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Stigmatization: Addressing Self-Esteem and Personal Growth in Patients with Psychological and Physiological Illness

Sarwat Sultan  
Assistant Professor  
Department of Applied Psychology  
Bahauddin Zakariya University Multan

Abstract  
This paper reviews comparison of the impact of perceived stigma on self-esteem and personal growth of patients who are diagnosed with psychological and physiological illness. The sample consisted of 188 out-door patients; 100 psychiatric patients of depression and 88 physical patients of diabetes taken from Khawaja Fareed Hospital and Ashraf Naseer Hospital in Multan respectively. Perceived Devaluation–Discrimination Scale, Index of Self-Esteem, and Personal Growth Initiative Scale were used to collect information. Results indicated the significant differences in measured variables. The findings showed that psychiatric patients perceive higher stigma and report lower degree of self-esteem and personal growth than diabetic patients. Results further indicated that perceived stigma is negatively associated with self-esteem and personal growth, and this relationship is higher for psychiatric patients than diabetic patients.

Keywords:  Stigma; Mental Illness; Physical Illness; Self-Esteem; Personal Growth

I. Introduction  
For individuals, the diagnosis of psychological or physiological impairment, lessen overall value and significance of life. Loss of well being and personal growth are not caused entirely by the etiologies, disabilities, and stress induced by their physical or psychiatric disorder. Quality of life in terms of self-esteem and personal growth is also hampered by another factor of stigma that individuals associate with mental and/or physical illness. However people embrace comparatively high stigmas in psychiatric problems than physical illness (Nadler, & Fisher, 1986).

People diagnosed with psychological and physiological problems react differently towards their illness. Ailment either psychological or physiological creates distress. However, mental ailment creates more stress because of a negative label. Researches conducted in past indicate that society reacts negatively towards the people suffering from psychiatric disorders (Link, Cullen, Frank, & Wozniak, 1987). Stigmatization generally affects the subjective well being and personal growth of people. As a result of stigmatization individuals face problems at their employment place (Link, 1982) and they also report difficulties in social contacts or interactions (Piner & Kahle, 1984). The current research aims to understand the impact of perceived stigma on psychologically ill patients suffering from depression, and physically ill patients suffering from diabetes and also to evaluate how this stigma is going to affect their self-esteem and personal growth.
Stigmatization breeds a tragic aftermath leading to significant loss of self-esteem and personal growth. The thought pattern of stigmatized people becomes negative and they view themselves as utter failures and have nothing to be proud of (Link, Struening, Neese-Todd, Asmussen, Phelan, 2001).

Psychiatric patients who embrace stigma are directly discriminated by the certain institutions like denial to the job opportunity. This also can lead to structural discrimination as few resources are allocated for their treatment and then there is a complex social psychological process that adversely alters the perception of stigmatized individuals ((Link, & Phelan, 2001). The present study attempts to empirically explore the connection of stigma with self-esteem, and personal growth by employing a social psychological theory concerning stigma.

Theory about stigma speculates that people in their early period of lives develop attitudes towards psychological disorders (Link, Struening, & Rahav, 1997). People develop these conceptions from their family, peer interactions, and personal experiences. Electronic and print medias also contribute in projection of mentally disturb people (Wahl, 1995). Based on these perceptions, individuals start to expect that people around them would reject them as friend, as worker, as neighbor, or as spouse in life. They believe that most of the people will devalue them because of their being mentally ill, less trustworthy, lacking competency. These beliefs engender a substantial loss of self-esteem and personal growth (Aubry, Tefft, & Currie, 1995).

A person who has never experience mental ailment and has never been labeled as psychiatric patient or never experiences the hospitalization, does not receive negative attitudes from community. On the other hand, a person who has been diagnosed as psychiatric patient is troubled by these negative attitudes from his/her social setup. If an individual thinks that other will reject and devalue him/her because of labeling as a psychological patient, the person becomes anxious about the possibility of being rejected (Wright, Gronfein, & Owens, 2000). The persons may attribute his/her rejection and devaluation to his/her being declared as psychiatric patients. However the relevance of these beliefs of labeling associated with physical illness is not at risk to harm the self-esteem and personal growth of patients as compared to labeling associated with mental illness (Crocker, 1999).

Serious negative effects can be evoked from the fear of being socially unaccepted. For a person it is highly menacing and discouraging to consider that he/she has been labeled as suffering from a disease to which other people are scared of. Based on these fake believes, a person with a history of hospitalization becomes less confident, adopts more defenses, and has low interactions with other people. This would lead to strained, distressed, and hostile interactions with potential stigmatizers, more restricted social networking, lack of life satisfaction (Rosenfield, 1997), unemployment and loss of earnings (Link & Cullen, 1989). When the patients’ performance is adversely affected, they are bound to believe that they have lesser competencies and lesser abilities than others (Brockington, Hall, Levings, & Murphy, 1993).

In what way stigma is going to affect the self esteem and personal growth of individual? Experts differ in their opinions. Some experts do not emphasis the role of stigma and they are of the view that stigma has fugacious effects on the individual and it
does not appear to serious threats to self-esteem and personal growth of individual (Phillips, 1985). It has been also observed that former patients are generally accepted by their close circles, and in some of the cases they have been totally accepted as well (Levitin, 1975). Considering the above, one can expect that stigma will not adversely affect the quality of life of individual. From this view point, relationship of stigma with self-esteem and personal growth will be inconsequential. From this angle, it is not the stigma in itself that affects self-esteem and personal growth of individual but the level of self-esteem and personal growth that forms ones’ conceptions about and reactions to the expoure of stigma.

Only one evidence has been found regarding the association of stigma with self-esteem of individual (Wright, Gronfein, & Owens, 2000). According to this empirical research it was observed that stigma conduced to devaluation of self that may adversely affect individual feelings of control over life circumstances (Crocker, 1999).

II. Method
a. Participants
The sample consisted of 188 patients; 100 psychiatric patients of depression attending out-patients clinic at Ghulam Fareed Hospital Multan, and 88 diabetic patients attending diabetic out-patients clinic at Ashraf Naseer Hospital Multan. All participants were more or less similar with age, education, and cultural background. Patients were selected through convenience sampling technique.

b. Instruments
The following instruments were used to achieve the objectives of present study after holding the process of adaptation and Urdu translation according to the Back Translation Method of American Psychological Association. Psychometric properties of the Urdu-version scales were also determined in the study.

c. Perceived Devaluation–Discrimination Scale
Perceived Devaluation–Discrimination scale (Link et al., 1987, 2001) is a 12-item ratting scale measuring perceived public stigma. Responses are obtained on Likert Scale ranging from strongly agree = 1 to strongly disagree = 6 showing how much they believe arguments about how people think psychological/physiological patients. Higher scores indicate greater perceived stigma. The scale was adapted to pertain stigma associated with receiving any treatment of psychological or physiological health problems. The scale yields internal consistency of .81 and split-half reliability of .69 among clinical and community samples.

III. The Index of Self – Esteem (ISE)
The Index of Self-Esteem (ISE) developed by Hudson (1982) measures the level, intensity, or amount of a problem with one’s self-esteem. It is a 25-item scale in which the items are scored with a 5-point rating scale ranging from 1 (seldom or never), to 5 (most or all of the time). To obtain the score, (a) the items; 3, 4, 5, 6, 7, 14, 15, 18, 21, 22, 23 & 25 are reverse scored, (b) after reverse-scoring, the responses on 25 items are added, (c) and then denoting the item responses as Y, the total score S is computed for scale as S = ΣY – 25. 30 is a clinical cutting score for ISE. It indicates that a score above than 30 is interpreted as with low self-esteem, while a score below is considered with high self-esteem. ISE-Urdu has an internal consistency coefficient of .63 for the entire 25
items. Original and Urdu-versions of ISE have highly significant positive correlation of .83.

IV. Personal Growth Initiative Scale (PGIS)

The PGIS developed by Robitschek (1999) is a self-report scale yielding personal growth initiative; an individual's dynamic and conscious participation in altering, modifying, and evolving as a human being. The PGIS comprises nine items rating as Strongly Disagree = 0 to Strongly Agree = 6. Total scores falls between 0-45. Scores are summed to hold a total score. Reliability (.73) and validity (.61) of the adapted version has been strongly evidenced. Only 5 minutes are required to complete PGIS. Procedure

Study was carried out in two parts. In part one the scales were adapted and translated into native language of Urdu with the help of bilingual educationists. In part second main study was completed. One hundred psychiatric patients and eighty eight diabetic patients participated in this study. They were approached at out-door clinics in two different hospitals of Multan. Both types of patients completed Perceived Devaluation–Discrimination scale (except replacement of “mental illness” or “diabetic illness”), Index of Self-Esteem, and Personal Growth Initiative Scale. Patients were provided with a detailed explanation of the purpose of study and were instructed how to respond to the scales. Privacy of the responses is assured to them, and they were told that the given responses would only be used for research purpose. Then the data was quantitatively analyzed using Statistical Package for Social Sciences (SPSS).

V. Results

To study the significance of differences in perceived stigma, self-esteem, and self-identity between psychiatric and diabetic patients, independent sample t-test was performed using SPSS. To see the effect of perceived stigma on levels of self-esteem and self-identity of both groups of patients, Regression Analysis was done.

Table 1 Comparisons between Psychiatric & Diabetic Patients for their Scores on Perceived Stigma, Self-esteem, and Self-identity (N =188)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Psychiatric Patients (N=100)</th>
<th>Diabetic Patients (N=88)</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Perceived Stigma</td>
<td>49.09</td>
<td>10.10</td>
<td>26.12</td>
<td>8.36</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>30.71</td>
<td>16.93</td>
<td>38.83</td>
<td>18.43</td>
</tr>
<tr>
<td>Personal Growth</td>
<td>21.21</td>
<td>8.03</td>
<td>33.12</td>
<td>9.31</td>
</tr>
</tbody>
</table>

Note: df. = 186, **p < 0.01, *p < 0.05

Table 1 reveals the significant differences in perceived stigma, self-esteem, and personal growth of psychiatric and diabetic patients. Results indicate that perceived stigma is higher among psychiatric patients than diabetic patients while levels of self-esteem and personal growth are lower among psychiatric patients than diabetic patients.
Table 2 Correlation between Perceived Stigma and Self-Esteem, and Personal Growth (N = 188)

<table>
<thead>
<tr>
<th></th>
<th>Perceived Stigma</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Esteem</td>
<td>-0.77</td>
<td>0.000***</td>
</tr>
<tr>
<td>Personal Growth</td>
<td>-0.61</td>
<td>0.023*</td>
</tr>
</tbody>
</table>

Note: df. = 186, ***p < 0.001, *p < 0.05

Table 3 Comparisons of Correlations between Psychiatric & Diabetic Patients for their Scores on Perceived Stigma, Self-esteem, and Self-identity (N = 188)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Psychiatric Patients (N=100)</th>
<th>Diabetic Patients (N=88)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Perceived Stigma</td>
<td>Perceived Stigma</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>-0.67**</td>
<td>-0.48*</td>
</tr>
<tr>
<td>Personal Growth</td>
<td>-0.69**</td>
<td>-0.55*</td>
</tr>
</tbody>
</table>

Note: df. = 186, **p < 0.01, *p < 0.05

Table 2 indicates the significant negative relationship of perceived stigma with self-esteem and personal growth of patients. Table 3 also reveals the significant connection of perceived stigma with self-esteem and personal growth of psychiatric and diabetic patients. Results indicate that these negative connections between variables are higher among psychiatric patients than that of diabetic patients.

VI. Discussion

The principle objective of this study was to analyze and to compare the stigma associated with psychological and physiological illness, and in addition to see the effects of stigmatization on self-esteem and personal growth of patients with psychiatric and physical illness. Findings of this study indicated that either the ailment is physical (diabetic) or psychological (depression), patients of both kind of illness embrace the stigma with their illness. However, psychiatric patients perceive high stigma as compared to patients with physical illness. Our findings are consistent with the growing body of literature that shows that psychiatric patients develop stigma and fear of rejection from community due to labeling linked with psychological problems (Link, Cullen, Struening, et al. 1989). The work of Lai, Hong, and Chee (2000) also support the findings of this study who reported that stigma always comes along with psychiatric label and not from diagnosis of a physical illness. Their study clearly speculated that the cardiac patients experience low stigma than patients of depression. Angermeyer, and Dietrich’s study (2006) conducted on people’s discrimination among mental and physical illness also provides evidence that people associate stigmatized attitudes towards mental disabilities than physical impairments.

In carrying a more confining expect at the effect of stigma on self-esteem and personal growth in physical and psychological illness, it becomes clearer that there are differences in quality of life of patients in terms of their self-esteem and personal growth. As some theorists conjectured that stigma is abusive and damaging to the self-esteem of individuals diagnosed as psychiatric patients. While in contrast some argued that the stigma of psychiatric problems is not following logically as a consequence and is therefore unimportant. So stigma does not contribute in any kind of lose such as self-
Results of present research acutely present opposite claim to the latter argument. It has been found in this study that stigma has significant effects on self-esteem and personal growth of psychiatric patients than diabetic patients. Findings are in tune with work of Crocker (1999) who found that labeling associated with physical illness is not at risk to harm the self-esteem and personal growth of patients as compared to labeling associated with mental illness.

Modified labeling theory (Link et al., 1989) is also supported by these findings. According to this theory of labeling, perceptions of devaluation–discrimination toward the psychologically ill population contribute in producing negative aftermaths for patients’ self-esteem when they are tagged as mentally ill. The current study also confirms the view that perceived stigma can result in negative effects of the stigma in terms of lowering self-esteem and personal growth. In addition, findings also lend to this theory by speculating that stigmatization impart a significant role in lessening personal growth and self-esteem of patients with psychological illness than patients of physical illness.

This study had some potential limitations. Because study has tested only depressive patients and diabetic patients, the findings can be generalized only to similar population. Furthermore, since the sample tested in the study is small, findings are not representable to the whole population of this kind. It is also expected that some confounding variables remaining unmeasured may account for the connection of stigma with self-esteem and personal growth. The study did not look into the variables of gender, age, and education that may have greater influences on perceived stigma and its impact on self-esteem. Therefore, study invites the future researchers to replicate the study with said variables and with large number of sample.

VII. Conclusion

Notwithstanding the limitations of this study, the findings of this study add to our apprehension about the role played by stigmatization perceived by patients with psychiatric impairments, in various ways. Firstly, results suggest that psychological impaired people perceive high stigma as compared to physically impaired people. Secondly, in contrast to the view that stigma does not affect quality of life, findings imply that stigma sharply shapes the self-esteem and personal growth of mentally ill. On the basis of the findings obtained in the study it is concluded that self-esteem and personal growth is more affected by stigmatization among mentally ill patients than physically ill patients. Therefore a need is felt to cope with the stigma linked with mental and physical illness to launch the awareness program for public education.

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