

INTERNALIZED STIGMA AND THE IMPACT ON INDIVIDUALS WITH  
SCHIZOPHRENIA: IMPLICATIONS FOR COUNSELING

Approved by Tom Lo Guidice

Date: January 6, 2012

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A Seminar Paper

Presented to

The Graduate Faculty

University of Wisconsin-Platteville

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In Partial Fulfillment of the

Requirement for the Degree

Masters of Science

in

Education

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By

Heidi Lammon  
Fall 2011

# Abstract

## INTERNALIZED STIGMA AND THE IMPACT ON INDIVIDUALS WITH SCHIZOPHRENIA: IMPLICATIONS FOR COUNSELING

Heidi Lammon

Under the Supervision of Tom Lo Guidice, Ph D

Internalization of stigma leads to several negative consequences on the lives of individuals who suffer from schizophrenia. The characteristics include a reduction in self-worth, decreased treatment adherence, and limited life satisfaction. The process of internalizing stigma begins with socially accepted stereotype associated with this illness. Treatment methods for reducing the effects of internalized stigma on mental health recovery are identified. The methods include psycho educational programs, cognitive behavioral and narrative enhancement techniques. A discussion associated with the positive outcomes of the use of peer support and community education is included. Moreover, this paper was written to be shared and to encourage mental health professionals as they serve individuals with mental illness.

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## **Chapter One: Introduction**

One of the most devastating consequences of having a mental illness does not come from the experience of the symptoms associated with the disease, but the ramification of the stigma that accompanies it (Link, Struening, Neese-Todd, Asmussen, & Phelan, 2001). Public stigma associated with individuals who suffer from schizophrenia is linked to undesirable traits including dangerousness, incompetence and weakness (Watson, Corrigan, Larson, & Sells, 2007). These perceptions can lead to prejudice and eventual discrimination. Stereotypes have been shown to traumatize the lives of those who experience schizophrenia (Ben-Zeev, Young, & Corrigan, 2010).

Schizophrenia is a disabling disorder of the brain that affects 2 million individuals in the United States. It is frequently misunderstood and often feared by those who are not knowledgeable about the illness. Schizophrenia is a medical condition that can be treated with medication and support from mental health professionals (Dunkworth, 2007). Individuals with schizophrenia are confronted with significant challenges associated with the symptoms of the disease. The presentation of this illness is characterized by hallucinations, delusions, bizarre behavior and flattening of affect. The intensity of symptoms can vary among those who experience the illness (Corring, & Cook, 2007). The disease of schizophrenia often robs individuals of opportunities that give meaning to life, such as social relationships, employment, adequate health care, and housing (Corrigan, & Watson, 2002).

Beliefs associated with public stigma are most harmful when an individual internalizes negative social perceptions. This leads to an altered sense of self-worth, and belief he or she is inferior and unacceptable in the community (Padurariu, Ciobica, Persson, & Stefanescu, 2011). Being labeled mentally ill or identified as a person receiving mental health treatment can lead to

lowered self-esteem. Identification with public stigma can have a myriad of negative effects that interfere with mental health recovery (Link et al., 2001).

### **Statement of the Problem**

A person diagnosed with schizophrenia may experience a reduction of self-worth due to the internalization of public stigma. What are the ramifications of internalizing public stigma on an individual's mental health recovery process? What interventions are available to effectively reduce the impact of internalized public stigma?

### **Definition of Terms**

Schizophrenia is a debilitating illness characterized by symptoms of hallucinations, delusions, disorganized thought and bizarre behavior. The negative symptoms of the illness may include a flat affect and tendencies to withdrawal socially (Corring et al., 2007).

Mental health recovery is a hopeful process of healing and encouraging a person with a mental illness to live a meaningful life. This includes providing respect, individualized treatment, self-direction, hope and a sense of personal responsibility for promoting one's own wellness (Frese, Knight, & Saks, 2009).

Public stigma is negative belief the society has about individuals who suffer from a mental illness. This is harmful as the perceptions lead to stereotyping, prejudice, and discrimination of individuals who seek mental health treatment (Ben-Zeev et al., 2010).

Self-stigma occurs when an individual experiences a diminished sense of self-worth, as a consequence of having a mental illness. The individual becomes immersed with the prejudice

of society and applies the negative stereotypes and attitudes to themselves (Brohan, Elgie, Sartorius, & Thornicroft, 2010).

### **Delimitations of Research**

The references used for the review of literature were collected over period of 45 days using the resources of the Karrmann Library at the University of Wisconsin-Platteville. The several search engines provided by EBSCOHOST were used. The Key search terms were “Schizophrenia”, “mental health recovery”, “public stigma”, and “self-stigma.”

## **Chapter Two: Review of Related Literature**

### **Stigma and Schizophrenia**

The majority individuals with a diagnosis of schizophrenia will be challenged with some form of stigma during their lifetime (Zelst, 2009). According to Corrigan & Watson 2002, two types of stigma exist: public stigma and internalized or self-stigma. Public stigma consists of three interrelated components, which include: stereotype, prejudice, and discrimination. The stereotype is a set of negative attitudes, and incorrect beliefs about the diagnosis of schizophrenia (Padurariu et al., 2011). The stereotype associated with this illness includes the notion individuals are less competent, prone to violence, have split personalities, are fragile, and responsible for their illness. These misconceptions are cultivated in the news and through the media's portrayal of people with mental illness (Byrne, 2000). Prejudice refers to a negative, preconceived opinion that leads to an adverse emotional response, such as fear, hostility or disgust. These preconceptions are harmful to individuals with schizophrenia, as they are seen as strange or different (Padurariu et al., 2011). Discrimination is the motivated by the false, preconceived ideas about schizophrenia. It is harmful to the lives of those who experience this illness and can rob them of employment opportunities, equal access to health care, and housing (Link et al., 2001). Individuals with schizophrenia experience public stigma from close friends, family members and community organizations (Staring, Van der Gaag, Van den Berge, Duivenvoorden, & Mulder, 2009).

Research suggests the internalization of stigma may have more devastating ramifications on the lives of individuals, than the effects of direct discrimination (Ritsher, & Phelan, 2004). Prior to receiving the diagnosis of schizophrenia, most people are aware of the socially endorsed

stigma associated with mental illness (Ben-zeev et al., 2010). These beliefs rise to the surface when an individual is given a mental health diagnosis, affecting one's sense of self. The internalization of stigma causes a reduction in self-esteem or self-worth. The individual perceives him or herself as being unworthy and unacceptable in the community (Corrigan et al., 2002). To be stigmatized with a mental illness enhances a fear of rejection by society as a whole (Link et al., 2001). The negative impact of reduced self-worth has been associated with lack of confidence in pursuing employment, limiting one's social networks due to fear of rejection, as well as increased depression and not engaging in meaningful life goals (Ben-zeev et al., 2010). Internalized stigma is also related to negative outcomes for mental health recovery. Including an increase in cognitive distortions, use of adverse coping skills, and dysfunctional attitudes associated with feelings of anger, guilt, embarrassment, anxiety and hopelessness (Yanos, Roe, Marcus, & Lysker, 2008).

### **Awareness of Stigma and cognitive insight to illness**

Researchers have demonstrated, not everyone who has a diagnosis of schizophrenia will suffer from diminished self-worth, associated with the process of internalizing public stigma (Watson, et al., 2007; Link et al., 2001; Lysaker, & Buck, 2007; Padurariu et al., 2011). There appears to be several factors involved in the experience, and the course it takes throughout an individual's lifetime. Research has not determined all of the aspects involved in the process of internalizing stigma however; it has identified risk factors that influence its development. Notable factors include individual awareness of public stigma, and his or her cognitive insight towards their illness (Mak, & Wu, 2006). Watson and colleagues, 2007 describe the process of internalization of public stigma. Their study identified a process that includes: stigma awareness, stereotype agreement, and self-concurrence. Awareness of stigma is necessary to understand

negative beliefs, but not the only factor in the development of internalized stigma (Lysaker et al., 2007). Individuals react to stigma in different ways. Some are unaffected by the beliefs while others are traumatized with the loss of self-esteem. Others have become empowered by the awareness of stigma, and work hard to dispel negative associations of the illness (Watson et al., 2007). The agreement with a stereotype occurs when the individual shares the culturally accepted views about mental illness (Padurariu et al., 2011). Self-concurrence is the final stage of internalized stigma. It takes place when the individual applies the negative social concepts to him or herself (Watson et al., 2007). The ramifications of diminished self-worth affect aspirations and psychosocial functioning (Yanos et al., 2008). In contrast to the individual who accepts the negative social stigma, there are others who are empowered by stigma awareness. They do not appear to endorse the public's perception of schizophrenia, and become stronger due to the public attitudes. In 2002, Watson and colleagues noted that individuals, who accept their illness, tend to identify themselves with a larger stigmatized group. This identification assists in developing a positive identity without diminished self-esteem, and influences the way they respond to public stigma.

A second factor identified in the development of self-stigma, involves an individual's cognitive insight or awareness of their diagnosis (Mak et al., 2006; Lysaker et al., 2007). The clinical presentation of schizophrenia involves the experience of unusual or extraordinary symptoms. The symptoms can vary in degree among individuals, and typically include auditory hallucinations and delusional beliefs (Corring et al., 2007). Individuals with schizophrenia may not be convinced their odd beliefs or experience of hearing voices, is associated with a mental illness. This often causes denial and frequently leads to poor compliance with treatment and medications, thus limiting life satisfaction (Lysaker et al., 2007). Cognitive insight or awareness

to one's illness is typically associated with better treatment outcomes and improved psychosocial functioning (Staring et al., 2009). Cognitive insight towards one's illness; can have a negative impact on an individual's response to treatment, and quality of life. Cognitive insight can imply a greater chance of understanding public stigma, and the eventual possibility of adopting negative views of one's self (Mak et al., 2006). In other words, individuals with little cognitive insight may have a lower risk of internalizing stigma, due to unawareness of their illness.

The etiology of limited cognitive insight, associated with the diagnosis of schizophrenia continues to be studied (Staring et al., 2009). Historically, poor cognitive insight has been attributed to a lack of education about one's illness, or a coping strategy to deal with the shame of public stigma (Amador, & Kronengold, 2004). Xavier Amador, 2010 suggests cognitive insight is considered a manifestation of schizophrenia, rather than a coping strategy. He compares the lack of awareness in schizophrenia with neurological deficits seen in patients with strokes. His finding may influence the future direction of treatment for cognitive aspects associated with the disease.

Awareness of public stigma and cognitive insight towards one's illness has been shown to play a role in the development of internalized stigma. These factors necessitate continued understanding in order to help counselors, and other mental health professionals provide adequate interventions for treatment. There are recommendations for optimizing recovery and strengthening the therapeutic partnership with this population.

### **Optimizing recovery and reducing the influence of internalized stigma**

Treatment for individuals with the diagnosis of schizophrenia requires a plan of care that is flexible and uniquely designed for each person. The therapist should work together with the individual to create an effective plan, keeping in mind individuals with this disorder have

significant impairments related to social relationships, self-care and vocational functioning (Penn, Mueser, Tarrier, Gloege, Cather, Serrano, & Otto, 2004). Positive symptoms of hallucinations and delusions are particularly common and can create mistrust and a guarded presentation during visits (Corring et al., 2007). Developing a strong therapeutic alliance with individual's, who suffer from schizophrenia, is a component to progress and is associated with lower symptom severity and improved functioning (Penn et al., 2004). Early and consistent treatment has been shown to have a positive effect on recovery, and the course the illness takes throughout one's lifetime. This will most likely include finding an effective medication to decrease the symptoms associated with the illness (Amador et al., 2004).

Many individuals with schizophrenia show little insight to the course of their illness and need for treatment (Lysaker et al., 2007). As a result, their unawareness is linked to poor recovery results and a decrease in life satisfaction (Zelst, 2009). Internalized stigma is also related to negative recovery outcomes. Therefore, the therapist needs to address both issues when developing treatment strategies that are effective (Yanos et al., 2008). Psycho-educational programs can be beneficial to improve insight towards ones illness (Padurariu, et al., 2011). Psycho-education has been shown to help improve knowledge and acceptance of one's illness, increase an individual's sense of self-worth, and promote satisfaction with services and the probability of treatment adherence (Ruzanna, Marhani, Parveen, & Cheah, 2010). In 2009, Staring and colleagues found psycho-educational programs advantageous for individuals, as long as self-stigmatization was addressed in the curriculum. They argued that good insight was not associated with recovery when accompanied by a high level of self- stigmatizing beliefs. Their research suggests a therapist consider evaluating both insight towards illness, and the individual's level of self-stigma during the initial assessment phase of treatment. This

information can assist with identification of symptoms that may be related to the effects of internalized stigma, including depression and limited motivation towards achieving lifetime goals (Zelst, 2009).

Cognitive-behavioral strategies can be effective in dealing with self-stigmatization. The therapist can focus on assisting an individual learn how to challenge their distorted beliefs and dysfunctional attitudes associated with self-stigmatization, despair and low self-esteem (Staring et al., 2009). In addition to cognitive-behavioral strategies, narrative enhancement approaches have been effective in encouraging individual's with schizophrenia to transform their stigmatized life themes of hopelessness, to themes of influence and optimism for their future (Yanos et al., 2008). These interventions can be useful in helping client's decrease the development of internalized stigma and the damage it does to their lives.

Stigma is often reduced when an individual has acceptance and positive role models in their life to identify with. Peer support has been shown to play a protective role in reduction of stereotype agreement, and internalized stigma among individuals with schizophrenia (Watson et al., 2007). When an individual is able to accept their illness, they can identify with others who have been stigmatized and do not agree with the negative beliefs. This allows people to feel a sense of community and hopefulness for their future (Padurari et al., 2011). Group participation often leads to empowerment and improve their sense of self-worth (Staring et al., 2009). Results of this research indicates that therapists should consider how to assist their client's in making positive peer connections with others to share experiences during treatment.

In addition to the various treatment strategies available to manage the influence of self-stigma during counseling, the therapist can advocate for their client's through education regarding mental illness to the public (Padurariu et al., 2011). Education relating to

schizophrenia provides a pathway for community members to make knowledgeable decisions about mental illness. It has been shown to reduce negative stereotypes that endorse stigma and discrimination (Corrigan et al., 2002). Family members and caregivers who are educated about schizophrenia can offer a strong level of support to those who suffer from the complex symptoms of this illness (Frese et al., 2009). The reduction of internalized stigma is a challenge for the therapist to address in counseling. Advocating for improved community education is a starting point to diminishing society prejudice and self-stigmatization it can eventually create.

Treatments interventions including psycho-educational methods, cognitive behavioral therapy and recovery oriented peer support are tools for assisting the therapist reduce the influence of internalized stigma. There is not sufficient research to pin point the most effective intervention method (Zelst, 2009). The interventions presented to the reader have the common components that include developing a therapeutic relationship, individualized treatment planning, therapist flexibility, as well as close examination of the client's thoughts and feelings associated with their illness, throughout the process of therapy. The therapist can consider alternative approaches to combat the development of internalized stigma. Advocacy for improved community education is one approach that may influence the experience of stigma.

### **Chapter Three: Conclusions and Recommendations**

As noted the literature review is related to the research for case managers and mental health professionals who work with individuals diagnosed with schizophrenia. It is apparent that societal beliefs toward individuals with schizophrenia are critically flawed with fears associated with the disease, and the media's negative portrayal of mental illness. This necessitates a higher level of community education to combat myths associated with the diagnosis. The development of internalized stigma is directly connected to the negative stereotypes society has established. The experience of discrimination due to public stigma, can lead to loss of employment opportunities, limited social outlets and inadequate housing and healthcare. Stigma also has a damping effect on an individual's mental health recovery. This is largely associated with ones internalization of the widespread public beliefs.

#### **Intervention Methods and Strategies**

The literature supports the role of cognitive insight towards one illness and its effect on the future development of self-stigma. Cognitive insight is typically associated with better treatment outcomes in schizophrenia. The positive outcomes include acceptance of one's illness, life satisfaction and treatment adherence. However, when paired with the awareness of stigmatizing beliefs, insight to ones illness can be associated with depression, lack of hope and reduction of self-worth. The meanings one attaches to acceptance of their illness can cause significant change in behavior and treatment outcomes. If individual's accepts the stigmatizing beliefs of society, they are more likely to have impaired social function and low self-esteem than individuals who reject the stigma.

Based on these conclusions, it is recommended that therapists assess both awareness to ones illness, and the individual's beliefs associated with stigma. Developing effective treatment

plans to reduce the influence of internalized stigma, may include use of psycho-educational programs, cognitive behavioral and narrative enhancement methods.

### **Peer Support**

Peer support can help counter the effects of stigma, on the lives of individuals with schizophrenia. Support for others who suffer from a mental illness allows for a sense of community and acceptance. It also promotes resilience and improved ability to cope with the symptoms of one's illness.

### **Community Education**

Mental health professionals can advocate for their clients by providing education about schizophrenia to the general public. Education can help to reduce the false beliefs related to the illness and combat the stigma associated with mental illness. Accurate information can help to normalize and explain common symptoms associated with the disease. This can also assist individuals who suffer for schizophrenia, develop more positive attitudes towards seeking treatment, rather than avoiding services, due to association with the negative stigma.

### **Future Research**

Future researchers can identify more specific treatment strategies to counter act the process of internalized stigma. Mental health professionals would benefit from additional studies associated with clear-cut interventions to use when developing treatment plans for this population of people. Individuals with schizophrenia continue to need advocates for understanding the complexities of their illness, and provide inspiration for progress and hope of a brighter future

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## APPENDIX A

## **Internalized Stigma and the impact on individuals with Schizophrenia, Implications for Counseling**

### **Introduction:**

- One of the most devastating consequences of having a mental illness does not come from the experience of the symptoms associated with the disease, but the ramification of the stigma that accompanies it.
- Public stigma associated with individuals who suffer from schizophrenia is linked to undesirable traits including dangerousness, incompetence and weakness.
- These perceptions can lead to prejudice and eventual discrimination. Stereotypes have been shown to traumatize the lives of those who experience schizophrenia.

### **Schizophrenia:**

- Schizophrenia is a disabling disorder of the brain that affects 2 million individuals in the United States. It is frequently misunderstood and often feared by those who are not knowledgeable about the illness. Schizophrenia is a medical condition that can be treated with medication and support from mental health professionals
- Individuals with schizophrenia are confronted with significant challenges associated with the symptoms of the disease. The presentation of this illness is characterized by hallucinations, delusions, bizarre behavior and flattening of affect. The intensity of symptoms can vary among those who experience the illness.
- The disease of schizophrenia often robs individuals of opportunities that give meaning to life, such as social relationships, employment, adequate health care, and housing.

## Types of stigma:

### 1.) Public Stigma:

- Public stigma is negative belief the society has about individuals who suffer from a mental illness. This is harmful as the perceptions lead to stereotyping, prejudice, and discrimination of individuals who seek mental health treatment.
- Public stigma associated with individuals who suffer from schizophrenia is linked to undesirable traits including dangerousness, incompetence and weakness.

### 2.) Self-Stigma/Internalized Stigma:

- Self-stigma/ internalized stigma occurs when an individual experiences a diminished sense of self-worth, as a consequence of having a mental illness. The individual becomes immersed with the prejudice of society and applies the negative stereotypes and attitudes to themselves.
- Beliefs associated with public stigma are most harmful when an individual internalizes negative social perceptions. This leads to an altered sense of self-worth, and belief he or she is inferior and unacceptable in the community. Identification with public stigma can have a myriad of negative effects.

## Public stigma and schizophrenia:

- **Public stigma consists of three interrelated components**, which include: stereotype, prejudice, and discrimination.
- **The stereotype** associated with this illness includes the notion individuals are less competent, prone to violence, have split personalities, are fragile, and responsible for their illness. These misconceptions are cultivated in the news and through the media's portrayal of people with mental illness. This stereotype can cause prejudice.
- **Prejudice** refers to a negative, preconceived opinion that leads to an adverse emotional response, such as fear, hostility or disgust. These preconceptions are harmful to individuals with schizophrenia, as they are seen as strange or different. Prejudice can lead to discrimination.
- **Discrimination** is motivated by the false, preconceived ideas about schizophrenia. It is harmful to the lives of those who experience this illness and can rob them of employment opportunities, equal access to health care, and housing. Individuals with schizophrenia experience public stigma from close friends, family members and community organization.

## **Internalization of Stigma and schizophrenia:**

- Research suggests the internalization of stigma may have more devastating ramifications on the lives of individuals, than the effects of direct discrimination. Prior to receiving the diagnosis of schizophrenia, most people are aware of the socially endorsed stigma associated with mental illness. These beliefs rise to the surface when an individual is given a mental health diagnosis, affecting ones sense of self.
- The internalization of stigma causes a reduction in self-esteem or self- worth. The individual perceives him or herself as being unworthy and unacceptable in the community. To be stigmatized with a mental illness enhances a fear of rejection by society as a whole.
- The negative impact of reduced self- worth has been associated with lack of confidence in pursuing employment, limiting ones social networks due to fear of rejection, as well as increased depression and not engaging in meaningful life goals.
- Internalized stigma is also related to negative outcomes for mental health recovery. Including an increase in cognitive distortions, use of adverse coping skills, and dysfunctional attitudes associated with feelings of anger, guilt, embarrassment, anxiety and hopelessness.

## **Development of internalized/ self- stigma:**

- Researchers have demonstrated, not everyone who has a diagnosis of schizophrenia will suffer from diminished self-worth, associated with the process of internalizing public stigma.
- There appears to be several factors involved in the experience, and the course it takes throughout an individual's lifetime. Research has not determined all of the aspects involved in the process of internalizing stigma however; it has identified risk factors that influence its development.
- Two notable factors include: **1.) Stigma awareness** **2.) Cognitive insight and awareness of diagnosis**

## **Risk Factors associated with self-stigma:**

### **1.) Stigma Awareness**

Awareness of stigma is necessary to understand negative beliefs. Individuals respond to stigma in different ways. Some are unaffected by the beliefs while others are traumatized with the loss of self-esteem. Others have become empowered by the awareness of stigma, and work hard to dispel negative associations of the illness.

- The agreement with a stereotype occurs when the individual shares the culturally accepted views about mental illness.
- Self-concurrence is the final stage of internalized stigma. It takes place when the individual applies the negative social concepts to him or herself. The ramifications of diminished self-worth effect aspirations and psychosocial functioning
- In contrast to the individual who accepts the negative social stigma, there are others who are empowered by stigma awareness. They do not appear to endorse the public's perception of schizophrenia, and become stronger due to the public attitudes.
- Individuals, who accept their illness, tend to identify themselves with a larger stigmatized group. This identification assists in developing a positive identity without diminished self-esteem, and influences the way they respond to public stigma.

### **2.) Cognitive insight and awareness of diagnosis**

The clinical presentation of schizophrenia involves the experience of unusual or extraordinary symptoms. The symptoms can vary in degree among individuals, and typically include auditory hallucinations and delusional beliefs. Individuals with schizophrenia may not be convinced their odd beliefs or experience of hearing voices, is associated with a mental illness. This often causes denial and frequently leads to poor compliance with treatment and medications, thus limiting life satisfaction.

- **Cognitive insight or awareness to ones illness** is typically associated with better treatment outcomes and improved psychosocial functioning.
- **Cognitive insight towards ones illness; can also have a negative impact** on an individual's response to treatment, and quality of life. Cognitive insight can imply a greater chance of understanding public stigma, and the eventual possibility of adopting negative views of one's self. In other words, individuals with little cognitive insight may have a lower risk of internalizing stigma, due to unawareness of their illness.

## Optimizing recovery and reducing the influence of internalized stigma:

- **Treatment for individuals with the diagnosis of schizophrenia requires a plan of care that is flexible and uniquely designed for each person.** The therapist should work together with the individual to create an effective plan, keeping in mind individual with this disorder have significant impairments related to social relationships, self-care and vocational functioning. Positive symptoms of hallucinations and delusions are particularly common and can create mistrust and a guarded presentation during visits.
- **Developing a strong therapeutic alliance** with individual's, who suffer from schizophrenia, is a component to progress and is associated with lower symptom severity and improved functioning. Early and consistent treatment has been shown to have a positive effect on recovery, and the course the illness takes throughout one's lifetime. This will most likely include finding an effective medication to decrease the symptoms associated with the illness.
- **Address both the individual's awareness of public stigma, and cognitive insight towards his or her illness. This is essential towards development of effective treatment strategies.** Many individuals with schizophrenia show little insight to the course of their illness and need for treatment. As a result, their unawareness is linked to poor recovery results and a decrease in life satisfaction. Internalized stigma is also related to negative recovery outcomes.
- **Psycho-educational programs** can be beneficial to improve insight towards ones illness. These programs have been shown to help improve knowledge and acceptance of one's illness, increase an individual's sense of self-worth, and promote satisfaction with services and the probability of treatment adherence.
- **Psycho-educational programs are advantageous for individuals, as long as self-stigmatization was addressed in the curriculum.** Good insight was not associated with recovery when accompanied by a high level of self- stigmatizing beliefs. The therapist should consider evaluating both insight towards illness, and the individual's level of self-stigma during the initial assessment phase of treatment. The therapist needs to address both issues when developing treatment strategies that are effective.
- **Cognitive-behavioral strategies** can be effective in dealing with self-stigmatization. The therapist can focus on assisting an individual learn how to challenge their distorted beliefs and dysfunctional attitudes associated with self-stigmatization, despair and low self-esteem.
- **Narrative enhancement approaches** have been effective in encouraging individual's with schizophrenia to transform their stigmatized life themes of hopelessness, to themes of influence and optimism for their future. These interventions can be useful in helping client's decrease the development of internalized stigma and the damage it does to their lives

- **Peer support** has been shown to play a protective role in reduction of stereotype agreement, and internalized stigma among individuals with schizophrenia. When an individual is able to accept their illness, they can identify with others who have been stigmatized and do not agree with the negative beliefs. This allows people to feel a sense of community and hopefulness for their future. Group participation often leads to empowerment and improve their sense of self-worth. Results of this research indicates that therapists should consider how to assist their client's in making positive peer connections with others to share experiences during treatment.
- **Advocate for improved education regarding mental illness to the public.** Education relating to schizophrenia provides a pathway for community members to make knowledgeable decisions about mental illness. It has been shown to reduce negative stereotypes that endorse stigma and discrimination. Family members and caregivers who are educated about schizophrenia can offer a strong level of support to those who suffer from the complex symptoms of this illness. Advocating for improved community education is a starting point to diminishing society prejudice and self-stigmatization it can eventually create.
- **Treatments interventions including psycho–educational methods, cognitive behavioral therapy and recovery oriented peer support are tools for assisting the therapist reduce the influence of internalized stigma.** There is no sufficient research to pin point the most effective intervention method. The therapist should consider a variety of approaches to work with each individual to optimize recovery.
- **Future research** can identify more specific treatment strategies to counter act the process of internalized stigma. Mental health professionals would benefit from additional studies associated with clear-cut interventions to use when developing treatment plans for this population of people. Individuals with schizophrenia continue to need advocates for understanding the complexities of their illness, and provide inspiration for progress and hope of a brighter future

## APPENDIX B

## Self- Stigma of Seeking Psychological Help Scale

People at times find that they face problems for which they consider seeking help. This can bring up reactions about what seeking help would mean. Please use the 5-point scale to rate the degree to which each item describes how you might react in this situation.

1 = Strongly Disagree 2 = Disagree 3 = Agree & Disagree Equal  
4 = Agree 5 = Strongly Agree

**Circle the number that corresponds to how you might react to each statement**

**1.) I would feel inadequate if I went to a therapist for psychological Help.**

1 2 3 4 5

**2.) My self-confidence would NOT be threatened if I sought professional Help.**

1 2 3 4 5

**3.) Seeking psychological help would make me feel less intelligent.**

2 3 4 5

1

**4.) My self-esteem would increase if I talked to a therapist.**

1 2 3 4 5

**5.) My view of myself would not change just because I made the choice to see a therapist.**

1 2 3 4 5

**6.) It would make me feel inferior to ask a therapist for help**

1 2 3 4 5

**7.) I would feel okay about myself if I made the choice to seek professional help.**

1 2 3 4 5

**8.) If I went to a therapist, I would be less satisfied with myself.**

1 2 3 4 5

**9.) My self-confidence would remain the same if I sought professional help for a problem I could not solve.**

1 2 3 4 5

**10.) I would feel worse about myself if I could not solve my own problems.**

1 2 3 4 5

Vogel, D.L., Wade N.G., Haake, S. (2006). Measuring the Self-Stigma Associated with Seeking Psychological Help. *Journal of Counseling Psychology*, 53 (3), 325-337

## APPENDIX C

## Social Stigma for Receiving Psychological Help Scale

Please answer the following from (1) Strongly Disagree to (4) Strongly Agree

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Seeing a psychologist for emotional or inter personal problems carries social stigma.	1	2	3	4
2. It is a sign of personal weakness or inadequacy to see a psychologist for emotional or inter personal problems.	1	2	3	4
3. People will see a person in less favorable way if they come to know that he/she seen a psychologist.	1	2	3	4
4. It is advisable for a person to hide from people that he/she has seen a psychologist.	1	2	3	4
5. People tend to like less those who are receiving professional psychological help.	1	2	3	4

Vogel, D.L., Wade N.G., Haake, S. (2006). Measuring the Self-Stigma Associated with Seeking Psychological Help. *Journal of Counseling Psychology*, 53 (3), 325-337

## APPENDIX D

# Mental Illness - Myths and Facts

People with mental illness do get better with the help of proper treatment and support. Some eventually do not need on-going treatment. Some people can learn how to manage their illness on their own after proper treatment. Experiencing mental health problems or being diagnosed with a mental illness evokes many feelings for the individuals affected, not only for the person with the problems, but for their family, friends, and others associated with them. Mental illness has had a long history of negative associations, and the stigma that remains with mental health disorders continues to affect people negatively. With education and understanding about the facts on mental illness, we can begin to eliminate stigma and increase the quality of life and access to treatment of those who are coping with it. The stigma of mental illness should not prevent people from leading normal lives in the community or getting the treatment that they need.

Below are some of the beliefs and myths associated with mental illness and the facts that can clarify confusing or negative impressions.

**Myth: If I have a mental health problem I should be able to take care of it myself.**

Reality: Some mental health problems, such as mild depression or anxiety, can be relieved with support, self-help, and proper care. However, if problems or symptoms persist, a person should consult with their primary doctor or a qualified mental health professional.

**Myth: If I have a mental illness, it is a sign of weakness—it's my fault.**

Reality: Mental illness is not anyone's fault, anymore than heart disease or diabetes is a person's fault. According to the Surgeon General's report: "Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof), associated with distress and/or impaired functioning." \* Mental illnesses are not a condition that people choose to have or not have. Mental illnesses are not results of willful, petulant behavior. No one should have to feel ashamed of this condition any more than any other medical condition.

**Myth: If I seek help for my mental health problem, others will think I am "crazy."**

Reality: No one should delay getting treatment for a mental health problem that is not getting better, just as one would not wait to take care of a medical condition that needed treatment. Some people worry that others will avoid them if they seek treatment for their mental illness. Early treatment can produce better results. Seeking appropriate help is a sign of strength, not weakness.

**Myth: People diagnosed with a mental illness are always ill and out of touch with reality.**

Reality: Most people suffering from even the most severe of mental illnesses are in touch with reality more often than they are not. Many people quietly bear the symptoms of mental illness without ever showing signs of their illness to others, and most people with mental illness live productive, active lives.

**Myth: Stress causes mental illness.**

Reality: This is only partially true. Stress may occasionally trigger an episode or cause symptoms such as anxiety or depression, but persistent symptoms appear to be biological in nature. There are probably many things that can contribute to mental illness—the cause is not yet fully understood.

**Myth: A person can recover from a mental illness by turning his or her thoughts positively and with prayer.**

Reality: Recovery is possible when the person receives the necessary treatment and supports. Spirituality can be an important source of strength for some individuals as well.

**Myth: People who have a mental illness are dangerous.**

Reality: People who have mental illness are no more violent than is someone suffering from cancer or any other serious disease.

**Myth: Most people with mental illness live on the streets or are in mental hospitals.**

Reality: Over two-thirds of Americans who have a mental illness live in the community and lead productive lives. Most people who need hospitalization are only there for brief periods to get treatment and are then able to return home, just like persons hospitalized for other conditions. Some people with mental illness do become homeless and could benefit from treatment and services.

## **Facts and Myths taken from:**

**Mental Health, Mental Illness, Healthy Aging: A NH Guide for Older Adults and Caregivers A Guidebook For Families, 2000 Edition. NAMI New Hampshire, Concord NH.**

## APPENDIX E

## **Additional Resources:**

### **National Institute of Mental Health**

[www.nimh.nih.gov](http://www.nimh.nih.gov) The National Institute of Mental Health (NIMH) is the largest scientific organization in the world dedicated to research focused on the understanding, and treatment of mental illness.

### **Substance Abuse and Mental Health Services Administration**

[www.samhsa.gov](http://www.samhsa.gov) The Substance Abuse and Mental Health Services Administration's (SAMHSA) mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA works on improving lives and capitalizing on emerging opportunities.

### **National Alliance on Mental Illness (NAMI)**

[www.nami.org](http://www.nami.org) Updated daily, NAMI's website features the latest information on mental illness, medication, treatment and resources for support and advocacy.

### **NAMI Stigma Busters**

Is a network of dedicated advocates across the country and around the world who seek to fight inaccurate and hurtful representations of mental illness.

Whether these images are found in TV, film, print, or other media, Stigma Busters speak out and challenge stereotypes. They seek to educate society about the reality of mental illness and the courageous struggles faced by consumers and families every day. Stigma Busters' goal is to break down the barriers of ignorance, prejudice, or unfair discrimination by promoting education, understanding, and respect.

Each month, close to 20,000 advocates receive a NAMI Stigma Busters Alert, and it is read by countless others around the world online. Send it to your own personal and professional networks.

Questions? Contact: [stigmabusters@nami.org](mailto:stigmabusters@nami.org).

## **NAMI's Peer-to-Peer Program**

**Peer-to-Peer is a unique, experiential learning program for people with any serious mental illness who are interested in establishing and maintaining their wellness and recovery.**

**The Course includes:**

**Peer-to-Peer consists of nine two-hour units and is taught by a team of three trained “Mentors” who are personally experienced at living well with mental illness.**

**Mentors are trained in weekend-long training sessions, supplied with teaching manuals, and are paid a stipend for each course they teach.**

**Participants come away from the course with a binder of hand-out materials, as well as many other tangible resources: an advance directive; a “relapse prevention plan” to help identify tell-tale feelings, thoughts, behavior, or events that may warn of impending relapse and to organize for intervention; mindfulness exercises to help focus and calm thinking; and survival skills for working with providers and the general public.**

## **NAMI'S In Our Own Voice (IOOV)**

**Is a unique public education program developed by NAMI, in which two trained consumer speakers share compelling personal stories about living with mental illness and achieving recovery.**

**The program was started with a grant from Eli Lilly and Company.**

**IOOV is an opportunity for those who have struggled with mental illness to gain confidence and to share their individual experiences of recovery and transformation.**

**IOOV presentations are given to consumer groups, students, law enforcement officials, educators, providers, faith community members, politicians, professionals, inmates, and interested civic groups.**

**All presentations are offered free of charge.**

**The goals of IOOV are to meet the need for consumer- run initiatives, to set a standard for quality education about mental illness from those who have been there, to offer genuine work opportunities, to encourage self-confidence and self-esteem in presenters, and to focus on recovery and the message of hope.**

**For general inquiries, please contact: [namieducation@nami.org](mailto:namieducation@nami.org)**

