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Research Paper

Internalized stigma, Self-esteem, and Depression among Patients with Alcohol Substance Use Disorder

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ABSTRACT

The aim of the study was to find the Internalized stigma, Self-esteem, and Depression among patients with alcohol substance use disorder. The study used a purposive sampling method and had a correlational research design, in which the sample population are all males from rehabilitation centres. The results showed that there is a relationship between Internalized stigma, Self-esteem, and Depression among patients with Alcohol substance use disorder. Internalized stigma and Self-esteem had a negative correlation between them; Self-esteem and Depression had a negative correlation between them and there was a positive correlation found between Depression and internalized stigma. In conclusion, it is important to address these factors as it heavily affects the number of people who seek help and receive proper treatment. A reduction in stigma can cause many positive changes in the society and for the individuals suffering from them, as well as their family and friends.

Keywords: *Internalized stigma, Self-esteem, Depression, Alcohol substance use disorder, Males, Rehabilitation, Patients*

Uncontrolled substance use despite negative consequences defines substance use disorder (SUD), a complex condition. Patients with SUD tend to be obsessive users of one or more substances, such as alcohol, tobacco, or illicit drugs, to the point where it interferes with their ability to carry out daily tasks. Addiction can lead to interpersonal, emotional, and psychological issues with close ones, co-workers, and the general public. An alcohol use disorder occurs when a person struggles to control their drinking despite negative consequences to their health and/or relationships (AUD). People suffering from a substance use disorder may exhibit distorted thinking and behaviour. People who experience intense cravings, personality changes, abnormal movements, and other behaviours do so as a result of changes in the structure and function of their brains. Changes in the brain regions responsible for judgement, decision-making, learning, memory, and behavioural control are revealed by brain imaging studies. Repeated substance use can alter how the brain functions. Many people have substance use disorder in addition to another psychiatric disorder. Substance use disorder frequently develops after another psychiatric disorder, or another psychiatric disorder may be triggered by or made worse by substance use. Alcoholism has profoundly negative effects on one's social behaviour, social

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interactions, and social environment (Klingemann, 2001), in addition to its detrimental effects on physical health.

People with certain backgrounds and personality traits may be predisposed to alcohol use disorder. People suffering from alcoholism frequently come from broken homes, and their relationships with their parents are frequently strained. They frequently experience feelings of isolation, loneliness, shyness, depression, or hostility. They may engage in self-destructive behaviour and be sexually immature. It is unclear whether such characteristics are the cause or the result of alcohol use disorder. India is a predominantly abstinent nation in terms of its population, despite the high percentage of heavy drinkers and what appears to be earlier alcohol initiation rates. Up to 57 million people in India, or 5% of the total population, may have alcohol use disorders. According to a recent national survey, a significant treatment gap exists: 2.6% of people with alcohol dependence sought treatment, and most of them were served by informal sectors (religious and spiritual organisations). The prevalence of alcohol use (0.1% to 35.6%) and dependence varied greatly between the states. (Sarkar, 2022)

The two types of stigmas—public and self—can be distinguished from one another. When the general public harbours prejudices against a group that is stigmatised, public stigma occurs. When a member of a stigmatised group internalises, the unfavourable assumptions made by the general public, self-stigma develops. Increased stigma could have negative effects on many aspects of people with mental illness' lives. It causes avoidant coping, which eventually leads to social avoidance (Lysaker et al., 2007; Ritsher and Phelan, 2004). It has a negative psychological impact. Stigma also has an impact on one's self-worth (Corrigan et al., 2006; Ritsher and Phelan, 2004), recovery from the illness, social relationships (Yanos et al., 2008), treatment adherence, and willingness to seek help. Stigma also results in persistent suffering, disability and financial loss, and challenges in finding housing and employment (Stuart, 2006).

Alcoholism is a mental illness that is particularly stigmatised. Although they are likely, cultural differences have not received much attention. Alcoholism has serious medical and social repercussions, which stigma is likely to make worse. One of the main reasons why people with mental illnesses do not receive adequate care and treatment is the stigma associated with mental illnesses. The stigma surrounding alcoholism is likely to exacerbate these effects by discouraging people from seeking professional or lay assistance out of fear that they will be labelled as alcoholics and suffer status loss and discrimination as a result. In people with severe mental illnesses, self-stigma hinders recovery, according to a recent comprehensive review of the literature. Possible outcomes include diminished hope, diminished self-esteem, increased psychiatric symptoms, difficulties forming social connections, decreased propensity to adhere to treatment, and increased difficulties at work. As a result, those in need of social support may experience social exclusion due to the stigma (Room, 2005).

Addressing the stigma of alcoholism appears to be a rewarding goal for improving the physical and social health of alcohol-dependent people. However, the stigma of alcoholism has received far less attention in psychiatric attitude research than the stigma of other, non-substance-related disorders. Feelings of shame, low self-esteem, and a sense of unworthiness can result from internalised stigma. It can result in a variety of mental health issues, such as social isolation, depression, and anxiety. Due to their fear of discrimination or judgement,

people may be discouraged from seeking treatment for their condition. Discrimination against oneself and other people with similar conditions can result from internalised stigma. For individuals with stigmatised conditions to experience improved mental health and overall wellbeing, barriers to seeking help must be removed, social inclusion and acceptance must be promoted, and treatment outcomes must be improved, all of which depend on addressing internalised stigma.

One common theme in the literature is the prevalence of internalized stigma among individuals with mental health disorders. Several studies have found that a significant proportion of individuals with mental health disorders experience some level of internalized stigma. Another common finding is the negative impact of internalized stigma on individuals' mental health outcomes. Internalized stigma has been linked to decreased self-esteem, increased symptom severity, and reduced treatment adherence. Additionally, the literature suggests that certain factors may contribute to the development of internalized stigma among individuals with mental health disorders. Overall, the literature suggests that internalized stigma is a significant issue among individuals with mental health disorders, and that it can have negative impacts on their mental health outcomes. Addressing internalized stigma may require a multifaceted approach that addresses societal attitudes and beliefs about mental illness, as well as individual-level factors such as shame and guilt. Numerous studies have been done about stigma. There are, however, surprisingly few studies that have included all three of these factors—internalized stigma, self-esteem, and depression. The LGBTQ+ community, people living with HIV/AIDS, and other groups have all been the subject of studies on these variables, but there have been relatively few recent studies specifically on patients with substance use disorders. We must go into detail about alcohol consumption because it is common and needs to be addressed as soon as possible to prevent mental health disorders or distress.

METHODOLOGY

Sample

The sample comprised of fifty-six individuals from rehabilitation centres, who were diagnosed with Alcohol Substance Use disorder. They were all males between the ages of 18 and 60. The demographic details that will be taken are Age, Marital status (Unmarried/ Married/Divorced), Occupation (Employed/Unemployed), Locality (Urban/Rural/Semi-Urban). The samples were taken from rehabilitation centres of Kerala and Telengana, and included patients from Southern as well as Nothern part of India who had come for treatment in these centres.

Instruments

Questionnaires were used for data collection. Standardized tests, namely, Internalized stigma of mental illness inventory by J. Ritsher will be used to assess Internalized stigma, Rosenberg Self-esteem Scale developed by Rosenberg. M to assess Self-esteem and Beck's Depression Inventory to assess the level of Depression.

1. Internalized Stigma of Mental Illness Inventory (ISMI-29)

It is a 29-item measure with five subscales: alienation, stereotype endorsement, perceived discrimination, social withdrawal, and stigma resistance. The person is asked how much s/he agrees or disagrees with each statement, on a 1-4 scale. Measurement of self-stigma among people with psychiatric disorders is done using the Internalised Stigma of Mental Illness (ISMI) Scale. The ISMI-29 is a 29-item self-report instrument where responses are given on

a Likert-type scale from 1 (strongly disagree) to 4 (strongly agree). Higher scores correspond to reported levels of internalised stigma against mental illness. The questions are best used with clinical populations because they presuppose that respondents self-identify as having a mental illness (e.g., "Because I have a mental illness, I need others to make most decisions for me").

2. Beck's Depression Inventory

The Beck Depression Inventory (BDI), a self-report rating inventory with 21 items, assesses the typical attitudes and depressive symptoms (Beck et al., 1961). It takes about 10 minutes to complete the BDI. In the year 1961, Dr. Aaron T. Beck developed it. There are at least four different, varyingly strong answers for each question. More severe depressive symptoms are indicated by higher overall scores.

3. Rosenberg Self-esteem scale

A 10-item scale that assesses both positive and unfavourable feelings about oneself in order to gauge overall self-worth. It is thought that the scale is one dimension. The responses to each question are given on a 4-point Likert scale, with the options being strongly agree to strongly disagree. Items 2, 5, 6, and 8 are scored in reverse. Give "Strongly Disagree" one point, "Disagree" two, "Agree" three, and "Strongly Agree" four. Total the results for all ten items. Maintain a continuous scale for scores. Higher scores correspond to greater self-esteem.

Objectives of the study

- To assess the relationship between Internalized Stigma, Self-esteem, and Depression among patients with Alcohol Substance use disorder.
- To determine the impact of Internalized stigma on self-esteem.
- To examine whether there is a difference between Internalized Stigma on Relapse and non- relapse patients

Hypotheses

- H_{01}: There is no significant relationship between Internalised stigma and Depression among patients with alcohol substance use disorder.
- H_{02}: There is no significant relationship between Internalized stigma and self-esteem among patients with alcohol substance use disorder.
- H_{03}: There is no relationship between self-esteem and depression among patients with alcohol substance use disorder.
- H_{04}: There is no significant impact of Stigma resistance on Self-esteem.
- H_{05}: There is no significant difference between Internalized stigma and non-relapse and relapse patients with alcohol substance use disorder.
- H_{06}: There is no significant difference between Self-esteem and non-relapse and relapse patients with alcohol substance use disorder.
- H_{07}: There is no significant difference between Depression and non-relapse and relapse patients with alcohol substance use disorder.

Procedure

Following an explanation of the study to the patients, the consent form was distributed for them to read carefully and comprehend. After the patients agreed to participate in the study, the questionnaires were then given to them. Age, location, previous treatments, and other

demographic information were taken into consideration as necessary for the study. All queries and ambiguities were clarified right away, and contact information was given so that they could follow up if they wanted to know the outcomes of their responses to any questionnaires.

RESULTS

Table 1: Means, Standard deviations and Correlations between Internalized stigma, Self-esteem, and Depression among patients with Alcohol substance use disorder

Variables	N	M	SD	ISMI	1	2	3	4	5	RSES	BDI
ISMI	56	69.7	14.3	1	.754**	.743**	.759**	.755**	.504**	-.589**	.316*
1. Alienation	56	15.7	3.76	.754**	1	.354**	.395**	.599**	.152	-.446**	.111
2. Stereotype endorsement	56	16.2	3.06	.743**	.354**	1	.564**	.446**	.270*	-.575**	.450**
3. Discrimination experience	56	12.9	3.07	.759**	.395**	.564**	1	.372**	.366**	-.535**	.382**
4. Social withdrawal	56	15.7	2.97	.755**	.599**	.446**	.372**	1	.203	-.268*	.163
5. Stigma resistance	56	10.5	2.36	.504**	.152	.270*	.366**	.203	1	-.224	-.008
RSES	56	28.3	4.42	-.589**	-.446**	-.575**	-.535**	-.268*	-.224	1	-.708**
BDI	56	16.3	11.3	.316*	.111	.450**	.382**	.163	-.008	-.708**	1

***Correlation significant at the 0.01 level (2 tailed)*
**Correlation significant at 0.05 level (2 tailed)*

Table 1 It is found that there was a significant relationship between the variables Internalized stigma, Self-esteem, and Depression. There is a negative correlation between Internalized stigma and Self-esteem and a negative correlation between Self-esteem and Depression. It is also found that there is a positive correlation between the variables Internalized stigma and Depression. There is a negative relationship between the subscales Alienation, Stereotype endorsement, Discrimination experience, and social withdrawal with Self-esteem scores. There is a positive relationship between Stereotype endorsement and Discrimination experience with Depression scores.

Table 2: Showing the impact of Internalized stigma subscales on Self-esteem

Variables	**Model 1**		
	B	β	SE
Constant	43.936		3.201
Alienation	-.379	-.323	.157
Stereotype endorsement	-.588	-.406	.192
Discrimination experience	-.356	-.247	.194
Social withdrawal	.300	.202	.204
Stigma resistance	-.030	-.016	.211
R^2	.459		
ΔR^2	.459		

From table 2 showing the regression between the subscales of Internalized stigma and Rosenberg Self-esteem scale, indicates a good correlation between the subscales of Internalized stigma and Rosenberg Self-esteem scale. The p value is found to be less than 0.05, which indicated that there is a significant impact of Internalized stigma on self-esteem. However, when we investigate stigma resistance, it is found that there is no significant impact of stigma resistance on Self-esteem.

Table 3: Showing the difference in mean and standard deviation of relapse and non-relapse patients and Internalized stigma of mental illness, RSES and Depression among patients with alcohol substance use disorder

Scale	Non relapse		Relapse		t	p	Cohens d
	M	SD	M	SD			
ISMI29	70.42	10.726	71.43	11.156	-.344	.732	0.092
RSES	28.12	4.274	28.47	4.607	-.294	.770	0.078
BDI	17.62	11.154	15.10	11.511	.827	.412	0.222

From table 3, it shows that there is no significant difference between Internalized stigma, Self-esteem, and Depression and Non-relapse and Relapse cases.

DISCUSSION

When there is an increase in internalized stigma among the patients, it increased the chances of depression or depressive symptoms among them. Internalized or self-stigma is characterised by a subjective sense of devaluation, marginalization, secrecy, shame, and withdrawal in people with mental illness. In the study "Internalized Stigma of Mental Illness (ISMI) Scale: A multinational review" conducted by Boyd. Et al., the results stated that in terms of substantive findings, it is evident that across a range of cultures and settings, higher levels of internalised stigma are linked to higher levels of depression and psychiatric symptom severity as well as lower levels of self-esteem and recovery orientation. Higher levels of internalised stigma are linked to lower morale (lower levels of self-esteem and/or higher levels of depression), according to studies across a range of populations and nations. Whether the original ISMI or another version was used, these results remained constant. Internalized stigma can have a significant impact on a person's mental health, particularly when it comes to depression. Internalized stigma occurs when a person with a stigmatized condition (such as depression) begins to believe the negative stereotypes and attitudes associated with their condition. This internalized stigma can lead to feelings of shame, guilt, and low self-esteem, which can all contribute to the development and worsening of depression symptoms. For example, a person with internalized stigma related to their depression may believe that they are weak or inferior for having the condition, which can lead to feelings of hopelessness and helplessness. Additionally, internalized stigma can prevent people from seeking help for their depression, as they may feel too ashamed or embarrassed to admit that they are struggling. This can lead to a cycle of worsening symptoms and increased stigma, making it even harder for people to reach out for support.

It was also found that there is a negative relationship between Internalized stigma and Self-esteem, which indicated that as Internalized stigma increased among the patients, there was a decrease in self-esteem. The study "Internalised stigma and quality of life among persons

with severe mental illness: The mediating roles of self-esteem and hope" by H. Lysaker et al. aimed to better understand the intricate relationships between self-stigma, hope, self-esteem, and QoL. The study's results supported a paradigm in which internalised stigma had a negative influence on SMI patients' self-worth, which in turn had a negative impact on hope and a bad impact on QoL. Another study, "The Internalised Stigma and Self-Esteem in Individuals with Alcohol and Risky Substance Use Disorder," found a positive correlation between self-esteem and the ISMI subscales of social withdrawal and stigma resistance. It was also found that individuals with alcohol and risky substance use disorders had moderate levels of self-esteem and internalised stigma. Negative societal attitudes and ideas regarding a stigmatised identity, such as mental illness, ethnicity, gender, sexual orientation, or disability, are referred to as internalised stigma. When someone internalises stigma, they could start to accept and believe these unfavourable ideas about themselves, which can have a severe impact on their self-esteem and mental health.

Internalized stigma can have a significant impact on a person's self-esteem. When a person internalizes negative beliefs about themselves, they may come to believe that they are less worthy or valuable than others, leading to feelings of shame, guilt, and low self-esteem. This can affect their ability to form and maintain relationships, perform at work, or school, and engage in activities they enjoy. To address internalized stigma and improve self-esteem, it is important to challenge negative beliefs about oneself and seek support from others who share similar experiences. Therapy and support groups can be helpful in addressing internalized stigma and improving self-esteem.

There was a negative correlation which was derived from the results between self-esteem and depression, which indicated that as self-esteem increased, there was a decrease in depression or depressive symptoms. Self-esteem and depression are closely related. Self-esteem refers to how a person feels about themselves and their worth as an individual. Depression, on the other hand, is a mental health condition characterized by persistent feelings of sadness, hopelessness, and a loss of interest in activities that were once enjoyable. The scar model can also be applied to understand the relationship between trauma, depression, and self-esteem. According to this model, traumatic experiences can leave psychological scars that affect an individual's self-esteem and may contribute to the development of depression. Low self-esteem can be one of the contributing factors to the development of depression. When a person has low self-esteem, they may feel inadequate or worthless, which can lead to negative thoughts and feelings. These negative thoughts can then trigger and exacerbate feelings of depression.

Improving self-esteem can be a helpful step in treating depression. Therapy and self-help techniques can be effective in improving self-esteem and reducing symptoms of depression.
From the table, it was also established that there is a significant relationship between some of the subscales of Internalized stigma of mental illness scale with Rosenberg Self-Esteem scale and Beck’s depression inventory. There was a negative relationship between Alienation, Stereotype endorsement, discrimination experience and social withdrawal with self-esteem.

Alienation refers to feeling isolated or disconnected from others, and it can lead to feelings of worthlessness or inadequacy. This sense of detachment can be a result of not feeling accepted or valued by others, which can in turn lead to low self-esteem. Stereotype endorsement refers to accepting and perpetuating negative stereotypes about a particular

group of people. This can be harmful because it can lead to discriminatory behaviours and attitudes, which can negatively impact an individual's sense of self-worth. Discrimination experience refers to experiencing prejudice or bias based on one's identity or characteristics. This can result in feelings of shame, anger, and helplessness, which can lead to lower self-esteem and social withdrawal. Social withdrawal can be a coping mechanism for dealing with these negative experiences, but it can also reinforce feelings of isolation and loneliness, further exacerbating low self-esteem.

There was a positive relationship between stereotype endorsement and discrimination experience with depression. When individuals endorse negative stereotypes about their own group, it can lead to feelings of internalized oppression and a sense of not belonging. This can result in increased levels of distress and negative mood, which may contribute to the development of depression. Experiences of discrimination can also contribute to the development of depression. Discrimination can be a source of chronic stress, which has been linked to the development of depression. Additionally, discrimination can lead to feelings of powerlessness and hopelessness, which are common features of depression.

Furthermore, research has shown that individuals who belong to marginalized groups are more likely to experience discrimination and endorse negative stereotypes. This may partially explain why these groups have higher rates of depression compared to the general population.

CONCLUSION

Addressing internalized stigma, low self-esteem, and depression are all important components of treating alcohol substance use disorder. Overall, the relationship between internalized stigma, self-esteem, and depression among individuals with AUD is complex and multifaceted. Addressing these factors through targeted interventions, such as cognitive-behavioural therapy, can improve treatment outcomes and help individuals with AUD achieve long-term recovery; including therapy, medication, and support groups, which can help individuals overcome the negative thoughts and feelings that are associated with addiction.

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Conflict of Interest

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