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INTERNALIZED STIGMA AND SOCIAL FUNCTIONING IN PEOPLE WITH SCHIZOPHRENIA

Abstract:

Internalized stigma results from the internalization of social stigma by individuals with schizophrenia. On the other hand, impairment of social functioning is a descriptive characteristic of schizophrenia that is maintained in the course of the disorder. Impairment of social functioning can also occur as a result of internalized stigma in addition to impairment that results from the direct effects of the schizophrenia. Both affect patients' and their families' coping with the disorder. Psychiatric nurses, as health care professionals, also have important duties regarding the issue including predetermining the problems schizophrenics and their families may encounter due to the disorder, taking the required precautions for the individuals at risk and improving rehabilitation and counseling services. This review paper aims to evaluate internalized stigma and social functioning in schizophrenia and the role of psychiatric nurses.

Keywords:

Schizophrenia, Internalized stigma, Social functioning, Nurse

JEL Classification: Z00, Z00, Z00

Introduction

Schizophrenia is a severe disorder that begins at an early age, condemns the patient to their inner world by alienating them from social relations and reality. Its leads to serious disorders in perceptions, thoughts and behavior (Öztürk and Uluşahin, 2011). It is erroneously, but commonly, believed that mental disorders, including schizophrenia, occur as a result of personal weakness or are caused by supernatural powers, and this causes patients to be stigmatized by society (WHO, 2010). Several studies showed that spirits, ghosts (Burnard et al., 2006), demons, evil eyes (Van de Put, 2002), magic and religious problems (Van de Put, 2002; Bağ and Ekinci, 2005) are regarded as factors that cause mental disorders. Social stigma, one of the important problems of patients with mental disorders (General Directorate of Health Education of the Ministry of Health, 2008) is considered to be a major issue today.

The word *stigma* is from Greek and refers to body marks that were designed to identify morally unusual and blemished individuals (Goffman, 1963). It means cauterizing the skins of slaves or criminals with a branding iron in order to visibly identify their guilt or slavery. Stigmatization refers to several behaviors caused by society's disapproval for some patient groups and ostracizing them (Kocabaşoğlu and Aliustaoğlu, 2003).

Stigmatization, on the other hand, does not happen all of a sudden. It occurs in specific stages: labeling, stereotyping and perception of stigma, respectively.

Labeling*:* Stigma in mental disorders begins with being diagnosed or labeled with a mental disorder. Labeling makes us think that these individuals are different (Link and Phelan, 2001).

Stereotypes*:* Once labeling stimulates the stereotypes in the society, the stigmatization process begins. Stereotypes are defined as fixed general ideas or images. For example, considering someone a mentally ill individual conceptualizes this person using a stereotype. For individuals with mental disorders, society uses the stereotypes, which are dangerous and unpredictable. Emotional responses such as anger and fear occur with stereotypes supported by prejudices (Taşkın, 2007).

Perception of stigma: This means that individuals with mental disorders have a feeling of being stigmatized without an external or obvious reason. Patients with perception of stigma may face situations such as failure to maintain their treatment, isolation and being left unsupported (Taşkın, 2007).

The more a mental disorder is recognized and remarked by society, the more it is exposed to stigma. Behaviors which are considered to be strange and aggressive by society increase stigma result in individuals' being inadequate both in social and professional fields (Baysal, 2013). Previous studies have reported three types of

stigma including structural (institutional) stigma, social stigma and internalized stigma. Structural stigma exists at the level of institutions, social stigma exists at the level of the group, and internalized stigma exists at the individual level (Park et al., 2013).

Internalized stigma is individuals' resigning themselves to negative stereotypes, and therefore withdrawing themselves from society with negative feelings such as worthlessness and shame (Corrigan, 1998). In a sense, perception of stigma refers to an individual's feeling stigmatized, whereas internalized stigma refers to self-stigmatization (Baysal, 2013). When patients internalize the stigma against themselves, their behaviors, personal relationships and preferences change along with the changes that occur in their inner world. In this case, negatives changes occur in the self-perception of patients. These changes affect individuals differently. This is because personal belief systems are developed differently in every culture (Caltaux, 2003).

Internalized stigma is an important matter that is widely observed among schizophrenia patients and often gets severe (Brohan et al., 2010). A study conducted with individuals who had been diagnosed with diverse psychiatric disorders found schizophrenia patients' levels of internalized stigma to be significantly high (Korkmaz, 2013). Lv et al. (2013) found that 70% of the schizophrenia patients experienced internalized stigma at moderate levels (Lv et al., 2013). Mosanya indicated that 18.8% of schizophrenia patients experience internalized stigma at high levels (Mosanya et al., 2014).

Patients' internalization of stigma is a barrier to their healing (Chan and Mak, 2014). Schizophrenia patients who internalize stigma cannot overcome the stereotypes and expectations of society. Therefore, they have limited social environments, isolate themselves from the society and may reject treatment (Manojlovic and Nikolic-Popovic, 2012). Studies conducted with schizophrenia patients showed that different situations cause patients' to internalize stigma rather than a single factor. In these studies, characteristics such as education level (Coşkun and Güven Caymaz, 2012; Lv et al., 2013; Mosanya et al., 2014), duration of disorder, employment status (Lv et al., 2013; Mosanya et al., 2014), total number of hospitalizations, social support status (Lv et al., 2013), income status (Coşkun and Güven Caymaz, 2012; Mosanya et al., 2014) and status of hospitalization at psychiatry clinics (Coşkun and Güven Caymaz, 2012) were found to be associated with the internalization of stigma.

Society not only stigmatizes schizophrenia patients, it also tends to stop communicating with them and including them in social relations. Patients' attempt to conceal their mental disorders for fear of being stigmatized results in their alienation from social environments. Patients' social functioning, professional functioning and so forth (excess and inadequacy symptoms) are as important as schizophrenia symptoms. This is because declines are observed along with the disorder in patients' areas of functioning, such as their jobs, interpersonal relations and personal care

(Yıldız, 2011). Individuals' losing interest in the outside world results in a decrease in their interaction with their families and friends, and they prefer to be alone. Individuals' functions, such as personal care and hygiene deteriorate, and they cannot maintain a regular business or school life (Köroğlu and Güleç, 2007). This deterioration prevents individuals from developing social relationships and it also prevents their social requirements from being satisfied. Individuals' relationships with their colleagues, friends and families; their career and productivity are interrupted. Functioning, a learned concept with the society and skills can be shaped with education. Since schizophrenia occurs at an age at which social skills are gained, patients may not gain them at the right time. Extended hospital stays and living alone can prevent patients from developing new social skills and cause existing skills to be forgotten (Yıldız, 2011). Besides the pharmacological treatment provided to eliminate symptoms in the course of the treatment of the disorder, patients' functioning levels should also be preserved (Tatlıdil et al., 2009). To achieve this, approaches in social treatment for mental disorders have been given major consideration (Ensari et al., 2013). Yıldız et al. (2015) determined considerable improvements in patients' social functioning with a program helping psychosocial skill development among schizophrenia patients. Sönmez (2009) found a significant increase in patients' functioning levels as a result of psychoeducation provided to them. Patients' noticing that other people also have similar problems to theirs and sharing their problems with others by trusting them are thought to contribute their social functioning.

The Roles of the Nurses in Preventing the Stigmatization of Schizophrenia Patients and Maintaining Social Functioning

Nurses are constantly in peer-to-peer interaction with people, and they are responsible for protecting individuals in society from diseases and promoting and improving their existing health status. Thus, nurses are the health care professionals who enable individuals' physical, social and emotional needs to be satisfied (Özcan, 2006). Nurses who have the opportunity to spend enough time with schizophrenia patients in the process of their adaptation to society and communicate with them can stand by these patients for a long time in treatment and rehabilitation from the onset of the disorder. Therefore, they are more likely to help the patients than other health care professionals (Ergün, 2005).

Coping with schizophrenia is one of the basic challenges for patients and their families. Being familiar with the disorder, appreciating the continuity and necessity of the prognosis and treatment or uncertainty about the disorder are important issues for schizophrenia. Although being familiar with and controlling their own health is a prerequisite for individuals, schizophrenia patients may remain incapable of managing their own health. Here, nurses are responsible for helping patients manage their own health and satisfy their needs independently. This can only be achieved by providing education and continuous support (Videbeck, 2011).

Patients may isolate themselves from the social life in the outside world for a variety of reasons along with their disorder. Patients who have hallucinations or delusions and who behave and speak oddly may frighten and embarrass their families and others. Patients who have doubts and whose sense of trust is not developed may avoid communicating with others. Patients may also have speaking and social skill inadequacies and be unable to establish and maintain relationships with others. Nurses can improve the social skills of patients or teach them to talk about a social topic such as the weather forecast or local issues in an appropriate way by providing education, being a role model and practicing with them. Showing patients social skills and practicing them can bring them more successful experiences in social interaction areas, whereas skills, such as making an eye contact, listening carefully and facing the addressee can improve patients' self-confidence and talents (Videbeck, 2011).

Unless the excess symptoms of the disorder, in particular, are eliminated, patients are continuously exposed to stigmatization (Videbeck, 2011). Preventive studies of mental disorders is an important issue that should be taken into consideration since patients do not seek care in psychiatry clinics for fear of being stigmatized and avoid treatment. Through the nursing initiatives to be practiced for the early diagnosis and treatment of the disorders, this type of disorders can be detected early. Consequently, the treatment process can be shortened, and therefore both patients' and families' fear of and concern about labeling can be handled early. Psychiatric nurses' detection of the patients' current situation and providing them with counseling for stigmatization can prevent the negative effects of stigmatization on counselees and patients (Sarıkoç, 2011).

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