carried out in the first half of September, 2019. It was conducted on (10%) of the expected sample size to test the clarity, feasibility and applicability of the study tools. In addition, it served to estimate the approximate required time for interviewing the substance abuser women as well as to find out any problems that might interfere with data collection. After obtaining the result of the pilot study, there were no modifications of tools. The participants in the pilot study were excluded from the main study sample.

Field work:

The actual field work for the process of the data collection had consumed. After an official permission was obtained from the director of Abbasyia hospital for psychiatric and mental health to precede the study, the researcher embarked on field work. The actual process of data collection consumed 3 months started from September until November 2019.

4-Statistical design

The collected data were organized, analyzed using appropriate statistical significant tests. The data were collected and coded using the Computer Statistical Package for Social Science (SPSS), version 20, and was also used to do the statistical analysis of data.

Quantitative data were expressed as mean± standard deviation (SD). Qualitative data were expressed as frequency and percentage.

The following tests were done:

- Chi-square (χ^2) test of significance was used in order to compare proportions between qualitative parameters.
- Pearson and (t) tests were used to compare frequencies and correlation between study variables and using a nova test for measuring quantity.
- Pearson's correlation coefficient (r) test was used to assess the degree of association between two sets of variables
- The confidence interval was set to 95% and the margin of error accepted was set to 5%. So, the p-value was considered significant as the following:

▪ Probability (P-value)

- P-value ≤ 0.05 was considered significant.
- P-value ≤ 0.001 was considered as highly significant.
- P-value > 0.05 was considered insignificant.

Results:

Table (1): This table shows that, the mean age of the studied women was (29.97±5.69), regarding marital status (36.7%) of them were divorced, (53.3%) of them were below average of education level, (46.7%) of them were not-working, regarding nature of living (63.3%) of them were living with their parents, regarding condition during admission (50.0%) of them were admitted under drug effect, regarding therapeutic stage (83.3%) of them were in rehabilitation stage, (76.7%) of them were had previous attempts treatment from, regarding treatment costs (46.7%) of them were defray all of the cost, as well as (80.0%) of them were administered drugs more than a year.

Table (2): This table clarifies that the most common substances abused among the studied sample as the following: regarding Cannabis and its derivatives (60.0%) of them were used Hashish, regarding Opioids most of them (80.0%) were used Heroin, concerning to Steroids (16.7%) of them were used Cocaine, regarding Hallucinations (33.3%) of them were used Sedatives and concerning to other drugs (20.0%) of them were used Parkinol.

Figure (1): Concerning to the level of self-stigma clarifies that, half of the studied substance abuser women (50%) had “high” level of self-stigma, (43,3%) recorded “average” level, and (6,7%) had “low” level of self stigma related to substance abuse.

Figure (2): According to the level of internalized shame clarifies that, half of the studied substance abuser women (50%) had

“average” level of shame, (43,3%) recorded “high” level, and (6,7%) had “low” level of internalized shame related to substance abuse.

Table (3): This table shows that, there was positive correlation between the total level of Substance Abuse Self Stigma and the total level of Internalized Shame among substance abuser women, and highly statistically significant with **p-value <0.001**.

Table (1): Distribution of the studied sample according to their socio-demographic and admission data (N=30).

Socio-Demographic data	No.	%
Age (years)		
18>24 years	8	26.7
25>35 years	17	56.7
36>45 years	5	16.7
Mean ±SD	29.97±5.69	
Marital status		
Not married	3	10.0
Married	8	26.7
Divorced	11	36.7
Separate	8	26.7
Widowed	0	0.0
Education		
below average	16	53.3
Intermediate	10	33.3
High level of education	4	13.3
Occupation		
Full- time	8	26.7
Part- time	8	26.7
Not- working	14	46.7
Nature of Living		
Alone	4	13.3
With parents	19	63.3
With husband and children	5	16.7
Other	2	6.7
Condition during admission		
Under drug effect	15	50.0
Withdrawal stage	10	33.3
Free from drugs	5	16.7
Therapeutic stage		
Detoxification	5	16.7
Rehabilitation	25	83.3
Previous attempts treatment		
Yes	23	76.7
No	7	23.3
Treatment costs		
Complimentary	10	33.3
Some of the cost	6	20.0
All of the cost	14	46.7
Duration of administration		
Less than one year	6	20.0
More than a year	24	80.0

Table (2): Distribution of the studied sample according to the most common substances abused between them (N=30).

substances abused	Yes		No	
	No.	%	No.	%
cannabis and its derivatives				
Hashish	18	60.0	12	40.0
Marijuana	13	43.3	17	56.7
Opioids				
Tramadol	18	60.0	12	40.0
Heroin	24	80.0	6	20.0
Opium	7	23.3	23	76.7
Morphine	4	13.3	26	86.7
Codeine	6	20.0	24	80.0
Cough medication	6	20.0	24	80.0
Steroids				
Cocaine	5	16.7	25	83.3
Cold medication	2	6.7	28	93.3
hallucinations				
Sedatives	10	33.3	20	66.7
Apteral	7	23.3	23	76.7
Xanax	2	6.7	28	93.3
Other drugs				
Parkinol	6	20.0	24	80.0
Kimadrin	3	10.0	27	90.0
Akineton	3	10.0	27	90.0
Cogentol	3	10.0	27	90.0

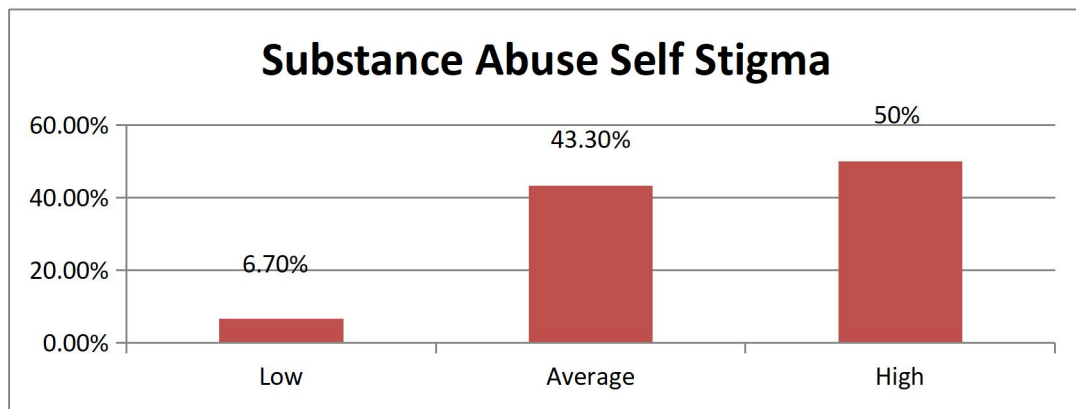


Figure (1): The total level of the substance abuse self stigma among the studied sample (N=30).

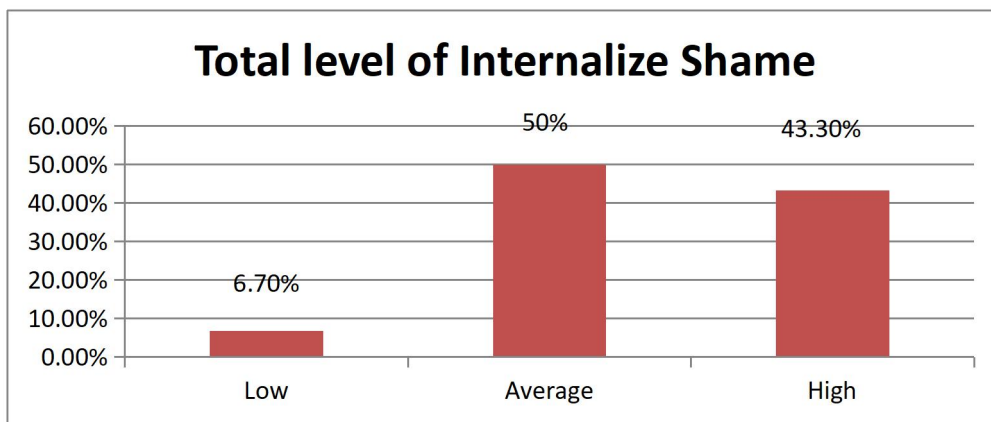


Figure (2): The total level of internalized shame among the studied sampled (N=30).

Table (3): Correlation between total level of Substance Abuse Self Stigma and total level of Internalized Shame among substance abuser women (N=30).

Items	Total score of Internalized Shame	
Total score of Substance Abuse Self Stigma	R	0.734
	p-value	<0.001** HS
	N	30

**p-value <0.001 HS

r-Pearson Correlation Coefficient

Discussion

This study involves 30 substance abuser women. As regards socio-demographic data of the substance abuser women, the findings of the current study revealed that, the mean age studied sample with self stigma and shame were (29.97±5.69) and more than thirds of them were **divorced**. These results can attribute to young adults are particularly likely to be active substance abusers and to be affected by substance use problems *M. Abdel Moneim, et al (2020)*. Older people are typically not exposed as much as young people to new drugs *UNODC, (2018)*. From the researcher point of view, this may be due to the excessive drug abuse within a marriage may lead to maladaptive and hurtful behaviors, potentially creating a dysfunctional marriage and unstable home environment.

Regarding to **level of education and occupation** it was found that, more than half of

the studied patients had low educational level and slightly less than half of them were not working less than third of them working full time and less than third working part time. These results matched with *Abdul Subor M. and Hendrée E. J. (2020)* who reported that women who are users of substances are more likely to be have had little formal education, and are more than twice as likely to be unemployed compared to women who do not use substances. More than half of women report that almost half of women who report using substances are unemployed.

Regarding to the current study represented that, half of the studied sample were admitted to the hospital under drug effect, and the majority of them were had previous attempts treatment, the majority of the studied sample was in rehabilitation stage and the majority of

the studied sample had taken narcotic drugs more than a year, similar observations have also been reported by **Ibrahim (2018)** in study entitled Reasons of dropout from residential substance abuse treatment which reported that less than half of the studied samples were under drugs effect, three quarters of them were had previous attempts treatment.

According to the level of self stigma related to substance abuse among the studied substance abuser women, the current study clarified that, there was high level of substance abuse self stigma. These results could be due to; Women drug addiction is met with severe taunting and cynicism, which makes it completely unacceptable in society. Consequently, substance abuser women have a double burden, where they bear the brunt of their suffering from drug addiction itself, the societal perception of them and the alienation of society and even their families from them as well.

This result came in harmony with **Alicia Lucksted, et al (2017)**: who conducted a study entitled "Outcomes of a Psycho-educational Intervention to Reduce Internalized Stigma among Psychosocial Rehabilitation Clients" reported that there is a high level of self stigma among the studied sample.

The current study clarified that, there was average level of internalized shame among the studied substance abuser women. These results could be due to; Feeling short of maternal responsibilities, lack of childcare, deficiencies in economic resources, lack of social / partner support, and possibly greater social stigma

This result matched with the result of study conducted by **Kirsten R. Robertson (2019)** which entitled "Introducing Shame Resilience to Women Who Struggle with Complex Trauma and Substance Abuse" that reported that there was high level of internalized shame among the individuals participated in the study

The present study represented that there was **positive correlation between** the total score of Substance Abuse **Self Stigma** and the total score of **Internalized Shame** among substance abuser

women and **highly statistically significant** ($r = .73$ & $P \leq 0.001$). This may be due to; substance abuser women have less social support and high social stigma, also may be due to their feeling of guilt and dereliction of their marital and maternal responsibilities.

The result of the current study congruent with a study was done by **M. da Luz Vale-Dias, et al (2018)** "Mental Health Literacy, Stigma, Shame and SELF Criticism: A Study among Young Adults" the results showed that There were statistically significant associations of self stigma with internalized shame ($r = .46$, $p = .001$).

Conclusion:

The current study conducted on 30 substance abuser women, to assess the level self-stigma and shame related to substance abuse. It concluded that, the substance abuser women under the study had high levels of self-stigma, and average level of internalized shame. Also, there were highly statistically significant positive correlation between total level of self-stigma and internalized shame among studied substance abuser women.

Recommendations:

Clinically:

A hotline must be available to solve immediate problems of substance abuser women with self stigma and shame.

Develop programs for substance abuser women to reduce self-stigma and shame and enhance coping skills.

In the community:

Expand primary health care services in community services frequently used by substance abuser women.

Nursing Implications:

Implementing interventions based on the core value of the nurse-patient relationship to enhance understanding, mutual trust, and acceptance of differences can contribute to improved communication and patient assessments in an effort to improve patient outcomes.

Limitation of the study:

Only very few articles in the field of self-stigma related to women substance abuse were suitable for inclusion. That is, we found few studies that attempted to directly assess the impact of stigma on recovery achieved with the use of addiction treatment services.

Difficulties faced in gathering the data from the women.

Financial support

No funding was received

Conflict of interest

No.

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