Stigma and its Relation to Self-Concept among Patients with Mental Disorders

Asmaa Abd ElRahman Rabea, Ghada Mohamed Mourad (1)**, Hoda Sayed Mohamed (**2)
Demonstrator faculty of nursing fayoum university, (1) Professor, and (2) lecturer of (Psychiatric/Mental Health Nursing, Faculty of Nursing Ain Shams University).

Abstract

Background: People living with mental illness are facing many problems regarding their illness and stigma which consequently affect their self-concept. **Aim**: This study aimed to assess the stigma and its relation to self-concept among patients with mental disorders. **Design**: A descriptive correlational research design was utilized in this study. **Setting**: This study was carried out in the outpatient clinic of the mental health hospital, affiliated to AlFayoum University Hospitals... **Subjects**: This study was conducted on 246 patients with mental disorders. **Sample type:** Purposive sample was recruited for this study. **Data collection tools**: Data were obtained through three tools; **1)** Interviewing Questionnaire to assess socio-demographic data and medical history of the patients with mental illness, **2)** The internalized stigma of mental illness inventory, and **3)** Self–concept Questionnaire. **Results:** this study revealed that, nearly three quarter of the studied sample (74.8%) experienced stigma, 46.3% of them had fair self-concept and more than third of them 36.6 had low self-concept, however there were statistical significance relation between stigma and levels of self–concept and the most affected domain was self-criticism. **Conclusion:** this study results concluded that, the majority of the studied sample experienced stigma, and less than half of them had fair self-concept, more than third of them had low self-concept, and there were statistical significance relation between stigma and total levels of self–concept. **Recommendations:** There is an urgent need for developing and implementing strategies to fight stigma associated with mental disorders which consequently affect their self-concept.

Keywords: Mental disorders, Self-concept, Stigma, Patients

Introduction:

Mental disorders have a high prevalence and are a significant burden on patients, caregivers, and the community. according to the most recent meta-analysis, the average prevalence of mental disorders in the world is 13, 4%, and 30-50% of psychiatric patients experience a relapse of symptoms in the first 6 months and 50-70% in the first 5 years after discharge from the hospital. **(Pething, et al., 2021).**

Mental disorder is often associated with significant personal distress, as well as social distress and functional disruptions in one's life. Patients and their families are constantly affected by the changes resulting from the disease and its treatment. **(Massuti, et al., 2021).**

As people who are mentally ill are consistently portrayed as dangerous, unpredictable, dependent, unsociable, unemployable, unproductive, transient, flawed, unworthy, incompetent, irresponsible, and socially undesirable. furthermore, to the extent that mentally ill persons are stereotyped, conceptualized, and labeled as lazy, unable to contribute, and hence, a burden to the system, mental illness may be also being perceived as posing a symbolic threat to the beliefs and value system shared by members of the group. Public and cultural perception of mental illness is considered as posing a tangible threat to the health of society because it engenders two kinds of fear; the fear of the potential immediate physical threat of attack and the fear that society may all share in losing their own sanity due to misunderstanding of society about various mental disorders leading to stigma. **Chan, & Bressington (2019).**

Stigma is unjustifiably held belief, feeling, and behavior toward people with mental illness. stigma results from a process by which certain individuals (groups) unjustifiably are

rendered shameful, excluded and discriminated **(Lemonis et al., 2017).**

Stigma can be defined as a state or a set of negative beliefs, disapproval, and discrimination that a society, a tribe, or an ethnic group of people perceives about a socio-culturally unsanctioned state, attitude, or behavior. Also, it refers to a visible or concealable mark that is considered by the majority of a given social group to indicate deviance or immorality **(Liu, et al., 2021).**

Stigma experienced by patients with mental illness is classified into three ways: perceived stigma: and what individual thinks about society's beliefs Experienced stigma: actual discrimination experienced by mentally ill individuals; Self-stigma: a product of internalization of public stigma. internalized stigma is internalizing and accepting public stigma in adherence to the three concepts of stigma to sustain his| or her life **(Ghanem, et al., 2021).**

Stigma towards those with psychiatric disorders may involve employment, resulting in clients not being hired or hired for only entry-level or low expectations. stigma in housing can take the form of refusing to rent a person with a mental illness or raising the rent just above the fair market rate, thus precluding the use of a subsidy. Stigma may take the form of developing restrictive zoning regulations that regulate where the person can live. **(Bystrynski, et al., 2021).**

As such stigma may take place on the street, when others avert their eyes and avoid interacting with those who have mental illnesses. Although it is clearly discriminatory to refuse jobs and housing based on a person's diagnosis, fear regarding personal safety and community welfare has allowed these practices to continue. Furthermore, the frustration of seeing a person with an " obvious illness" not being cared for has escalated the stigma and hindered the acceptance of such clients into the community. when stigma becomes internalized, the individual begins to feel that has deserved an inferior status that further erodes the individual's state of hopelessness and despair contributing to low self-concept **(Jonathan, et al., 2021).** In some studies, stigma toward mental illness has been linked to poor psychosocial outcomes such as low self-concept **(Chan, et al., 2019) (El Sayed, et al., 2018).**

Self-concept is the individual's cognition and evaluation of the self and social environment which are formed during the process of socialization, which is the sum of the individual's self-cognition **(Zieger, etal.2021**). So, Mental health professionals should address this issue directly with mentally ill persons to help them challenge their own distorted views of themselves a matter which impedes recovery by eroding personal resources. thus, the present study will highlight the importance of enhancing self-concept and the potential benefits to consumers of reducing the stigma associated with mental illness by helping them develop effective intervention strategies that do not unduly expose them to rejection and discrimination and develop their self-concept.

Significance of study:

Mental disorders consider one of the top ten leading causes of disability worldwide. Disability associated with mental disorders has grown from 5.4% of all disability-adjusted years of life worldwide in 1990, to 7.4% in 2010.The National Survey Prevalence of Mental Disorders in Egypt was conducted in 5 regions in Egypt. The result of this survey clarified that 14 640 adults aged 18–64 years have mental disorders. Mental disorders have generally evoked a negative social response which is conceptualized as stigma **.**Persons with a stigmatizing condition like serious mental illness perceive and interpret their condition and the negative responses of others. Self-stigma comes when mentally ill people agree with and apply the stereotypes of mental illness to themselves , they suffer broad consequences including diminished self-concept and self-efficacy**.** Hence it is important to assess stigma and self-concept for patients with mental disorders in order to control symptoms, regain an appositive sense of self-dealing with stigma

and discrimination, and try to lead a productive and satisfying life is increasingly referred to as the ongoing process of recovery.

Aim of the study:

This study aimed to assess the stigma and its relation to self-concept among patients with mental disorders.

This aim was achieved by answering the following **research questions**:

1. Is there a feeling of internalized stigma among patients with mental disorders?
2. What are the levels of self-concept among patients with mental disorders?
3. What is the relation between stigma and self-concept among patients with mental illness?

Subject and Methods

Research Design: A descriptive correlational research design has been utilized to fulfill the aim of this study

The setting of the Study: This study was conducted in the outpatient clinic of "mental health at Fayoum University Hospital". It is a government psychiatric hospital that provides inpatient and outpatient services The hospital presents inpatient and outpatient services and consists of five floors.

Subjects of the Study: A purposive sample of patients with mental disorders, who attended "outpatient clinics" of the "mental health at Fayoum University Hospital" were recruited for this study. The sample size (246 patients) was collected according to the following criteria :

Inclusion criteria of the sample:

- Adult patients diagnosed with mental disorders.
- Sex: both sexes.
- Educational level: different educational levels.

Chronicity/duration of illness: more than 1year

Exclusion criteria of the sample:

Patients with neurotic illness, mental retardation, addiction, or in the active phase of the disease will be excluded.

Data Collection tools

1- Socio-Demographic Interviewing Questionnaire.

It was designed by the researcher in a simple Arabic way after reviewing related literature and it included two parts:

A- First part: included data related to socio-demographic characteristics of patients such as age, sex, level of education, marital status, etc.

B- Second part: included data related to the medical history of patients with mental disorders such as diagnosis, duration of illness, number of hospital admissions, etc.

2- The Internalized Stigma of Mental Illness Inventory (ISMI)

3- It was developed by Ritsher & Jennifer, (2003). Modified and translated by the researchers. **It consists of 29 items, each statement based on four points liker scales: 1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree.**

❖ **Scoring system for Stigma of Mental Illness Inventory (ISMI)**

Each question from each item was rated from 0 to 100 marks, and the scores of each item were summed up and the total divided by the number of items.

The patients were consider unstigmatized if percent was 50% or more and considered stigmatized if percent was less than 50%

3-The self-concept questionnaire

It was originally developed by K Fitts (1995)., the questionnaire is consisting of 100 items. Each statement is rated on 5-point anchored Likert scale: 1=complete untrue, 2=untrue, 4=true, 5=completely true.

Items are grouped thematically a priori into five subscales:

1. subscale consists of 25 items.
2. Satisfaction subscale contains 25 items.
3. Behavior subscale contains 25 items
4. Self-criticism subscale contains 25 items

❖ **Scoring system for self-concept questionnaire**

Each question from each item was rated from 0 to 100 marks, and the scores of each item were summed-up and the total divided by the number of items.

The degree of influence was classified as the following:

Self-concept scale	Score
High	66.7 – 100
Fair	33.4 – 66.6
Low	0 – 33.3

Tools validity and reliability

Validation of the Scales:

To achieve the criteria of trustworthiness of the tools of data collection in this study, the tools were tested and evaluated for their face content validity, and reliability. Face and content validity are tested by five different experts from faculty members in the nursing field from Ain Shams and Alfayom University.

Reliability of the Scales:

The reliability of the tools was assessed using the developed questionnaires and reassessment was done after (7) days on the same subjects. The results were the same each time. Measuring internal consistency by determining the Cronbach alpha coefficient, proved to be high as indicated in the following table:

Reliability of stigma and self-concept scale:

Scale	No. of items	Reliability
Internalized stigma	100	0.756
Self-concept	29	0.629

Pilot study

A pilot study was carried out on 10% of patients (25patients) under the study to test the applicability, clarity, and efficiency of the tools according to the criteria of selection. The pilot study was excluded from the main study sample.

Fieldwork

First step:

Before starting the data collection, the researchers met with the head nurses in the outpatient clinics after introducing themselves, they explained the nature and purpose of the study to gain her approval and cooperation.

The researchers collected data over a period of 4 months starting at the beginning of June 2021 till the end of October 2021. Data were collected 3 days a week (Saturday, Wednesday, and Thursday) during the morning shift (9.00 a.m:2.00p.m.). Confidentiality of obtained information was assured, and the subjects were informed about their right to participate or not in the study. The participants were also assured of anonymity, and that data will only be used for the study

Second step:

The researchers individually interviewed the patients with mental disorders who agreed to participate in the study. After distributing the tools, the researchers explained the aim and objectives to them and assisted each patient in filling in the sheet. The time needed by each participant to complete the questionnaire ranged from 30:45 min.

Ethical considerations

After securing official requirements for carrying out this study, the subjects were informed about choosing to participate or not. The researcher took oral consent from the patients if they need to participate, besides, they

were informed about the patients' right to withdraw at any time without giving a reason.

Data were anonymous and only used for the study. The researcher explained the aim and nature of this study to the patients with reassurance about the confidentiality of the information given and that it will be used for scientific research only.

III. Administrative Design:

To obtain approval to conduct the research study, the researchers received official permission from the following authorities:

1.The chairperson and the council members of the Psychiatric/ Mental Health Nursing Department, the Ethical Committee, and official letters from the Dean of the Faculty to responsible authorities in the outpatient clinic of "mental health at Fayoum University Hospital

2.Responsible authorities at the General Secretariat for Mental Health, affiliated with the mental health at Fayoum University Hospital, and the chairpersons of the nursing departments.

Statistical Design

The statistical analysis of data was done by using the Statistical Package for Social Science (SPSS), version 22. The first part of the data was descriptive data which was revised, coded, tabulated, and statistically analyzed using numbers and percentages. Qualitative variables were compared using the chi-square test (X)2, P-value to test the association between two variables, and R- test to the correlation between the study variables.

The degree of significant results was: -

- P. Value>0.05(Not Significant)
- P. Value≤0.05(significant)
- P. Value≤0.001(Highly Significant)

Limitations of the study:

- The researcher met the study sample many times before even starting to fill the data sheet to build trusting, supportive relationship.
- Much time is needed for some patients due to their low education to clarify and explain the questionnaire for them.

Results:

Table (1): revealed that 62.6% of the sample was males, and 41.5% of them, their age were 30 years old. Also, this table shows that more than half of patients with mental disorders (51.6%) were illiterate, nearly three-quarters of them (74.8%) didn't work and 59.3% were single.

Table (2): showed that more than two thirds (41.9%) of the studied sample had bipolar disorder, 30.5% of them had schizophrenia, and 27.6 % had depression. 49.6% of patients experienced mental disorders for 10 years and more, and nearly half of them 45.5% had no previous admission to the psychiatric hospital.

Table (3): Revealed that nearly three quarter of the studied sample (74.8%) were stigmatized from their mental illness, and only 25.2% didn't experience stigma

Table (4): Revealed that the highest frequencies in fair self- concept regarding total satisfaction, total behavior, total identity, (46.3%, 45.5%, 45.1%,) respectively, meanwhile (45.9%, 42.7%, 37.8%, 36.6%) of the studied sample had low self- concept regarding total self-criticism, total behavior, total satisfaction, and total identity

Figure (1): This figure showed that 46.3% of the studied sample had fair self-concept, meanwhile 37.8% had low self-concept, and 15.9% had high self-concept.

Table (5): There was highly statistically significant relation between stigma and levels of in which the patients who were stigmatized were had low self-concept 36, 2) and the patients who were non-stigmatized were had high self-concept 14, 6) when p-value was <0.001.

Table (6): There was highly negative statistically significant relation between total

self-stigma score with total self-concept scores when p-value was <0.001.

Table (7): There was highly statistically significant relation between age, education level and total self-stigma (p-value <0.001*)

Table (8): There was highly statistically significant relation between with age, education level, job and total self-concept (p-value <0.001*

Table (1): Distribution of the studied sample according to socio-demographic data (N=246)

Items	N	%
Sex		
Male	154	62.6
Female	92	37.4
Age years		
<30	102	41.5
30- <40	72	29.3
40- <50	48	19.5
50 or more	24	9.8
Means	34.16±9.83	
Education level		
Illiterate	127	51.6
read and write	83	33.7
intermediate education	36	14.6
Job		
Self-employed	62	25.2
Not working	184	74.8
Marital status		
Married	84	34.1
Divorced	12	4.9
Widowed	4	1.6
Single	146	59.3

Table (2): Distribution of the studied sample according to medical history data (N=246).

Items	No	%
duration of illness		
<5	68	27.6
5- <10	122	49.6
10 or more	56	22.8
Means	6.9±3.62	
Number of hospital admissions		
not once	112	45.5
Once	44	17.9
Twice	54	22.0
three times or more	36	14.6
Diagnosis		
Schizophrenia	75	30.5
Bipolar disorder	103	41.9
Depression	68	27.6

Table (3): Distribution of the studied sample as regards experiencing stigma (N=246).

Total self-stigma	**N**	**%**
Stigmatized	184	74.8
Non-stigmatized	62	25.2
Total	246	100.0

Table (4): Distribution of the studied sample as regards self-concept subscale (N=246).

Self-concept subscale	High self-concept		Fair self-concept		Low self-concept	
	N	%	N	%	N	%
Total Identity	45	18.3	111	**45.1**	90	36.6
Total satisfaction	39	15.9	114	**46.3**	93	37.8
Total behavior	29	11.8	112	**45.5**	105	42.7
Total self-criticism	41	16.7	92	37.4	113	**45.9**

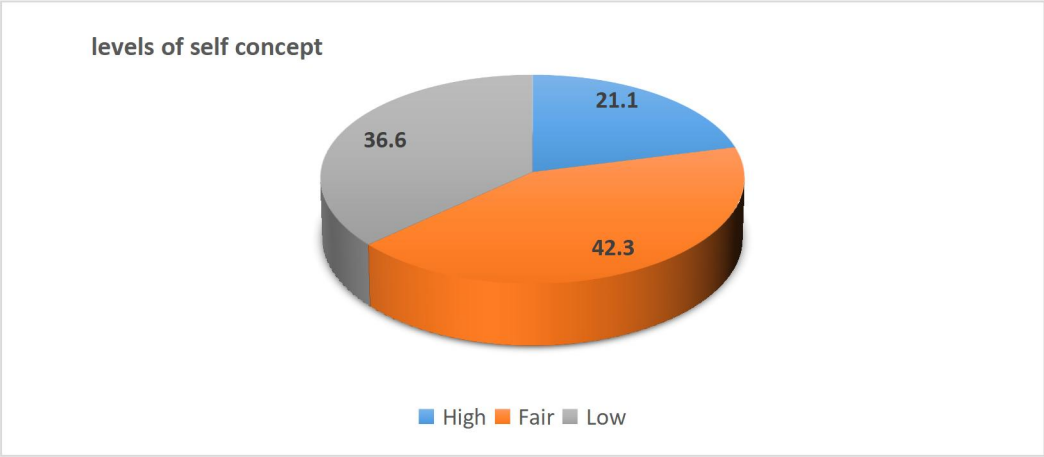

Figure (1): distribution of study sample according to total levels of self-concept (N=246).

Table (5): Correlation between Total levels of self-concept score with Total stigma scores.

Total self-concept	Total self-stigma						Chi-square	
	Stigmatized		Non stigmatized		Total		X^2	P-value
	N	%	N	%	N	%		
High self-concept	16	6.5	36	**14.6**	52	21.1		
Fair self-concept	79	32.1	25	10.2	104	**42.3**	81.256	<0.001*
Low self-concept	89	**36.2**	1	0.4	90	36.6		
Total	184	**74.8**	62	25.2	246	100.0		

Table (6): Correlation between Total self-stigma score with Total self-concept score.

	Total self-stigma score	
	r	P-value
Total self-concept score	-0.584	<0.001*

Table (7): Relation between Total self-stigma and Patient personal information

	Total self-stigma					
	Stigmatized		Non stigmatized		Chi-square	
	N	%	N	%	X^2	P-value
Sex						
Male	114	46.3	40	16.3	0.130	0.719
Female	70	28.5	22	8.9		
Age years						
<30	53	21.5	49	19.9		
30- <40	62	25.2	10	4.1	50.008	<0.001*
40- <50	46	18.7	2	0.8		
50 or more	23	9.3	1	0.4		
Education level						
Illiterate	112	45.5	15	6.1	35.986	<0.001*
read and write	43	17.5	40	16.3		
intermediate education	29	11.8	7	2.8		
Job						
Self-employed	37	15.0	25	10.2	10.052	0.002*
Not working	147	59.8	37	15.0		
Marital status						
Married	65	26.4	19	7.7		
Divorced	8	3.3	4	1.6	2.243	0.524
Widowed	4	1.6	0	0.0		
Single	107	43.5	39	15.9		

Table (8): Relation between Total self- concept and Patient personal information.

	Total self-concept							
	High		Fair		Low		Chi-square	
	N	%	N	%	N	%	X^2	P-value
Sex								
Male	28	11.4	71	28.9	55	22.4	3.215	0.200
Female	24	9.8	33	13.4	35	14.2		
Age years								
<30	26	10.6	62	25.2	14	5.7		
30- <40	20	8.1	23	9.3	29	11.8	56.919	<0.001*
40- <50	5	2.0	9	3.7	34	13.8		
50 or more	1	0.4	10	4.1	13	5.3		
Education level								
Illiterate	14	5.7	58	23.6	55	22.4		
read and write	24	9.8	35	14.2	24	9.8	18.664	<0.001*
intermediate education	14	5.7	11	4.5	11	4.5		
Job								
Self-employed	17	6.9	36	14.6	9	3.7	17.470	<0.001*
Not working	35	14.2	68	27.6	81	32.9		
Marital status								
Married	15	6.1	28	11.4	41	16.7		
Divorced	5	2.0	4	1.6	3	1.2	19.633	0.003*
Widowed	0	0.0	0	0.0	4	1.6		
Single	32	13.0	72	29.3	42	17.1		

Discussion

Mental disorders are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Stigmatized individuals have been found to face a variety of social and emotional consequences, including, loss of productivity, increased levels of negative affect lowered self-concept and. Stigmatization is recognized as perhaps the central issue facing all who are attempting to

understand, prevent, and treat the mendisordersrder **(Szczesniak et al., 2018).**

Concerning the socio-demographic characteristics of the studied patients, this finding revealed that most of the studied samples age between the ages of 20 and 40 years old with mean age 34.16. This finding may be due to the predetermined inclusion criteria of studied sample. This result was supported by **Alliare et al., (2016)** who reported that the study subjects in their study aged between 40-50 years.

Regarding gender, the present study showed that the majority of the patients under study were male, this may be due to several possible causes as it is known in Arab culture and religion that, the male gender is more dominant that make them seek help and increase their flow for checkups to the mental and psychiatric clinics to protect themselves from deterioration by illness, and being fired from their jobs.The current study is similar with lofty, (2010) who revealed that, male gender represents 61% versus 39% for female, also Rizwan et al, (2005) who returned their result to the cultural importance of male gender as atool of gaining money for the family, or the much stressors men facing than women.

In relation level of education, the majority of the studied sample were illetrate, read and write, and the minority were intermediate education, this may be a disadvantage to get more information about mental illness. it was observed that the less the educational level the more the stigma experience. This may be due to the absent role of education and knowledge in destigmatizing the negative attitudes towards mental illness in the studied sample.

This study result was agreed with Mayoh, et al., (2015) revealed that the level of education has interesting relation with experiencing stigma which is found to increase with level of education as it might be returned to the probability of the fact that people might attribute psychiatric illness to lower level of mental capabilities. Therefore, they think that by disclosing their illness, their credibility and influence may be lost bin the society.

Regarding occupational status, more than half of the studied sample weren't working as they were housewives, they were fired or left their work because of the symptoms of their illness that hinder them to proceed in work effectively, and disturb the relationship between them and their workmates, it was observed that, more than three fifth of stigmatized patients weren't work due to negative view about themselves and inability to achieve goals in their lives.

In agreement with the current study findings, **Mahmoud, (2004)** studied " psycho-socio demographic characteristics of an Egyptian sample of long stay schizophrenic patients " and concluded that, the majority of their studied sample were illiterate, could read and write or primary school educated and didn't reach higher levels in education. He reported high rate of un employed patients. Afifi, (2014) revealed a congruent finding regarding stigma and socio – demographic characterestics when he studied" Selfhood and social distance; towards a cultural understanding of psychiatric stigma in Egypt", he concluded that, judgments of social distance or stigma were virtually independent of any socio- demographic characterestics of the study sample.

Regarding marital status, more than half of patients were single as they were un married or divorced. This may be due to the risk factors of mental illness and internalized stigma, having low self –concept and predicting failure later on their marital life. The current study result was congruent with Good man et al., (2015) who studied " Self – perceived interpersonal competence and ways of coping among schizophrenic patients " and returned their results to the poor social adjustment as a well known major symptom of schizophrenia. On the other hand, the result of the current study was inconsistent with the findings of El- Nady, (2002) which indicated that more than half of the studied sample was married.

Regarding to the patients diagnosis, it was found that more than one-third of the studied sample had bipolar disorder, nearly a third of them had schizophrenia, and the minorities had depression. This may be due to that, patients perceived their psychiatric illness regardless of its diagnosis type as a blemish and all psychiatric illnesses lead to labeling and discrimination.

Reversely, **Heggest et al.(2014)** concluded that, people with schizophrenia and other psychotic illnesses bear less feeling of stigma, Once they have been recovered from their illness and that schizophrenia are more stigmatized than the neurotics or depressed patients. So this means that, it may be the severity or the disease stage or even totally the disorder type may contribute to being stigmatized or not. Moreover, the patients level of insight may be a judging factor. Adding to this **Yen, et al., (2015)** encountered the current study and reported that, there was statistical significant relation to the different diagnosis as at least a quarter of depressive patients suffered from high self-stigma and the higher the self-stigma is, the more intense the depression

Regarding the number of previous admissions to psychiatric hospitals, it was revealed that nearly half of the studied sample had no previous admissions to psychiatric hospitals. This may be due to that admission to psychiatric hospital impact may perceived as stigma, and patient may perceive it negatively but take the medication in home and follow up in outpatients clinic the patients may see it as a means to return to their normal life. Unlike the current study result, this results agree with Turner et al., (2016) who observed that, the study subjects who had been admitted in psychiatric hospitals for three times or more feel high level of internalized of stigma so the prefer to not agree to admit to hospital for treatment. Quintana, (2013) also, referred to the label applied to psychiatric hospitals in our culture as places for insane and highly dangerous people, and for concluded that, this reason is why the lay people avoid medical consultations and being hospitalized and seek healers until their condition deteriorate. As such, **Osinago, et al., (2013)** reported that, patients who had never been hospitalized did their best in order to avoid hospitalization, to keep their social integration (work, school, family, etc).

Experiencing of stigma among patients with mental disorders: Regarding ro experiencing of stigma among patients with mental disorders under study, the present study indicated that the nearly a quarter of the studied sample had experienced stigma, this maybe due to nature of place, personal and public perception of mental illness and its symptoms that might disturb patient's relations with other people at work, home, friends or totally away from reality. In addition, lake of awareness about mental disorders make the people perceive the psychiatric patients as dangerous and that affect their perceiving stigma. This finding was congruent with **Phillips et al., (2012)** who concluded that, the perceived effect of stigma was greater if the patient had more prominent positive symptoms.

This finding was supported by Nisar & Gadit, (2014) who studied " concepts of mental health and care according to mentally ill patients and their relatives " and revealed that, most of patients (85.72%) classified their disease as mood disorder or confusion, nervousness, anxiety, stress, and problems in the head. Only 17.14% denomited themselves as mentally ill or mad and reported to have hallucinations.

Also **Osiango et al., (2015)** revealed that a larger proportion of their study sample reported contributed that to having anxiety about disclosing their illness to others or continuing treatment. Equally Ritsher and Jennifer, (2003) reported high stigma in the studied sample. They returned the reason for having great subjective feeling that the mentally ill are not full members of society. In reverse to the current study result, Patrick et al., (2014) who studied " Insight Enhancement Program " On Improving The Perception Of Internalized Stigma, and Locus Of Control among schizophrenic patients " reported that the patients lacking insight and were not stigmatized maybe as a result of denying having

mental illness that protects patients from receiving the negative cultural aspect that the society usually encompasses towards psychiatric patients such as dealing with him as a dangerous, non responsible, retarded person. From another perspective (Ferreira et al., 2014) reversed the current study result and suggested that mental illness isn't stigmatized, or at least doesn't elicit as much stigma in the Arab world compared to other societies, often explaining this with reference to religion in non- western societies.

Self concept among patients with mental disorders under study.

As regards self concept among patients with mental disorders under study, this study reveals that nearly half of the of the studied sample had fair self-concept, meanwhile more than one third of them had low self-concept.This could be due to that the society views psychiatric patients as damaged, defective and as less socially marketable than the general population and that perception of these peoples as damaged affects their social status and leads to reduces self-concept. The current study findings supported by **Ghada, (2019),** who pointed that more than two thirds of the participants had mild self concept.

Regarding to domains of self concept (identity, satisfaction, behavior and criticism) the current study revealed that, most of them had fair self -concept regarding this domains, and there was no one experienced high self-concept.

This may be due to social or other contributing factors rather than having a shame from their self- esteem and largely self- concept. A nother explanation, this may be due to that, some patients were lacking of insight and that result in denying having mental illness that protects patients from receiving the negative cultural aspect that the society usually encompasses towards psychiatric patients such as dealing with him as a dangerous, non responsible, retarded person.

In reverse to the current study results, **Usmiani and Daniluck, (2013**); reported that identity dissatisfaction is also associated with negative or low self-esteem and found that, higher self-esteem scores were associated with more positive identity in adolescents. Also **Harter, (2013)** research indicated a high correlation between global self -worth and self-evaluation of physical appearance across lifespan, suggesting that global self-worth and self-esteem are highly related. this may be due to the target population and their age including adolescents as youth have a limited life experience with integration and identity resolution, Adolescents have a less consolidated identity to protect against buffer or neutralize stereotype and prejudice.

Also, **Dong et al & Gerdle, (2020),** reported that, more than half of participant were satisfied as a whole. Also the result was un supported by Elsayed, (2016) who reported that, 81.3% of the studied patients agree regarding (wishing to have more respect for self), while disagree regarding (satisfying with self).

The current study similar with Stuart and Iaria, (2001) revealed that individuals who have experienced several failures begin to view themselves as failures. Their behavior often becomes self- fulfilling in that they perform at an unsuccessful level because they feel that all they are capable of achieving. A negative self-concept is the result of repeated failure. On the other hand, People who achieve a task begin to see themselves in a positive manner, thus setting the foundation for a positive self-concept **Deniels, (2004).**

The current study was un supported by **Omnia, (2014)** who revealed that there was no statistical significant relation between self -concept and self-criricism. This may be due to the choised sample were more oriented and accept view of others respectively.

In addition, the study was un supported by **(Gudge, et al, (2010); Gudge & Hurst, (2014),** who suggested that positive relation may arise because individuals with high self-

esteem show more relationship enhancing behaviors, whereas individuals with low self-esteem are more sensitive to rejection and tend to withdraw and reduce interpersonal closeness following conflicts thereby undermining satisfaction in close relationships.

In contradiction with current findings **Mazor and Enright, (2001),** reported that adolescent's attitude towards authority was correlated with the self- concept of young adolescents as measured by the Tennessee self-concept scale.

Regarding self- criticism, the current study revealed that, most of them had self-criticism, this may be due to that patients are on running compare themselves to others, and then judge themselves inferior. Also was similar with **Shi, et al., (2019),** who stated that the cycle of self -criticism can sap away a person joy in life. they may stop doing hobbies they once enjoyed for fear of judgment. Feeling of anger, guilt, or sadness may keep them from enjoying what activities they do try. Some people may do self-destructive behaviors such as abusing substance or neglecting hygiene. Self-doubt can interfere with productivity at work. A person may worry so much about others opinions that they don't focus on the task at hand. they may avoid taking risks or making goals out of a certainty they will fail. A person with low self-concept may lack resilience in the face of challenges.

The relation between socio-demographic characteristics and self-concept among patients with mental disorders under study

Regarding the relation between socio-demographic characteristics and self-concept among patients with mental disorders under study, the current study findings revealed that there was highly statistically significant relation between age, education level, job and total self-concept most of them had fair self-concept, the lower percentage had low self -concept. This result was supported by **Oliver et al, (2015)** who reported that self-stigma is high, especially for young patients in a less severe stage of disease because this group might be more aware of their own impairment and associated stereotype, Moreover, The study of **Alliare et al., (2016)** reported that, although there was no statistical significance between stigma and age, it was recorded that, subjects aged between 40-50 years reported a slight but not significantly a higher level of knowledge or a higher positive attitude towards mental illness.

The current study findings similar with **Abela and Taylor, (2009)** who found a significant interaction effect between self -criticism, self- concept, negative life events and stigma was present, such that when participants with higher levels of self-criticism and lower levels of self-concept experienced stigma against their disorder and negative life events, Also Lewis, (1999) reported that though stigma and self –criticism are highly related, they differ in that stigma is a social mark, an undesirable quality to cause isolation, whereas self-criticism is an individuals negative views of himself, caused by failing to meet some standard, In addition **Corrigan et al, (2014)** stated that stigma leads to a sense of self- criticism.

The current study findings may be explained by a key assumption of the modified labeling theory that stigma associated with psychiatric labels has an erosive and potentially long-term effect on a person self-concept. One of the most tragic consequences of stigma of mental illness is the possibility that, it engenders a significant loss of self-esteem specifically that it leads to a substantial proportion of people who develop such illness to conclude that they are failures or have little to be proud of through mechanisms of direct discrimination, such as a refusal to hire the person, structural discrimination, such as the availability of fewer resources for research and treatment or social psychological processes that involve the stigmatized persons perception.

Opposing to the current study result, **Drapalski etal., (2013)** reported that, greater internalized stigma was associated with lower levels of self-concept, self-efficacy, and recovery orientation as well as with more severe psychiatric symptoms. In addition, **Marcussen, Ritter and Munetz, (2010)** revealed that perceived stigma had a negative impact over

time on self-concept and sense of control. Moreover, **Silverstone and Salsali, (2013)** concluded that, Stigma plays in the lives of people who have mental illness and affects their self-concept, as such several studies reported that, mental illness is more stigmatizing than physical illnesses **Lee, Lee, Chiu & Kleinman, (2005).**

In addition, Warner& Leff (2006) antagonized the current study result and reported that, Stigmatization occurs mainly in the realm of social identity including physical activities, professional roles and the concept of self due to stereotypes held by strangers who aren't acquainted with the individual but people who know the individual are less likely to see him in terms of stereotypes and hence to stigmatize the individual. Also, **Link et al. (2001)** contradicted and stated that, any observed association between stigma and self-concept would be suspect. The product of biased perception through which people with low self-concept view the world around them, including stigmatization by others, in a negative and pessimistic light, it isn't so much that stigma influences self-concept but rather that, self-concept shapes one's perceptions to the experience of stigma, So the existence and magnitude of any connection between stigma and self-concept, are all in question.

There was statistically significant relation between identity and socio-demographic characteristics regarding age, job, and diagnosis. This finding is in agreement with **Groesz, Levine, and Murnen, (2012)** who reported that body dissatisfaction appears to increase and climax during the middle and late adolescent years. Also agree with Groesz et al, (2012) concluded that adolescent women experienced greater body dissatisfaction than older women. They further explained that in conjunction with developmental processes such as physical maturation, identity development, and peer relationships, media influences are related body dissatisfaction among adolescent women.

In addition agree with Erikson, (1968), Kroger, (2004) who reported that adolescence is a time of increased peer influences and social concerns as well as a key period of self-concept and identity formation, also similar with Campbell et al., (1996) who stated that during adolescence, self -concept is an essential part of identity development that include identifications with traits, attributes, roles, values, and personal goals, also Erikson., (1968) contended that adolescence is a period of identity crisis in which youth are trying to consolidate aspects of themselves into a coherent character for the first time. successful transition into adulthood has been described as the coalescing of these aspects of identity, identity formation becomes largely contingent on interactions with others and reactions from significant others in the adolescent's life (Erikson 1968).

There was statistically significant relation between identity and job. This finding is in agreement with Ball and Mitchell, (2014) who stated the higher level of identity predict higher level of job satisfaction.When individuals body is functioning well, they are satisfied with their job, when the body physically functions in away enabling to better perform on their job, an individual will experience elevated levels of identity this job satisfaction will elevate.

There was statistically significant relation between identity and diagnosis. This finding is in agreement with Bruch, (2014) who stated that the identity concept seem to be clinically relevant to depression. These positive relations may be due to when body image decreased this may affect psychological status and may result in depression.

There was statistically significant relation between behavior and socio-demographic characteristics regarding gender, age, education, and diagnosis. This finding was similar with Aboulfotouh et al, (2018) who stated that the majority of the sample (87.5%) reported lack of knowledge of mental illness, 66.5% had negative perception and 54.5% had negative attitudes to mental illness.

There was statistically significant relation between behavior and gender. The finding of current study similar with **Abi Doumit et al, (2019)** who reported that females had a better attitude towards the mentally ill. Also Buizza et al, (2017) show that females are more empathetic and open minded and positive showing less stigma. In addition, Freire and Miranda, (2014) reported a more developed education in values in girls. Also the finding matched with lie et al, (2018) who demonstrated that women tend to have greater knowledge about mental health that they were more willing to interact with people with mental disorders.

The current findings were un supported by Sweden, (2013) who reported that females showed fear and social distance as opposed to men. Also Elkington et al, (2012) reported that male's stigma focuses on the diagnosis it self, while female's stigma depends on how the patients are perceived by society, so males have a realistic view while a female's view is more subjective.

There was statistically significant relation between behavior and age. This current finding similar with Haddad et al, (2019) who showed that older people have more knowledge because as they grow older, they are exposed to more experience and therefore more knowledge and positive attitude toward mental disorders. The current findings were un supported with Das et al, (2014) who reported that people over 70 years had less knowledge towards mental illness. Also un supported with lie et al, (2018) who reported that those aged 25-44 years had significantly higher knowledge about mental health than those above 45 years old.

There was statistically significant relation between behavior and education. The current study findings were similar with Lie et al, (2018) who reported that participants with higher education levels had higher mental health knowledge score and had positive attitude toward mental disorder. Also was similar with Reta et al, (2016) who stated that participants with higher levels of education were more likely to have greater mental health knowledge, and lower education levels were more strongly associated with negative attitudes toward mental disorders.

In addition, the study findings supported by Abi Doumit et al, (2019) who reported that Education provide information about mental illness that might reduce the blame placed on mentally ill people and change negative attitudes toward them. Also Hansson et al, (2016) stated that better attitudes are associated with more knowledge as individuals with a higher level of education showed more understanding and have better attitudes.

The current findings were un supported by Chong et al, (2016) who stated that having higher level of knowledge of mental illness has forced people to be more distant from the mentally ill as they know their actual symptoms and behaviors. Also Bedaso et al, (2016) reported that highly educated people had higher expectations of social responsibility and functioning than those with less education, and that they associated people with mental disorders with lower level of responsibility and functioning.

The current study was also unsupported with Harangozo et al, (2014) who stated that health care staff with supposedly greater knowledge about mental health issues are likely to hold more negative attitudes toward mental disorders than general population.

The present study findings declared that, there is statistically significant between life satisfaction with gender, educational level, and job. This may be due to lower literacy levels have been linked to decreased awareness and coping skills with their disease.The current findings were consistent with a study conducted by Okwaraji et al, (2017) who reported that, there was significant association between gender and life satisfaction when and occupation and life satisfaction. Also Patel et al, (2018), who reported that, there significant association between gender and life satisfaction.

The present study findings declared that, there is statistically significant between self –

criticism with gender, age, and diagnosis. The current study was supported with (Mclntyre et al, 2018) who reported that self- criticism was only associated with depression in males higher than in females. The current findings were un supported with Gititins, (2020) who stated that negative symptoms and cognitions would be higher in girls than boys, also Hunt, (2020) reported that higher levels of negative self – cognitions for girls compared to boys.

There was statistically significant relation between total self-criticism and age. The current findings were supported with Catherine, (2020) who stated that self -criticism significantly increase in young age while self-esteem significantly decreased. Also similar with Gittins, (2020) who reported that depressed mood appears to influence how adolescents evaluate their own worth, and negative beliefs about the self as a whole appears to increase for this age group.

In addition, Becks theory supported the findings as suggests that all types of negative beliefs about the self- developed at stage of early adolescent. Also Auerbach et al, (2014) stated that older adolescents are the age group in which self -criticism developed increasing symptoms of depression.The study results were un supported with Byrne et al, (2016) who reported that there is limited understanding of relations between self-criticism to depression in early adolescent period.

In addition, Smith et al, (2018) reported that individuals who are self- critical are more likely to negatively appraise achievement related events, demonstrate heightened ambivalence and to exhibit self-defeating behaviors. Also Sherry et al, (2016) stated that self-criticism is also associated with increased negative affect and reduced positive affect.

The findings were similar with Ehret et al, (2015) who reported that self-criticism is higher amongst both currently and remitted depressed individuals.

Regarding level of education, there was significant relation between level of education and self-concept this may be due to having proper strategies and reading skills can turn situations into positive, self-esteem building experiences. The study findings similar with Morsy, (2017) who concluded that, there is highly statistically significant differences between level of education and self-esteem when($p<0.01$),

The current study findings un supported by Frias, et al., (2019), who reported that, educational level was not significantly associated to self –esteem. Also was consistent with a study conducted by Kumar & Mohanty, (2016), who that education doesn't have significant correlation with self-esteem. In addition, Okwaraji et al., (2017), who pointed that, class in school not significantly associated with self- esteem ($P= 0.06$). this may be due to difference of culture and dis advantage of living in rural.

Regarding job, there was statistical significant relation between occupation and self- concept, this may be due to individuals with high self- esteem show more relationship enhancing behaviors, whereas individuals with low self-esteem show more dysfunctional, relationship-damaging behaviors. The current study findings supported by Shackelford, (2011) who suggest that self-esteem is positively correlated with occupation. Also Judge & Bono, (2010), suggested that self- esteem is positively related to job satisfaction.

In reverse, the study results un supported by Judge et al., (2010); Judge & Hurst, (2014) who reported that there is a lack of longitudinal studies that have controlled for the prior level of job satisfaction while testing for prospective effects of self-esteem on job satisfaction; Moreover, there is a lack of longitudinal studies that have tested for possible effects in the opposite direction, that is, whether job satisfaction predicts changes in self-esteem.

Regarding marital status, there was significant statistical relation between marital

status and self -concept, this may be due to nature of people needing support in their life and being loved such comfort relations increase feel of self and self -esteem. The findings of current study supported by Cohen, Geron and Furchi, (2012), Butzer and Campbell, (2013) who stated that there is significant relation between self-esteem and marital satisfaction rate; The hyposis is too confirmed. Therefore, as self -esteem increases, women marital satisfaction rate also increases, have in them researches affirmed the significant relationship between the two variables.

Also similar with recent studies conducted in Arab countries Al Bousaidi, Bhargava and Almaniri, (2011; Ibrahim, Kelly and Glazebrok, (2012), Also Cohen, Farchi and Geron (2012) reported that self-esteem is a psychological variable that plays an important role in the lives of people. For this, focusing on the couple's self-esteem could result in increasing their marital satisfaction an improving the family's efficiency in the end.

Regarding duration of illness, the findings of current study revealed that majority of studied sample had illness from 5to 10 years while the rest of them had illness for 10 years and more. This may be due to the chronic nature of mental disorders and the early onset of disorder.

As contrast to the current study result, NHI, (2012), revealed that people living with chronic illnesses are more likely to socially isolate themselves, and this relation is explained, in part, by higher stress, low social support and lower patient satisfaction. Roshdy, Mohamed, Elshazly, Lotfy, Ismail, &kamel, (2009), contradicted the current results and revealed that, People experienced their first episode of schizophrenia are already exhibiting cognitive deficits and didn't demonstrate as severe impairment as those who have experienced several episodes of schizophrenia.

According to the relation between stigma and marital status. It was observed that the most of single patients were suffering from stigma, with no statistical relation between stigma and marital status but these stigma experiences may be returned to internalizing stigma of mental illness and fear from symptoms that will disturb their marital life. Against the current study result, Corrigan, et al., (2013) & Beal, (2015) revealed that, Marital life is one of the important areas in which discriminiation occurs. As partners of schizophrenic patients may negatively evaluate the patients since the behavior of the ill person is burden some and they may feel distressed from their partner's symptoms. Lowered social performance, and work problems, therefore they feel more inner stigma.

It was observed from the current study that, the experience of stigma recorded high frequencies among bipolar and schizophrenia patients may be caused by the effect of its severe and worsening symptoms.

The relation between stigma and total self –concept domains among patients with mental disorders:

As regarding relation between self concept and experiencing of stigma among patients with mental disorders under study the current study finding reveald that there was highly statistically significant relation between stigma and levels of self concept in which the patients who were stigmatized were had low self-concept and the patients who were non-stigmatized were had high self-concept.this could be du to the consequence of the stigma of mental illness is the possibility that it engenders a significant loss of self-esteem—specifically, that the stigma of mental illness leads a substantial proportion of people who develop such illnesses to conclude that they are failures or that they have little to be proud of. As contrast to the current study result, Link, et al (2001) who study the stigma as a barrier to recovery and the consequences of stigma for the self-esteem of people with mental illnesses reported that there was a statistically significant relation between stigma and levels of self concept.

The current study finding also in the same line of the study entitled Anti-stigma

psychosocial intervention effects on reducing mental illness self-stigma and increasing self-esteem among patients with schizophrenia in Taiwan which done by Shih, Huang, & Yang, (2022).and reported that, Self-stigma encompasses negative stereotypes, prejudice, and self-discrimination toward people with mental illness, and hence, self-stigmatization could be defined as endorsing prejudicial stereotypes that diminish feelings of self-worth

Conclusion:

This study results conclude that the majority of the studied sample experienced stigma and had fair self-concept, more than a third of them had low self-concept and the most affected domain was self-criticism., As Self-criticism is the tendency to engage in negative self-evaluation that results in feelings of worthlessness, failure, and guilt when expectations are not met, and there was a statistically significant relationship between stigma and total levels of self–concept.

Recommendations:

- public health awareness programs about the nature of psychiatric disorders and caring for mentally ill patients may minimize the experience of stigma.
- Establishment and empowerment of user organization are important as well as increasing the awareness of the problem of stigma in professional groups working with the mentally ill.
- Stigma and its consequences should be integrated into educational curricula for nursing students.
- Replication of the study using a large sample in different geographical areas to generalize results is recommended.
- Future researchers should continue to explore qualitative methods of research in handling stigma among patients with mental disorders.

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