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Social Science

IMPACT OF INTERNALIZED STIGMA ON LIFE SATISFACTION OF PERSONS WITH MENTAL ILLNESS

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ABSTRACT The study focuses on understanding the impact of internalized stigma and life satisfaction on persons with mental illness. The aim of the study is to understand the impact of internalized stigma on Life Satisfaction of persons with mental illness in Manipur. The study was aimed to understand the Socio-Demographic details of participants with Mental Illness, to find out the Internalized Stigma Faced by person with Mental Illness, to understand the Life Satisfaction of person with Mental Illness, to find out the association between Internalized Stigma and Life Satisfaction and to explore the association between sociodemographic factors and internalized stigma. The data was collected from 50 participants of Manipur using ISMI Questionnaire, Satisfaction with Life Scale and Sociodemographic profile sheets of participants. The study proved that there is significant correlation between Internalized Stigma of Mental Illness and Life Satisfaction of persons with Mental illness. Majority of the participant in the research reported facing 80% moderate internalized stigma. Life satisfaction score reveals that majority of the patient are slightly dissatisfied (36%) with their life & 22% are extremely dissatisfied. Significant relation exists between internalized Stigma and Socio demographic variable- Gender, Domicile and Occupational Status. As per the study results it is suggested that there is more scope for developing insight and awareness for patients, caregivers and the society as a whole to reduce stigma of mental illness. Interventions to reduce stigma and life satisfaction need to target various socio demographic variables, theories and techniques in order to be effective.

KEYWORDS : Mental Illness, Internalized Stigma, Life Satisfaction

INTRODUCTION

Stigma is universally experienced among the mentally ill persons. Even though quality of mental health services and its effectiveness have greatly improved over the past few years, it still fails to overcome stigma, which in turn isolates them, delays treatment of illness and causes serious social and economic burden.

Stigma related with mental illness causes barriers in treatment and recovery. Many persons with mental illness stop benefitting or obtaining the services once they have begun. Poor adherence to treatment may result in relapse. Not only does stigma impact in the social and economic wellbeing but also on the emotional wellbeing of one's own life. It is the need of the hour to integrate stigma coping strategies in the clinical practice or intervention process. Reducing stigma will ultimately reduce the risk of relapse, and better outcome in the patient, which will help gain Life satisfaction, and overall wellbeing in the person's life.

Understanding the concepts:

According to World Health Organization “Mental Health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”
One in four families is likely to have at least one member with a mental disorder. The patients face discrimination, stereotype and isolation in the society. Not only have the patients, family members who not only provide physical and emotional support, also bear the negative impact of stigma and discrimination (Sayers, 2001).

Characteristics of Stigma

“Stigma is an intensely antagonistic label which changes a person's perception and identity”. Negative sentiments aimlessly overemphasize social handicaps that can accompany with mental illness. Society views individuals with schizophrenia, liquor abuse and medication habit as unusual and risky. They were additionally seen as self-inflicted. Individuals with any of the mental health issue were seen as difficult to converse with. This add to social segregation, misery and challenges in job confronted by sufferers (Crisp et. al, 2000).

Mental illness stigma is classified into three dimensions of perceived, experienced and self-stigma or internalized stigma. It can lead to negative outcomes on people living with mental illness. Forms of stigma include negative labelling, discrimination etc. Mentally ill patients avoid seeking treatment to avoid being discovered and shunned themselves from the society. Duration of illness increase and as a result face the stigma they attempted to avoid in the first place. Increase in the duration of illness reduces the chance of managing the illness. (Srivastava, Johnston & Bureau, 2012)

(Cavelti, Kvrgic, Beck, Rüsch,& Vauth, 2012) directed a review on Self-stigma and its association with knowledge, demoralization, and clinical result among individuals with schizophrenia disorder. The main objective of this study is to find out whether insight on the illness leads to better outcome of the patient and assess whether self-stigma acts as a mediator or moderator. The study was conducted in 145 outpatients diagnosed with Schizophrenia and were assessed using questionnaires and structured interview method. The result shows that self-stigma acts as a moderator and that high level of insight on the illness have more demoralization and self-stigmatization.

Theories of Stigma and Mental Illness

A number of theories have been developed to understand stigma. The social development on deviant behaviour assumes a critical role in Labelling process in the society. This involve not only illegally deviant behaviour, which does not involve society's standards, but labelling stereotyped or defamed behaviour of "mentally ill". Labelling was considered synonymous with "mentally ill" (Scheff, 1974). He claimed that mental illness is manifested solely an outcome of social influence. It also opposed the fact that our culture perceives few actions as deviant, set it in terms. Frequently society puts the label of mental illness upon persons that show it. Few expectations are then placed upon the people and, afterwards, they unknowingly alter their behaviour to fulfill it (Scheff, 1974).

Social identity theory of stigma talks about giving a label to a person who is different and are considered an outcast in the society. Mentally ill persons have long been viewed as a character flaw and are judged by the society today for their behaviour. Stigmatized person form an identity of his own in the society when they become an outcast or disfavoured in the eye of the society. Stigma creeps into a person when his or her actual social identity is being labelled upon by the society. Theory of self-stigma is a process where a person judges oneself due to perceived social standards. But it is the person himself that creates judgement on oneself which in turn decreases self-esteem, self-efficacy, inferiority complex, self-hate and shame etc., making it harder to live independently, to find a job and to maintain relationships. Stigma process involves recognizing the cues that something is different about a person or has an illness after which stereotypes are activated in the person's thought process once a cue is formed about the person being different. If someone undergoes or face a negative stereotype, the person generates prejudice that is the consequence of intellectual and emotional response of the stereotype. It further results in judgement, which create behavioural reaction on feelings created by preconception. (Stacy & Sondra)

These studies give us a clear understanding of the concepts of mental illness and the stigma accompanied with it. It gives us insight on the

theories of stigma influence on persons with psychological problem.

REVIEW OF LITERATURE

In 2008 (Loganathan, S., & Murthy, S.) conducted a study on knowledge of stigma and judgement suffered by persons diagnosed with schizophrenia. The main objective is to associate the subjective understanding of stigma and its consequences faced by patients hailing from rural and urban areas. The study was conducted in the adult psychiatric unit of NIMHANS with sample of 151 patients diagnosed with schizophrenia and of which 51 are from rural parts and 100 are from the urban area of Bangalore. All the patients belonged to 16 - 59 years of age. The findings showed that stigma is mostly experienced in the acute stage of the illness and socially unacceptable behaviour was the main reason associated with stigma. The urban participants showed the need to conceal their illness to get a job; get married etc. which have an impact on their self-esteem, while the rural participants faced more ridicule, shame and discrimination. This could possibly be due to the educational setback among the people in rural area. The study also shows how socio demographic of a person influence stigma.

Takahashi, Morita & Ishidu (2015) carried out an internet based study on Stigma and Mental Health in Japanese Out of work Persons. The study was regulated in Japan. It compares the mental health status and stigma towards the unemployed patients, employed patients, also labourers having unpredictable work. Jobless patients indicated upper marks equally on anxiety/depression and unsettling influence on exercises, and confronted facing stigma. . Money related strain and shame were the highest impact of the emotional well-being of unemployed persons.

A clinical reflection on Stigma of Mental illness (Srivastava, Johnston & Bureau, 2012) discusses the experience of stigma and its consequence on lives of people with mental illnesses. Stigma can lead to negative outcomes on people living with mental illness. Mentally ill patients avoid seeking treatment to avoid being discovered and shunned themselves from the society. Duration of illness increase and as a result face the stigma they attempted to avoid in the first place. Increase in the duration of illness reduces the chance of managing the illness.

In a study conducted by Sarkin, et. al. (2015) in San Diego Country the study defines how persons with severe mental illness undergo stigma from various scopes of judgment, not disclosing information on their illness, and the individuals positive and negative aspect of having mental health problem. The method of the study was a cross sectional study with descriptive analysis. The setting of the study was in San Diego itself. It tries to evaluate the relation among social variables, diagnosis and stigma on individual seeking mental health facilities. The sample size is 1237. The study applied the King Stigma Scale to find out the main three influences to stigma that is judgment, revelation and optimistic features of the disorder. Result shows most people (89.7%) experiences some form of discrimination on having mental health problem. People with mood disorder had more difficulty disclosing their information than those with schizophrenia, who reported undergoing additional judgment than those having mood disorder. Study also shows that experiences of stigma differ with age and the diagnosis of the person. One of the limitations of this study is where it is unclear whether some aspects of stigma are cause of having mental illness or the diagnosis or due to being treated for mental illness.

Drapalski et.al. (2013) carried out a research on internalized stigma and its effects on individuals with psychological problems. The study examined occurrence of self-stigma among persons with serious mental illness and tested the interrelationships among stigma, self-concept, and symptoms of illness. It was conducted on 100 participants diagnosed with mental illness and who were getting treatment from mental health services. 35% respondents faced reasonable to severe internalized stigma. But it is found that this stigma does not have any significance with the socio demographic variables and the diagnosis of illness.

Study on Quality of life and self-stigma in persons with Schizophrenia (Tang & Wu, 2012) explores influence of self-stigma on the quality of life of the mentally disabled people. The study was conducted in two-rehabilitation centre located in two communities in south Taiwan on a sample size of 100 patients diagnosed with Schizophrenia. The major finding, consistent with other studies shows self-stigma in persons with schizophrenia could influence the quality of life. Higher self-stigma was found to contribute to low health quality on lifetime and the more a mentally ill person feels satisfied with their health related quality of their life, they felt less stigmatized. Negative impact included isolation, label, judgment and social isolation. Points to be noted in this study is that stigma resistance require understanding the socio cultural background and building a strong network to create comfort and a fulfilling life. This could also be one of the gaps in the study.

Batinic, Lemonis & Opacic (2014) carried out a study on the Effects of Internalized Stigma of Mental Disorder on Quality of Life and Self-esteem in Panic Disorder patients shows that patient with panic disorder face Internalized stigma those with higher level of Internalized stigma were found to have low level on Quality of life and low Self-worth and higher level of Depression.

Barbato, Monzani & Schiavi (1995) conducted a survey on Life Satisfaction i severe mental disorders in Northern Italy. The study included sample size of 40 patients with disabling mental disorder living in the community. It was found that the sample were satisfied with their basic needs like housing, food, clothing and services received and dissatisfied with the income and sexual or intimate relationship.

Fergusson et. al. (2015) conducted a study on Life Satisfaction and Psychological problems. The study will comprehend relationships between mental well-being issue and fulfilment with life from 18 to 35 years old. It is a longitudinal study directed on 1265 kids who were conceived in the Christchurch, New Zealand amid 1977 and were learned at normal interims till the age of 35. Psychiatric appraisal and Life Fulfilment was acquired at the age of 18, 21, 25, 30 and 35 years. It was found that there is critical relationship between fulfilment with Life and Mental Disorder (despair, nervousness issue, suicidality, alcohol dependence etc). The study shows satisfaction with life influences mental disorder and vice versa.

Bello, Steffen & Hayashi (2011) investigated the impact of intellectual motivation heaps of fulfilment of life. The study was carried out in two Public Mental Health Centres and three Clubhouses on Oahu. It adopted convenience-sampling method. One hundred and ninety participants with Serious and Persistent Mental Illness from Hawaii completed the test to measure Cognitive motivational systems, psychological distress and life satisfaction with the use of standardized questionnaire and scales. Exploratory models demonstrated that higher behavioural restraint or mental pain predicts lower levels of life satisfaction. In any case, larger amounts of behavioural initiation anticipate more amounts of life satisfaction.

Vazquez, Rahona, Gomez, Caballero & Hervas (2014) directed a study on the Relative Effect of Physical and Psychological Problems on Satisfaction of Life. This study was conducted in a sample size of 2,966 Spanish between the age group of 18 to 65 years and is being treated with either physical or psychological problems. Result shows equally physical and psychological problems has an influence on satisfaction of life. Higher impact on life satisfaction was seen in individuals with psychological problems. The study also shows that individual with psychological problem have higher impact on life satisfaction than those having physical problems.

METHODOLOGY

The Study aimed to understand the Impact of Internalized Stigma on the Satisfaction of Life of people living with Mental Illness in Manipur. The specific objectives of the study were to understand the Socio-Demographic details of participants with Mental Illness, to find the Internalized Stigma Faced by person with Mental Illness, to understand the Satisfaction of Life of person with Mental Illness, to find the association between Internalized Stigma and Satisfaction of Life and to explore the association between sociodemographic factors and internalized stigma.

Rationale of the study

In India atleast 5% of the population lives with mental illness, that is 50 million people. Main causes of neglect of mental disorder are seen to be due to Stigma associated with it. Stigma resistance requires understanding the educational and cultural background and building a strong network to create comfort and a fulfilling life. Reducing stigma will ultimately reduce the risk of relapse, and better outcome in the

patient, which will help gain Life satisfaction, and overall wellbeing in the person's life.

From the review it is found that Studies have given less emphasis on internalized stigma, Studies have mostly explored the Quality of life but not on the overall satisfaction of life of the person with psychological illness. Not much study has been conducted related to Life satisfaction and internalized stigma in Indian context. Review also did not explore the educational and social status of the person with mental illness.

Stigma resistance requires understanding the educational and cultural background and building a strong network to create comfort and a fulfilling life. Studies also have mostly explored on the Quality of life but not on the overall satisfaction of Life of the person with psychological problem.

Keeping in mind the alarming rise of mentally ill and the stigma and false misconceptions regarding mental illness, a study in this issue is much needed to help comprehend with this issue. Hence, it is the need of the hour to understand that stigma effect on the overall satisfaction of life of the person with psychological problems so that further intervention can be taken up in this area.

Hypothesis of the study
There is a significant relation among Internalized Stigma of Mental Illness and Life Satisfaction on Person with Mental illness.

Research Design
Descriptive and Quantitative study design was conducted wherein subjects completed the questionnaire in natural setting to understand the impact of stigma and life satisfaction of the participants. This method was adopted, as there are standardized questionnaire to find out the internalized stigma and life satisfaction accordingly with limited number of samples from two mental health rehabilitation centres in Manipur.

Sampling
Universe: Person suffering from mental illness in Manipur

Population: Individuals admitted in Mental Health Rehabilitation Centre in Manipur.

Sample Size: 50 (25 male and female each)

Sampling technique: Purposive Sampling technique was used to collect the data. This technique was used to ensure that the participants are able to respond and communicate with the researcher.

Tools for data collection
The Internalized Stigma of Mental Illness Scale (ISMIS) by Ritsher et. al. (2003). To find out the level of internalized stigma faced by persons with mental illness in four areas of Alienation, discrimination experience, stereotype endorsement and social withdrawal.

Satisfaction with Life Scale by Diener, Emmons, Larsen & Griffin (1985) : to evaluate satisfaction with the respondent's life as a whole.

Self-structured Socio demographic Profile Sheet: To understand the individual and social data investigator established a form on socio-demographic details of the participants, which includes gender, age, sex, domicile, education, marital status, occupation and total duration of illness.

Statistical Analysis
The data collected were analyzed and interpreted using Microsoft Excel and SPSS to find out the frequencies, correlation values etc. of the study.

RESULTS AND DISCUSSION
The research proved that there is significant correlation between Internalized Stigma of Mental Illness and Life Satisfaction of persons with Mental illness. Majority of the patients who participated in the research reported facing 80% moderate internalized stigma and only 20 % faced mild internalized stigma. This shows that persons with mental illness Suffers from Internalized Stigma. Life satisfaction score reveals that majority of the patient are slightly dissatisfied (36%) with their life, 22% are extremely dissatisfied and 20% dissatisfied; 16% reported being slightly satisfied, 4 % satisfied and only 2% reported neutral. This shows that Person with mental illness have reduced life satisfaction.

Significant relation exist between internalized Stigma and Socio demographic variable- Gender, which shows that female participants face more internalized stigma than male participants. Significant relation exist between internalized Stigma and Socio demographic variable- Domicile, which shows that rural participants face more internalized stigma than urban participants. Significant relation exist between internalized Stigma and Socio demographic variable- Occupational status of the participant, which shows that unemployed participants face more internalized stigma than employed participants. No significant relation was found among age, educational status, total duration of illness and Marital Status.

SUGGESTIONS
From the above inferences made through the study, the following suggestions are made:

As persons with mental illness reported facing internalized stigma, interventions strategies and studies need to be carried out and developed to control the stigma, which impact on the treatment progress and relapse in among patients. Improving Life satisfaction of persons with mental illness should be another focus area while controlling the internalized stigma as higher internalized stigma leads to lowered life satisfaction. As it is found that there is significant relation between Internalized stigma of mental illness and Life satisfaction of person with mental illness, it implies that person suffering from mental illness face or undergo internalized stigma, which ultimately effect on the life satisfaction or overall judgements of the person's life. This shows that controlling stigma in persons with mental illness can ultimately enable patients to have good Life satisfaction. It is found that female participants face more internalized stigma than male. This shows that the interventions developed need to be gender sensitive. Rural participants reported facing more internalized stigma than urban. This could be due to lack of awareness and educational background. Sensitization on mental illness is much needed in rural parts. Unemployed participants faced more internalized stigma than employed participant did. This could be due to the symptoms of illness, guilt and shame faced from the environment etc. this shows that patient needs more motivation and support. There is more scope for developing insight and awareness for patient, caregiver and the society as a whole to reduce stigma of mental illness. Interventions to reduce stigma and life satisfaction need to target various socio demographic variables, theories and techniques in order to be effective.

CONCLUSION
From the above analysis and findings, we can conclude that Internalized Stigma of Mental Illness has a significant impact on the life satisfaction of persons with mental illness. Person with mental illness face internalized stigma, which influences the treatment process and relapse among patients. Mental illness also lowers the Life Satisfaction among patients impairing the patient's cognitive overall judgement in one's life. Thus, it is evident that internalized stigma has a role in lowering Life Satisfaction of person with mental illness and thus it is necessary to control stigma to balance one's life satisfaction.

Socio demographic factors also have a significant role in the internalization of stigma of mental illness. Female population faces more stigma then male, which could be due to their lowered awareness and confidence level. Rural population are still facing stigma and lowered life satisfaction. Unemployed participants reportedly face more stigmas, which may be due to financial crisis, shame, guilt etc. This shows that these factors also influence stigma among persons with mental illness. It can be concluded from the study that mental illness related stigma and lowered life satisfaction are evident among persons with mental illness and hence it is the need of the hour to understand this issue and develop intervention strategies to enhance the lives of person with mental illness.

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