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Stigmatization, Recovery and Social Functioning of Psychiatric Patients

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Abstract
The treatment and perception of psychiatric patients have evolved significantly throughout history. In ancient civilizations, mental illness was often attributed to supernatural causes such as demonic possession, divine punishment, or spiritual imbalance. In Mesopotamian, Egyptian, and early Greek societies, individuals with mental illness were sometimes treated with religious rituals or exorcisms. Many individuals suffering from mental health conditions were imprisoned, exiled, or executed. Some were confined in asylums, where inhumane conditions were common. During the Enlightenment (18th century), the treatment of psychiatric patients began to change with the advancement of medical sciences through the construction of psychiatric hospitals, intended to offer specialized care for individuals with mental illnesses. Stigmatization of psychiatric patients that affect their social functioning manifest in form of Psychological, Social and Economic consequences. Therefore, the paper recommends that families and communities should be encouraged to support psychiatric patients by creating an inclusive and understanding environment that will enhance rehabilitation and reintegration of psychiatric patients.

Keywords: Stigmatization, psychiatric patients, recovery and social functioning

Introduction

According to the World Health Organization (WHO, 2021), 45 million suffer some sort of psychological disorders in the world. Prevalence of these disorders in general population is 25% in one' life. Psychiatric patients not only suffer from mental illness, but also from its stigma. From the sociological perspective, stigma consists of five elements (labeling, stereotyping, separation, status loss, and discrimination). According to social psychology models, stigma has three components of stereotypes (cognitive), prejudice (emotional), and discrimination (behavioral). Stereotypes are the knowledge structures learnt by most people within a society and are in fact representative of the general beliefs and consensus of people toward the characteristics of a certain group of that society (Goffman, 1963).

Mental health stigma often arises from misconceptions, fear, and societal stereotypes, resulting in discrimination and social exclusion (Corrigan & Watson, 2002). These stigmatizing attitudes are not limited to the general public but are also present in healthcare systems, further marginalizing individuals with psychiatric conditions (Thornicroft, Brohan, Rose, Sartorius & Leese, 2016). The recovery process for psychiatric patients extends beyond clinical improvements to include the restoration of their personal, social, and economic roles in society. Recovery is a multidimensional process encompassing psychological well-being, self-efficacy, and community reintegration (Anthony, 1993). However, stigma poses a barrier to this holistic recovery, as it impedes access to mental health services, reduces adherence to treatment, and erodes patients' self-esteem (Link & Phelan, 2001). Mental health as a state of well-being in which individuals can realize their abilities, cope with normal life stresses, work productively, and contribute to their communities (World Health Organization, 2023).

Mental health disorders, ranging from mild conditions such as anxiety and depression to severe psychiatric conditions like schizophrenia and bipolar disorder, significantly impact individuals, families, and societies. These disorders are among the leading causes of disability worldwide, accounting for approximately 14% of the global burden of disease.

Relationship between stigmatization, recovery, and social functioning

In ancient civilizations, mental illness was often attributed to supernatural causes such as demonic possession, divine punishment, or spiritual imbalance. In Mesopotamian, Egyptian, and early Greek societies, individuals with mental illness were sometimes treated with religious rituals or exorcisms. In many African societies, mental illness is often misunderstood and linked to supernatural causes such as witchcraft, curses, or possession by evil spirits (Kisa, Baingana, Kajungu, 2016). These beliefs foster fear and discrimination against psychiatric patients, leading to their ostracism. Such stigmatization is particularly pronounced in rural areas where traditional beliefs are deep-rooted. The interconnected dynamics between

stigmatization, recovery, and social functioning highlights a cyclical relationship. Stigmatization impairs social functioning, which, in turn, diminishes opportunities for recovery. Conversely, improved recovery outcomes can challenge stigma by demonstrating the capacity for individuals with psychiatric disorders to lead fulfilling lives. The relationship between stigmatization, recovery, and social functioning in psychiatric patients is complex and multidimensional, reflecting the intricate interplay between societal perceptions, individual resilience, and structural factors that influence recovery trajectories.

Stigmatization, both social and internalized, remains a significant barrier to the recovery of psychiatric patients. Social stigma, characterized by negative stereotypes and discriminatory attitudes, often leads to exclusion from meaningful societal roles, which are vital for recovery. Link and Phelan (2001) define stigma as a process involving labeling, stereotyping, and status loss that co-occurs with unequal power dynamics, disproportionately affecting marginalized groups, including individuals with mental health disorders. Internalized stigma, on the other hand, occurs when individuals accept societal prejudices, leading to reduced self-esteem and hope, key components of recovery (Yanos, Roe, & Lysaker, 2008).

Recovery in psychiatric contexts is increasingly conceptualized not solely as symptom remission but as regaining meaningful life roles, independence, and well-being (Anthony, 1993). This recovery paradigm underscores the importance of social functioning the ability to engage in social, occupational, and interpersonal activities as a critical marker of recovery success. Impaired social functioning can perpetuate feelings of isolation and hinder reintegration into society, further stalling recovery efforts (Eklund, Hansson & Bejerholm, 2017). Stigmatization exercises a profound effect on social functioning by reducing opportunities for meaningful interaction and engagement. Patients facing stigma may encounter difficulties in securing employment, maintaining relationships, and participating in community activities (Thornicroft, Brohan, Rose, Sartorius, & Leese, 2016). This exclusion aggravates feelings of marginalization and creates a feedback loop where impaired social functioning reinforces societal stereotypes about psychiatric disabilities.

Impacts of stigmatization on Psychiatric Patients

1. Psychological impacts of stigmatization on Psychiatric Patients

Psychological impacts of stigmatization on Psychiatric Patients occurs where mental health conditions are often misunderstood, leading to negative stereotypes, prejudice, and social distancing. The psychological stigma intensifies psychiatric symptoms, hinder recovery, and discourage individuals from seeking or adhering to treatment (Thornicroft, Brohan, Rose, Sartorius & Leese, 2009). The psychological effects of stigmatization on psychiatric patients are profound. The stigma contributes to increased feelings of shame, social withdrawal,

anxiety, depression, and even suicidal ideation (Livingston & Boyd, 2010). For instance, research by Rüsch, Angermeyer & Corrigan (2005) found that individuals with severe mental illnesses who experience high levels of stigma often develop maladaptive coping mechanisms, such as avoidance and social isolation. Stigma negatively affects treatment outcomes, as patients who anticipate discrimination may avoid mental health services, leading to poor adherence to medication and increased risk of relapse (Clement, Schauman, Graham, Maggioni, Evans-Lacko, Bezborodovs & Thornicroft, 2015). The psychological effects of stigma lead to social isolation, anxiety, depression, and reduced self-worth, making it difficult for individuals to engage in social and occupational activities. In severe cases, it can contribute to self-stigmatization, low cognitive functioning and emotional instability. where individuals internalize negative societal perceptions, leading to feelings of shame and hopelessness serving as a bane to recovery and health seeking behaviour of patients. These psychological consequences require targeted interventions, such as counseling, public awareness campaigns, and supportive policies, to promote inclusivity and reduce discrimination against the psychiatric patients.

2. Social consequences of stigmatization on Psychiatric Patients.

Stigmatization of psychiatric patients is rooted in historical misconceptions and societal fears associated with mental illnesses. Social stigmatization of psychiatric patients manifests in forms of social exclusion, discrimination in employment and healthcare, and internalized self-stigma, which collectively hinder the reintegration of psychiatric patients into society (Corrigan, Druss, ., & Perlick, 2016). One of the major social consequences of stigmatization is social isolation. Many psychiatric patients experience rejection from family, friends, and the broader community due to fear and misunderstanding (Livingston & Boyd, 2010). This isolation often exacerbates their condition, making recovery and social reintegration more difficult. This vicious cycle not only deteriorates their mental health but also increases the risk of relapse and chronic disability.

3. Economic impacts of stigmatization on Psychiatric Patients

Stigmatization of psychiatric patients has profound economic impacts that extend well beyond the individual. From reduced employment opportunities and income to increased healthcare costs and social exclusion, the economic consequences of stigma affect not just those with mental health conditions but society as a whole. Stigmatization often leads to discrimination in the workplace, where individuals with psychiatric disorders face higher levels of unemployment and underemployment compared to the general population (Crisp, Gelder, Rix & Melville, 2005). A study by Thornicroft (2006) found that individuals with mental health disorders are less likely to be hired, promoted, or retained in employment, largely due to societal prejudice and misconceptions about their ability to perform in a work environment. Discrimination often deters individuals from seeking necessary mental health care, fearing

judgment and rejection. This delay in seeking care can exacerbate their condition, leading to the need for more intensive and expensive treatments later (Link & Phelan, 2006). The stigma associated with mental health issues often prevents individuals from accessing early intervention services, which could prevent the development of more severe conditions, ultimately driving up national healthcare expenditure. One of the most substantial economic impacts of stigmatization is its effect on employment opportunities and income generation for psychiatric patients. Studies have shown that individuals with mental health conditions are often discriminated against in the workplace, with higher rates of unemployment compared to the general population. A study by Wang**,** Aguilar-Gaxiola, Alonso, Angermeyer, Borges & Bromet, **(**2018**)** found that people with severe mental disorders are twice as likely to be unemployed as those without psychiatric disorders.

Economic costs of social exclusion of psychiatric patients extend beyond the individual to the family, social workers, social organization etc. The European Union (EU, 2020) estimated that mental health disorders cost European economies approximately €600 billion annually due to lost productivity, reduced participation in the labor market, and increased dependency on social welfare systems. According to **t**he National Alliance on Mental Illness (NAMI, 2019)**,** families of individuals with mental illnesses often experience higher levels of economic stress, emotional distress, and economic hardship, which can result in lower household incomes and poorer financial stability. Discrimination against the psychiatric patients create vicious cycle of lack of economic opportunities for psychiatric patients and the family.

4. Social Functioning of Psychiatric Patients

Social functioning is a key component of overall well-being in psychiatric patients especially in psychosocial analysis. The social functioning of psychiatric patients in Africa is influenced by cultural, economic, and systemic factors. For instance, in Zimbabwe, the concept of "kufungisisa," translating to "thinking too much," is recognized as a fundamental aspect of mental illness, with 80% of individuals with common mental disorders experiencing it, thereby affecting the individual social functioning. In South Africa, cultural syndromes such as "amafufunyana" and "ukuthwasa" are associated with symptoms resembling psychosis or schizophrenia. These terms are deeply embedded in local beliefs and highlight the need for integrating traditional understanding with psychiatric care the promote social functioning *(*Stevenson, Akena, Stroud, 2019*).*

Among the psychiatric patients, social functioning is impaired due to the mental disorders. psychiatric patients experience deficits in both affective and behavioral aspects of social functioning. These impairments can manifest as difficulties in establishing, maintaining, and nurturing relationships, and fulfilling family responsibilities as the first social unit. According to a study by *Lee, Ripke , Neale, (2013)* a substantial proportion of psychiatric patients live

independently, many experience social isolation and unemployment. For instance, 78% of patients lived independently, 47% were socially isolated, and 94% were unemployed. The study recommends Psychosocial rehabilitation models, like the Clubhouse model, provide structured environments where individuals can engage in meaningful activities, build social skills, and receive livelihood support from peers or medical social workers.

Conclusion and Recommendations

The issue of psychiatric patients is deeply rooted in cultural beliefs, stereotype, discrimination misinformation, and inadequate mental health awareness, stigma leads to discrimination, social exclusion, and poor treatment-seeking behaviors. Stigmatization remains a serious impediment to the healing and social functioning of mental patients in Africa. Negative societal attitudes and discrimination towards mental health patients often result in social exclusion, low self-esteem, and reluctance to seek or adhere to treatment. Recovery from psychiatric disorders is a multifaceted process that involves medical intervention, social support, empowerment, and reintegration into society. Effective recovery enhances the social functioning of psychiatric patients, allowing them to engage in meaningful relationships, employment, and community activities. Psychiatric patients often face challenges such as rejection by families, homelessness, and problem of social functioning in the society. Hence, it is recommended that mental health services should integrate psychosocial support programs, such as peer support groups and counseling, to facilitate the recovery and social reintegration of psychiatric patients. Secondly, the paper recommends thus; governments, non-governmental organizations (NGOs), and mental health institutions should intensify awareness campaigns to educate the public on mental health issues, dispelling myths and misconceptions that promote stigma. Also, families and communities should be encouraged to support psychiatric patients by creating an inclusive and understanding environment that will enhance rehabilitation and reintegration of psychiatric patients.

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