



Broken Personality: Lived Experiences of Patients with Psychiatric Disorders on Self-Stigma

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Abstract

Introduction: Psychiatric disorders are among the most stigmatizing disorders. Self-stigma will have desperate consequences for people such as patients who consider themselves worthless since they belong to a group that most people have negative feelings about. The present study was designed and conducted to better understand the experiences of patients with psychiatric disorders on self-stigma.

Methods: This study, performed on 12 psychiatric patients in 2017, was a hermeneutic phenomenological research. The patients were selected based on purposive sampling method and unstructured interviews were used for data collection. According to the method developed by Diekelmann, a hermeneutic approach was used to analyze the data. Moreover, to determine the validity of the study, the criteria provided by Guba and Lincoln were utilized.

Results: "Broken Personality" was identified as the main theme of the phenomenon and included seven subthemes: "Injured feelings", "Like wax in the hands of others", "Scandalous symptoms of disease", "Coming from another land", "Stranger to oneself", "Degradation of the position", and "Shame of diagnosis".

Conclusion: The results of this study emphasized the necessity to develop comprehensive and appropriate interventions to combat and prevent self-stigma in patients with psychiatric disorders.

Keywords: Self-stigma, Phenomenology, Qualitative study

Introduction

Research has shown that psychiatric disorders are among the most stigmatizing diseases (1). Clients with psychiatric disorders experience two types of stigma: emotional stigma or self-stigma in which the client feels imperfect and inadequate and stigma from others (2).

When people belong to a stigmatized group, they incorporate these negative views into their self-image and their self-esteem decreases (3). Self-stigma will have adverse consequences for individuals, such as patients deeming themselves worthless as they belong to a group that most people view negatively. This affects their self-esteem and self-concept

(1). Moreover, self-stigma is associated with fewer referrals to mental health services. In this regard, Sayre et al. showed that people who based on their personal experiences feel ashamed of having a psychiatric disorder, are significantly less likely to engage in treatment (4). Most research on the nature of stigma in Western countries has been done for clients with psychiatric disorders, and relatively little research has been done on patients' experiences in non-Western countries (5). Iran is one of the Islamic countries in the Middle East where family members are highly interdependent and social contracts, religion, and law strengthen this family cohesion (6). In recent years, limited research on the stigma of psychiatric disorders has been conducted in Iran as well, which has measured the stigma from the perspective of families through a questionnaire. In this regard, it is necessary for researchers to investigate the experiences of people with psychiatric disorders, which can be achieved through qualitative studies (7).

Given that the prevalence of psychiatric disorders in Iran is as high as in other countries and considering that no research has been conducted on the meaning of the stigma of psychiatric disorder from the perspective of clients in Iranian culture, the present study aimed to investigate the meaning of self-stigma from the perspective of clients with psychiatric disorders through interpretive phenomenology.

Methods

This was a phenomenological hermeneutic study. Heidegger's philosophy underlies this approach; therefore, exploring the lived experiences and explaining the meaning of the self-stigma through the patient's eyes are

crucial in this method. Broken personality is the major theme of a patient's experiences of stigma (8). The phenomenological approach was appropriate for this study since it pursues the human experiences within the context of people's daily lives. As each individual is unique, human responses to health and illnesses are different. Based on the humanistic theory in nursing, appropriate nursing interventions could be implemented through interpretation of study results. In fact, nurses' understanding and interpretation of the situations are needed more than the nursing intervention (9). Nurses need to have a good knowledge of human beings so that they can improve patient care (10). The stories of the patients should be explored to realize the inherent experiences that they gain in the struggle with their disorder. Participants were selected using purposive sampling with maximum variation. The sampling went on until all the 12 patients shared all of their experiences of self-stigma. The participants were selected from among the patients with psychiatric disorders who referred to Ibn-e Sina and 22 Bahman hospitals. Psychiatrists diagnosed the patients to be in the remission phase of their illness. The participants' profile is presented in Table 1. Unstructured interviews, conducted in a quiet room at Ibn-e Sina and 22 Bahman hospitals, were used to collect data for the present study. In unstructured interviews, the interviewees were encouraged to relate their experiences and describe the events that were important to them. They were encouraged to describe the conditions and express their opinions and attitudes. According to said (2001), unstructured interviews are flexible and do not limit interviews (8). Data were analyzed based on the interpretative method of Diekelmann,

Allen and Tanner (11). First, to reach a general understanding of each text, all manuscripts from the interviews were read and interpretational abstracts were written for each text. The first meeting of the research group was devoted to discussing the experiences of several participants. Research lines were obtained from the interpretive guide of the first study, directing interviews, and subsequent samples for a deeper understanding. Missing parts or implicitly identified ones were discussed to reach a deeper and richer understanding in the follow-up interviews. Then, the implicit meanings or themes, which were extracted from the texts, were confirmed by the researcher to support the formation of categories. At this stage, the research group themes or significant

concepts were identified and moving from each component to the whole text and from the whole text to each component in all the interviews was considered. At first, lines of itemized text were read, all codes were recorded, and the whole paragraph was read, then a general theme was obtained. In the next step, the researcher returned to the original texts and group analysis to compare the similarities and differences between the categories. After detecting the main cases, the researcher and the group obtained a shared meaning. According to the basic communication obtained in this step, subsequent interviews and observations were organized and common themes were identified. Finally, the text obtained by the research team was reviewed, written, discussed, and interpreted.

Table 1. Demographic characteristics of the participants

Participant	Gender	Disorder	Marital Status	Age	Profession
1	Female	Schizoaffective disorder	Divorced	38	Housewife
2	Female	OCD	Single	22	Housewife
3	Female	Depression	Divorced	45	Housewife
4	Female	Bipolar disorder	Single	21	Collegestudent
5	Female	Bipolar disorder	Married	31	Book seller
6	Female	Borderline personality disorder	Divorced	33	Housewife
7	Male	Schizophrenia	Single	43	Unemployed
8	Male	Bipolar disorder	Divorced	48	Teacher
9	Female	Bipolar disorder	Single	36	Unemployed
10	Male	Bipolar disorder	Divorced	54	Baker assistant
11	Male	Bipolar disorder	Single	45	Teacher (Currently unemployed)
12	Male	Bipolar disorder	Single	26	Unemployed

Results

In the present study, the participants were 12 patients with psychiatric disorders (OCD, bipolar, depression, schizophrenia, schizoaffective, and borderline personality disorder) aged 21 to 54, with the education levels from primary education to a master's degree. In this study, 6 participants were single, 5 divorced, and 1 married. At the time of the study, 3 participants were

employees and the rest were unemployed.

The findings suggested that the negative effects of self-stigma are widespread and even stronger than those of the disease symptoms. The said effects which construct the main theme named "Broken Personality" and seven sub-themes including "Injured feelings", "Like wax in the hands of others", "Scandalous symptoms of disease", "Coming from another land", "Stranger to oneself",

"Degradation of the position", and "Shame of diagnosis" are presented below with

quotations from the participants (Table 2).

Table 2. Common meanings, themes, and sub-themes identified in the study

Common meaning	Sub-theme	Theme
Feeling humiliated	Injured feelings	Broken Personality
Feeling ashamed		
Feeling empty		
Lack of control over life	Like wax in the hands of others	
Loss of independence		
To be under guardianship	Scandalous symptoms of disease	
Strange symptoms of the disease		
Lack of control over the symptoms of the disease	Coming from another land	
Being different from others		
Lack of normal life	Stranger to oneself	
Loss of identity		
Becoming different from before	Degradation of the position	
Archive of wishes drop Previous position		
Grouping	Shame of diagnosis	
Infamous disease		

The sub-theme "Injured feelings" refers to the emotions experienced by clients after receiving stigma. Feelings of shame and humiliation were important ones mentioned in participants' experiences after receiving stigma from others. In fact, these inner feelings influenced their behavior and subsequent feelings. One of these important effects was low self-esteem.

One of the participants who experienced a decrease of self-esteem stated, "I get stressed when a guest comes to our house because I don't cook well anymore. When they leave, my husband goes to the door and says, 'Excuse me, she doesn't know how to take care of you anymore'. I feel my face burning with embarrassment" (participant No. 1).

The sub-theme "like wax in the hands of others" indicated the lack of independence of clients in life. They stated that they no longer had control over their lives and that they did not have the right to intervene and make decisions even in less significant issues of their personal lives, and that most

decisions were made without consulting them, to the point that some people even claimed to be their legal guardians. They had administrative, legal, and financial affairs conducted by those people.

One of the participants who suffered from lack of independence stated, "My father is my guardian, I am not even allowed to take my salary legally. Whatever I want to do, I cannot legally do it myself and I need my father's signature" (participant No. 6).

The next sub-theme identified in this study was "Scandalous symptoms of disease" which indicated that internal stigma occurs following the uncontrollable onset of symptoms in the presence of others. The participants' challenge to cope with the strange and unusual symptoms of psychiatric disorder was twofold. They were faced with a disease whose symptoms such as abnormal behavior, changes in physical appearance, strange speech, etc. were clearly visible to others but they had no symptoms during the acute phase of the disease. Some had no control over their

behavior, while others stigmatized them for having these symptoms.

With regard to the feeling of shame which is one of the symptoms of the disease, one of the participants stated, "It was during examination period in Feb. 2012 that I made a racket in the dormitory and took off my hijab. I told our professor that he was married to me. Afterwards, I was wondering all the time what a calamity it was that befell me and how I could go back to university?" (participant No. 5).

The feeling of being different from non-sick people and separating oneself from the world was manifested in the sub-theme of "Coming from another land". Participants were upset that they were different from non-sick people due to illness. They believed that since they became ill, they have seen themselves as different from non-sick people (according to participants, healthy people), so that other people communicate with non-sick people in the usual way and with the participants in a completely different way.

One of the participants who experienced being different from others said, "I have not had contact with my friends since I became ill. I left many of them because I thought I was different from them" (participant No. 4).

Based on the experiences of the clients, the sub-theme of "Stranger to oneself" meant that after the illness, they did not know themselves as they did before the illness, and being labelled as a person with a psychiatric disorder affected not only the public opinion about that person, but also the person's own beliefs about themselves. The investigation of the experiences on the identities of these individuals at the time of the illness revealed severe challenges that

managed and controlled their identities since the onset of the illness.

One of the participants compared her current condition with the pre-illness condition and stated, "I have forgotten myself; I feel alienated from myself; I ask am I the same person? I have never failed so badly before. The psychiatrist put a stamp on my forehead, which means you are crazy from now on; He took my identity away from me; I became a useless being" (participant No. 6).

Another sub-theme that was identified from the experiences of the participants was "Degradation of the position" which indicated that the patients with psychiatric disorders were deprived of opportunities or were unable to pursue the opportunities they had acquired, as illness prevented them from achieving their goals. While they were not achieving their goals, they witnessed the progress of other people, which had a very negative effect on their self-esteem since they believed that the reason for the progress of others was that they were not sick.

One of the participants who faced degradation of the position said, "If I were not sick, I would be married now and have children. I am more beautiful than all my sisters, but they have a very good life" (participant No. 10).

The sub-theme of "Shame of diagnosis" refers to notoriety for receiving a psychiatric diagnosis. All participants stated that they had negative opinions about the mentally ill before becoming ill, and that at the time of diagnosis, there was a conflict between their previous beliefs and their own position as a patient as they even felt they were "insane".

Concerning the notoriety of mental illness, one of the participants stated, "In the past,

if I saw someone on the street who was mentally ill, I would laugh at them. I also heard people say that they do not understand anything, they sleep in trash at night, and they are dangerous and dirty" (participant No. 9).

Discussion

According to the findings of this study, the clients realized that even if others do not recognize their disease, they always have problems with themselves. Before they got sick, they themselves had negative beliefs about psychiatric disorders which were prevalent in society, and they knew that notoriety and stigma were always with the disease. Now, they have become one of those patients suffering from this disease.

The sub-theme of "Injured feelings" showed that clients, after receiving stigma from others, had a negative evaluation of themselves and felt ashamed and humiliated.

A research carried out by Fox et al. showed that clients with psychiatric disorders lose their self-confidence and feel inferior after hearing stigmatizing remarks. Labeled individuals also experience a decrease in self-esteem, self-efficacy, self-confidence, and life satisfaction. They also experience hopelessness, depression, anxiety, shame, fear, and social separation (12).

"Like wax in the hands of others" was another sub-theme that explained the nature of stigma in this study. The participants in this study had no role in their lives and were under the control of family members, so that they lost their independence and some of them were under the tutelage of one of their family members for their financial and legal affairs. It had many negative effects on

their self-esteem and self-efficacy.

In this regard, Mestdagh and Hansen, showed in their study that many patients experienced the behavior of the headmaster and excessive protection in dealing with family members, colleagues, and mental health care staff (13).

"Scandalous symptoms of disease" was another sub-theme identified in this study. Clients with psychiatric disorders are often stigmatized for their bizarre periodic illness-related behaviors, side effects of medications, and their association with mental health systems. Mannarini and Rossi, stated that when the social characteristics of an individual or a group in society are found to be in contradiction with the expected social standards, disorder and discomfort occur. This often leads to a generalization of the link between abnormal behavior and psychiatric disorders that may cause labeling and avoidance. It can also be the reason that society continues to avoid them (14).

"Coming from another land" was another sub-theme that made clients feel different from others. In other words, they saw their world as separate from the world of the non-sick. Participants in the study by Lundberg et al. stated that it was difficult for them to have desire to lead a normal life like other people in society, to have great aspirations, and to feel like others (15).

The sub-theme of "Degradation of the position" indicated that after being diagnosed with the disease, the clients lost their status in the eyes of others and were looked at only as mentally sick. People with self-stigma may feel incompetent or unable to achieve specific goals of life. A

person with internal stereotypes such as "the mentally ill have no value since they have nothing to offer and are only a heavy burden on society" does not strive to maintain a positive concept of self (16).

The sub-theme of "Shame of diagnosis" indicated that since in the past the participants themselves had negative ideas on psychiatric disorders and used to stigmatize the patients, they saw themselves as members of the "insane group" after being diagnosed with psychiatric disorder. Participants in the study conducted by Poreddi et al. stated that the response to psychiatric diagnosis, especially in the post-diagnosis period, was dominated by thoughts of self-blame, shame, and low self-esteem (17).

Conclusion

The present study investigated the experiences of patients with psychiatric disorders on self-stigma. The results revealed that for the clients in this study, there was nothing more destructive, invalid, and disabling than stigma. They believed that after the illness, they were considered strange and others decided on their life issues without consulting them. Moreover, their self-image changed after being discharged from hospital and they often compared their past with the present and regretted what happened to them because of the disease.

The current research provides with a framework for a better understanding of patients' experiences of self-stigma and proposes ways to design programs to increase the confidence of the clients. Furthermore, based on the findings of this study, patients can be empowered to discover effective ways to adapt to internal

stigma. Besides, certain interventions might be taken to increase stigma resistance and reduce its effect. Some psychiatric nursing courses related to the stigma of psychiatric disorders can be provided in nursing education at the bachelor's and master's levels. Moreover, a course should be included in the internship program of the psychiatry departments to help students get familiar with the stigma of psychiatric disorders and methods to reduce it.

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