International Journal of Contemporary Issues in Social Sciences
Volume 3, Issue 2, 2024 ISSN(P):2959-3808 | 2959-2461

IMPACT OF INTERNALIZED STIGMA ON SOCIAL PHOBIA IN PSYCHOTIC PATIENTS: MODERATING ROLE OF WORK AND SOCIAL ADJUSTMENT

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Received: 05 May, 2024 **Revised:** 04 June, 2024 **Accepted:** 15 June, 2024 **Published:** 29 June, 2024

ABSTRACT

Severe mental illness is hard to confront in the first place, but the stigma associated with it can be a trigger and even make other health issues worse. Determining the current prevalence of internalized stigma among schizophrenic patients and investigating whether social phobia is a result of internalized stigma were the main objectives of this study. The study looked at how job and social adjustment affected the connection between social phobia and internalized stigma in psychotic patients. Data were collected from a sample size of one hundred (n=100) participants using a correlational research approach. Using the Lorentz formula, which is frequently used to derive sample sizes from the entire population, the predetermined sample size was established. In the Peshawar region of Khyber Pakhtunkhwa (KP), Pakistan, data was collected using the Simple Random sample methodology. The Liebowitz social anxiety measure (Liebowitz, 1987), the Work and Social Adjustment Scale (Mundt et. al, 2002), and the Internalized Stigma of Mental Illness scale (Ritsher et. al, 2003) were employed by the researchers. The findings showed that people who are psychotic are more likely to have internalized stigma. For those suffering from psychosis, internalized stigma is a reliable indicator of social anxiety. Work and social adjustment also play a major role in the link between internalized stigma and social phobia. Furthermore, these current results mandate that further research studies be conducted to properly highlight and tackle the problem.

Keywords: Internalized Stigma, Social Phobia, Work and Social Adjustment, Psychotic Patients.

INTRODUCTION

People with serious psychiatric problems face societal stigma worldwide, however the manifestation may differ by country. The stigma is internalized everywhere. This amazing journey from social stigma to internalized stigma about persistent mental diseases added to mental health (Gupta, Isobel & Hickie, 2020). This quantitative study examined the prevalence of internalized stigma, its effects on social phobia, and the moderating role of work and social adjustment in Pashtun-ethnic psychotic patients in Peshawar, Khyber Pakhtunkhwa, Pakistan. Internalized stigma has been a scientifically significant notion for millennia, with several qualitative and quantitative studies highlighting its importance (Garić, Vuković & Vidrih, 2021). This is one of a few studies to examine the effects of internalized stigma on social phobia across several diagnoses, and it is the first to focus on Pashtun ethnic treatment seekers in Peshawar, Khyber Pakhtunkhwa.

Individualistic definitions of stigma include a variety of social beliefs to define it. The World Health Organization defines stigma as "a mark of shame, dishonor, or condemnation that results in an individual being declined, separated against, and omitted from any communal section or sphere" (WHO, 2001; Hampson, Pinfold, & Thornicroft, 2021). It encompasses labeling, separation, stereotyping, discrimination, and

social status loss. Some authors define internalized stigma as the inherent subjective acceptance of shame from associating unfavorable public stereotyped ties to oneself.

According to a study, stigma occurs when human differences lead to stereotyping and cognitively separate 'us' from 'them'. Keeping in mind the above definitions and general observations in the targeted population around interest, internalized stigma is an internal frame of mind implanted in a sociocultural environment that may be accepted by adverse self-sentiments, identity conversion, or stereotypical endorsement based on one's experience, perception, or preoccupation with negative social reactions due to mental health issues (Hill, Startup & Lavender, 2020). A systematic review and meta-analysis summarize stigma research on psychopathologic diagnoses. Internalized stigma is associated with many socio-psychological issues, including lack of hope, self-distrust, confidence, self-efficacy, pitiful public welfare, and clinical features like symptom intensity that contrast with population characteristics (Livingston & Boyd, 2010; Inoue, Tsuchiya & Ito, 2021). Literature highlights internalized stigma on chronic psychosis patients, including reluctance to seek treatment, lack of reliance on health professionals, disobedience to education, less adherence to medications, frequent hospitalizations, obstacles to recovery, and marked deterioration (Lysaker, Buck & Hamm, 2020).

Some studies have found that sickness stigma has been overlooked, despite being a major issue for patients and requiring investigation (Yanos, Lucksted, Drapalski & Roe, 2021). A systematic review found that most schizophrenic patients feel guilty (Gerlinger et al., 2013). Psychotic patients experience more social stigma that can lead to internalized stigma than neurotic patients (Tsang, Fung, Leung, Li & Cheung, 2021). Internalized stigma causes extreme psychological anguish, devaluing perception, unexpected stress, catastrophic lifestyle, pessimism, and inferiority. Thus, unemployment, inability to adapt, inadequate social help, economic failure, and lack of awareness about mental illness healing and cure efficiency result. It states that internalized stigma is a major risk factor for poor prognosis (O'Driscoll & Sener, 2021). Thus, internalized stigma delays therapeutic management and may prolong recovery (Mittal, Dean & Mittal, 2021).

The psychotic spectrum is often linked to the quality of life, prejudice, and social stigma in schizophrenics, according to researchers. Thus, stigmatization spontaneously develops as a mental set and is gradually internalized by the affected person, negatively influencing their subjective lifestyle and daily functioning. Some studies found that discriminatory encounters ripen internalized stigma in schizophrenia patients, which worsens poor coping and maximizes their chances of success and quality of life (Gerlinger, Hauser, De Hert & Lacluyse, 2020). This study examined how internalized stigma may cause social phobia symptoms. Social phobia is a maladaptive psychological health pattern characterized by predicted anxieties and worries about social, professional, occupational, and recital circumstances and avoiding or enduring them with significant anxiety (Ghali & Fisher, 2021).

Additionally, the current study was conducted on stabilized treatment-seeking psychotic patients who were almost involved in any work placement and capable of socializing. Research shows that psychological and social aspects at work might cause or worsen mental health disorders (Yanos, DeLuca, Salyers, Fischer, Song & Caro, 2020). Extensive research on the relationship between working environment and human psychopathology has shown that servants' work experiences and placement have a significant impact on employee mental health (Akram et al., 2022; Li & Akram, 2023; Bhutto et al., 2019; Akram & Abdelrady, 2023). These studies host job and social environment's psychological health effects (Green & Phillips, 2021). Thus, impairments in social and relational activities were implicated in the study population's perception of internalized stigma and social phobia and contributed to the high prevalence of emotional problems like vulnerability to stigma and social phobia in work and social settings. As a moderating variable, adjustment was examined to define the function of job and social adjustment, including family and interpersonal interaction and social and private leisure activities.

Objectives:

1. To determine the prevalence of internalized stigma in psychotic patients.
2. To investigate the impact of internalized stigma on social phobia among psychotic patients.
3. To examine the moderating role of work-social adjustment between internalized stigma and social phobia among psychotic patients.

Hypotheses:

H1: Internalized stigma would be prevalent in psychotic patients and would predict social phobia in them.

H2: Work social adjustment will decrease the risk of internalized stigma and social phobia in Psychotic patients.

H3: Greater alienation will result from an elevated level of social phobia.

H4: Greater scores on stereotype endorsement will result in greater social phobia.

H5: Perceived discrimination and social withdrawal will increase social phobia.

H6: Stigma resistance will have low frequency in psychotic Patients.

Methodology

Study Design

This study employed a quantitative approach and utilized correlational research methodology. The researchers utilized a simple random sample technique to enroll Pashtun ethnic patients who had been diagnosed and stabilized, namely from the Peshawar district. This study examined schizophrenic individuals who willingly engaged and self-reported their condition. The participants were instructed to complete the questionnaire and send it to the researcher. To achieve the intended goals Questionnaires were used to select and evaluate psychotic patients to gather data.

Sampling

The study comprised a sample of one hundred (n=100) stabilized Psychotic patients seeking treatment, of both genders. The patients were selected using a simple Random sampling procedure from those who visited the outpatient facility of psychiatric centers. The study samples were determined based on specific criteria for inclusion and exclusion.

Inclusion Criteria

Patients were stabilized and did not need hospitalization or therapy adjustments. Stabilized, working, and educated psychotic patients. Psychotic disorder was diagnosed using DSM-V criteria and professional psychiatric evaluations. All subjects in this study are Pashtun Peshawarians.

Exclusion Criteria

Active psychotic disorder, Physical limitations, Developmental issues, Organic psychotic disorder, Unemployed, Illiterate, Substance abuse main diagnosis. The Lorentz formula was used to calculate the population-wide sample size to meet these conditions.

Instruments

Demographic and Clinical Characteristics

Participants provided demographic and clinical characteristics. Participants' clinical charts and certain mental health providers provided primary psychiatric diagnoses. Thirteen questions about patients' age, ethnicity, gender, socioeconomic status, family structure, education, occupation, placement, diagnosis, illness duration, hospitalization, and developmental issues were asked.

Internalized Stigma of Mental Illness Scale

Internalized Stigma of Mental Illness scale (ISMI) English version, which assesses internalized stigma experienced by a person with mental illness. ISMI was developed by Ritsher (Ritsher et. al, 2003) which consists of 29 items and is designed in Likert format. Each statement has four choices where high scores indicate greater stigma. The total contents of this scale are integrated assessing 5 different dimensions including alienation, stereotype endorsement, perceived discrimination, social withdrawal, and stigma resistance. Meanwhile, the Stigma resistance measured a distinct construct and was not included in the calculation of ISMI scale scores because it is conceptually different from the other five domains. According to the scoring procedure, the responses are summed and then divided by the total of answered responses.

Categorization of scores and levels are.

Minimal IS = 1.00 -2.00, Mild IS = 2.01- 2.50, Moderate IS= 2.51- 3.00, Severe IS = 3.00- 4.00

Liebowitz Social Anxiety Scale

Liebowitz Social Anxiety Scale (LSAS) is a 24 items self-rated scale developed by psychiatrist and researcher Dr. Michael R. Liebowitz (Liebowitz., 1987) which assesses the way that social phobia plays a role in one's life across a variety of situations. LSAS assesses both social anxiety in situations as well as avoidance of those situations and having separate portions for answers. The LSAS is scored by summing the item's ratings, below are the interpretations for various score ranges:

The scoring scale:

Do not suffer from social anxiety = 0 – 29, Mild social anxiety = 30 – 49, Moderate social anxiety = 50 – 64, Marked social anxiety = 65 – 79, Severe social anxiety = 80 – 94, Very severe social anxiety = > 95

Work Social Adjustment Scale

Work and Social Adjustment Scale (WSAS) constructed by James Mundt (Mundt et. al, 2002). It is a brief version of five items. The scale measures a person's ability to function in terms of work, home management, social leisure, private leisure, and personal or familial interactions while facing mental health challenges. **Psychometric properties** include the alpha reliability ranging from 0.70 to 0.94. In **scoring the** total is calculated by adding up all answers.

The interpretations of scores are the below.

Moderately severe or worse psychopathology = >20, Significant functional impairment but less severe clinical symptomatology = 10- 20, Not worse impaired = < 10

Ethical Considerations

Before conducting the study verbal and written permissions were obtained from the concerned staff of the hospital and the subjects participated in the study. Regarding ethical considerations, the protocol was approved by the Ethics Committee of International Islamic University Islamabad, Pakistan following the declaration of the Board of Faculty.

Results

Table 1: Sociodemographic and Clinical Characteristics of Respondents

Characteristics	N	%
Ethnicity		
Pashtun	100	100.0
Gender		
Male	77	77.0
Female	23	23.0
Education		
Under metric	34	34.0
Metric	11	11.0
Intermediate	18	18.0
Bachelor	11	11.0
Master	19	19.0
Post-graduation	7	7.0
Diagnosis		
Schizophrenia	33	33.0
Bipolar1	15	15.0
Schizoaffective	12	12.0
Delusional	13	13.0
Schizophreniform	5	5.0
Bipolar 2	12	12.0
Brief psychotic	10	10.0

Table 1 shows that a hundred subjects (n=100, 100.0%) participated in this study from the district of Peshawar Khyber Pakhtunkhwa Pakistan. the samples include 77 % male and 23 % female. A greater number of subjects were under metric (n=34, 34.0%) followed by Masters (n=19, 19.0%), Intermediate n=18, 18.0%) Bachelor (n=11, 11.0%), Metric (n=11, 11.0%) and Post Gradation (n=7, 7.0%). A greater number of subjects were diagnosed with schizophrenia (n=33, 33.0%) followed by Bipolar 1 (n=15, 15.0%), Delusional Disorder (n=13, 13.0%) Schizoaffective (n=12, 12.0%), Bipolar 2 (n=12, 12.0%) and Brief Psychotic disorder (n=10, 10.0%). All the subjects were employed.

Table 2: Psychometric properties of the Study Major scale

Scale	M	SD	Range	Cronbach's α
Internalized Stigma of Mental Illness Scale	71.15	7.227	55-87	.88
Leibowitz Social Anxiety Scale	85.69	12.213	50-122	.79
Work and Social Adjustment Scale	16.50	6.409	4-30	.75

Table 2 shows the psychometric properties of the scale used in the present study. The Cronbach's α for Internalized stigma of mental illness scale was .88 (>.80) which indicates good alpha reliability. The Cronbach's α value for Leibowitz social anxiety scale was .79 >.70) which indicates satisfactory internal consistency. The Cronbach's α value for the Work and social adjustment scale was .75 (>.70) which indicates satisfactory alpha reliability.

Table 3: Psychotic Patients Fallen in the Categories of Internalized Stigma with Valid Frequencies and Percentage

	Categories of Internalized stigma	n	%
Psychotic Patients	Minimal to no Level of Internalized Stigma	4	5.0
	Mild Level of Internalized Stigma	54	54.0
	Moderate Level of Internalized Stigma	42	42.0
	High Severity of Internalized Stigma	0	0.0
	Total	100	100.0

Table 3 shows the prevalence of internalized stigma in psychotic patients. The tool used in this study explored internalized stigma regarding mental illnesses. According to the scoring criteria of the scale, 4.0 % of patients appeared to have Minimal to no severity of Internalized stigma, 54.0% of patients appeared in Mild level of Internalized stigma and 42.0% of patients seemed in Moderate level of Internalized stigma because of severe mental illnesses.

Table 4: Correlation of the Study Variable

Variables	1	2	3
1.Internalized stigma	_		
2.Social Phobia	.22*	_	
3.Work and Social Adjustment	.08	.14	_

*p<.05

Table 4 revealed that internalized stigma has a significant positive correlation with social phobia (r=.22, p <.05) and has a non-significant correlation with work and social adjustment (r =.08, p > .05). Social phobia has a non-significant correlation with work and social adjustment (r=.14, p > .05).

Table 5: Regression Coefficients of Internalized Stigma on Social Phobia

Variables	B	B	SE
Constant	59.39***		11.91
Internalized Stigma	.37**	.03	.17
R^2	.05		

Note. N=100, **p < .05

Table 5 shows the impact of independent variable Internalized Stigma on dependent variable Social Phobia in psychotic patients. The R^2 value of .05 revealed that the predictor variable explained 1% variance in the outcome variable with F (1, 98) =4.93, p < .05. The findings revealed that Internalized Stigma positively predicted Social Phobia (β=.03, p < .05).

The third objective of the study was to examine the moderating role of work-social adjustment between internalized stigma and social phobia among psychotic patients.

Table 6 Social Phobia Predicted from work and social adjustment between Internalized Stigma of Mental Illness

Moderation

Predictors	β	p	95% CI	
			LL	UL
(X) Internalized Stigma	.41	.031	.08	.81
(M) Work and Social Adjustment	.25	.162	-.09	.61
ISMI (X) x WASA (M)	.06	.003	.02	.10

Note. X denotes independent variable and M denotes Moderating variable. Internalized Stigma is abbreviated as ISMI and Work and Social Adjustment is abbreviated as WASA.

Table 6 shows the moderating effect of work and social adjustment between Internalized stigma of mental illness and social phobia. The findings indicated that work and social adjustment significantly moderated the relationship between Internalized stigma of mental illness and social phobia (β = .06, p = .003).

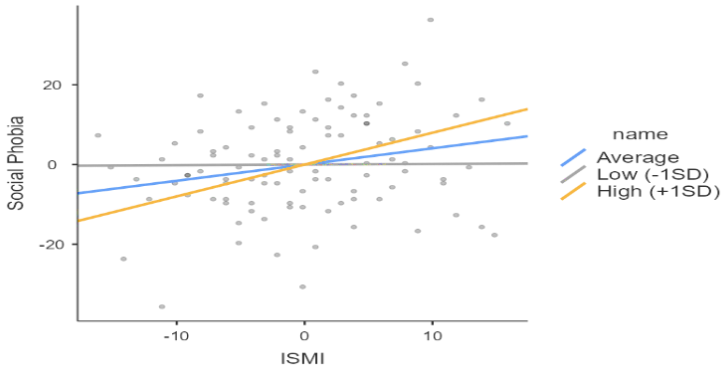
Simple Slope Estimates

	β	SE	95% CI		Z	p
			LL	UL		
Average	0.40707	0.18910	0.06997	0.80249	2.15270	0.031
Low (-1SD)	0.01561	0.21727	-0.37623	0.45326	0.07185	0.943
High (+1SD)	0.79853	0.24367	0.37441	1.37260	3.27708	0.001

Note. shows the effect of the predictor (ISMI) on the dependent variable (Social Phobia) at different levels of the moderator (WASA)

Further, the results show the effect of the predictor (ISMI) on the dependent variable (Social Phobia) at different levels of the moderator (WASA). The findings indicated that the effect of the predictor (ISMI) on the dependent variable (Social Phobia) at average and one standard deviation above the average of the moderator (WASA) was significant (p<.05). However, at one standard deviation below the average the effect of moderator was not significant (p>.5). Table 7 and figure 1 shows detail.

Figure 1 Simple Slope Plot with Moderating Effect of Work and Social Adjustment between Internalized Stigma and Social Phobia



Discussion

The study explored internalized stigma and its correlates in Pashtun ethnically based severe mental illness patients in this cross-sectional survey. Our sample included different proportions and frequencies of patients with internalized stigma than prior research. As needed, we examined ethnicity, education, working placement, disorder kind, and hospitalizations. Study results found that internalized stigma independently existed and affected social phobia. Despite the importance of understanding internalized stigma for the comprehensive management of patients with abnormal mental health, this is the first study to examine it, and there is a lack of scholarly data on it in our country, especially in Peshawar KP, Pakistan.

In this study, 54.0% of participants reported mild internalized stigma, 42.0% reported moderate, and 4.0% reported minimal, indicating that psychotic patients have a high rate of internalized stigma. Our findings are consistent with worldwide literature that found severe psychotic disorder patients had considerable internalized stigma (Brown, Grey & Jones, 2021). Schizophrenia patients have a substantial internalized stigma, according to Hill, Startup, and colleagues (2020). Corrigan, Bink, Schmidt, Jones, and Rüsch (2020) found pervasive internalized stigma in Chinese psychotic patients. In addition, a systematic evaluation of fifty-four publications found that psychotic patients have 33.7% to 80% internalized stigma (Gerlinger et al., 2013).

Comparing current research results to prior literature shows that internalized stigma is found at rates like past literature. It can be assumed that schizophrenic patients have universal internalized stigma. The study found a substantial impact of internalized stigma on social phobia (β=.22, p <.001), supporting the second hypothesis (Seeman, 2020). No previous research has addressed this relationship. Some studies, such as systematic review and meta-analysis, found a strong link between internalized stigma and psychological and social effects like desperateness, low self-esteem, narrower empowerment, lack of self-efficacy, poor social support, lack of insight to seek care, mistrust of healthcare staff, poor compliance to psychological and social management, increased hospitalizations, lack of confidence in job activity, and poor (Davidson, Bellamy, Guy & Miller, 2020).

This study also found that work and social adjustment moderated internalized stigma and social phobia. Research found that work and social adjustment significantly attenuated the link between internalized stigma and social phobia (β =.06, p =.003). No research has examined Work and Social Adjustment's moderating role. This is the first stigma study to rigorously examine how Work and Social Adjustment moderate internalized stigma and social anxiety. According to the current findings, work and social adjustment are important, hence additional research should be done across Pakistani and foreign populations to improve the results.

The current study instrument examined the independent effects of alienation, stereotypic endorsement, discrimination, and social withdrawal of internalized stigma on social phobia. Alienation, Stereotypic Endorsement, Discrimination Experiences, and Social Withdrawal failed to affect Social Phobia significantly (Queirós, Lopes & Ferreira, 2021). Social withdrawal has a β of.15 (p >.05), followed by discrimination experiences (.11, p >.05), alienation (.06), and stereotypic endorsement (.08). Conversely, stereotype endorsement (41.9%) and discrimination experience (38.2%) were reported by the most individuals, followed by social disengagement (30.1%) and alienation (30.1%) (Grover et al., 2018). The study found 49.2% estrangement and 26.8% stereotype endorsement (Gerlinger et al., 2013, Dubreucq, Plasse & Franck, 2021). This study sample showed mild and moderate internalized stigma in greater percentage, and no subject had a severe internalized stigma due to education as they understood the problem. Further studies should compare educated and illiterate persons and take more samples.

Stigma resistance contrasts with the other four categories of internalized stigma due to its conceptual differences and reverse score orientation. The scale scored 54.0 % of patients as Minimal to no Resistance, 27.0% as Mild Resistance, 16.0% as Moderate Resistance, and 3.0% as High Severity Resistance due to severe

mental illnesses (DeLuca & Yanos, 2021). This lower stigma resistance rate suggests that few schizophrenic patients withstand internalized stigma. Psychotic patients in Peshawar are stigmatized in study matching. To address Pashtun stigma, many strategies and psychoeducational awareness programs must be planned.

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