# Internalized Stigma of Mental Illness and Its Relation with Self-Esteem and Social Support among Psychiatric Patients

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**ABSTRACT**

***Context:*** Mentally ill patients challenging dual difficulties that are illness and stigma. Internalized stigma is viewed as a maladaptive psychosocial phenomenon that can affect all aspects of a mentally ill patient's life.
***Aim:*** The current study emerged, aiming to assess internalized stigma of mental illness and its relation with self-esteem and social support among psychiatric patients.
***Methods:*** Descriptive research design was used to achieve the aim of this study. A convenience sample of one hundred hospitalized psychiatric patients recruited for the study from inpatient units of Mental Health and Addiction Treatment Hospital in Minia governorate. The data collection tools included sociodemographic and clinical data questionnaire, Internalized Stigma of Mental Illness Scale, Rosenberg's Self Esteem Scale, and Multidimensional Scale of Perceived Social Support.
***Results:*** The findings show that less than half of patients have a severe level of total internalized stigma score. There is a highly significant correlation between the overall internalized stigma score and its all subscales with self-esteem and social support.
***Conclusions:*** Internalized stigma level was high among psychiatric patients. A significant negative correlation was found between the total internalized stigma score with self-esteem and social support of the studied patients. The study recommended further studies regarding educational interventions to raise awareness and decrease internalized stigma among patients with mental illness. Besides, providing support for patients and families of mentally ill patients to promote their capacity to manage and cope with stigma.

***Keywords:*** Internalized stigma, Mental illness, Self-esteem, Social support, Psychiatric patients.

## 1. Introduction

Stigma, as a universal phenomenon, has no borders. It can affect any person. Mental illness has not been exempted; it is widely spread and documented in all societies and across all cultures. Moreover, stigma is complex and multifactorial and incorporates three interrelating levels; individual, social, and structural *(Herek, Gillis, & Cogan, 2009)*. Stigmatization is described as the status loss and discrimination triggered by negative stereotypes about individuals labeled as having a mental illness. Despite several initiatives taken to manage the stigma and discrimination of the mentally ill, it continues to be a significant issue. Explanatory models of mental illnesses are still underdeveloped and lack effective treatments still present *(Jacobsson, Lejon, & Edin-Liljegren, 2017)*.

Three distinct, interrelated levels of stigma are described in mental health studies. These recognized levels encompass internalized, structural, and social levels *(Bhavsar, Schofield, Das-Munshi, & Henderson, 2019)*. Social stigma discriminates against mentally ill persons based on their illness alongside all life aspects. Structural stigma is strongly linked to social stigma related to organizational practices, societal norms, cultural customs that continue to discriminate against the mentally ill. Internalized stigma is the last stage of the stigmatization process *(Hatzenbuehler & Link, 2014)*.

Internalized stigma or self-stigma describes persons' loss of their previously owned or wanted identity as a parent, employee, friend, and partner to assume a new stigmatized view for themselves. This process is termed an identity transformation *(Yanos, Roe, Markus, & Lysaker 2008)*.

Discrimination against and stigmatization of the mentally ill continue to be a universal challenge in mental health care. This phenomenon is particularly significant in the struggle of integrating the mentally ill in society. Nowadays, psychiatrists and psychiatric nurses play a vital role in emphasizing activities focused on plummeting stigma, predominantly internalized stigma *(Beldie, den Boer, Brain, et al. (2012)*.

Self-esteem refers to the individual's perception or subjective appraisal of individual self-respect, one's feelings of self-confidence, self-worth, and the extent of the positive or negative view of self *(Sedikides & Gregg 2003)*. Besides, social support is defined as the feeling and perception of esteem and belonging to a social network with universal rights and duties. It denotes the quality of social relations and functions of these relationships, convenience of support, and provided help as perceived by the mentally ill person *(Schwarzer & Knoll, 2007)*. Also, *Cunningham and Mettrick (2010)* mentioned that social support had described as a fundamental component of recovery for patients diagnosed with a mental illness.

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Stigma hurts the self-esteem, social functioning, and hope levels of patients with psychiatric disorders. Internalized or self-stigmatization causes a person to accept society's negative judgment and withdraw from society with some feelings of worthlessness and shame and generate significant trauma *(Cam & Cuhadar, 2011)*. Depression, reduced self-esteem, sense of devaluation, poor recovery, empowerment, and discrimination are all associated with internalized stigma *(Boyd, Otilingam, & Deforge, 2014)*. Moreover, *Mueller, Nordt, Lauber, et al. (2006)* pointed out that as the individual can count on adequate support, they increased the chances of his feeling accepted and valued in the social environment, and thus improve his self-esteem self-efficacy, and confidence in himself.

Research studying social support among mentally ill patients also investigates the effect of support on stigma processes. Social support for the mentally ill is supposed to increase the chances of sharing ideas, experiences and focus on stigma management *(Ahmedani, 2011)*. Internalized stigma is reported to be reduced among the mentally ill having high social support *(Chronister, Chou, &Liao, 2013)*.

The poor social network can also contribute to vulnerability, internalize stigmatizing attitudes, and make individuals perceive devaluation and discrimination more strongly *(Sibitz, Unger, Woppmann, et al. 2011)*. The perception of stigmatization is highly influenced by how much people perceive their social relations as sources of support. Thus, studies have discussed the social support construct as a mediator of the impact of stigma on individuals' health, acting as an essential factor for a physical and psychological adjustment *(Chou, Robb, Clay, & Chronister, 2013)*. The same author added significant evidence that excellent social support can act as a protective factor. Moreover, fear of rejection itself may lead to misrepresented perceptions of support and available social interactions, as well as increasing exclusion from family and friends *(Birtel, Wood, & Kempa, 2017).*

## 2. Significance of the study

A high prevalence of internalized stigma among mentally ill patients is reported by Egyptian studies, which illustrated that 63.3% of the studied patients reported a moderate level of stigma, and 22.5% had a high level of stigma *(El-Salam, Abd El-Menem, & Gemeay, 2018)*. Another recent study conducted by *Asrat, Eskeziya, and Yimer (2018)* reported that 32.1% of the mentally ill patients had a high level of self-stigma based on the total stigma score. Similarly, *Ayenalem, Tiruye, and Muhammed (2017)* demonstrated that 32.1% of the total 317 participants with mental illness had a high level of internalized stigma based on overall stigma score.

Internalized stigma among people with mental illness is one of the most critical obstacles that affect an individual's life in many areas, such as the treatment process, social interaction, self-esteem, relationships, and a major clinical and public health issue. A few scientific shreds of evidence were found in Upper Egypt regarding internalized stigma among mentally ill individuals: thus, the current study emerged aiming to assess internalized stigma of mental illness and its relation with self-esteem and social support among psychiatric patients.

## 3. Aim of the study

The current study emerged, aiming to assess internalized stigma of mental illness and its relation with self-esteem and social support among psychiatric patients.

### 3.1. Research questions

- What are the levels of internalized stigma among psychiatric patients?
- Is there a relationship between internalized stigma with self-esteem and social support among psychiatric patients?

## 4. Subjects & Methods

### *4.1. Research design*

The descriptive correlational research design was used to achieve the aim of this study.

### *4.2. Research Setting*

The study was conducted at inpatient units of Minia Hospital for Mental Health and Addiction Treatment; this hospital is affiliated to the ministry of health, located in New Minia city. It consists of two floors, the first floor for the outpatient clinics, pharmacy, and inpatient unit for females. The second floor includes administrations, inpatient unit for males, an addiction treatment department, and a nursing office. The hospital's capacity is 53 beds for both sexes. This hospital serves the Minia governorate with its all nine districts.

### *4.3. Subjects*

A convenience sample of one hundred hospitalized psychiatric patients admitted to the previously mentioned setting get involved in the study. This sample size was calculated according to the following statistical equation: $n = \frac{N}{(N-1)B2+1}$ .n= sample size, N= total population number at the previous year, B= proportion of error (0.05). This sample size formula was developed by *Thompson (2012).* The sample was chosen according to the following criteria:

*Inclusion criteria*

- The patients' age were18 years and more
- The patients' cognitive capacity is sufficient to complete the study tools

*Exclusion criteria*

- Mental retardation
- Comorbid diagnosis of substance abuse
- Organic brain diseases.

### *4.4. Tools of data collection:*

Data collected through the utilization of the following tools:

#### 4.4.1. Sociodemographic and Clinical Data Questionnaire

The researcher developed a structured interview questionnaire to cover the following data: age, sex, residence, educational level, marital status, occupation, diagnosis, disease duration, and times of hospitalization.

#### 4.4.2. Internalized Stigma of Mental Illness (ISMI) Scale

The ISMI scale was adopted from *Ritsher, Otilingam, and Grajales (2003)* and tested for reliability and validity by *Ersoy and Varan (2007).* It is a self-report scale that encompasses 29 items divided into five subscales: the first subscale is assessing alienation (6 items). The second subscale was evaluating the stereotype endorsement (7 items). The third one investigates discrimination experience (5 items). Fourth subscale judging social withdrawal (6 items). The last subscale is estimating stigma resistance (5 items).

Each item in the scale is evaluated against a four-point Likert scale, starting from strongly disagree that scored as (1); to strongly agree that scored as (4). The five-stigma resistance subscale contains five items assessing the levels at which the stigmatized person is not influenced by self-stigmatizing beliefs such as (e.g., "I can have a good, fulfilling life, despite my mental illness"). Each subscale score was summed after reverse coding of scale items. The total score was obtained by dividing the total score by its items to calculate the internalized stigma score.

The level of stigmatization experienced followed the method used by *Lysaker, Roe, and Yanos (2007).* This method considers the levels as following: minimal to no internalized stigma when the score was 1-2; mild internalized stigma considered when the score was 2.01-2.50; moderate internalized stigma counted when the score was 2.51-3.00; finally, severe internalized stigma decided when the score was 3.01-4.00. Internalized Stigma of Mental Illness (ISMI) scale revealed a high internal consistency as its Cronbach's α test equal 0.94. Besides, good overtime stability of test-retest reliability of ICC equal 0.78, according to *Chang, Chen, Wang, &Lin (2014)*. The Cronbach's α in testing reliability in the current study was 0.88.

#### 4.4.3. Rosenberg Self-Esteem Scale (RSE)

This tool was adopted from *Rosenberg (1965)*, who developed Rosenberg's Self Esteem Scale (RSES). It is a short, ten-item scale, where respondents indicate how strongly they agree or disagree with the statements, using a four-point Likert scale from strongly agree (1) to strongly disagree (4). Items 1, 2, 4, 6, and 7 have a reverse score. A total item score has summed ranges from 10-40, with the higher the score, the higher the level of patient self-esteem. The overall scores are categorized as average self-esteem when the score ranged between 20-40 and low self-esteem when the score is below 20. The reliability of RSE used Chronbach's α test showed high internal consistency when measured in the current study. It equalized 0.83

#### 4.4.4. Multidimensional Scale of Perceived Social Support (MSPSS)

This scale was adopted from *Zimet, Powell, Farley, et al. (1990)* to measure the degree of perceived adequacy of social support among mentally ill patients. It consists of twelve self-reported inventory to assess the adequacy of perceived social support from family members, friends, and significant others. Participant responses measured against a seven-point scale ranging from very strongly disagree (scored as 1) to very strongly agree (scored as 7). Categories of scale responses were adapted to 5-point scores, ranging from strongly disagree (scored as 1) to strongly agree (scored as 5). Modified scale reliability tested by Cronbach's α. It equals 0.96, and the total score ranged from 12-60. The level of perceived social support shown on the MSPSS is as follows: 12-28: low Acuity; 29-44: moderate Acuity; 45 to 60: High Acuity.

### *4.5. Procedures*

Review of the current and past related literature on the various aspects of the study using recent books and available journals to be acquainted with the research problem, give a clear picture about the subject and select the appropriate tools for measuring the study variables. Reliability of the study tools has done by the researcher using the test re-test method of measuring internal consistency. Repetitive test responses have been contrasted using Cronbach's alpha coefficient test. Content validity was also measured for the study tools by a panel of five professors in the domain of Psychiatric and Mental Health Nursing, and then, based on their comments, the tools were modified.

Formal permission was granted from the executive manager of mental health and addiction treatment hospital in Minia governorate after explaining the purpose and nature of the current study. The researcher explained the aim of the study through a direct personal interview with the patient to get their approval to gain their cooperation and voluntary participation in the study. Confidentiality also was assured. The data collected between the periods of December 2017 to May 2018. The researcher collected data through interviewing patients for two days/ week from 10 AM to 2 PM. The time spent filling the study tools ranged from 20 to 30 minutes according to the needed explanation with each patient.

A sample of 10 patients (representing 10% of the total sample) was recruited to pilot the study tools. The tool tested for clarity, comprehensiveness, applicability, and time consumed in filling the study tools and testing the feasibility of the study process. No changes have done in the assessment sheet, so the sample selected for the pilot study was included in the primary study sample.

Ethical consideration: A written official approval was obtained from the ethical research committee of the Faculty of Nursing, Minia University, and from the patient rights committee in the study setting. Written informed consent was obtained from educated patients and oral one obtained from uneducated patients after the researcher introduced

herself to the patients and explained the aim and nature of the study. The patient has the right to agree or refuse to participate in the study without any rationale. The patients are assured with confidentiality of their personal information that it will be used only for a research purpose, and there is no risk for their participation. Code numbers were created and kept by the researcher for each patient.

### 4.6. Limitation of the study

The present study sample was conducted on an extended period because the study setting was the only psychiatric hospital with a small capacity that services Minia governorate with its' all nine districts. Absence of a special or quiet place to interview patients, so the researcher faced many interruptions by other patients, and sometimes this leads to repeat the interview.

### 4.7. Data analysis

A Statistical Package for Social Sciences (SPSS) version 21 was used to analyze the current study's data. Qualitative data used to describe the frequency distribution of the study sample. Quantitative data presented as mean & SD. Spearman correlation and chi-square test were used to identify differences in the prevalence of internalized stigma among the study population. Linear regression analysis of factors affecting the internalized stigma of mental illness performed. Statistical significance was considered at a P. value less than 0.05.

## 5. Results

Table 1 shows the frequency distribution of the studied patients according to their sociodemographic features. About two-thirds of patients were in the age group of 25 to 45 years that the mean age was 33.9±9.3, 69% of patients were males, and more than half of them live in urban areas (55%). Regarding educational level, 26% of the patients were secondary educated, and 25% cannot read and write. Moreover, 42% of them were single. About one-third of patients do not work.

Table 2 illustrates the frequency distribution of the studied patients according to their clinical data. The finding shows that 62% of patients have schizophrenic disorders, and an equal percentage of them have a mood disorder, mania, or depression, 14% for each. As regard disease duration, it was observed that more than half of patients suffered from the disease five to ten years ago. Besides, 29% of patients admit the hospital two times, followed by 28% hospitalized more than three times.

Figure 1 reports the level of internalized stigma of mentally ill patients. 41% of patients have a severe level of total internalized stigma score. Regarding internalized stigma subscales, about two-thirds (65%) of patients have a severe level of stereotype endorsement subscale, and an equal percentage of them report severe levels in either alienation or social withdrawal subscales, 60% for each.

Figure 2 clarifies self-esteem levels among the studied sample. It was observed that 54% have an average self-esteem level, and 46% have a low level of self-esteem.

Figure 3 demonstrates social support levels among the studied sample. The majority of patients perceived a low acuity level of social support (76%), while only 9% perceived a high social support level.

Table 3 shows a correlation between internalized stigma, self-esteem, and social support among studied patients. There is a highly statistically significant negative correlation between total internalized stigma score and all subscales with self-esteem and social support of the studied psychiatric patients.

Table 4 presents the relationship between internalized stigma and diagnoses of the studied patient. There is a statistically significant relationship between alienation and stereotype endorsement subscales of internalized stigma and patients' diagnoses. Simultaneously, there is a non-significant relationship between the total score of internalized stigma, discrimination experience, social withdrawal, and stigma resistance subscales of internalized stigma with diagnoses of the studied psychiatric patients.

Table 5 demonstrates a linear regression analysis of factors affecting the total internalized stigma score among the studied sample. The above table found that the most significant factors that were affecting the total internalized stigma score of patients were self-esteem score and social support score.

**Table (1)**: **Frequency and percentage distribution of the studied patients according to their sociodemographic data (n=100).**

| Sociodemographic data | No. | % |
|---|---|---|
| **Age groups** | | |
| 18-<25 | 23 | 23 |
| 25-45 | 67 | 67 |
| >45 | 10 | 10 |
| Range | 19-59 | |
| Mean±SD | 33.9±9.3 | |
| **Gender** | | |
| Male | 69 | 69 |
| Female | 31 | 31 |
| **Residence** | | |
| Urban | 55 | 55 |
| Rural | 45 | 45 |
| **Educational level** | | |
| Cannot read and write | 25 | 25 |
| Read and write | 10 | 10 |
| Primary | 9 | 9 |
| Preparatory | 12 | 12 |
| Secondary | 26 | 26 |
| University or More | 18 | 18 |
| **Marital status** | | |
| Married | 26 | 26 |
| Divorce | 26 | 26 |
| Single | 42 | 42 |
| Widow | 6 | 6 |
| **Occupation** | | |
| Housewife and do not work | 32 | 32 |
| Farmer | 23 | 23 |
| Employee | 11 | 11 |
| Handicraft | 26 | 26 |
| Free works | 8 | 8 |

**Table (2): Frequency and percentage distribution of the studied patients according to their clinical data (n=100).**

| Clinical data | No. | % |
|---|---|---|
| **Diagnosis** | | |
| Schizophrenic disorders | 62 | 62 |
| Mood disorder, Mania | 14 | 14 |
| Mood disorder, Depression | 14 | 14 |
| Schizoaffective disorder | 10 | 10 |
| **Disease duration** | | |
| Less than one year | 13 | 13 |
| 1 - 5 years | 20 | 20 |
| 5 - 10 years | 51 | 51 |
| More than ten years | 16 | 16 |
| **Times of hospitalization** | | |
| 1time | 16 | 16 |
| Two times | 29 | 29 |
| Three times | 27 | 27 |
| More than three times | 28 | 28 |

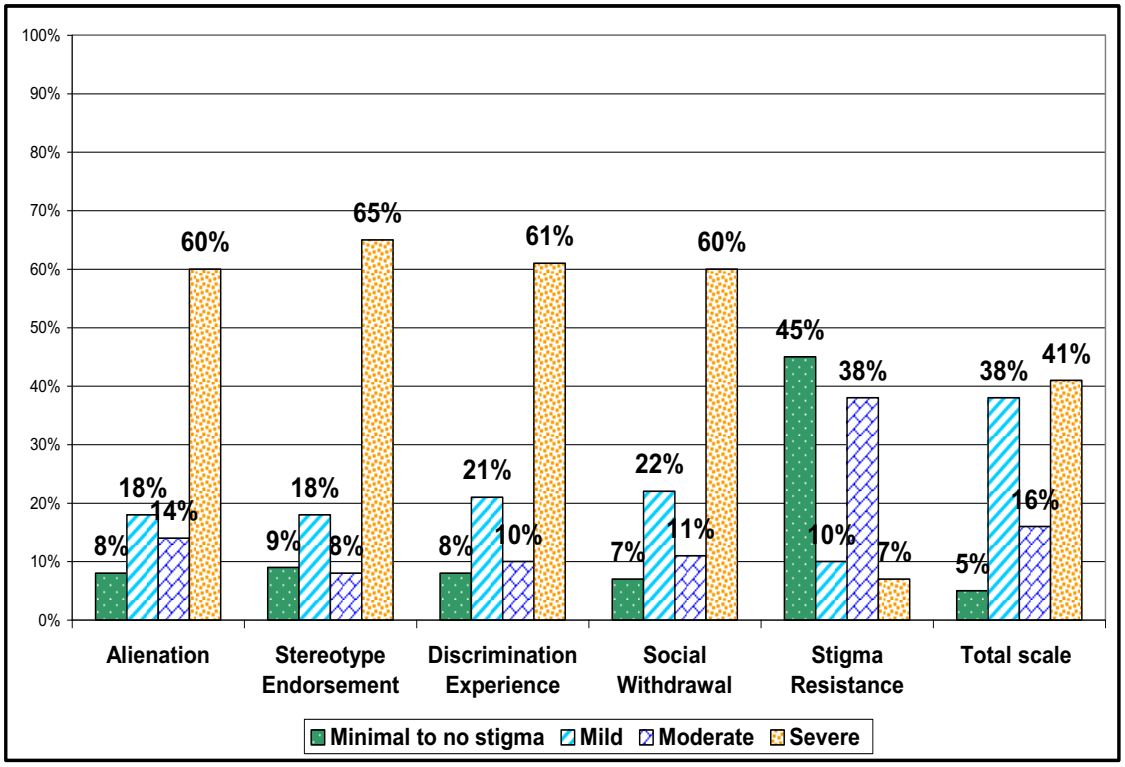


**Figure (1): The internalized stigma of mental illness levels among studied patients (n=100).**

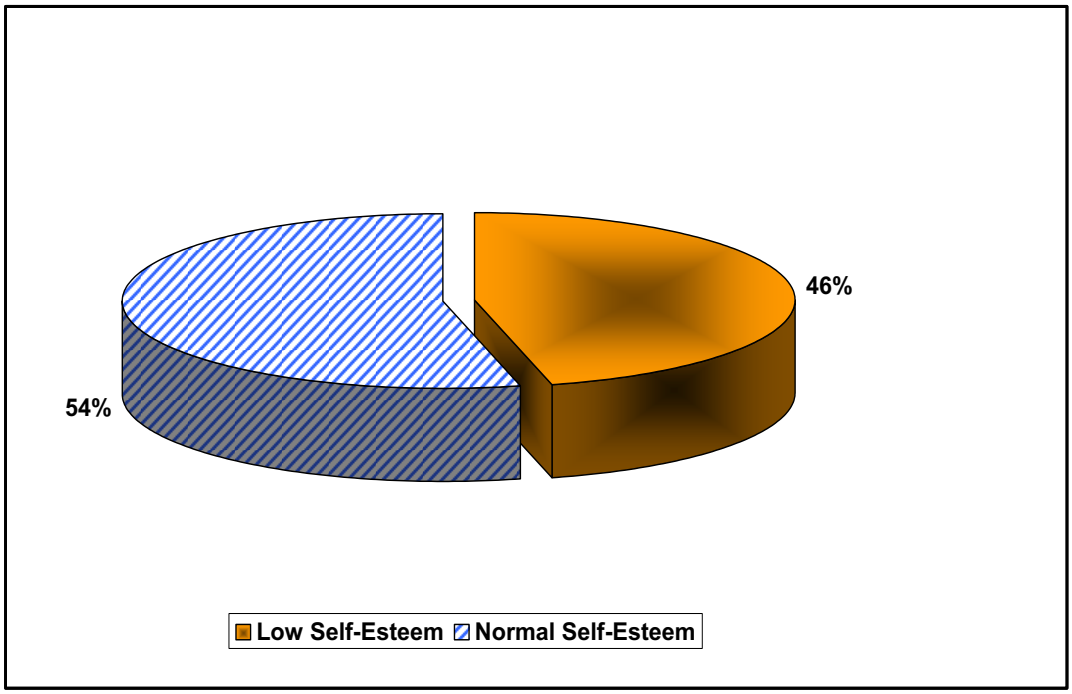


**Figure (2): Self-esteem levels among the studied sample (n=100).**

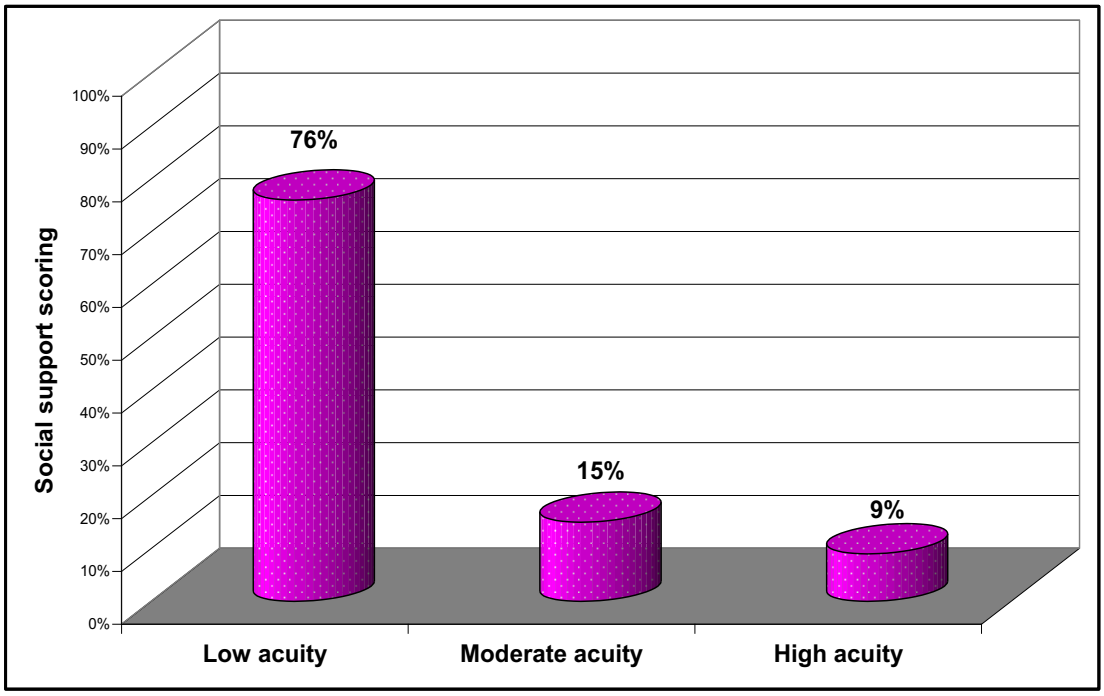


**Figure (3): Social support levels among the studied sample (n=100)**

**Table (3): Correlation between Internalized stigma, self-esteem, and social support among studied patient (n=100)**

| Internalized stigma of mental illness subscales | | Self-Esteem | Social support |
|---|---|---|---|
| Alienation | **r** | -0.42 | -0.51 |
| | **p** | 0.0001 | 0.0001 |
| Stereotype Endorsement | **r** | -0.36 | -0.53 |
| | **p** | 0.0001 | 0.0001 |
| Discrimination Experience | **r** | -0.43 | -0.42 |
| | **p** | 0.0001 | 0.0001 |
| Social Withdrawal | **r** | -0.33 | -0.44 |
| | **p** | 0.001 | 0.0001 |
| Stigma Resistance | **r** | 0.30 | 0.32 |
| | **p** | 0.002 | 0.001 |
| The total score of internalized stigma | **r** | -0.71 | -0.23 |
| | **p** | 0.0001 | 0.02 |

**Table (4): Relationship between Internalized Stigma and diagnoses of the studied patient (n=100).**

| Internalized stigma subscales | Levels | Diagnosis | | | | | | | | $X^2$ | P |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Schizophrenic disorders | | Mania | | Depression | | Schizoaffective disorder | | | |
| | | No. | % | No. | % | No. | % | No. | % | | |
| Alienation | No or minimal | 4 | 50 | 4 | 50 | 0 | 0 | 0 | 0 | 19.007 | 0.03 |
| | Mild | 12 | 66.7 | 1 | 5.6 | 5 | 22.2 | 1 | 5.6 | | |
| | Moderate | 6 | 42.9 | 4 | 28.6 | 3 | 21.4 | 1 | 5.6 | | |
| | Severe | 40 | 66.7 | 5 | 8.3 | 7 | 11.7 | 8 | 13.3 | | |
| Stereotype Endorsement | No or minimal | 4 | 44.4 | 5 | 55.6 | 0 | 0 | 0 | 0 | 17.9 | 0.03 |
| | Mild | 10 | 55.6 | 2 | 11.1 | 4 | 22.2 | 2 | 11.1 | | |
| | Moderate | 4 | 50 | 2 | 25 | 1 | 12.5 | 1 | 12.5 | | |
| | Severe | 44 | 67.7 | 5 | 7.7 | 9 | 13.8 | 7 | 10.8 | | |
| Discrimination Experience | No or minimal | 3 | 37.5 | 4 | 50 | 0 | 0 | 1 | 12.5 | 15.2 | 0.2 |
| | Mild | 13 | 61.9 | 2 | 9.5 | 3 | 14.3 | 3 | 14.3 | | |
| | Moderate | 6 | 60 | 2 | 20 | 1 | 10 | 1 | 10 | | |
| | Severe | 40 | 65.6 | 6 | 9.8 | 10 | 16.4 | 5 | 8.2 | | |

**Table (4): Relationship between Internalized Stigma and diagnoses of the studied patient (n=100) (*continue*).**

| Internalized stigma subscales | Levels | Diagnosis | | | | | | | | $X^2$ | P |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Schizophrenic disorders | | Mania | | Depression | | Schizoaffective disorder | | | |
| | | No. | % | No. | % | No. | % | No. | % | | |
| Social Withdrawal | No or minimal | 4 | 57.1 | 3 | 42.9 | 0 | 0 | 0 | 0 | 9.2 | 0.4 |
| | Mild | 12 | 54.5 | 5 | 22.7 | 3 | 13.6 | 2 | 9.1 | | |
| | Moderate | 7 | 63.6 | 1 | 9.1 | 2 | 18.2 | 1 | 9.1 | | |
| | Severe | 39 | 65 | 5 | 8.3 | 9 | 15% | 7 | 11.7 | | |
| Stigma Resistance | No or minimal | 27 | 60 | 6 | 13.3 | 8 | 17.8 | 4 | 8.9 | 7.4 | 0.5 |
| | Mild | 6 | 60 | 2 | 20 | 1 | 10 | 1 | 10 | | |
| | Moderate | 26 | 68.4 | 3 | 7.9 | 5 | 13.2 | 4 | 10.5 | | |
| | Severe | 3 | 42.9 | 3 | 42.9 | 0 | 0 | 1 | 14.3 | | |
| The total score of internalized stigma | No or minimal | 3 | 60 | 2 | 40 | 0 | 0 | 0 | 0 | 15.4 | 0.1 |
| | Mild | 25 | 65.8 | 3 | 7.9 | 6 | 15.8 | 4 | 10.5 | | |
| | Moderate | 7 | 43.8 | 6 | 37.5 | 2 | 12.5 | 1 | 6.2 | | |
| | Severe | 27 | 65.9 | 3 | 7.3 | 6 | 14.6 | 5 | 12.2% | | |

**Table (5): linear regression analysis of factors affecting total internalized stigma score among the studied sample (n=100)**

| Total internalized stigma score | Beta | P |
|---|---|---|
| Age | 0.025 | 0.7 |
| Sex | -0.078 | 0.3 |
| Residence | 0.034 | 0.6 |
| Educational level | 0.107 | 0.2 |
| Marital status | 0.018 | 0.8 |
| Occupation | 0.005 | 0.9 |
| Diagnosis | 0.026 | 0.7 |
| Disease duration | 0.005 | 0.9 |
| Times of hospitalization | 0.081 | 0.4 |
| Self-esteem score | -0.69 | 0.001 |
| Social support score | -0.64 | 0.04 |

## 6. Discussion

Mentally ill individuals with internalized confronted various emotional and social consequences, including low self-esteem, productivity, progressive negative affect, and social withdrawal *(Rusch, Patrick, Andrew, & Andrew, 2010).* Another study reported a significant relationship between self-stigmatization and reduced self-esteem, self-efficacy, depression, delayed treatment, a prolonged course of illness, poor prognosis, and quality of life *(Sibitz, Amering, Unger, et al., 2012).* The current study emerged, aiming to assess internalized stigma of mental illness and its relation with self-esteem and social support among psychiatric patients.

Regarding levels of internalized stigma, the current study's findings claimed that more than two-fifths of studied psychiatric patients have a severe level of total internalized stigma score. About two-thirds of patients have a severe level of stereotype endorsement, alienation, and social withdrawal subscale about internalized stigma subscales. This study finding might be explained by a low level of awareness about the nature of mental illness among individuals, families, and communities. Another reason may be the deficit of psychoeducational programs, counseling, and other activities that address strategies and tools the psychiatric patients use to minimize their self-stigma and interventions that prevent self-stigma. Moreover, the culture of communities may be another critical factor that affects the problem of internalized stigma in the mentally ill patient. Furthermore, there is a deficit in mental health services that consider internalized stigma as a significant portion of the patient rehabilitation process and considered a modifiable risk factor.

The present study finding was in line with previous research, which reported that among the study participants, about one-half of patients suffering from moderate internalized self-stigma, and a fifth of them had severe self-stigma *(Shalaby, Sabra, & Mohamed, 2014).* Another recent study by *Özçelik and Yıldırım (2018)* who indicated that among the study respondents, the patients' mean score on the Internalized Stigma of Mental Illness Scale was 76.12±17.15. *El-Salam et al. (2018)* added that nearly half of the studied patients had a moderate level of stigma regarding alienation, stereotype endorsement, and social withdrawal domains.

Concerning self-esteem levels among the studied sample, it was observed in the current study result that near to half of the studied psychiatric patients have low levels of self-esteem. This finding may be related to the vicious circle between mental disorders and self-esteem. The

occurrence of psychiatric disorders results in reduced self-esteem, and low self-esteem can induce psychiatric disorders such as depression, further reducing patient self-esteem. This finding was in agreement with a few earlier studies. Firstly, a study conducted by *Rashid, Saddiqua, and Naureen (2011)* indicated that social anxiety was high while self-esteem and body-esteem were low among psychiatric patients. Also, *Keane and Loades (2017)* illustrated that young people with any mental illness tended to have low self-esteem than healthy peers.

Concerning social support levels among the studied sample, the present study illustrated that more than three-fourths of patients perceived a low level of social support, while only nine percent of them perceived a high level of social support. This result could be attributed to discrimination and social stigma that affect mentally ill patient opportunities within society. Besides, the community has not comprehended or realized the trajectory of mental illness, so the public prefers to avoid those people. Another rationale is that families are unaware of the patients' needs for social support and how to make them feel supported. Moreover, increasing the frequency of hospitalization makes patients away from families and society, thus affecting on social support that the patients perceived. This finding was nearly agreed with *Mahmoud, Berma, and Abo Saleh (2017),* who stated that more than half of the mentally ill had a low level of social support. Also, *Lundberg, Hansson, Wentz, and Björkman (2008)* found that a higher percentage of severely mentally ill patients have a lesser social network and reduced network density than the general population.

Regarding the correlation between the internalized stigma of mental illness, self-esteem, and social support among the studied sample, the present study findings reported a highly statistically significant negative correlation between total internalized stigma score and its all subscales with self-esteem and social support. This strong association between internalized stigma and self-esteem may be due to the mentally ill is frequently rejected as an employee, friend, neighbor, or an intimate partner and devalued as a human who is less trust, worthy and competent, when the situation the persons find themselves in as described above so, it is easy to lose his self-esteem.

The findings of the current study supported by *Horsselenberg, Van Busschbach, Aleman, and Pijnenborg (2016)* suggested that symptoms severity and discrimination are direct predictors of self-stigma that, in turn, initiate negative self-esteem. The previous study postulated a statistically significant negative correlation between perceived social support from family and the internalized stigma of mental illness *(Korkmaz, 2016).* The result of the current study disagreed with *Kumari, Banerjee, Majhi, et al. (2014)***, who documented that** there was no significant correlation between stigma and self-esteem.

The present study findings exhibited a statistically significant relationship between alienation and stereotype endorsement subscales of internalized stigma of mental illness and patients' diagnoses. It revealed an insignificant relationship between internalized stigma, discrimination experience, social withdrawal, and stigma resistance subscales of internalized stigma with diagnoses of the studied psychiatric patients. These findings were nearly agreed with those of *Kim, Song, Ryu, et al. (2015)*, who compared internalized stigma in two groups of patients with bipolar disorder and schizophrenia and bipolar disorder. The study reported non-significant differences in internalized stigma among both groups. *Drapalski, Lucksted, Perrin, et al. (2013)* also supported this finding that no differences in internalized stigma were revealed among schizoaffective disorder, schizophrenia, major depression, and bipolar disorder patients.

Contrary to these previous studies, *Chang, Wu, Chen, and Lin (2016)* studied differences in internalized stigma among patients with anxiety disorders, depression, bipolar disorders, and schizophrenia. The findings evidenced significant higher scores among hospitalized patient regarding all stigma subscale except stigma resistance. Moreover, *Ozçelik (2015)* found a strong association between the internalized stigma of mental illness and the diagnosis.

Concerning factors affecting the total internalized stigma score among the studied sample, it was observed that the most significant factors affecting the overall internalized stigma score of patients were self-esteem scores followed by social support scores. WhilThe studied psychiatric patients' sociodemographic characteristics age, sex, residence, educational level, marital status, and occupation were not affecting the total score of internalized stigma. This finding could be attributed to the fact that mentally ill patients who seek medical treatment in our country are comparable, and all might experience internalized stigma similarly regardless of their sociodemographic features. These present study findings were consistent with *Piccoa, Panga, Laua, et al.'s (2016)* study that revealed no association between sociodemographic characteristics and internalized stigma. Another supportive study reported no gender difference *(Kamaradova, Latalova, Prasko, et al., 2016). Livingstone and Boyd (2010)* also reported a non-significant relationship between levels of internalized stigma and sociodemographic variables as gender, age, marital status, education, ethnicity, employment, and income.

However, these findings were inconsistent with those of *Ersoy and Varan (2007),* who stated that males were more stigmatized than females. It might be due to the diagnoses of the illnesses in patients' groups were dissimilar.

## 7. Conclusion

Based on current study findings, it concluded that internalized stigma level was high among mentally ill patients. Internalized stigma has a negative correlation with self-esteem and social support. Near to half of the hospitalized patients with psychiatric disorders have a severe level of total internalized stigma score. A significant correlation between the overall internalized stigma score

and its all subscales with self-esteem and social support of the studied patients was found.

## 8. Recommendations

- Further studies regarding educational interventions to discuss and minimize internalized stigma among psychiatric patients still needed to support the mentally ill and improve their capacity to manage and cope with stigma.
- More research should be conducted to identify possible different factors associated with the internalized stigma of mental illness and investigate whether increasing levels of perceived social support can influence self-stigmatizing beliefs.
- Psychoeducational intervention for the patient and their families to improve social support and enhance the patient's feeling of support can reduce the consequences of internalized stigma.

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