

Stigmatization and Self-Stigmatization by Persons with Mental Disorders and Suicidal Behavior

Victor A. Ruzhenkov, Victoria V. Ruzhenkova,
Alevtina V. Boeva and Ulyana S. Moskvitina
Department of Psychiatry, Narcology and Clinical Psychology,
Medical Institute, Belgorod State University, Belgorod, Russia

Abstract: A sampling of 125 patients was examined: 61 with psychotic (I Group) and 64 with non-psychotic (II Group) mental disorders and suicidal behavior. It is found that in the second group stigma of suicide is more important than stigma of mental illness in family, interpersonal and employment spheres. In spite of guilt and shame because of suicidal attempt, stigma of mental illness is more important for the patients from the second group than stigma of suicide.

Key words: Suicide, mental disorder, stigmatization, self-stigmatization, attempt

INTRODUCTION

Suicide is a leading cause of death among young people aged 15-29 years and it is commonly supposed that the highest risk of suicidal behavior is observed in schizophrenia (Ran *et al.*, 2009). The stigmatization of people with mental disorders occurs widely in society (Audu *et al.*, 2011; Sewilam *et al.*, 2015). Patients, especially those with schizophrenic disorders, find themselves isolated from society, sometimes even their relatives “turn away from them” (Ruzhenkov *et al.*, 2014). The literature (Young *et al.*, 2012; Pompili *et al.*, 2013; Omerov *et al.*, 2014) describes the negative impact of the person’s suicide on his/her relatives and friends. However, the subject of both stigmatization and self-stigmatization of suiciders has been poorly studied. Therefore, objective of the study was to investigate the comparative characteristics of stigmatization and self-stigmatization of persons with mental disorders and suicidal behavior to develop recommendations for de-stigmatization.

MATERIALS AND METHODS

During 2014, 125 persons with mental disorders and suicide attempts recorded in their history were examined on the basis of the Belgorod Regional Clinical Psychoneurological Hospital (Russia). We conducted the comparative analysis in two groups. The first group included 61 persons aged 20-77 years (43.5±1.65) with F20 (60.6%) and F25 (39.4%) diagnoses. The second group consisted of 64 patients aged 18-67 years (35.1±1.8) with diagnoses: F60-51.5, F34.1-25, F43.22-14.1 and F06.6-9.4% cases.

We used clinical and psychopathological and psychometric research methods: “internalized stigma of mental illness” scale (Ritsher *et al.*, 2003) and the “stigma of mental illness questionnaire” test (Lee *et al.*, 2005). To study the perception of the social impact of a suicide attempt and to assess the internalization of the suicide attempt stigma we have modified the above tests (by replacing the definition of “mental disorder” with “suicide attempt”) statistical analysis of the material was carried out in the statistical software package statistica 6.0 (comparing the frequency of the binary trait by using χ^2 criterion for 2×2 contingency tables).

RESULTS

The 47 patients in the group I (77.0%) and 32 in the Group II (50%) were unemployed ($\chi^2 = 9.845$ p = 0.0028). The 17 (27.8%) and 21 (32.8%) patients, respectively were married. There is a high proportion of hereditary loading of mental disorders in the first group 15 (24.6%) and in the second group 21 (32.8%) persons as well as family alcoholism: 26 (42.6%) and 29 (54.7%) cases, respectively. The 12 (19.6%) patients of Group I had close relatives with suicidal attempts fatal in 41.7% cases and 13 (20.3%) patients of Group II had 61.5% fatal cases among their relatives. We have established Table 1-4 represent the statistically significant differences only.

The patients of the first group have more often ($\chi^2 = 9.842$, p = 0.002) received from their employers the negative comments regarding rather their mental disorder 15 (24.6%) cases than a suicidal attempt 2 (3.3%) cases.

The 18 (29.5%) patients experienced the feeling of dislike, rejection by family members due to the suicide

Table 1: Results of "stigma of mental illness questionnaire" and "stigma of suicide questionnaire" (first group)

Questions	Mental disorder		Suicide		χ^2 -values	p-values
	n	%	n	%		
Work-related stigma experience						
Had not been offered a job after illness was revealed	17	27.9	7	11.5	4.0202	0.040
Received negative comments from employer after illness was revealed	15	24.6	2	3.3	9.8420	0.002
Family stigma experience						
Family members wanted to conceal from others that there was a psychiatric patient in the family	33	54.1	45	73.8	4.3010	0.038
Spouse divorced patient because of his/her illness	18	29.5	4	6.6	9.3720	0.002
Emotional reactions to stigmatization						
Felt lower class or lower status	35	57.4	21	34.4	5.5780	0.018
Felt that being ill was his/her own fault	30	49.2	45	73.8	6.7840	0.009

Table 2: Results of "internalized stigma of mental illness" scale and "internalized stigma of suicide" scale (first group)

Questions	Mental disorder		Suicide		χ^2 -values	p-values
	n	%	n	%		
Alienation						
Having a mental illness has spoiled my life	36	59.0	18	29.5	9.602	0.002
Discrimination experience						
People discriminate against me because I have a mental illness	30	49.2	19	31.1	4.898	0.027
Social withdrawal						
Negative stereotypes about mental illness keep me isolated from the "normal" world	22	36.1	12	19.7	4.002	0.045

Table 3: Results of "stigma of mental illness questionnaire" and "stigma of suicide questionnaire" (second group)

Questions	Mental disorder		Suicide		χ^2 -values	p-values
	n	%	n	%		
Work-related stigma experience						
Anticipated that he/she would be laid off if illness were revealed	16	25.0	25	39.1	4.935	0.026
Family stigma experience						
Family members wanted to conceal from others that there was a psychiatric patient in the family	32	50.0	52	81.3	12.50	0.000
Friends stigma experience						
Friends feared letting others know about patient's illness	16	25.0	32	50.0	7.500	0.006
Deliberately concealed illness from co-workers/schoolmates	37	57.8	54	84.4	9.732	0.002
Emotional reactions to stigmatization						
Felt that being ill was his/her own fault	20	31.3	42	65.6	13.79	0.000

Table 4: Results of "internalized stigma of mental illness" and "internalized stigma of suicide" (second group)

Questions	Mental disorder		Suicide		χ^2 -values	p-values
	n	%	n	%		
Alienation						
People without mental illness could not possibly understand me	23	35.9	28	43.8	7.792	0.005
I am disappointed in myself for having a mental illness.	23	35.9	23	35.9	6.311	0.012
Stereotype endorsement						
People can tell that I have a mental illness by the way I look	15	23.4	3	4.7	7.822	0.005
Mentally ill people tend to be violent	22	34.4	6	9.4	10.286	0.001
Discrimination experience						
People often patronize me or treat me like a child, just because I have a mental illness	7	10.9	21	32.8	7.727	0.005
Social withdrawal						
Being around people who don't have a mental illness makes me feel out of place or inadequate	10	15.6	23	35.9	5.879	0.015
I avoid getting close to people who don't have a mental illness to avoid rejection	7	10.9	19	29.7	5.231	0.022

attempt while 27 (44.2%) persons felt dislike and rejection by their family members due to illness which was more common for female patients ($\chi^2 = 4.737$, $p = 0.03$) 23 (54.8%) cases than male ones 4 (21.1%) cases. A mental disorder 18 (29.5%) cases was more common ($\chi^2 = 9.732$, $p = 0.002$) reason to break up at the initiative of a partner or a spouse than a suicide attempt-4 (6.6%) cases. Almost half of the surveyed 30 (49.2%) believed that their discrimination is due to the presence of mental disorders, rarely ($\chi^2 = 4.898$, $p = 0.027$) that the injustice is associated with a suicide attempt 19 (31.1%)

cases. More than a third of the surveyed 22 (36.1%) have said that negative stereotypes about mental disorders or suicide 12 (19.8%) isolate them from wider public ($\chi^2 = 4.002$, $p = 0.045$).

Family members of the patients of the second group have more often ($\chi^2 = 12.502$, $p = 0.000$) hidden from others the case of a suicide attempt in their relative 52 (81.3%) cases, than a mental disorder 32 (50%) cases. In addition, friends of the surveyed patients have more often ($\chi^2 = 7.5$, $p = 0.006$) discussed their suicide attempt 32 (50%) cases than a mental disorder 16 (25%) cases.

A significant part of the surveyed feels certain that the fact of either attempted suicide or mental disorder may be determined from their appearance 3 (4.7%) and 15 (23.4%) cases, respectively ($\chi^2 = 7.822$, $p = 0.005$). In addition, the surveyed patients have usually associated their irrelevance in the company and the fear of being rejected with the attempted suicide rather than a mental disorder ($p < 0.023$)

DISCUSSION

The first group had more significant stigmatization on grounds of mental disorder than of suicide. Difficulties with employment are more often ($\chi^2 = 4.202$, $p = 0.04$) associated with mental disorder 17 (27.9%) cases than a suicidal attempt 7 (11.5%) cases. More than half of patients 35 (57.4%) reported decline in their social status after starting suffering from a mental disorder and a third of patients 21 (34.4%) after a suicide attempt ($\chi^2 = 5.578$, $p = 0.018$). More than half of patients 36 (59%) stated that their mental disorder had ruined their lives and a third 18 (29.5%) named a suicide attempt ($\chi^2 = 9.602$, $p = 0.002$).

At the same time, the families of the overwhelming majority of patients 45 (73.8%) of the first group have hidden from others the presence of a suicide attempt in their relative while the presence of mental disorder in this person was less often concealed 33 (54.1%) cases ($\chi^2 = 4.301$, $p = 0.038$). In addition, the surveyed patients have felt guilty more often ($\chi^2 = 6.784$, $p = 0.009$) about their suicidal attempt 45 (73.8%) cases than about their mental disorder 30 (49.2%) cases.

The second group had more significant stigmatization on grounds of suicide: they have concealed from their colleagues a suicidal attempt more often 54 (84.4%) cases ($\chi^2 = 9.732$, $p = 0.002$) than a mental disorder 37 (57.8%). More than half of the surveyed patients 42 (65.6%) felt guilty about suicide and rarely ($\chi^2 = 13.795$, $p = 0.000$) about a mental disorder 20 (31.3%).

Both groups of the surveyed have taken the degree of suicidal stigmatization in the same way. The individuals with psychotic disorders have featured a higher level of suicidal stigmatization, than those with non-psychotic ($p = 0.015$). At the same time, the majority of patients with psychotic disorders 38 (62.3%) and 26 (40.6%) of non-psychotic patients have stated that they became more resistant to the difficulties and hardships after their suicide attempt ($\chi^2 = 5.035$, $p = 0.025$).

CONCLUSION

The stigmatization on grounds of mental disorder is more significant for patients with schizophrenia and

schizoaffective disorder than on grounds of suicide and the feelings of guilt and shame usually stem from the suicide. The suicidal stigmatization is more significant at non-psychotic level of mental disorders. Despite, the expressed social and labor maladjustment, the stigmatization in the family and personal spheres is most significant for both groups which is important to consider when developing the destigmatization programs.

REFERENCES

- Audu, I.A., S.H. Idris, V.O. Olisah and T.L. Sheikh, 2011. Stigmatization of people with mental illness among inhabitants of a rural community in northern Nigeria. *Int. J. Social Psychiatry*, 59: 55-60.
- Lee, S., M.T. Lee, M.Y. Chiu and A. Kleinman, 2005. Experience of social stigma by people with schizophrenia in Hong Kong. *Br. J. Psychiatry*, 186: 153-157.
- Omerov, P., G. Steineck, T. Nyberg, B. Runeson and U. Nyberg, 2014. Viewing the body after bereavement due to suicide: a population-based survey in Sweden. *PLoS One*, Vol. 9. 10.1371/journal.pone. 0101799.
- Pompili, M., A. Shrivastava, G. Serafini, M. Innamorati and M. Milelli *et al.*, 2013. Bereavement after the suicide of a significant other. *Indian J. Psychiatry.*, 55: 256-263.
- Ran, M.S., C.L.W. Chan, E.Y.H. Chen, W.J. Mao and S.H. Hu *et al.*, 2009. Differences in mortality and suicidal behaviour between treated and never-treated people with schizophrenia in rural China. *Br. J. Psychiatry.*, 195: 126-131.
- Ritsher, J.B., P.G. Otilingam and M. Grajales, 2003. Internalized stigma of mental illness: psychometric properties of a new measure. *Psychiatry. Res.*, 121: 31-49.
- Ruzhenkov, V.A., J.S. Minakova, V.V. Ruzhenkova, U.S. Moskvitina, 2014. Factors of social maladjustment of the patients suffering from schizophrenia who have been declared legally incapable in terms of psychopharmacotherapy and rehabilitation. *Res. J. Pharm. Biol. Chem. Sci.*, 5: 1384-1388.
- Sewilam, A.M., A.M. Watson, A.M. Kassem, S. Clifton and M.C. McDonald *et al.*, 2015. Suggested avenues to reduce the stigma of mental illness in the Middle East. *Int. J. Soc. Psychiatry*, 61: 111-120.
- Young, I.T., A. Iglewicz, D. Glorioso, N. Lanouette and K. Seay *et al.*, 2012. Suicide bereavement and complicated grief. *Dialogues Clin. Neurosci.*, 14: 177-186.