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Stigma in people with psychiatric problems: A grounded theory study

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Abstract

Introduction: People suffering from psychiatric illness experience stigma as an unpleasant social construct. Stigma has many damaging effects on the individuals, work, home-managing and social communications in these people. The main objective of this grounded theory study was to develop the perspectives of sufferers, their families, and healthcare team members about stigma in people with psychiatric problems.

Materials & Methods: Data analysis in the grounded theory method was conducted. Sixteen participants were selected based on purposeful sampling and then subjected to semi-structured interviews until reaching data saturation.

Results: Four categories emerged: stigma initiating factors, instigation of stigmatization (facilitators), mental challenges and emotional reactions of the individual when facing with stigma, avoidance strategy against stigmatization. "Social identity" was the fifth and the core category.

Conclusion: The stigma is a multifactor long-term psychiatric problem, as serious threat for social identity of the psychiatric problems individuals. Therefore, control of social identity is considered as a mental-social process in these people when dealing with the stigma.

Keywords: Stigma, Psychiatric problems, Qualitative research, Grounded theory.

Introduction

According to World Health Organization, about 400 million people in the world suffer from psychiatric, neurological or mental-social problems (1). Psychiatric problems share nearly 11% of all illnesses (2) and, through estimation of disability period in the people within their life, this number has increased to 15.4%, which slightly exceeds the share of cancer patients (3). In Iran the incidence of psychotherapeutic disorders in 41-55 age group, widows and divorced people, urban area residents, illiterate people, housewives, and unemployed people is higher than the others group(4).

Stigma is the most serious concern among the other psychiatric disorders On the one hand, they should deal with their problems, illness symptoms such as hallucination, delirium, stress and mood fluctuations, and on the other hand, to cope with negative attitude and society label to psychiatric people (5,6). There is no doubt that such stigma and prejudice has substantial negative social, political, economic and psychological effect on (2). Moreover, stigmatization causes these people reluctance to psychotherapeutic cares,

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therefore, primary treatment effort, rehabilitation and social integrity would be a lengthy process for them (7).

To recognize issues and problems in these people when dealing with stigma in their social-cultural context, several studies have been conducted in different countries (8-13). In a qualitative study Dinos et al. in the Unites States, 46 patients- who were different in terms of diagnosis, age and ethnicity- were subjected to oral interviews in order to examine their experiences and feelings. The results showed that stigma was a progressing concern almost in all participants and it was more probable that psychosis people and those addicted to the narcotic substances to be more susceptible to experience stigma and be more influenced by it (8). Sayre conducted a qualitative ground theory research on a psychiatric stigma. and through data analysis obtained 6 documented categories; problem, illness, crisis, punishment, spirituality and profanity. Their findings revealed that control of self-esteem was a mental-social process chosen by in-patients to adjust with mentally ill stigma (10).

In Iran, the researchers compared the effect of psychiatric problems in both families with patients suffering from schizophrenia and depression disorder without psychosis symptoms and reported the same results (11).

Utilization of qualitative researches is a big step toward providing the supplement data needed for interdisciplinary researches in psychiatric problems. These studies, with an emphasis on social contexts, contribute to understanding the human interactions (14). Stigma is a social dynamic phenomenon and social construct, which is never static. Accordingly, grounded theory method is an efficient study to understand stigma. Concluding, we conducted a grounded theory study to understand and to explore the perspectives of sufferers, their families, and healthcare team members about stigma phenomenon in people with psychiatric problems.

Material & Methods

The participants were selected through purposeful and theoretical sampling method from three referral public and private psychotherapy centers in Tehran. During the theoretical sampling process, based on the data collection trend, it was found that some additional interviews with key informants are needed to elucidate some concepts. For instance, the participants discussed about legal aspects of stigma and then the researcher asked from a law expert to elucidate the legal aspects of stigma in people with psychiatric problem. All had sufficient information about the psychiatric problems stigma and could clearly express their ideas and voluntarily participated in the study.

The study participants divided into two groups:

1.People with psychiatric problems who had the following characteristics:

a. Based on Diagnostic and Statistical Manual of Mental Disorders (DSM-5), they were recognized as people with psychiatric problems by two psychotherapists.

b. Those who had insights of their illness.

c. Those with rich experiences about the illness who were willing to talk and express their experiences.

2.The other key informants such as patients' family members, friends or classmates, and healthcare team members (psychotherapist,

psychologist, psychiatric-nurse, social worker, and law expert) who were familiar with the people with psychiatric problems experiences and were also willing to talk and express their experiences too.

Data collection was carried out through semi-structured interviews within 11 months. Each interview session took 60 to 90 minutes. In some occasions, e.g. when the participant felt tired, the interview was conducted in 2 or 3 sessions. The interviews based on the features of the qualitative study were thought in natural settings or by the participant's demand (15) in care centers, home, work office or park. Before each interview the participant was asked to sign informed consent sheet and to sign for their permission for recording his/her voice. Then, they were asked to fill in the questionnaire about their demographic information (age, gender, occupation, education, etc.).

Regarding ethical issues, based on the agreement with each participant, the location, date, and time of interviews were scheduled. The interviews started with open questions and with interpretative answers, and continued until data saturation (15). The interviews started with these questions and developed over time: What does it look like being a person with psychiatric problems? How much do you think the society values people with psychiatric problems psychiatric problems? And what did you think when you found about your illness for the first time?

The results of communications with the participants were analyzed soon after obtaining data. First, for better understanding of the meanings of the latent in the interviews, the contents already written on the paper were scrutinized and reviewed for several times. Then the collected data were separated into meaningful units or terms related to the main concept and were contracted and minimized as more as possible. As the study moved on, this process was turned into a more abstract state until emerging the main themes (16 & 17). Data analysis in the grounded theory method was conducted in the same time with data collection. According the Strauss & Corbin (1998) data extraction included three steps: open coding, axial coding and selective coding. In open coding step, followed by the first categorization and description the latent concepts were discovered and named in the manuscripts. During the axial coding, the data gradually have been more summarize. In this step, through constant comparison, each part of the data was compared with the remained data. Afterward, the inductive reducing codes were joined and combined with together for a main similar data categories. Finally, in the selective coding step, the core category - which associates the main categories, were referral and central and maximum number of data referred to it –was extracted from the categories (14).

In this research, to enhance trustworthiness and objectiveness of the data, the following methods were applied: prolong engagement, allocation of sufficient deal of time, appropriate communication, employing integration in the study (time incorporation), peer check, member check to review of manuscripts and approval by the participants (15, 16).

Ethical considerations

Were carried out through delivering the participants' informed consent, keeping their secrets and confidentiality of the information,

their right to leave the study at any stage of the research, getting introduction letter, and passing the required legal steps. This work was examined and approved in the Research Committee of Rehabilitation Faculty of Iran Medical Science University (Tehran, Iran).

Results

The participants' demographic data is presented in table (1). Through data analysis of the participant's opinion on stigma phenomenon, five categories as well as their subcategories emerged. These are presented in table (2).

The table 2 shows the participants' point of view on the following categories and subcategories: the participants mentioned the following categories and subcategories:

1.Stigma initiating factors

Stigma initiating factors (creation and development) included: the subcategories of "society's lack of sufficient knowledge about the illness and psychiatric problems", "incomplete treatment process", "legal shortcomings", and "the TV stigma".

The participants believed that "lack of sufficient knowledge of the society about psychiatric problems" has a key role in stigma creation in people with psychiatric problems. This lack of sufficient knowledge is divided into two subcategories: "society's unawareness" and "discrimination of people with psychiatric problem". A 15 years participant with psychiatric problems background said: "Unfortunately, due to the society's unawareness, all psychiatric problems individuals are stigmatized. This will not have a good reflection; the name of an individual with psychiatric problems usually is synonym with drug addict or "crazy". My family thought whoever is visited by a psychotherapist is crazy. Going to psychotherapy clinic is something embarrassing". (Participant with psychiatric problem, No. 14). A law expert believed that: "Most people think that the problems of mental patients are related to their mind and thoughts and that the mind cannot be cured, the spirit cannot be treated …" (Lawyer, Participant No. 7). On contrary, another patient stated that: "As we go to a cardiologist when our heart has pain, similarly we should go to physiatrist when our spirit is tired" (Nurse, Participant No. 80).

The participants believed that the shortcomings in treatment and rehabilitation of people with psychiatric problems in turn provide a context for patients' stigmatization in the society. The shortcomings during the treatment process and lack of social support subsequent to leave the hospital exasperate the illness symptoms . They play a significant role in regeneration of a negative attitude in the society members leading a further disease relapse in patients. A nurse specialist said that: "... here is the wrong treatment, which caused negative effects when they do it, discharge with no familial supports, patients with no occupational therapy, nothing for a usual life after discharge but a great stigma and powerful tranquilizers, the community do not support them ¬ hence, they will come back to the hospital worse…." (Nurse, Participant No. 74).

Hence, in some participants' opinion, among the other issues, a legal breach in mental health field lead to stigmatization of mentally ill people. A law expert stated: "In 20 bills of Iran's current justice materials, the

equivalent term for people with psychiatric problems is "crazy and mad" (Lawyer, Participant No. 7). Putting mental people in a general category of sane/insane is among the legal shortcomings attributing to initiation of stigmatization. Some documents imply lack of appropriate attention of the legislators to the technical and medical meanings of people with psychiatric problems: "In legal view, we have this fault that they (judges) ask us even that if a person has madness or not, but they never ask us how serious and in what grade his/her madness is? Is it acute or minor"? (Psychologist, Participant No. 12). Another psychotherapist, emphasizing that applying the term "mad" does not have a good reflection in the society, stated that: "… We ourselves also have stigma, maybe originating from our cultural issue. This is the word "mad" that has a legal value. By "madness", you can "cast away" someone, make him/her deprived of legacy, and take the custody over his/her properties" (Psychologist, No. 12). Furthermore, lack of legal support toward patients with psychiatric problems is also exist, which can play a key role in patients' complete treatment. In this regard, a social worker pointing out the lack of a separate rule in mental health field: "Why we shouldn't have distinct mental health law in our country with its rich history. So, which law should we use treating with a mentally ill person?" (Psychiatric specialist, Participant No. 3).

As participants told mass media, particularly television, has had an important role in stigmatization through inappropriate display of the psychiatric problems people and poor attention to their problems. Improper showing of people with psychiatric problem, e.g. showing an untidy appearance and an ugly figure, aggravates the dominant way of thinking of the society about these peoples. One with psychiatric problems mentioned: "TV must show that a mental patient is a normal person, he just needs to take his/her medicine and then will have no difference with the healthy people. I think they can marry, work and have their own life". (Family member, Participant No 486). Based on the findings of this study, stigmatization was strongly influenced by socio cultural variables from patients, their family and the people they deal with

Stigma facilitators

Following a start point of the stigma in the first category, the second category was instigation of stigmatization (facilitators), which included the following subcategories: "stigmatization through being visited by a psychotherapist", "stigmatization through of a psychotherapist identification", "stigmatization by taking psychotherapy medicines" and "stigmatization by hospitalization". Here the participants believed that being checked and diagnosed by a psychotherapist and diagnosis of the illness by him/her, taking medical drugs, and being hospitalized are facilitator stigmatization. A psychiatric nurse believed: "… since then, they (people with psychiatric problems) start their treatment they might be hospitalized or take drugs and stigmatization starts from that very moment …" (Nurse, Participant No. 74). When the patient is hospitalized in mental patients hospital – which even its name induces stigmatization – or is visited by a psychotherapist and his/her illness is revealed for his family and friends, stigmatization is accepted and increased.

2.Emotional stress in facing the stigma

Mental challenges and emotional reactions of the individuals when facing with stigma is another category that includes three subcategories: "fear, blame and attribution". According to the many participants, people with psychiatric problems when feeling that they are about to be stigmatized experience some mental challenging and emotional reactions such as fear of revealing their illness and change in the society's attitude toward them. For instance, one of the participants mentioned: "I fear that people change their attitude toward me when I say I'm ill or towards those with psychiatric problems … or they know that I was admitted in mental hospitals" (Participant with psychiatric problem, No. 2) Sometimes, the patients blame themselves for having psychiatric problems and are in so-called "bargaining" phase. They frequently ask themselves why they should have the illness among so many people in the society; this has a very significant role in the patients' acceptance of their illness. In this regard, one participant stated:

"At the beginning, I used to say myself why among all the people, should I be patient? I used to swear my bad chance. … but it was my fate …" (Participant with psychiatric problem, No.11). One tactic took by the people with psychiatric problems with the social consequences of their illness was attribution of the illness to external and uncontrollable factors to reduce the effect of stigmatization. Based on the participants' quotations some of these factors included: having the illness due to bad behaviors of the people nearby and the society or genetic factors, unemployment, unsuccessful love affair, fate, society's pressures, and arguments with wife/husband, brother, and or colleagues.

3.Avoiding the stigma

Avoidance approach against stigmatization (avoidance reaction) is the last category extracted from stigmatization phenomenon in people with psychiatric problems. Avoidance approach includes three subcategories: "hiding the illness", "hiding hospitalization" and "hiding taking psychotherapeutic drugs". One of the participants explained his hiding the illness as: "It is better for us to not let the others know about our illness. When they know that we have psychiatric problems our former friendliness and closeness will get weak. (Participant with psychiatric problem, No. 6). The participants mentioned the reason for their hiding the illness as their fear of changing the others' attitude toward them, fear of cutting the relationships, ending the corporations and change of behavior. Taking psychotherapeutic drugs was as stigmatization for participants thus they avoided such a situation in the society or even in the family and try to hide it. A participant family member with psychiatric problems stated: "I used to put the drug in the refrigerator so no one knows what that is … and she (the people with psychiatric problem) used to take them secretly …" (A family member, Participant No. 8). Hiding the hospitalization from others was also mentioned among the items done by patients to avoid stigmatization. The main reasons for this situation included not paying due attention to the ill person, shame for the family, and humiliation and embarrassment or even fear of finding a job. In the opinion of many participants, starting psychotherapy process was itself considered as stigmatization

and to avoid this, the patients and their families refused to be checked by a psychotherapist or a psychologist.

4.The core category: social identity

"Social identity", as the central category, is due to society's attitude, discrimination, and stereotype about people with psychiatric problems. This category includes the subcategories of "stigma induced by the society's attitude" and "Cliché thoughts about mental patients". The participants believed that stigma is caused by the society members' attitude toward people with psychiatric problems and, indeed, is considered as a social phenomenon. A social worker pointed out: "Stigma is not an illness, rather, this is our perspective toward the patient that creates the stigma. This is my and others' way of thinking that creates stigma, which causes both the patient and his/her family suffer from it". (Social worker, Participant No. 3). "Improper attitudes" and "application of the term mad" were among the subcategories of this category. The majority of participants remarked the presence of "bad mentality" and "negative attitude" toward the people with psychiatric problems. Inappropriate attitudes can be observed in both ordinary and educated people and even in medical team members. In this regard, a psychotherapist remarked: "… even GPs (general physicians) and medical authorities give the stigma and have this stigmatized attitude toward psychotherapeutic patients". (Psychologist Participant No. 12). Utilization of the terms such as "mad" and "crazy" for addressing those with psychiatric problems by the ordinary people and even in some textbooks and references has a key role in changing other society members' mind toward people with psychiatric problems. This kind of addressing may stem from the legal nature of the term, where after "insanity" diagnosis, problems such as "casting away", legacy deprivation, and taking the custody will emerge.

Most participants in this study believed that dominance of some stereotype about people with psychiatric problems in the society causes incidence of some emotional and behavioral reactions of other people in communication and interaction with those with psychiatric problems; as the patients can be rejected even by their most intimate family members and as a result they may feel more incompetence. In this regard, one of the patients declared "A mental patient is even worse than a leper. We shake hand with lepers, sit with them, eat with them, but mental patients are rejected even by their families". (Participant with psychiatric problem, No. 8). "My mother in law said that I never ever be allowed to touch oven or kindler in the kitchen since she thought that I would set her house in fire" (Participant with psychiatric problem, Participant No. 83). A psychotherapist believed that such stereotype is as an obstacle for mentally ill people hospitalization in general hospitals: "Once a mental patient who was hospitalized near to a depression portrait, got a heart attack and we tried to lead him to a general hospital or CCU room because we thought he will make a chaos in the unit, destroyed the equipment and resisted to accept him" (Psychologist, participant No. 12).

Based on the findings of this research, social identity emerged as a central parameter, which relates the emerged categories, and was latent in the participants' statements. It can be claimed that stigmatization initiates from the

presence of background factors. Then it develops by the facilitator factors such as not to find a good job, not to have familial/societal respect, imposed divorce, unlucky marital relationship. Nevertheless, the ill individual and his/her family have to cope with the mental and emotional challenges concerning stigmatization and experience more difficulties, as sometimes they employ avoidance approaches to evade from the stigma. The social instigator context of stigma, facilitator factors of stigma, and mental challenges for the stigma are all induced by social identity.

Table 1: The participants' demographic data

Demographic characteristics	Number
Gender	
Male	11
Female	5
Age	
22-37	7
38-53	8
54-69	1
Marriage status	
Single	7
Married	9
Education	
High school	4
Diploma	4
BSc	7
Higher education	1
Occupation	
Psychotherapist	1
Psychiatric nurse	2
Occupational therapist	1
Social worker	1
Lawyer	1
Student	2
Jobless (Patient)	8
Total	16

Table 2: The main and sub categories

Main categories	Sub categories
Stigma initiating (creation and development) factors	Society's lack of sufficient knowledge about the illness and psychiatric problems Incomplete treatment process Legal shortcomings The TV stigma
Instigation of stigmatization (facilitators)	Stigmatization through being visited by a psychotherapist Stigmatization through of a diagnosis psychotherapist Stigmatization by taking psychotherapy medicines Stigmatization by hospitalization
Emotional stress through facing the stigma	Fear Blame Attribution
Avoidance approach against stigmatization (avoidance reactions)	Hiding the illness Hiding hospitalization Hiding taking psychotherapeutic drugs Avoidance approach against stigmatization (emotional reactions)
Social Identity (The core category)	Stigma induced by the society's attitude Cliché thoughts about mental patients

Discussion

This section is arranged in three parts: discussion about research findings, research limitations, and suggestion for further studies: the finding of this study showed, the participants believed that lack of general information about mental illnesses was among the effective factors in the stigma phenomenon. Parallel with our findings, Leff & Warner reported that insufficient knowledge, improper perspectives, low communication with people with psychiatric problems, and stigmatizing attitude toward the illness have led to the spread of stigma and mental illness (18). Moreover, Crisp et al suggested that stigmatization was not purely associated with mental illnesses and to recognize the biological causes for the psychological problems, can result in the reduction of stigmatization process in mentally ill patients (19).

Legal shortcomings also affect stigmatization in people with psychiatric problems. Abbasi et al believed that the rights of people with psychiatric problems are violated in several ways, and in many occasions, without any legal supporting system of surveillance, these people have been deprived of having any free life. This means that many of them, despite their decision making ability about their future and life, are compulsorily hospitalized in mental health centers and are deprived of the right of access to basic healthcare services (20) and

discriminated about having appropriate medical insurances and allocation of a budget for mental health (21).

Mass media are also important in elimination of stigma and this is even mentioned in the Western communities; as in England for removal of addiction stigma the media –as a stigma making agent- have made a contribution to solve the problem. Most of participants in this study considered "media" and specifically "TV" are effective among the factors in the emergence of stigma in people with psychiatric problems. Consistent with this study, some other researches also suggested that the negative presentation of people with psychiatric problems in media aggravates stigmatization process (22,23). Furthermore, the mass media such as TV, press, etc. play a key role in the society members' perspective on people with psychiatric problems and, in turn, in the emergence of social stigma (18,19). The media has a significant role in both stigmatization and creation and elimination of stigmatization. It means that they serve either as a forum for educating about people with psychiatric problems and enhancement of the society's knowledge or a source for offering wrong information and inducement of improper beliefs, which can exterminate the attitude of the society toward these patients.

Numerous participants pointed out that being visited by a psychotherapist was the first step of stigmatization initiation. Other studies also imply that people with psychiatric problems, due to their fear of stigma and its accompanying problems, avoiding treatments and seeing a psychotherapist since medical staff such as psychotherapists are usually known as an important source for stigmatization (24). This negative attitude is prevalent toward the people with psychiatric problems in Iran and fear of the people with psychiatric problems of being labeled can be followed by missing marriage opportunity or even divorce. Even people with the highest degrees of education avoid seeing a psychotherapist and counseling clinics since that they know they will be stigmatized even by their closest friends; so this can negatively affect their overall personal, social and economic life.

The findings of this study showed that most people with psychiatric problems do not have a high self-esteem and so are used to frequently blaming themselves. Once a patient's friends and family find about his illness his/her life changes, for instance, his wife leaves him, he is no longer reliable in his work place and the others attribute the slightest mistakes to his illness and even stigmatize his family, such that he gradually starts feeling of incompetence and humiliation and frequently blame himself for having the illness. Some other researchers report that people with psychiatric problems significantly suffer from low self-esteem and self-actualization (12, 13 ,25).

The findings of this study confirmed the effect of potentially stigmatizing terms such as "mad" and "crazy" in addressing people with psychiatric problems. In other researches, the vocal expressions have also been recognized as a source and sign of power in the stigmatization process. As in England, out of 270 words or expressions used by the students to describe patients with mental disorders and are used as contemptuous words (26).

Through the findings of this study, this is the patient "social identity" that is changed

and affected when facing with people stigma. "Social identity" of the people with psychiatric problems develops during their interactions in the society. In other words, the attitude of the society members, as well as the prejudices and stereotypes in the society play a significant role in initiation of such an identity. Indeed, a person with psychiatric problems face with many questions such as what perception of him/her exists in the society? Do the society members regard him/her as an active and important individual in personal and social interactions or consider him as a passive, aimless, dangerous and unpredictable? To develop social identity of the patient, s/he starts to find answers for these questions; indeed, the responses he receives from the society can conduct him/her toward his/her next behaviors and performances. Goffman also described stigmatization as a process that occurs in the field of individual's social identity (5).

Difficulty of sampling and extraction of the participants' perspective were among the limitations of this research. Achieving diverse samples (in terms of age, gender, social status, etc.) appropriate with criteria to enter the study was a difficult and time-consuming process as well.

Further studies can be designed and conducted on the effect of some socio-cultural structures on the stigmatization process in people with psychiatric problems. In addition, we suggest conducting performance researches as a combination of qualitative researches for better understanding of the stigmatizing conditions and then doing some efforts to eliminate stigmatization. It is also recommended to discover the life experiences of people with psychiatric problems as well as recognizing the stigma type in these individuals

Conclusion

The findings of this study can contribute to better understanding of the emotions, feelings, treatment manner and human interactions for people with psychiatric problems, specifically in dealing with their particular problems such as mental illness stigma. The effect of social contexts on creation of the stigma induced by mental illness and its exacerbation as well as illness aggravation, seriousness and recrudesce were elucidated through the findings of this research. Taking appropriate and effective approaches for teaching and informing the society members about mental illnesses is of the greatest importance and helps for further, more precise understanding of these illnesses and their treatment as well as care methods. Besides, due to the presence of improper attitudes toward people with psychiatric problems in the society, cultural modifications and adjustment of the general beliefs in the society toward them and mental illnesses seems an urgent issue. Moreover, definition of comprehensive laws in mental health field through cooperation with associated experts, regarding the technical and medical points of mental illnesses and appropriate application of these laws are among the most important approaches that can be taken to eliminate stigmatization. Therefore, changing such beliefs is grueling task, which demands time, determinate will and overall participation. Furthermore, the authorities of national media, particularly the TV, can improves the awareness of people and make an effort to produce a correct image of mentally ill patients. There is a need for continues

education programs for medical staffs as well as specific educations for the families, which will enable them to have a realistic and unbiased perspective to mentally ill people and contribute to their treatment and rehabilitation.

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