

# **Stigma of Mental Illness among Psychiatric Patients and their Families**

**Thesis**

**Submitted for Partial Fulfillment of the Requirement of  
Master Science in Nursing Degree  
(*Psychiatric nursing*)**

**By**  
**Nagwa Ahmed Mohamed Souilm**  
B.Sc. Nursing

**Faculty of Nursing  
Ain Shams University  
2011**

# **Stigma of Mental Illness among Psychiatric Patients and their Families**

## **Thesis**

**Submitted for Partial Fulfillment of the Requirement of  
Master Science in Nursing Degree**

*(Psychiatric nursing)*

## **Under Supervision of**

**Prof. Dr./ Zeinab Abd EL-Hamid Loutfi**

Professor of Psychiatric / Mental Health Nursing  
Faculty of Nursing - Ain Shams University

**Dr./ Nevein Mostafa Elashry**

Assistant Professor of Psychiatric / Mental Health Nursing  
Head of Psychiatric Nursing Department  
Faculty of Nursing - Ain Shams University.

**Dr./ Samah Abd El-Wahed Ahmed**

Lecturer of Psychiatric / Mental Health Nursing  
Faculty of Nursing - Ain Shams University

**Faculty of Nursing  
Ain Shams University**

**2011**

# وصمة المرض النفسى بين المرضى النفسيين وأسرهم

## رسالة

توطئة للحصول عل درجة الماجستير  
فى علوم التمريض النفسى والصحة النفسية

## مقدمة من

نجوى أحمد محمد سويلم

كلية التمريض  
جامعة عين شمس

2011

# وصمة المرض النفسى بين المرضى النفسىين وأسرههم

## رسالة

توطئة للحصول عل درجة الماجستير  
فى علوم التمريض النفسى والصحة النفسىة

## تحت اشرافه

ا.د./ زينب عبد الحميد لطفى

أستاذ بقسم التمريض النفسى و الصحة النفسىة  
كلية التمريض – جامعة عين شمس

ا.م.د./ نيفين مصطفى العشرى

أستاذ مساعد ورئيس قسم التمريض النفسى والصحة النفسىة  
كلية التمريض – جامعة عين شمس

د. سماح عبد الواحد احمد

مدرس التمريض النفسى و الصحة النفسىة  
كلية التمريض – جامعة عين شمس

كلية التمريض  
جامعة عين شمس

2011

## ABSTRACT

Stigma is a serious impediment to the well-being of those who experience it. It affects people while they are ill, while they are in treatment, and healing, and even when a mental illness is a distant memory. Families discriminated against due to their relative's experience of mental illness; they are also an important source of that discrimination. **Aims:** The study aims to assess the perceptions of stigma of mental illness & Coping ways of patients and their families toward stigma. **Materials and methods:** the study was conducted at out- patient clinics of psychiatric patients in El-Abbasia psychiatric hospital. The study sample composed of one hundred and sixty patient and their families. **Data were collected** through; **A)** Socio- demographic interview sheet, designed by the researcher based on the available literature. **B)** Psychometric measures: Patients and their families were assessed using questionnaire which focused on perception about discrimination against mental illness, and ways of coping with stigma. **Results:** revealed that, most of the participants were aware of the stigma associated with mental illness; more than half of the studied patients and family members had a negative Perception, also show no significant difference between perception of patients and their families. As well degree of coping shows that more than half of the studied cases had a negative coping, according the patient study findings the use of secrecy was the most frequently endorsed way of coping with stigma of mental illness, while their families use avoidance. **Conclusion:** Stigma was conceptualized as an attribute that is deeply discrediting and makes the person carrying it different from others and of a less desirable kind. The stigma is also conferred upon family, friends and all those who come into close contact with the mentally ill. Effort to combat stigma have primary been focused on changing these stigmatizing attitudes toward people with mental illness.

**Key Words:** Stigma, mental illness, coping, perception.



وَأَنْزَلَ اللَّهُ عَلَيْكَ  
الْكِتَابَ وَالْحِكْمَةَ  
وَعَلَّمَكَ مَا لَمْ تَكُن تَعْلَمُ  
وَكَانَ فَضْلُ اللَّهِ عَلَيْكَ  
عَظِيمًا

**صدق الله العظيم**

سورة النساء الآية  
(113)

# *Acknowledgement*

*First and foremost grateful to **Allah** for given patience and support for completions of this work,*

*I am grateful thanks for **Dr. Zeinab Abd EL-Hamid Loutfi**, Professor of Psychiatric / Mental Health Nursing Faculty of Nursing - Ain Shams University. I am indebted to her constructive criticism, expertise, and continuous unlimited help and for giving me the privilege to work under her supervision. I appreciate her active participation in providing me with a lot of knowledge.*

*I would like to express my deep appreciation for **Dr. Nevein Mostafa Elashry**, assistant Professor of Psychiatric / Mental Health Nursing Faculty of Nursing - Ain Shams University., for her faith in my ability, her scientific help, meticulous supervision and constructive criticism to accomplish this work,*

*Also thanks are dedicated for **Dr. Samah Abd Elwahed**, lecturer of Psychiatric / Mental Health Nursing Faculty of Nursing - Ain Shams University, for continuous supervision.*

*I would like to express my deepest thanks to all psychiatric patients and their family, also and all the staff members in the psychiatric hospital for their help and cooperation to accomplish this work. I wish to acknowledge the help of our colleagues and staff including **Ms. Manal Hana** and **Ms. Gamalat Shaban** who assisted in the study.*

*Last but not least, I would like to express my gratitude and appreciation to my family and all those who helped me directly or indirectly in accomplishing this work,*

*Nagwa Ahmed Mohamed*



*To the soul of my **Mother**; to her I will never find  
adequate words to express my gratitude.*

# List of contents

Title	Page No.
List of Tables.....	i
List of Figures.....	iv
Abstract .....	
<b>Introduction</b> .....	1
<b>Aim of the Work</b> .....	5
<b>Review of Literature</b> .....	6
<b>Stigma of Mental Illness</b> .....	6
- Definitions of stigma.....	6
- Distinction between stigma and discrimination.....	7
- Attempt to rename stigma .....	8
- Models of Stigmatization.....	9
- Stigma types.....	10
- Prevalence of self-stigma.....	12
- Causes and effects of self-stigma.....	13
- Negative portrayals of mental illness in the media add to stigma .....	18
- Diagnosis and stigma of mental illness.....	19
- DSM-V and stigma of mental illness.....	22
- Strategies for Diminishing Stigma of mental illness .....	25
<b>Experiences of Stigma Among psychiatric patients and     their families:</b> .....	35
- Patients' perceptions & coping ways among stigma .....	35
- Families' perceptions & coping ways among stigma .....	42

## **List of Contents (Cont...)**

<b>Title</b>	<b>Page No.</b>
<b>Nursing Role for Caring Patients and Family Caregivers of Mentally Ill Patients: .....</b>	<b>50</b>
- Nursing role for psychiatric patient .....	50
- Nursing role for family care givers .....	55
<b>Subject &amp; methods .....</b>	<b>67</b>
<b>Results .....</b>	<b>74</b>
<b>Discussion .....</b>	<b>103</b>
<b>Conclusion &amp; Recommendation.....</b>	<b>118</b>
<b>Summary .....</b>	<b>122</b>
<b>References .....</b>	<b>132</b>
<b>Appendices .....</b>	<b>I</b>
<b>Arabic summary .....</b>	<b>—</b>

# Introduction

The World Health Organization World Health Report describes stigma as one of the remaining greatest obstacles to the treatment of mental illness (*Nummally, 2008*). Stigma is the social process that derives from a situation of power imbalance, in which labeling, stereotyping, separation, status loss and discrimination occur (*Link and Phelan, 2001*).

In relation to mental illness, stigma refers to the cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illnesses. Across the world, the stigma of mental illness causes immense suffering: its consequences include stress and psychiatric morbidity, problems in relationships, restrictions on social participation and limitations in employment and educational opportunities (*Vezzoli, et al., 2006*).

The stigma attached to a label of mental illness can have a lasting impact on the person so labeled. The expectation and actual experience of stigmatization can result in lowering of self-esteem (*Link et al., 2001*) and quality of life (*Rose, 1999*), persistent depression (*Link et al., 2005*) impairment in social relationships (*Perlick et al., 2001*) and early treatment discontinuation (*Sczufce, 2009*). Coping with the stigma by avoidance, withdrawal and secrecy is common, but may result in demoralization, social isolation and lost opportunities for education, employment and housing (*Link et al., 2008*).

Stigma in mental illness is of three types (a) public stigma, (b) self stigma, (c) courtesy stigma (stigma endured by family and care givers). Apart from public stigma and courtesy stigma, self stigma is the most detrimental one. It leads to worsen individuals' recovery (*Ritsher et al., 2004*) and prevent him/her from seeking professional assistance (*McCubbin, 2009*).

According to *Hamilton (2002)* three different stigma components can be distinguished: stereotypes, Prejudice and discrimination. Stereotypes represent notions of groups of persons, in our case the mentally ill, which have collectively been agreed upon. People who are prejudiced endorse these negative stereotypes and, as a result, generate emotional reactions. Prejudice, which is basically a Cognitive and affective response, leads to social discrimination, the behavioral reaction.

The World Health Organization has estimated that about 40 - 90% of patients with mental illness live with their families (*World Health Organization, 2008*). The most frequently cited effects of stigma on families care givers were damage to self-esteem, difficulty making and keeping friends, difficulty finding a job, and reluctance to admit mental illness. The most frequently cited effects on families were lowered self-esteem and damaged family relationships.

Stigma may also interfere with help seeking, as individuals are motivated to avoid the label of mental illness and to avoid being associated with mental health care (*Anderson, 2009*).

The study by *Corrigan, River et al. (2001)* tried three different approaches to reducing discrimination. These were

---

education (about stigma), contact (with people with experience of mental illness), and protest (treating mental health discrimination as a human rights issue). Education and contact were perceived to be effective, whilst protest was not. *Reinke, Corrigan et al. (2004)*, explore contact further, and discover that not all contact is effective – contact with people who are regarded as high achievers, or those who are perceived to fit the stereotypes of people with experience of mental illness is not effective. Contact with these types of people was deemed to be ineffective as people targeted either do not perceive the anti-discrimination messages as credible because the people expressing them are the exception to the rule (high achievers) or because they see the stereotypes of people with experience of mental illness played out in front of them.

In a literature review undertaken by *Goldman (2006)*, several conditions regarding the effective use of contact in reducing discrimination against people with experience of mental illness are listed. These are equal status, the chance for individuals to get to know each other, information challenging negative stereotypes, active participation, and pursuit of a mutual goal. It can be argued that family members of people with experience of mental illness fit all of these requirements, yet discrimination still remains a major problem.

Consequently, when professional nurses understood the current perspective of the patients & family caregivers of young adult with serious and persistent mental illness in relation to the problems they face and the way in which they attempt to cope, appropriate nursing care could be designed for them.

---

### **Significance of study:**

The living conditions of people with mental illness do not only depend on the severity of the illness, but also on the level of their acceptance in the community. Stigma was conceptualized as an attribute that is deeply discrediting and makes the person carrying it different from others and of a less desirable kind. The stigma is also conferred upon family, friends and all those who come into close contact with the mentally ill, including mentally health professional. Effort to combat stigma have primary been focused on changing these stigmatizing attitudes toward people with mental illness. So this study aims to assess stigma of mental illness among psychiatric patients and their families (*Jones, et al., 2005*).