

Perceived Self-Stigmatization of Patients Hospitalized at Psychiatry Department of Clinical Hospital Centre Rijeka

Licul, Roberto; Rončević-Gržeta, Ika

Source / Izvornik: **Socijalna psihijatrija, 2019, 47, 433 - 448**

Journal article, Published version

Rad u časopisu, Objavljena verzija rada (izdavačev PDF)

<https://doi.org/10.24869/spsih.2019.433>

Permanent link / Trajna poveznica: <https://um.nsk.hr/um:nbn:hr:184:648368>

Rights / Prava: [Attribution 4.0 International](#) / [Imenovanje 4.0 međunarodna](#)

Download date / Datum preuzimanja: **2025-01-11**



Repository / Repozitorij:

[Repository of the University of Rijeka, Faculty of Medicine - FMRI Repository](#)



Percipirana samostigmatizacija pacijenata hospitaliziranih u Klinici za psihijatriju KBC-a Rijeka

/ Perceived Self-Stigmatization of Patients Hospitalized at Psychiatry Department of Clinical Hospital Centre Rijeka

Roberto Licul¹, Ika Rončević-Gržeta²

¹Opća bolnica Pula, Služba za kirurške bolesti, Pula, Hrvatska, ²Klinički bolnički centar Rijeka, Klinika za psihijatriju, Rijeka, Hrvatska

/¹General Hospital Pula, Service for Surgery, Pula, Croatia, ²Rijeka University Hospital Centre, University Department of Psychiatry, Rijeka, Croatia

Cilj rada bio je ispitati samostigmatizirajuće stavove ispitanika iz skupine oboljelih od duševnih bolesti i utvrditi njihov stupanj samopoštovanja i samoefikasnosti u usporedbi s ispitanicima iz kontrolne skupine ispitanika iz opće populacije. U istraživanju je sudjelovalo 176 ispitanika podijeljenih u dvije skupine. Ispitivanu skupinu (74 ispitanika) činili su pacijenti hospitalizirani u Klinici za psihijatriju KBC-a Rijeka, a kontrolna skupina (102 ispitanika) izabrana je iz uzorka opće populacije. Svi ispitanici su popunili sljedeće upitnike: Rosenbergovu ljestvicu samopoštovanja i ljestvicu opće samoefikasnosti, dok su pacijenti popunili i Upitnik o procjeni samostigmatizacije, konstruiran samo za potrebe ovog istraživanja. Oboljeli od duševnih bolesti iskazali su statistički značajno nižu razinu samopoštovanja i samoefikasnosti u odnosu na opću populaciju. Dobiveni rezultati pokazali su statistički značajnu, negativnu korelaciju između stupnja samopoštovanja i samoefikasnosti u odnosu na percipiranu samostigmatizaciju. Znači, ispitanici s nižim rezultatima na samopoštovanju i samoefikasnosti imaju izraženije samostigmatizirajuće stavove. Takvi stavovi su refleksija društvenih stereotipa prema osobama s mentalnim bolestima te njihovog prihvaćanja i primjene od duševnih bolesnika, što su preduvjeti nastanka samostigme. Samostigmatizacija ima dalekosežne posljedice na kvalitetu života, životnu funkcionalnost te socijalne i društvene interakcije pogođenih pojedinaca.

The aim of this paper was to examine the self-stigmatizing attitudes of the examinees from the group of mentally ill patients and determine their level of self-esteem and self-efficacy while comparing their results with those of examinees from the control group from the general population. 176 participants were included in this research and divided into two groups. The first group (74 subjects) consisted of patients hospitalized at the Psychiatric Department of the Clinical Hospital Centre Rijeka and the second, control group (102 subjects) was selected from a sample of the general population. The respondents were given a questionnaire that consisted of the Rosenberg Self-Esteem Scale and the General Self-Efficacy Scale, while psychiatric patients were also given the questionnaire for assessing self-stigmatization which was designed for the purpose of this research. The first group (psychiatric patients) has statistically significantly lower levels of self-esteem and self-efficacy than the examinees from the general population. Our results show statistically significant negative correlation between the degree of self-esteem and self-efficacy in relation to perceived self-stigmatization. Those participants with lower levels of self-esteem and self-efficacy have more self-stigmatizing attitudes. These attitudes reflect the stereotypes about people with mental illness present in society and subsequently the acceptance and application of those stereotypes by the psychiatric patients, which are the preconditions for self-stigma. Self-stigmatization has far-reaching consequences on the quality of life, life functionality, and the social interaction of affected individuals.

ADRESA ZA DOPISIVANJE /**CORRESPONDENCE:**

Roberto Licul, mag. med. techn.

Opća bolnica Pula

Služba za kirurške bolesti

Aldo Negri 6

52 100 Pula, Hrvatska

E-pošta: roberto.licul@obpula.hr

KLJUČNE RIJEČI / KEY WORDS:Oboljeli od duševnih bolesti / *Mentally Ill Patients*Samoefikasnost / *Self-efficacy*Samopoštovanje / *Self-esteem*Samostigmatizacija / *Self-stigmatization*Stigma / *Stigma***TO LINK TO THIS ARTICLE:** <https://doi.org/10.24869/spsih.2019.433>**UVOD**

Prema Rječniku hrvatskoga jezika, pojam *stigma* (grč. στίγμα) označava neko nepoželjno obilježje ili žig, odnosno u prenesenom značenju to je „trajna sramota koja prati čovjeka u životu“ (1), ili „znak sramote i beščašća“ (2). Termin *stigma* ima nekoliko različitih značenja, a sva su označena negativnim predznakom, odnosno označava nekog tko se izdvaja od ostalih, nekog tko izlazi iz okvira „normalnog“. Važno je razumjeti povijesni kontekst ovog pojma kako bi se što bolje razumjelo njegovo današnje značenje. Stigma je danas povezana s predrasudama, a u kontekstu kakvom je danas poznajemo, prvi put je spominje francuski sociolog Émile Durkheim (3), dok prvu definiciju nudi kanadsko-američki sociolog Erving Goffman (4).

Suvremeni koncept stigmatizacijskog modela ponudili su 2001. godine američki sociolozi Bruce G. Link i Jo C. Phelan koji smatraju da je za pojavu stigme potrebno 6 osnovnih komponenti: etiketiranje (*labelling*), stereotipiziranje, separacija, gubitak (društvenog) statusa, diskriminacija i zavisnost stigme o moći (5). Iako stigma ostavlja značajne posljedice na stigmatiziranog pojedinca, protiv stigme postoje načini suzbijanja i smanjenja njezinog utjecaja, a to se odvija na nekoliko razina (6): intrapersonalnoj, interpersonalnoj, instituci-

INTRODUCTION

According to the Dictionary of the Croatian Language, the term *stigma* (Greek στίγμα) denotes an undesirable attribute or mark or, figuratively speaking, it is “a permanent disgrace accompanying a person in his/her entire life” (1) or “a mark of disgrace and dishonour” (2). The term *stigma* has several different meanings, all of which are associated with negative connotations, i.e. it indicates someone that stands out from the rest, someone falling outside the scope of the “normal”. It is important to understand the historical context of this term in order to better comprehend its contemporary meaning. Nowadays, stigma is closely related to prejudices, and in the context in which we understand it today it was first mentioned by the French sociologist Émile Durkheim (3), while its first definition was provided by the Canadian American sociologist Erving Goffman (4).

The first contemporary concept of the stigmatization model was provided by American sociologists Bruce G. Link and Jo C. Phelan, who believe that six basic components are required for stigma to emerge: labelling, construction of stereotypes, separation, deprivation of (social) status, discrimination, and dependence of stigma on power (5). Although stigma results in considerable consequences for the stigmatized person, there are ways to suppress it and re-

onalnoj/organizacijskoj, društvenoj te političkoj/strukturalnoj.

(Samo)stigmatizacija duševnih bolesnika

Stigma duševnih bolesnika vjerojatno postoji oduvijek – u povijesnim tekstovima mogu se pronaći živopisni opisi različitih oblika abnormalnog ponašanja i neprilika s kojima su se suočavali mentalno oboljeli tijekom povijesti (7). Takve ljude oduvijek se obilježavalo i upozoravalo na njihove (negativne) osobine.

Stigmatizacija osoba koje boluju od duševnih bolesti definira se kao negativno obilježavanje, marginaliziranje i izbjegavanje osoba upravo zato što imaju psihičku bolest (8). Stigma osoba s duševnim problemima danas je vrlo raširena i duboko ukorijenjena u društvu. Osim što direktno utječe na njihov život, stigmatizirane osobe zbog toga neće potražiti odgovarajuću pomoć (9) ili će odustati tijekom liječenja (10). Tijekom života suočavaju se s dvostrukim problemom: s jedne strane moraju se nositi sa svojom bolešću i simptomima koje utječu na kvalitetu njihova života, partnerske odnose i svakodnevnom funkcioniranju (11). S druge strane postoji nerazumijevanje društva prema njihovim problemima, diskriminira ih se i postoje predrasudni stavovi. Društvena diskriminacija iskazuje se na četiri načina: nepružanje pomoći, izbjegavanje, prisilno liječenje i segregirane institucije (12). Velik broj oboljelih pati od posljedica stigme čak i više nego od posljedica psihičke bolesti. Kako bi izbjegli sram i izolaciju mnogi oboljeli prikrivaju bolest i mogu odustati od liječenja što ih stavlja u poziciju ugrožavanja svojega zdravlja i manjih šansi za oporavak (13).

Rüsch i suradnici (11) identificirali su tri skupine osobina na temelju kojih društvo percipira (i posljedično stigmatizira) duševne bolesnike: strah i isključenje (osobe s teškim psihičkim poremećajima su opasne i treba ih se bojati - is-

duce its impact on the stigmatized individual, which takes place on several levels (6): intra-personal, interpersonal, institutional/organizational, social, and political/structural.

435

(Self-)stigma of the people with mental illness

The stigma of people with mental illness has probably always existed - historical texts contain picturesque descriptions of various forms of abnormal behaviour and distress faced by the people with mental illness in history (7). Such people have always been labelled and admonished for their negative characteristics.

The stigmatization of people with mental illness is defined as negative labelling, marginalization, and avoidance of people precisely because such people suffer from mental illness (8). The stigma of people with mental health problems is nowadays quite widespread and profoundly entrenched in society. Apart from a direct influence on their lives, a stigmatized person would not seek adequate help (9) or they would give up during their treatment (10). In their lives, they are faced with a twofold problem: on the one hand, they have to cope with their illness and the symptoms influencing the quality of their lives, relationships, and everyday functioning (11). On the other hand, in society there is a lack of understanding for their problems, they are discriminated, and there are prejudicial attitudes. Social discrimination materializes in four forms: not providing help, avoidance, compelling treatment, and segregated institutions (12). A great number of affected people suffer from the consequences of stigmatization even more severely than from the consequences of mental illness. In order to avoid shame and isolation, many people conceal their illness and may abandon their treatment, thus potentially endangering their health and reducing the prospects for their recovery (13).

Rüsch et al. (11) identified three groups of characteristics on the basis of which society perceives

ključuju se iz društva i smještaju u institucije); sposobnost odlučivanja (duševni bolesnici su neodgovorni te nisu sposobni donositi odluke sami za sebe); te benevolentnost (duševni bolesnici se ponašaju kao djeca te drugi trebaju brinuti za njih). Također, na temelju dosadašnjih istraživanja (14-17), duševne bolesnike se stigmatizira u pet osnovnih atributa, odnosno etiketa: opasni, nesposobni, slabići, lijeni te neizlječivi.

Samostigmatizacija (naziva se još i autostigmatizacija, internalizirana stigma ili *self-stigma*) je proces tijekom kojeg osoba koja boluje od duševnih bolesti internalizira negativne stavove o mentalnim bolestima i poistovjećuje se s njima (18). Istraživanja pokazuju da samostigma ostavlja štetne posljedice na živote duševnih bolesnika (19) te smanjuje šanse za oporavak (16). Iako je smanjenje samopoštovanja i samoeфикаsnost jedna od češćih posljedica samostigme, ono se ne javlja kod svih – kod nekih može djelovati energizirajuće i osnaživački, dok drugi ostaju relativno ravnodušni (20,21).

Da bi se doživjela samostigma osoba prije svega mora biti svjesna postojećih stereotipa (primjerice, osobe s duševnim bolestima su same krive za svoje stanje) te se s takvim stavovima moraju slagati (22). Međutim, osim ova dva preduvjeta, bitna je primjena navedenih stereotipa prema sebi („*Bolujem od duševne bolesti te sam sam kriv za to*“) (21). Pojedini autori stoga ističu hijerarhijsku komponentu samostigme s obzirom da osoba koja boluje do neke duševne bolesti mora biti svjesna postojanja negativnih stavova prije nego se složi s njima i počne ih internalizirati (5,22).

Samostigma se temelji na tri osnovne, međusobno povezane, kategorije koje su ishodište za bilo koju vrstu stigme, a to su predrasude, stereotipi i diskriminacija. Međutim, razlika je u percepciji. Primjerice, kod socijalne stigme o duševnim bolesnicima, društvo ima negativna vjerovanja, odnosno stereotipe o njima (mišlje-

(and consequently stigmatizes) mentally ill people: fear and exclusion (people with severe psychological disorders are dangerous and should be feared - these are excluded from society and should be institutionalized); decision-making abilities (mentally ill people are irresponsible and not capable of making decisions for themselves); and benevolence (mentally ill people behave like children and others should care for them). Also, on the basis of previous studies (14-17), mentally ill people are stigmatized through the usage of five basic attributes or labels: dangerous, incapable, weak, lazy, and incurable.

Self-stigmatization (also called auto-stigmatization, internalized stigma, or *self-stigma*) is a process where a person suffering from a mental illness internalizes negative attitudes towards mental illnesses and identifies with them (18). Studies show that self-stigma has adverse effects on the life of mentally ill people (19) and reduces the chances for recovery (16). Although impairment of self-esteem and self-efficacy is one of the most common consequences of self-stigma, it does not always occur - for some people, it may have energizing and strengthening effects while others remain relatively indifferent (20,21).

First of all, in order to experience self-stigma, a person should be aware of existing stereotypes (for example, people with mental illnesses are to be blamed for their condition) and should agree with this view (22). However, along with these two prerequisites, it is essential that they apply such stereotypes to themselves (“*I suffer from a mental illness and I and only I am to be blamed for that*“) (21). Some authors therefore emphasize the hierarchical component of self-stigma considering that a person suffering from some mental illness must be aware of the existence of negative attitudes before they accept these and start to internalize them (5,22).

Self-stigma is founded on three basic interrelated categories, which are the origins for any type of stigma: prejudices, stereotypes, and discrimination. However, the difference lies in percep-

nje da su opasni, nesposobni i slično), dok sami duševni bolesnici imaju manjkavo vjerovanje u sebe. Društvene predrasude o duševnim bolesnicima temelje se na negativnim vjerovanjima iz čega proizlazi, primjerice, strah prema njima. S druge strane, ako se duševni bolesnici slažu s takvim stavovima, u njima to izaziva negativne emocionalne reakcije što dovodi do pada samopoštovanja i samoeфикаsnosti. U konačnici to dovodi do javne diskriminacije, odnosno kod stigmatizirane skupine izaziva podržavajući ponašajni odgovor.

Prema teorijskom modelu samostigme (21) za nastanak je potrebna grupna identifikacija i legitimitet. Da bi samostigma bila moguća, potrebna je svjesnost o stigmati (engl. *stigma awareness*) te slaganje sa stereotipima (engl. *stereotype agreement*) koje nastaje kada stigmatizirani pojedinac podržava uobičajene društvene stereotipe (primjerice, osobe s duševnim bolestima su slabići). Proces samostigmatizacije nastavlja se stereotipnim samopridruživanjem (engl. *stereotype self-concurrence*) kada pojedinac primjenjuje kulturološki internalizirana vjerovanja o sebi (primjerice, ja sam slabić jer bolujem od duševne bolesti). Sve to u konačnici dovodi do smanjenja razine samopoštovanja i samoeфикаsnosti zbog poistovjećivanja s negativnim vjerovanjima i stavovima.

CILJ RADA

Cilj ovog istraživanja je ispitati samostigmatizirajuće stavove ispitanika iz skupine oboljelih od duševnih bolesti i utvrditi njihov stupanj samopoštovanja i samoeфикаsnosti te usporediti njihove rezultate s ispitanicima iz kontrolne skupine ispitanika iz opće populacije. Specifični ciljevi su utvrditi utječe li niži stupanj samopoštovanja i samoeфикаsnosti na izraženije samostigmatizirajuće stavove te istražiti utjecaj sociodemografskih obilježja na samopoštovanje i samoeфикаsnost te percepciju samostigme.

For example, regarding the social stigma of mentally ill people, society holds negative beliefs, i.e. stereotypes about them (the belief that they are dangerous, incapable, and similar beliefs), while mentally ill people's faith in themselves is flawed. Social prejudices against mentally ill people are based on negative beliefs resulting, for example, in fear of them. On the other hand, if mentally ill people agree with such attitudes, this provokes negative emotional reactions in them, which leads to lowered self-esteem and self-efficacy. Eventually, this leads to public discrimination or causes sustaining or supporting behavioural response in a stigmatized group.

According to the theoretical model of self-stigma (21), group identification and legitimacy is required for the occurrence of self-stigma. To make self-stigma possible, stigma awareness and stereotype agreement are necessary, and they occur when a stigmatized individual supports common social stereotypes (for example, people with mental illnesses are weak). The process of stigmatization continues with stereotype self-concurrence when a person applies culturally internalized beliefs regarding them (for example, I am weak because I suffer from a mental illness). Eventually, all of this leads to low levels of self-esteem and self-efficacy due to identification with negative beliefs and attitudes.

RESEARCH AIM

The objective of this study is to explore the self-stigmatizing attitudes of examinees in a group of mentally ill people, determine the level of their self-esteem and self-efficacy, and compare their results with the results of examinees in a general population control group. The specific objectives are to establish whether lower levels of self-esteem and self-efficacy influence more prominent self-stigmatizing attitudes and to explore the influence of socio-demographic characteristics on self-esteem and self-efficacy and the perception of self-stigma.

METODE

U istraživanju je sudjelovalo 176 ispitanika (N=176) podijeljenih u dvije skupine: skupina oboljelih od duševnih bolesti (N=74) te kontrolna skupina ispitanika iz opće populacije (N=102). Prvu skupinu činili su pacijenti hospitalizirani na Klinici za psihijatriju Kliničkog bolničkog centra Rijeka. Oni su izabrani metodom prigodnog ili raspoloživog uzorka koji je zbog specifičnosti populacije koju se istražuje u tom trenutku bio najpogodniji. U istraživanje su bili uključeni punoljetni bolesnici, bez obzira na vrstu psihijatrijske dijagnoze zbog koje su hospitalizirani, a koji su u takvom psiho-fizičkom stanju da su sposobni dati adekvatne podatke. Isključeni su dementni, delirantni i akutno psihotični bolesnici kao i oni bolesnici koji su somatski kompromitirani tako da je njihovo stanje utjecalo na sposobnost davanja valjanih podataka. Drugu skupinu ispitanika činile su punoljetne osobe iz opće populacije koje su izabrane metodom uzorka lančane reakcije ili tzv. grude snijega.

Instrumenti korišteni u istraživanju su sljedeći upitnici:

- Upitnik o sociodemografskim obilježima ispitanika
- Rosenbergova ljestvica samopoštovanja (*Rosenberg self-esteem scale*) (23) koju čini deset tvrdnji od kojih je pet pozitivnih i pet negativnih, a veći rezultat upućuje na višu razinu samopoštovanja
- Upitnik o procjeni samostigmatizacije koji je konstruiran za potrebe ovog istraživanja. Čini ga 20 tvrdnji čiji se odgovori vrednuju prema Likertovoj ljestvici od 5 stupnjeva (od „u potpunosti se ne slažem“ do „u potpunosti se slažem“). Veći broj bodova označava veći stupanj slaganja sa samostigmatizirajućim tvrdnjama. Cronbach Alpha iznosi 0.9117, što ukazuje na visoku pouzdanost, te
- Ljestvica opće samoeфикаsnosti (*General Self-Efficacy Scale*) (24) koja mjeri opći i stabi-

METHODS

The study included 176 examinees (N=176) divided into two groups: a group of mentally ill people (N=74) and a control group of examinees from the general population (N=102). The first group consisted of patients hospitalized in the Psychiatry Clinic of the Rijeka Clinical Hospital Centre. They were selected by a convenient sample which, due to the specific property of the population being examined, was the most appropriate at the time. The study included adult patients, regardless of the type of their psychiatric diagnosis for hospitalization, if their psychological and physical conditions enabled them to provide adequate data. The study excluded demented, delirious, and acutely psychotic patients, as well as those somatically compromised, whose condition influenced their ability to provide valid data. The other group of examinees consisted of adult people from the general population selected by using chain referral sampling or so-called snowball sampling.

The instruments used in this research were the following questionnaires:

- a questionnaire on the sociodemographic characteristics of examinees;
- the Rosenberg self-esteem scale (23) consisting of ten-item statements, of which five were positive and five were negative, with higher results indicating a higher level of self-esteem;
- a questionnaire on self-stigmatization assessment constructed for the requirements of this study. It consists of 20 statements, with answers rated according to the Likert 5-item scale (from “agree completely” to “disagree completely”). A higher score means a higher degree of agreement with self-stigmatization statements. Cronbach's alpha is 0.9117, which indicates a high reliability; and
- the General Self-Efficacy Scale (24), which measures the general and stable feeling of

lan osjećaj osobne efikasnosti u suočavanju s različitim stresnim situacijama. Veći broj bodova ukazuje na viši stupanj samoefikasnosti.

Statistička obrada podataka provedena je uz pomoć statističkog programa Statistica 12.0 (StatSoft Inc., Tulsa, SAD), a podatci su prikazani u tablicama i grafički. Kako bi se utvrdila normalnost proveden je D'Agostino-Pearsonov test normalnosti koji pokazuje da rezultati Rosenbergove ljestvice samopoštovanja ($p=0,0010$) i Ljestvice opće samoefikasnosti ($p=0,0051$) ne zadovoljavaju pretpostavku normalnosti te na njihovu analizu primjenjujemo neparametrijske metode. Upitnik o procjeni samostigmatizacije zadovoljava pretpostavku normalnosti ($p=0,4325$) te se pri njegovoj analizi koristimo parametrijskim metodama. Kod uspoređivanja parametra centralne tendencije dviju skupina koristi se Mann-Whitneyev test u neparametrijskom slučaju, a t-test u parametrijskom slučaju. Kod korelacijske analize koristi se Pearsonova mjera korelacije.

REZULTATI

U istraživanju je sudjelovalo sveukupno 176 ispitanika, od toga 74 iz ispitivane skupine duševnih bolesnika (42,04 %) te 102 iz kontrolne skupine iz opće populacije (57,95 %). U obje skupine sudjelovalo je više ispitanika ženskog nego muškog (62,5 %) spola. Svi sociodemografski podatci navedeni su u tablici 1.

Prema analizi prosječnih odgovora ispitanika na postavljene tvrdnje iz upitnika o procjeni samostigmatizacije, najviše ih se slaže s tvrdnjama da izbjegavaju mjesta gdje se okuplja puno ljudi, da ne govori ljudima o svojoj bolesti, da ih je strah da ih osobe iz okoline manje poštuju zbog njihove bolesti, da okolina smatra da su duševni bolesnici sami krivi za svoju bolest te da su razočarani u sebe zbog svoje bolesti.

personal efficacy in confronting various stressful situations. A higher score indicates a higher level of self-efficacy.

Statistical processing was performed using the statistical package Statistica 12.0 (StatSoft Inc., Tulsa, USA), and data are presented in tables and charts. In order to establish the normality, the D'Agostino-Pearson test was performed and showed that the results of the Rosenberg self-esteem scale ($p=0.0010$) and general self-efficacy scale ($p=0.0051$) do not comply with the normality assumption and that non-parametric methods are applied to the respective analysis. The questionnaire on the evaluation of self-stigmatization complies with the normality assumption ($p=0.4325$) so that parametric methods are used for the respective analysis. The Mann-Whitney and the t-test were used to compare the central tendency parameter of the two groups for non-parametric and parametric cases respectively. The Pearson correlation measure was used for the correlation analysis.

RESULTS

The study included a total of 176 examinees, of which 74 were in the group of mental patients (42.04%) and 102 in the general population control group (57.95%). Both groups included more females than males (62.5%). All sociodemographic data are shown in Table 1.

According to the analysis of the examinees' mean answers to the statements made in the questionnaire about self-stigmatization evaluation, most of them agree with the statements that they avoid places where there are many people, that they do not talk with other people about their illness, that they fear being less respected by people from their environment due to their illness, that their environment believes that mentally ill people themselves are to be blamed for their illness, and that they are disappointed in themselves because of their illness.

TABLICA 1. Sociodemografski podatci ispitanika
TABLE 1. Sociodemographic data of examinees

	Duševni bolesnici / Mental patients		Opća populacija / General population		Ukupno / Total	
	N	%	N	%	N	%
Dob / Age						
18-29 godina / 18-29 years	3	4,05	27	26,47	30	17,04
30-45 godina / 30-45 years	24	32,43	33	32,35	57	32,38
46-59 godina / 46-59 years	35	47,29	33	32,35	68	38,63
60-75 godina / 60-75 years	10	13,51	8	7,84	18	10,22
više od 76 godina / older than 76 years	1	1,35	0	0	1	0,56
bez odgovora / answer N/A	1	1,35	1	0,98	2	1,13
Spol / Gender						
muški / male	25	33,78	33	32,35	58	32,95
ženski / female	46	62,16	64	62,74	110	62,50
bez odgovora / answer N/A	3	4,05	5	4,90	8	4,54
Obrazovanje / Education						
osnovna škola / primary school	6	8,10	3	2,94	9	5,11
srednja škola / secondary	56	75,67	51	50,0	107	60,79
viša škola / high school	2	2,70	17	16,66	19	10,79
fakultet / university	8	10,81	27	24,47	35	19,88
bez odgovora / answer N/A	2	2,70	4	3,92	6	3,40
Veličina naselja / Community size						
> 100.000 stanov. / > 100.000 inhabitants	22	29,72	7	6,86	29	16,47
30.000-100.000 stanov. / 30.000-100.000 inhabitants	4	5,40	54	52,94	58	32,95
5.000-30.000 stanov. / 5.000-30.000 inhabitants	14	18,91	15	14,70	29	16,47
< 5.000 stanov. / < 5.000 inhabitants	29	39,18	14	13,72	43	24,43
bez odgovora / answer N/A	5	6,75	12	11,76	17	9,65

Najmanje se slažu s tvrdnjama da bi duševne bolesnike trebalo izolirati od ostatka društva, da ih okolina smatra opasnim, da se ne osjećaju ugodno u društvu osoba koje nisu duševno bolesne, da osobe s duševnim bolestima ne bi trebale raditi te da smatraju da osobe s duševnim smetnjama manje doprinose društvu. U grafikonu 1. prikazani su prosječni odgovori (*mean*) ispitanika na tvrdnje iz upitnika o procjeni samostigmatizacije.

Statističkom analizom utvrđeno je kako ne postoji statistički značajna razlika između ispitanika muškog i ženskog spola po ispitivanim skupinama u razini samopouzdanja i samoefikasnosti.

Testovi korelacije pokazali su kako postoji statistički značajna ($P < 0,0001$) i jaka pozitivna korelacija (0,6462) između stupnja samopouzdanja i stupnja samoefikasnosti u skupini oboljelih od duševnih bolesti, dakle duševni bolesnici višeg stupnja samopouzdanja imat će viši

They agree the least with the statements that mental patients should be isolated from the rest of the society, that their environment considers them dangerous, that they do not feel comfortable in the company of people who are not mentally ill, that mentally ill people should not have jobs, and that mentally disturbed people contribute less to society. Table 1 presents the examinees' mean answers to the statements made in the questionnaire about the evaluation of self-stigmatization.

Statistical analysis established that there was no statistically significant difference between male and female examinees with regard to self-esteem and the level of self-efficacy.

The correlation tests showed that there is statistically significant ($P < 0,0001$) and strong positive correlation (0.6462) between the degree of self-esteem and the degree of self-efficacy in the group of mentally ill people, so mentally ill people showing a higher degree of self-esteem



GRAFIKON 1. Prosječni odgovori (*mean*) ispitanika na tvrdnje iz upitnika o procjeni samostigmatizacije
CHART 1. The examinees' mean answers to statements in the questionnaire about self-stigmatization evaluation

stupanj samoefikasnosti. U skupini ispitanika iz opće populacije također postoji statistički značajna ($p < 0,0001$) i jaka pozitivna korelacija (0,6606) između stupnja samopouzdanja i stupnja samoefikasnosti, dakle ispitanici višeg stupnja samopouzdanja imat će viši stupanj samoefikasnosti.

Usporedbom rezultata o stupnju samopoštovanja između skupine duševnih bolesnika i skupine iz opće populacije iznalazi se statistički jako značajna razlika ($p < 0,0001$). Statistički značajna razlika ($p < 0,0001$) dobiva se i usporedbom rezultata o stupnju samoefikasnosti između skupine duševnih bolesnika i skupine iz opće populacije. Rezultati Mann-Whitneyevog testa

have a higher degree of self-efficacy as well. In the general population group, there is also statistically significant ($p < 0.0001$) and strong positive correlation (0.6606) between the degree of self-esteem and the degree of self-efficacy, so examinees showing a higher degree of self-esteem have a higher degree of self-efficacy as well.

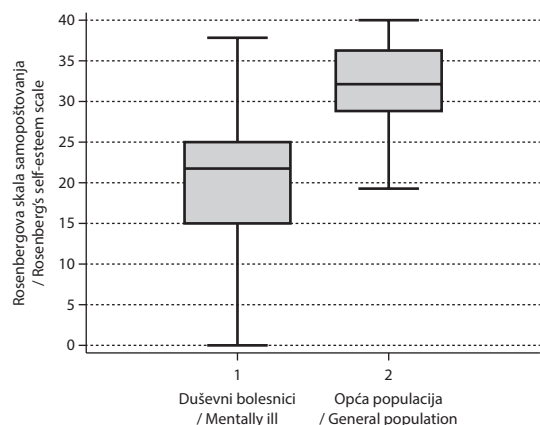
The comparison of results regarding the degree of self-esteem between the group of mentally ill people and the general population group showed a statistically very significant difference ($p < 0.0001$). A statistically significant difference ($p < 0.0001$) is seen in the comparison of results regarding the degree of self-efficacy in the group of mentally ill people and the gener-

prikazani su kutijastim dijagramom (*box and whisker plot*) u grafikonima 2. i 3.

Rezultati ispitivanja Pearsonovog koeficijenta korelacije pokazuju da postoji statistički značajna ($P < 0,0001$), negativna korelacija ($-0,6865$) između stupnja samopoštovanja i stupnja samostigmatizacije duševnih bolesnika, odnosno da oni ispitanici koji iskazuju viši stupanj samopoštovanja, imaju niže samostigmatizirajuće stavove. Također, rezultati pokazuju da postoji statistički značajna ($P < 0,0001$), negativna korelacija ($-0,4885$) između stupnja samoeфикаsnosti i stupnja samostigmatizacije duševnih bolesnika, odnosno da oni ispitanici koji imaju izraženije samostigmatizirajuće stavove, iskazuju niži stupanj samoeфикаsnosti. Dobiveni rezultati grafički su prikazani u grafikonima 4. i 5.

RASPRAVA

Utjecaj samopoštovanja i samoeфикаsnosti na samostigmatizaciju već je ranije istraživano u stručnoj literaturi te su rezultati ovog rada u skladu s dosad objavljenima. Održavanje odre-



GRAFIKON 2. Usporedba rezultata Rosenbergove ljestvice samopoštovanja između ispitanika iz skupine duševnih bolesnika ($n=73$) i skupine iz opće populacije ($n=102$) pokazuje niži stupanj samopoštovanja duševnih bolesnika

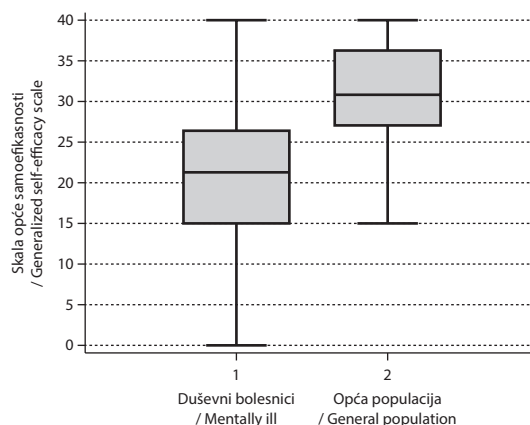
CHART 2. Comparison of the Rosenberg self-esteem scale between the group of mentally ill people ($n=73$) and the general population group ($n=102$) shows a lower degree of self-esteem in mentally ill people

al population group as well. The results of the Mann-Whitney test are shown by means of and whisker plot in Chart 2 and Chart 3.

Examination of results of the Pearson correlation coefficient shows that there is statistically significant ($P < 0.0001$) negative correlation (-0.6865) between the degree of self-esteem and the degree of self-stigmatization in mentally ill people, i.e. examinees showing a higher degree of self-esteem have less pronounced self-stigmatizing attitudes. Also, results show that there is statistically significant ($P < 0.0001$) negative correlation (-0.4885) between the degree of self-efficacy and the degree of self-stigmatization in mentally ill people, i.e. examinees showing more prominent self-stigmatizing attitudes show a lower degree of self-efficacy. The obtained results are shown in Chart 4 and Chart 5.

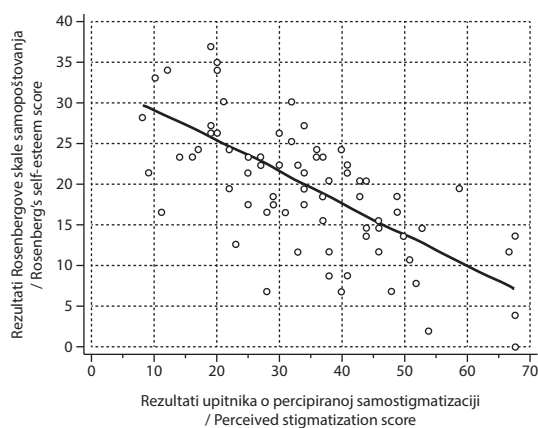
DISCUSSION

The influence of self-esteem and self-efficacy on self-stigmatization has been previously explored in literature and the results of this study comply with the published results. Maintain-



GRAFIKON 3. Usporedba rezultata Ljestvice opće samoeфикаsnosti između ispitanika iz skupine duševnih bolesnika ($n=72$) i skupine iz opće populacije ($n=102$) pokazuje niži stupanj samoeфикаsnosti duševnih bolesnika

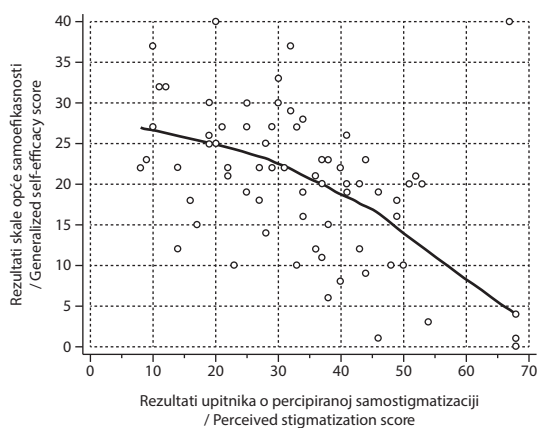
CHART 3. Comparison of the General Self-Efficacy Scale results between the group of mentally ill people ($n=72$) and the general population group ($n=102$) shows a lower degree of self-efficacy in mentally ill people



GRAFIKON 4. Dijagram rasipanja pokazuje negativnu korelaciju između stupnja samopoštovanja i samostigmatizacije
CHART 4. Scatter plot shows negative correlation between the degree of self-esteem and self-stigmatization.

đene razine samopoštovanja važno je za svakog pojedinca, a njegova važnost posebno se ističe kod oboljelih od duševnih bolesti jer predstavlja jedan od preduvjeta za uspješan oporavak (25). Očekivana je razlika u stupnju samopoštovanja između oboljelih od duševnih bolesti i opće populacije, no iznenađuje prilično velika razlika u dobivenim rezultatima. Prosječni rezultat u skupini ispitanika duševnih bolesnika ukazuje na nizak stupanj samopoštovanja što izaziva poteškoće u svakodnevnom funkcioniranju jer takve osobe neuspjeha pripisuju sebi i smatraju da vlastite sposobnosti ne mogu promijeniti trudom zbog toga što pri suočavanju s teškoćama mogu imati osjećaj gubitka kontrole, što im pojačava osjećaj inferiornosti i smanjenog samopoštovanja. I kad dožive uspjeh, ovakve osobe ga pripisuju sreći ili nekom drugom vanjskom čimbeniku (26). Neki autori smatraju da smanjenje samostigmatizirajućih stavova kod duševnih bolesnika može povećati razinu samopoštovanja (16).

Posljedica smanjenog samopoštovanja i samoefikasnosti dovodi do tzv. „zašto uopće pokušati“ efekta (*Why Try Effect*) (27) gdje samostigmatizirajući stavovi počinju imati utjecaj na životne ciljeve (22), odnosno samostigma postaje prepreka njihovom ostvarivanju. Naime, smanjeno samopoštovanje dovodi do osjećaja



GRAFIKON 5. Dijagram rasipanja pokazuje negativnu korelaciju između stupnja samoefikasnosti i samostigmatizacije
CHART 5. Scatter plot shows negative correlation between the degree of self-efficacy and stigmatization.

ing a certain level of self-esteem is important for every individual, particularly in mentally ill people because it represents one of the prerequisites for a successful recovery (25). The difference in the degree of self-esteem between mentally ill people and the general population is to be expected, but what is surprising is the rather large difference in the results obtained. The average result in the group of people with mental illness indicates a low degree of self-esteem, which causes difficulties in everyday functioning since such people impute the failures to themselves and believe that no efforts can change their capabilities and therefore may feel out of control, which intensifies feelings of inferiority and compromised self-esteem. Even when they are successful, such people attribute this to luck or some other external factor (26). Some authors believe that a decrease of self-stigmatizing factors in mentally ill people may increase their level of self-esteem (16).

The consequences of reduced self-esteem and self-efficacy result in the so-called Why Try Effect (27), where self-stigmatizing attitudes begin to influence life goals (22), i.e. self-stigma becomes a hindrance in their realization. Reduced self-esteem leads to feelings of inferiority and the abandonment of certain objectives, for example employment or independent living

manje vrijednosti i odustajanja od određenih ciljeva, primjerice zapošljavanja ili samostalnog života (28). Takvi pojedinci često razmišljaju: „zašto pokušati pronaći posao kad ga neću niti moći obavljati“ ili „zašto da pokušam živjeti samostalno kad nisam sposoban za to“ (27). Posebnu ulogu u ovakvom razmišljanju ima niska samoefikasnost koje je prisutna kod duševnih bolesnika koji su sudjelovali u ovom istraživanju. Niska samoefikasnost povezana je s neuspjehom s kojim se susreću duševni bolesnici prigodom traženja posla ili rješavanja stambenog pitanja (22,29,30).

Iako su rezultati pokazali značajnu povezanost između niskog samopoštovanja i samostigmatizacije, određen broj ispitanika iz skupine duševnih bolesnika iskazao je visoku razinu samopoštovanja. Naime, osim činjenice da to mogu biti osobe koje prirodno imaju snažno razvijeno samopoštovanje, treba uzeti u obzir da na razinu samopoštovanja utječu brojni drugi faktori poput osobne financijske situacije i društvenog položaja, specifične psihijatrijske dijagnoze i pripadajućih simptoma, pa čak i mogućnost pristupa zdravstvenoj skrbi i zadovoljstvo liječenjem (31). Međutim, podaci iz literature pokazuju kako, paradoksalno, stigma može imati osnažujući učinak, ili pak nema gotovo nikakvog učinka na pojedinca (20,21,32).

Iako se većina duševnih bolesnika uključenih u istraživanje nije složilo ili je zauzelo neutralan stav na postavljene tvrdnje o samostigmatizaciji, značajan broj ispitanika iskazao je slaganje s navodima iz upitnika o procjeni samostigmatizacije, koji u nekim česticama iznosi i više od 50 %: „izbjegavam mjesta gdje se okuplja puno ljudi“ (51,43 %); „strah me je da me osobe iz okoline manje poštuju zbog moje bolesti“ (51,39 %) i „razočaran sam u sebe zbog svoje bolesti“ (50,68 %). Tvrdnje sličnog sadržaja i u drugim istraživanjima o samostigmatizaciji pokazale su se najizraženijima (33). Radi se o tipičnim samostigmatizirajućim stavovima iz kojih se najlakše može iščitati utjecaj osnovne

(28). Such individuals often have the following thoughts: “Why try finding a job when I could not even do it properly?” or “Why try living on my own when I am not capable of ?” (27). Low self-efficacy, which is present in mentally ill people who participated in this study, plays a special role. Low self-efficacy is connected to failure faced by mentally ill people when seeking employment or housing (22,29,30).

Although the results revealed a significant correlation between low self-esteem and self-stigmatization, a certain number of examinees from the group of mentally ill people demonstrated high levels of self-esteem. Apart from the fact that these may be people with innately highly developed self-esteem, it should be considered that many other factors influence the level of self-esteem, such as the financial situation and the social position, specific psychiatric diagnoses and respective symptoms, and even the availability of healthcare and satisfaction with medical treatment (31). However, data shows that, paradoxically, stigma may have a strengthening effect or almost no effect on an individual (20,21,32).

Although most of the mentally ill people included in the research disagreed or were neutral about the questionnaire statement on self-stigmatization, a considerable number of examinees disagreed with the questionnaire statement on evaluation of self-stigmatization, which in some items exceeds 50%: “I avoid places where there are many people” (51.43%); “I am afraid that people in my environment respect me less due to my illness” (51.39%); and “I am disappointed in myself because of my illness” (50.68%). Similar statements in other studies on self-stigmatization showed as most prominent (33). This is about typical self-stigmatizing attitudes, where it is easy to observe the influence of the basic mental illness, for which they are labelled, on their everyday functioning, and the importance that such attitudes have for social behaviour.

duševne bolesti zbog koje su etiketirani na njihovo svakodnevno funkcioniranje te značenje koje imaju na društveno-socijalno ponašanje.

Ohrabruje podatak da neke stigmatizirajuće stavove u našem istraživanju ispitanici snažno odbacuju, poput navoda da bi duševne bolesnike trebalo izolirati od ostatka društva s čime se ne slaže čak 91,67 % ispitanika te tvrdnje da okolina duševne bolesnike smatra opasnim s kojom se nije složilo 71,83 % ispitanika.

Dobiveni rezultati našeg istraživanja uklapaju se u teorijski model samostigmatizacije (21) koji pretpostavlja da je osoba prije svega svjesna stereotipa koji se odnose na određenu skupinu (primjerice, osobe s duševnim bolestima su same krive za to) te se moraju slagati s njima. Međutim, navedena dva kriterija nisu dovoljna za razvoj samostigme, već je za njezin nastanak bitna aktivna primjena stigmatizirajućih stereotipa u odnosu na sebe (primjerice, sam sam kriv za svoju bolest) (22).

Začarani krug koji čini niska razina samopoštovanja i samoefikasnosti te izražena samostigmatizacija izazov su samim bolesnicima, ali i njihovim obiteljima te profesionalcima koji provode liječenje i pružaju im potporu. Rezultati istraživanja pokazuju da je nužno uložiti dodatne napore u senzibiliziranju javnosti o utjecaju predrasuda, diskriminacije, stereotipizacije i stigme na živote stigmatiziranih te aktivno uključiti zakonodavnu razinu u razvoj strategija za smanjenjem stigme duševnih bolesnika, ali u konačnici i svih drugih skupina. Na individualnoj razini potrebno je poticati sve pogođene samostigmom na jačanje njihovog psihosocijalnog kapaciteta te provoditi s njima programe osnaživanja. Također, trebalo bi razmisliti o uvođenju nekog od već postojećih programa borbe protiv samostigmatizacije u hrvatski javnozdravstveni sustav te na svim razinama zdravstvene skrbi za psihičke bolesnike.

Ovo istraživanje ima nekoliko ograničenja. Uzorak ispitanika s duševnim smetnjama je

It is encouraging that the examinees strongly reject some stigmatizing attitudes in our study, such as the statement that mentally ill people should be isolated from the rest of society, which was rejected by as much as 91.67% of the examinees, while 71.83% of examinees disagree with the statement that the people around them consider mentally ill people dangerous.

The results obtained in our study comply with the theoretical model of self-stigma (21), which assumes that a person is, before all, aware of stereotypes referring to an entire group (for example, mentally ill people themselves are to be blamed) and should agree with such stereotypes. However, these two criteria are not sufficient for the development of self-stigma. Active implementation of stigmatizing stereotypes related to the self is essential for stigma to occur (for example, you yourself are to be blamed for your illness) (22).

A vicious circle consisting of low self-esteem and self-efficacy and prominent self-stigmatization represents a challenge not only for mentally ill people themselves, but also for their families and professionals providing medical care and support. The results of this study indicate that further efforts are necessary to raise public awareness about the influence of prejudices, discrimination, stereotypes, and stigma on the life of the stigmatized, and an active engagement on the legislative level is necessary for the development of strategies for the reduction of stigmatization of mentally ill people, and eventually of all other groups as well. At the individual level, it is necessary to encourage all those affected by self-stigmatization to strengthen their psychosocial capacity and conduct strengthening programs. Furthermore, introducing some of the already existing programs against self-stigmatization should be considered at all levels of medical care for psychiatric patients.

This study has several limitations. Sample of the people with mental disorders were conve-

prigodan s obzirom da su u istraživanje bili uključeni oni pacijenti koji su tijekom navedenog razdoblja bili na liječenju u Klinici za psihijatriju KBC-a Rijeka. Iz navedenog proizlaze još dva ograničenja: zbog jednostavnosti pristupa i ograničenog vremena nismo bili u mogućnosti uključiti duševne bolesnike koji funkcioniraju u svakodnevnim životnim aktivnostima, odnosno ne liječe se u okviru psihijatrijske bolničke skrbi. Uz to, u istraživanju su bili uključeni samo pacijenti jedne psihijatrijske klinike kojoj uglavnom gravitiraju osobe s prebivalištem u jednom dijelu Hrvatske (Istra, Primorje, Gorski kotar i Lika). Ograničavajući faktor je i relativno malen uzorak ispitanika. Također, u istraživanju su bili uključeni duševni bolesnici bez obzira na njihovu osnovnu psihijatrijsku dijagnozu. S obzirom da je ovim istraživanjem utvrđena povezanost i utjecaj samopoštovanja i samoeфикаsnosti na samostigmatizaciju, u narednim bi studijama trebalo istražiti utjecaj nekih drugih psihosocijalnih elemenata, poput kvalitete života, samoće, socijalne izoliranosti i nade. Također, trebalo bi ispitati razinu samostigmatizacije prema skupinama psihijatrijskih poremećaja, primjerice na skupini ispitanika s anksioznim poremećajima, poremećajima osobnosti, bolestima ovisnosti ili onima koji boluju od shizofrenije i srodnih poremećaja.

ZAKLJUČAK

Značajan dio ispitanika iskazuje samostigmatizirajuće stavove te su oni povezani sa smanjenim razinama samopoštovanja i samoeфикаsnosti. Ovim je istraživanjem još jednom potvrđena prisutnost samostigmatizirajućih stavova, odnosno da je samostigma karakteristično obilježje duševnih bolesnika. Ovakvi stavovi refleksija su prisutnih društvenih stereotipa prema osobama s mentalnim bolestima te njihovog prihvaćanja i primjene od strane duševnih bolesnika, što su preduvjeti nastanka samostigme. Radi se o kompleksnoj vezi različiti-

nient considering that the study included patients that were undergoing treatment at the Psychiatry Clinic of the Clinical Hospital Centre Rijeka. This results in two more limitations: due to the simplicity of approach and limited time we were not able to include mentally ill people who function in everyday activities, i.e. people who are not undergoing treatment within the scope of psychiatric medical care. The study only included patients from one psychiatric clinic, where people with a permanent residence in only one part of Croatia (Istra, Primorje, Gorski kotar, or Lika) gravitate. Another limiting factor is a relatively small sample as well. Also, the research included mentally ill people regardless of their basic psychiatric diagnosis. Considering that this study established a connection with and influence of self-esteem and self-efficacy on self-stigmatization, future studies should explore the influence of some other psychosocial elements, such as quality of life, loneliness, social isolation, and hope. Also, the level of self-stigma should be explored in respect to groups of people with psychological disorders, for example in a group of examinees suffering from anxiety disorders, personality disorders, addiction, schizophrenia, or similar disorders.

CONCLUSION

A considerable segment of examinees express self-stigmatizing attitudes and these are connected to reduced levels of self-esteem and self-efficacy. This study once again confirmed the presence of self-stigmatizing attitudes, i.e. that self-stigma is a distinctive characteristic in mentally ill people. Such attitudes reflect the existing social stereotypes in respect to the mentally ill people and the acceptance and implementation of these stereotypes by mentally ill people, which are prerequisites for the occurrence of self-stigma. This is related to a complex connection of various internal

tih vanjskih i unutarnjih faktora koji u konačnici imaju dalekosežne posljedice na liječenje i tijek bolesti pojedinca, kvalitetu njihova života, životnu funkcionalnost te na njihove socijalne i društvene interakcije.

Uloga zdravstvenih djelatnika koji su završili edukaciju iz promocije i zaštite mentalnog zdravlja jest da budu upoznati s posljedicama samostigmatizacije te da prepoznaju pojavu takvih stavova kod oboljelih od duševnih bolesti i budu sposobni pružiti im podršku i pomoć. Također, važna je preventivna uloga ovog profila zdravstvenih djelatnika koji u direktnom kontaktu s bolesnicima mogu raditi na povećanju samopoštovanja i samoefikasnosti.

and external factors that eventually result in far-reaching consequences for the treatment and course of an individual's illness, the quality of their life, life functionality, and their social interactions.

The role of healthcare professionals who completed their education in health promotion and health is to be familiar with the consequences of self-stigmatization, recognize the occurrence of such attitudes in mentally ill people, and be capable of providing them with support and help. Also, prevention is important for healthcare professionals who can work on increasing self-esteem and self-efficacy in a direct contact with mentally ill people.

LITERATURA/REFERENCES

1. Jure Š, editor. Rječnik hrvatskog jezika Zagreb: Leksikografski zavod Miroslav Krleža; 2000.
2. Vladimir A, editor. Hrvatski enciklopedijski riječnik Zagreb: Novi Liber; 2002.
3. Durkheim É. Rules of Sociological Method; 1895.
4. Goffman E. Stigma: Notes on the Management of Spoiled Identity Upper Saddle River, New Jersey: Prentice Hall; 1963.
5. Link BG, Phelan JC. Conceptualizing stigma. Annual review of Sociology. 2001; 27(1): p. 363-85.
6. Heijnders M, Van Der Mei S. The fight against stigma: an overview of stigma-reduction strategies and interventions. Psychology, Health & Medicine. 2006; 11(3): 353-63.
7. Hinshaw SP. The mark of shame: Stigma of mental illness and an agenda for change: Oxford University Press; 2009.
8. Fink PJ. Stigma and mental illness Washington DC: American Psychiatric Publications, 1992.
9. Gulliver A, Griffiths KM, Christensen H. Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. BMC Psychiatry 2010; 10(1): 113.
10. Corrigan P. How stigma interferes with mental health care. American psychologist. 2004; 59(7): 614.
11. Rüsç N, Angermeyer MC, Corrigan PW. Mental illness stigma: Concepts, consequences, and initiatives to reduce stigma. European Psychiatry. 2005; 20(8): 529-39.
12. Corrigan PW, Watson AC. Understanding the impact of stigma on people with mental illness. World Psychiatry. 2002; 1(1): 16-20.
13. Ivezić-Štrkalj S. Stigma duševne bolesti. Medix 2006;(64): 108-10.
14. Crisp AH, Gelder MG, Rix S, Meltzer HI, Rowlands OJ. Stigmatisation of people with mental illnesses. Br J Psychiatry 2000; 177(1): 4-7.
15. Angermeyer MC. Schizophrenia and violence. Acta Psychiatr Scand 2000; 102(407 (suppl)): 63-7.
16. Link BG, Struening EL, Neese-Todd S, Asmussen S, Phelan JC. Stigma as a barrier to recovery: The consequences of stigma for the self-esteem of people with mental illnesses. Psychiatric services 2001; 52(12): 1621-6.
17. Štrkalj-Ivezić S, John N, Sućec J, Grgin M, Halić M. Zapošljavanje osoba sa psihičkom bolesti Zagreb: Udruga Svitanje; 2001.
18. Corrigan WP, Roe D, Tsang HW. Challenging the stigma of mental illness: Lessons for therapists and advocates Hoboken NJ: John Wiley & Sons; 2011.
19. Corrigan PW, Watson AC, Barr L. The self-stigma of mental illness: Implications for self-esteem and self-efficacy. J Soc Clin Psychol 2006; 25(8): 875-84.
20. Corrigan PW, Watson AC. The paradox of self-stigma and mental illness. Clinical Psychology: Science and Practice. 2002; 9(1): 35-53.
21. Watson AC, Corrigan P, Larson JE, Sells M. Self-stigma in people with mental illness. Schizophrenia Bulletin 2007; 33(6): 1312-18.
22. Corrigan PW, Larson JE, Ruesch N. Self-stigma and the "why try" effect: impact on life goals and evidence-based practices. World Psychiatry 2009; 8(2): 75-81.
23. Rosenberg M. Society and the adolescent self-image. Revised edition Middletown, CT: Wesleyan University Press; 1989.

24. Schwarzer R, Jerusalem M. Generalized Self-Efficacy scale. In: Measures in health psychology: a user's portfolio. Nfer-Nelson. 1995;; p. 35-37.
25. Davidson L, Strauss JS. Sense of self in recovery from severe mental illness. *Psychology and Psychotherapy: Theory, Research and Practice*. 1992; 65(2): 131-45.
26. Juničić N. Savjetovališta za studente i uposlenike Tehničkog veleučilišta u Zagrebu. [Online]. [citirano 22.8.2017, dostupno na HYPERLINK "<http://savjetovaliste.tvz.hr/psiholoska-pomoc/problemi-sa-samopostovanjem/>" "<http://savjetovaliste.tvz.hr/psiholoska-pomoc/problemi-sa-samopostovanjem/>"].
27. Corrigan PW, Bink AB, Schmidt A, Jones N. What is the impact of self-stigma? Loss of self-respect and the "why try" effect. *J Ment Health*. 2016; 25(1): 10-15.
28. Corrigan PW, Rao D. On the Self-Stigma of Mental Illness: Stages, Disclosure, and Strategies for Change. *Can J Psychiatry* 2012; 57(8): 464-9.
29. Gecas V. The social psychology of self-efficacy. *Ann Rev Sociol* 1989; 15(1): 291-316.
30. Vauth R, Kleim B, Wirtz M, Corrigan PW. Self-efficacy and empowerment as outcomes of self-stigmatizing and coping in schizophrenia. *Psychiatry Res*. 2007; 150(1): 71-80.
31. Kahng SK, Mowbray CT. What affects self-esteem of persons with psychiatric disabilities: the role of causal attributions of mental illnesses. *Psychiatr Rehab J* 2005; 28(4): 354.
32. Rüsçh N, Lieb K, Bohus M, Corrigan PW. Self-stigma, empowerment, and perceived legitimacy of discrimination among women with mental illness. *Psychiatr Services* 2006; 57(3): 399-402.
33. King M, Dinos S, Shaw J, Watson R, Stevens S, Passetti F. The Stigma Scale: development of a standardised measure of the stigma of mental illness. *Br J Psychiatry*. 2007; 190(3): 248-54.