

Research article

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Internalized Stigma and Narcissistic Regulation Among Patients With Endogenous Psychoses

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Abstract

Introduction. Self-stigma in mentally ill patients is an urgent problem in psychiatry. In literary sources, the impact of personal characteristics of patients with psychosis on the formation of internalized stigma remains insufficiently studied. This study aims to examine the mutual influence of narcissistic self-regulation and self-stigma factors as well as to identify protective characteristics of narcissistic regulation related to the minimization of internalized stigma. **Methods.** The study sample comprised 81 psychiatric in-patients, 62 of whom had ICD-10 F2 disorders and 19 had ICD-10 F3 disorders. The study used the following assessment tools: (a) the Internalized Stigma of Mental Illness (ISMI) scale and (b) the Index of Self-system Functioning (ISSF). Statistical procedures were as follows: descriptive statistics, analysis of variance (Mann–Whitney U test), and calculation of the effect size with Cohen's *d*. **Results.** In the surveyed sample, the ISSF results indicated significant decrease in narcissistic regulation for all the subscales and the total ISSF score (21.1 ± 4), compared to the normative value for an ideally strong personality (0). The mean self-stigma level of the surveyed patients was low (2.4 ± 0.24); the threshold of 2.5 points was exceeded among 30 patients (37 %), which indicates a highly intense of self-stigma. We compared the features of narcissistic regulation in patients with high and low levels of self-stigma and observed significant relationship between manifestations of internalized stigma and factors of personal strengths. Cohen's *d* effect sizes for eight subscales (Self1, Self2, Self3, Self5, Self6, Self7, Self12, Self18) were 1.1–1.8 at $p \leq 0.05$, which indicates a significant decrease in narcissistic regulation among patients with a high level of self-stigma. **Discussion.** The characteristics of the system of narcissistic regulation determine the decrease in personal strengths, which may contribute to social maladjustment and to the formation of internalized stigma. The individualized profiles related to deficiency of adequate defense mechanisms may be valuable in focused psychotherapeutic interventions.

Keywords

psychosis, stigma, internalized stigma, psychiatry, protective factors, personal strengths, Self-system regulation, narcissistic self-regulation, endogenous psychoses, psychotherapeutic intervention

Highlights

- Patients suffering from severe mental disorders are characterized by a pronounced dysregulation of the Self-system.
- Combined with the data from literary sources, the totality of impairments indicates the probable premorbid vulnerability of patients with endogenous psychoses in relation to personality regulation.
- Understanding the characteristics of psychotic patients' personality regulation that contribute to the incorporation of internalized stigma is essential for planning effective individualized psychotherapeutic interventions.

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Introduction

Among the many consequences of psychiatric stigma, self-stigma (internalized stigma) of consumers of psychiatric services is one of the most urgent problems in psychiatric health care (Lutova, Sorokin, Petrova, & Vid, 2016; Lutova et al., 2019; Biernat & Dovidio, 2000; Barney, Griffiths, Christensen, & Jorm, 2009). Manifestations of social stigma and associated experiences result in patients' distancing from society (Serebriyskaya, Yastrebov, & Enikolopov, 2002), which reduces the number of those seeking psychiatric care. This provokes relapses of psychotic states and repeated hospitalizations, intensifies the experience of self-stigma, and, therefore, may create a vicious circle (Lutova et al., 2019; Sorokin, 2016; Brohan, Elgie, Sartorius, & Thornicroft, 2010; Lysaker, Roe, Ringer, Gilmore, & Yanos, 2012; Thornington, 2013).

The search and development of approaches for overcoming and resisting internalized stigma have raised considerable interest in studying the personal structures of patients that contribute or hinder the development of self-stigma (Kashdan & Rottenberg, 2010; Thornington, 2013). Among the factors predisposing individuals to the internalization of social stigma, the authors mentioned the following ones: patients' personal anxiety, pessimism, and low self-esteem (Thornington, 2013), the presence of anxious expectations of refusal and condemnation (Lysaker et al., 2012), and their own prejudices in relation to persons with mental disorders (Lutova, Sorokin, Novikova, Portenier, & Vid, 2020; Sorokin, 2016). On the other hand, psychological flexibility may inhibit the formation of internalized stigma (Biglan, Hayes, & Pistorello, 2008; Kashdan & Rottenberg, 2010; Thornington, 2013). Such findings make further search for personal characteristics that underlie the individual's responding to the disease and the formation of internalized stigma a promising research direction.

Since the introduction of the concept of 'narcissism' by Z. Freud, its essence and psychological content have remained a subject of discussion, generating a certain terminological confusion, including the synonymous use of the concepts of 'narcissism', 'Self', and 'ego-strength'. In the relevant literature, there is a lack of a unified phenomenological understanding of narcissism, methods of its research, and even a generally accepted definition. In current psychological literature, authors postulate that narcissism is an integral part of each individual's development, which turns into a narcissistic core of personality, related to self-consciousness (Stolorow, 1999; Kohut,

2017; Sokolov, 2009). However, in general psychology the concept of narcissism goes beyond the unconscious processes described in psychoanalytic theories and includes conscious components (cognitive and adaptive mechanisms), such as search, perception, and critical assessment of self-relevant information (Zlokazov, Leonov, & Porozov, 2018). Thus, the introduction of the concept of 'Self', or personal strengths, is a compromise attempt to combine the conscious and mediated unconscious self-perception, which is demonstrated in the assessment tool by Deneke (1994).

The mechanisms of self-regulation that support the biopsychosocial integrity of the individual represent the most important dimension in the formation of optimal individual narcissism. The regulation of the state occurs at an unconscious level and includes a conscious level of behavior control. Balanced self-regulation within the concept of 'Self' is important for maintaining an individual's affective balance, his/her sense of inner stability, value, and well-being; at a conscious level it ensures goal setting and the achievement of planned results (Henseler, 2000; Shamshikova & Klepikova, 2011; Morosanova, 2013; Yakeley, 2018). A disturbance in the system of narcissistic regulation is associated with a tendency to maladaptive responses to stressful events and phenomena (Coleman, Pincus, & Smyth, 2019). Therefore, on the one hand, for a mentally ill person, the perception and experience of social stigma may be based on immature narcissistic structures of the individual and morbid disorders of the Self-system, and on the other hand, lead to non-adaptive coping, becoming a considerable obstacle to the implementation of adaptive defense mechanisms.

This *study aims* (a) to investigate connections of overall self-stigma and its various factors with the parameters of narcissistic self-regulation in patients suffering from severe mental disorders and (b) to identify specific features of narcissistic regulation that can prevent the formation of stigma.

Methods

The reference group comprised of F2 and F3 patients of both genders undergoing treatment for acute exacerbation of a severe mental illness in the clinic of V. M. Bekhterev National Medical Research Center for Psychiatry and Neurology. Patients with affective disorders (F3) were included in the study if they had experienced psychotic symptoms.

We selected patients according to the following inclusion criteria: (a) individuals who signed voluntary informed consent to participate in the study after reading it. (b) Participants were no younger than 18 years and no older than 65 years. (c) In the study, patients receiving inpatient treatment on a voluntary basis were interviewed at the stage of clinical remission on medication. (d) They should have had no pronounced negative symptoms and/or pronounced cognitive impairments that would interfere with the study procedures. We excluded (a) patients who withdrew consent to participate in the study at any stage; (b) patients with any other diagnosis apart from schizophrenia, schizotypal and delusional disorders, and affective disorders according to ICD-10; (c) patients whose condition changed and required enhanced monitoring or restrictive measures; and (d) patients with severe apathetic-abulic symptoms or impaired cognitive functioning. The study was carried out in two directions – clinical-psychopathological and clinical-psychological.

We used the Index of Self-system Functioning (ISSF) to assess narcissistic regulation and the Internalized Stigma of Mental Illness (ISMI) scale to examine the phenomenon of self-stigma.

The ISMI scale, which assesses patients' subjective experience of internalized stigma (Ritsher & Phelan, 2004; Ritsher, Otilingam, & Grajales, 2003), includes 5 subscales (described in Table 2). Each subscale contains several questions describing the phenomenon of self-stigma (n = 29 for

the entire inventory). The internal consistency of the ISMI scale in different studies is 0.87–0.9, according to Cronbach’s α . For each subscale and the total score, the values corresponded to high ($M(x) \geq 2.5$, further in bold in the tables), or low ($M(x) < 2.5$) levels of internalized stigma. The values from the Stigma Resistance subscale were interpreted inversely. Thus, higher values indicated lower resistance to the incorporation of stigma.

The ISSF describes the narcissistic ways of regulating the individual’s ideas about himself/herself and assesses their decrease (Zalutskaya, Vuks, & Vid, 2003; Vid, 2008). This assessment tool consists of 163 statements that form 18 subscales associated with narcissistic regulation. The statements are evaluated from 1 (completely wrong) to 5 (completely correct) points. Using the mathematical formula, we calculated the values and obtained the composite index of Self-system functioning (ISSF). Further, we compared it to the normative value (0). A higher deviation from this value indicates a decrease in personal strengths. Besides, the guidelines provide normative values for each of the 18 subscales separately.

The data obtained were analyzed statistically using SPSS 23.0. The Kolmogorov–Smirnov test was used as a criterion for normality when checking the distribution of the sample. We determined differences in ordinal scales using the Mann–Whitney U test. Additionally, we calculated effect sizes using Cohen’s d formula (absent ≤ 0.19 , weak 0.2–0.49, average 0.5–0.79, strong ≥ 0.8) in statistically different groups $p \leq 0.05$. The significance level of statistical data was 95 %.

Results

We interviewed 81 patients. For the most part, the reference group comprised patients with schizophrenia spectrum disorders (F2 in ICD 10, $n = 62$; 76.5 %); fewer patients had affective pathology (F3 in ICD 10, $n = 19$; 23.5 %). The mean age of the interviewed patients was 37 ± 9 years. The analysis of gender composition of the reference group showed the predominance of females (31 males (38.3 %) and 50 females (61.7 %)). In our sample, 24 patients (29.6 %) had permanent employment, 31 patients (38.3 %) had various types of disability, and 26 patients (32.1 %) were dependent on relatives; 18 respondents were married. The study of clinical and anamnestic data showed that for the examined patients the average number of cases of inpatient treatment was 4 ± 3 , with an average disease duration of 10.2 ± 9.8 years.

Not all the data corresponded to the normal distribution. Therefore, we calculated descriptive statistics for all the parameters (arithmetic means, standard deviations, and interquartile intervals) (Tables 1, 2, 3).

Table 1 presents results for the assessment of narcissistic regulation using the Index of Self-system Functioning (ISSF).

ISSF structure	$M(x) \pm SD$	Criterion of decrease in personal strengths	Quartiles		
			Q25	Median	Q75
Self1	$2.5 \pm 0.88^*$	> 1	1.7	2.3	3.2
Self2	$2.6 \pm 0.87^*$	> 2	2	2.6	3.2

Table 1

Narcissistic regulation for the entire sample (the ISSF)

ISSF structure	M(x) ± SD	Criterion of decrease in personal strengths	Quartiles		
			Q25	Median	Q75
Self3	1.8 ± 0.87*	> 1	1.2	1.7	2.3
Self4	3.5 ± 0.61*	< 5	3.2	3.5	3.8
Self5	2.8 ± 0.75*	> 2	2.3	2.7	3.3
Self6	1.9 ± 0.85*	> 1	1.2	1.7	2.3
Self7	2.8 ± 0.72*	> 2	2.4	2.8	3.3
Self8	3 ± 0.72*	> 2	2.6	3.1	3.5
Self9	2.9 ± 0.65*	< 4	2.5	2.9	3.3
Self10	3.5 ± 0.64*	> 2	3.1	3.6	4
Self11	3 ± 0.67*	> 2	2.6	3	3.4
Self12	2.6 ± 0.75*	> 2	2.2	2.6	3.2
Self13	3 ± 0.55*	< 4	2.8	3	3.8
Self14	2.7 ± 0.68*	> 2	2.4	2.8	3.3
Self15	3.3 ± 0.58*	< 4	3	3.4	3.7
Self16	3.8 ± 0.56*	> 2	3.5	3.8	4.2
Self17	2.7 ± 0.72*	> 2	2.2	2.6	3.2
Self18	3.3 ± 0.99*	> 2	2.6	3.4	4
ISSF	21.1 ± 4.5*	> 0	17.8	19.8	23.2

Note: * significant differences, $p \leq 0.01$.

The data indicated a statistically significant decrease in all the ISSF parameters ($p \leq 0.01$) in the entire sample of the examined patients. Moreover, compared to normative values, the scores for subscales Self1, Self3, Self6, Self8, Self10, Self11, Self16 were reduced by 1.5 times or more. The data indicated a general decrease of narcissistic regulation in patients with severe mental disorders.

Table 2 shows the distribution of the levels of internalized stigma (ISMI) among patients with severe mental disorders.

Table 2

Distribution of the levels of self-stigma among psychotic patients

	<u>Self-stigma levels</u>		<u>Quartiles</u>			<u>M(X) ± SD</u>
	High ≥ 2.5, n (%)	Low < 2.5, n (%)	Q25	Me	Q75	
Self-stigma resistance (SSR)	52 (65)	29 (35)	2.2	2.6	2.9	2.7 ± 0.41
Alienation (A)	40 (49)	41 (51)	2.2	2.5	2.8	2.5 ± 0.45
Social self-isolation (CS)	29 (36)	52 (64)	1.8	2.3	2.5	2.4 ± 0.36
Discrimination experience (DE)	19 (24)	62 (76)	2	2.2	2.6	2.3 ± 0.32
Acceptance of stereotypes (AS)	12 (15)	69 (85)	1.7	2	3.5	2.1 ± 0.51
ISMI	30 (37)	51 (63)	2.1	2.4	2.6	2.4 ± 0.24

Table 2 shows that the mean ISMI total score was low (2.4 points) for the entire sample. However, 37 % of the examined patients had a high level of internalized stigma. We should note that about half of the surveyed had high scores (≥ 2.5 points) for the following subscales: ‘alienation’ (49 %) and ‘resistance to self-stigma’ (65 %), which determined their high scores in the entire sample. More than one third of patients had high scores on the ‘social isolation’ subscale (36 %), and one quarter of patients had high scores on the ‘experience of discrimination’ subscale (24 %).

To identify the features of narcissistic self-regulation, we compared the ISSF factors in the subgroups of patients with high and low self-stigma (between each other and with normative values). Table 3 presents the results.

Table 3

Narcissistic regulation in subgroups of patients with high and low self-stigma (the ISSF)

<u>ISSF structure</u>	<u>Criterion of decrease in personal strengths</u>	<u>Narcissistic regulation in subgroups of patients with high and low self-stigma</u>							
		Low level (< 2.5)				High level (≥ 2.5)			
		M(x) ± SD	Q25	Me	Q75	M(x) ± SD	Q25	Me	Q75
Self1	> 1	2.0 ± 0.6 ^{2*3*}	1.5	2.1	2.3	3.3 ± 0.7 ^{1*}	2.9	3.2	3.7
Self2	> 2	2.3 ± 0.7 ^{3*}	1.8	2.2	2.8	3.2 ± 0.9 ^{1*}	2.6	3.4	4.0
Self3	> 1	1.5 ± 0.7 ^{3*}	1.0	1.3	1.8	2.2 ± 1.0 ^{1*}	1.3	2.0	3.0
Self4	< 5	3.6 ± 0.6 ^{2*}	3.2	3.5	4.0	3.4 ± 0.6 ^{1*}	3.0	3.4	3.8
Self5	> 2	2.4 ± 0.5 ^{3*}	2.1	2.4	2.7	3.4 ± 0.6 ^{1*}	3.1	3.4	3.8
Self6	> 1	1.5 ± 0.6 ^{3*}	1.0	1.4	1.9	2.6 ± 0.9 ^{1*}	1.9	2.3	3.1
Self7	> 2	2.5 ± 0.6 ^{3*}	2.1	2.5	2.9	3.3 ± 0.5 ^{1*}	2.9	3.3	3.5
Self8	> 2	2.8 ± 0.7 ^{2*}	2.3	2.9	3.2	3.4 ± 0.7 ^{1*}	3.1	3.4	3.9
Self9	< 4	2.8 ± 0.6 ^{2*}	2.4	2.8	3.3	3.1 ± 0.6 ^{1*}	2.6	3.2	3.6
Self10	> 2	3.4 ± 0.7 ^{2*}	3.0	3.4	3.8	3.9 ± 0.4 ^{1*}	3.6	3.8	4.1

Table 3

Narcissistic regulation in subgroups of patients with high and low self-stigma (the ISSF)

ISSF structure	Criterion of decrease in personal strengths	Narcissistic regulation in subgroups of patients with high and low self-stigma							
		Low level (< 2.5)				High level (≥ 2.5)			
		M(x) ± SD	Q25	Me	Q75	M(x) ± SD	Q25	Me	Q75
Self11	> 2	2.8 ± 0.7 ^{2*}	2.4	2.8	3.1	3.4 ± 0.5 ^{1*}	3.1	3.4	3.6
Self12	> 2	2.4 ± 0.7 ^{3*}	1.9	2.4	2.8	3.1 ± 0.7 ^{1*}	2.6	3.2	3.7
Self13	< 4	3.1 ± 0.5 ^{2*}	2.8	3	3.3	3.0 ± 0.6 ^{1*}	2.6	3.0	3.5
Self14	> 2	2.6 ± 0.7	2.2	2.6	3.0	3.1 ± 0.6 ^{1*}	2.6	3.1	3.4
Self15	< 4	3.3 ± 0.6 ^{2*}	2.9	3.3	3.8	3.5 ± 0.6	3.1	3.4	3.9
Self16	> 2	3.7 ± 0.6 ^{2*}	3.5	3.8	4.1	4.0 ± 0.5 ^{1*}	3.7	3.9	4.4
Self17	> 2	2.5 ± 0.8	2	2.4	2.8	3.1 ± 0.7 ^{1*}	2.6	3.0	3.4
Self18	> 2	3 ± 0.9 ^{2*3*}	2.2	3.2	3.8	4.0 ± 0.7 ^{1*}	3.6	4.0	4.2
ISSF	> 0	19.1 ± 3.1 ^{2*3*}	17.1	18.4	19.9	24.6 ± 4.5 ^{1*}	20.9	23.9	26.2

Note: differences in the narcissistic regulation scores – ^{1*} normative values in patients with high self-stigma; ^{2*} normative values in patients with low self-stigma; ^{3*} in patients with high and low self-stigma; $p \leq 0.01$.

Compared to normative values ($p \leq 0.01$), in the subgroup of patients with a high level of self-stigma narcissistic regulation showed a significant weakening for all the ISSF subscales, except for the Self15 subscale.

When comparing the mean ISSF scores with normative values for 10 subscales (Self1, Self4, Self8, Self9, Self10, Self11, Self13, Self15, Self16, Self18) in the group of patients with a low level of internalized stigma, we observed a significant decrease in self-regulation abilities ($p \leq 0.01$). The results obtained for other 8 subscales did not significantly differ from the normative values, which indicates the relative safety of the narcissistic regulation system in this subgroup of patients.

The comparison of the ISSF scores in the groups of patients with different levels of internalized stigma showed significant differences ($p \leq 0.01$) for 8 ISSF subscales (Self1, Self2, Self3, Self5, Self6, Self7, Self12, Self18), which indicates a greater decrease in personality strengths and, accordingly, greater instability of defense mechanisms in the group of patients with high self-stigma.

The additionally calculated Cohen's d effect sizes (Table 3) indicated associations of self-stigma with the following ISSF subscales: Self1 (3.3 ± 0.7 and 2.0 ± 0.6 , respectively, $p \leq 0.05$; Cohen's $d = 1.8$), Self2 (3.2 ± 0.9 and 2.3 ± 0.7 , respectively, $p \leq 0.05$; Cohen's $d = 1.1$), Self3 (2.2 ± 1.0 and 1.5 ± 0.7 , respectively, $p \leq 0.05$; Cohen's $d = 0.7$), Self5 (3.4 ± 0.6 and 2.4 ± 0.5 , respectively, $p \leq 0.05$; Cohen's $d = 1.8$), Self6 (2.6 ± 0.9 and 1.5 ± 0.6 , respectively, $p \leq 0.05$; Cohen's $d = 1.4$), Self7 (3.3 ± 0.5 and 2.5 ± 0.6 , respectively, $p \leq 0.05$; Cohen's $d = 1.4$), Self12 (3.1 ± 0.7 and 2.4 ± 0.7 , respectively, $p \leq 0.05$; Cohen's $d = 1.1$), and Self18 (4.0 ± 0.7 and 3.0 ± 0.9 , respectively, $p \leq 0.05$; Cohen's $d = 1.2$).

Discussion

The results obtained in our study showed that the examined patients with severe mental disorders experience internalized stigma of varying intensity. In particular, our data on the severity of overall self-stigmatization and its components ('acceptance of stereotypes' and 'alienation') in patients with endogenous mental disorders are comparable with the data obtained from a survey of patients from 14 European countries (Brohan et al., 2010). We should note that in our sample, only 37 % of patients had a high level of internalized stigma. Meanwhile, in the study by Brohan et al. (2010), the number of psychiatric patients who demonstrated high scores of self-stigma was 50.7 %.

In our study there was a greater number of patients demonstrating a high level of decrease in 'self-stigma resistance' (65 %), compared to foreign data (49.2 %) (Brohan et al., 2010; Vidović, Brečić, Vilibić, & Jukić, 2016; Vidojević, Dragojević, Tosković, & Popović, 2014). In our study the number of patients with low scores for the 'acceptance of stereotypes' subscale (85 %) was greater compared to the data obtained by Brohan et al. (72.3 %) (2010). However, our results were comparable with the results obtained by Vidović et al. (87.3 %) (2016). These discrepancies may be explained by the lack of information about the formats of therapy of respondents from previous studies. In our study all the patients voluntarily received complex treatment (psychopharmacotherapy and psychosocial interventions), which made it possible to level the intensity of internalized stigma through participation in a psychoeducational program.

The ISSF scores demonstrated a decrease of the overall narcissistic self-regulation and its individual components among all the examined patients, which confirms the data obtained by Zalutskaya et al. (2003) about its impairment in mental patients. An interesting finding was the difference in the overall narcissistic self-regulation, indicating its severe impairment, among

patients with a high level of self-stigma, compared with the group of patients demonstrating a low level of internalized stigma. In particular, in the group of patients demonstrating a low level of internalized stigma, the overall scores approached those obtained for the parents of patients with mental disorders (Zalutskaya et al., 2003).

We should note that the indicators related to the individual's vulnerable self-image occupy a special place in the decrease of the processes of narcissistic self-regulation in patients experiencing pronounced self-stigma (Klepikova & Nesterova, 2011). This is accompanied by experiences of their own fragility and vulnerability to the outside world, as well as a pronounced anxiety and an intense feeling of loneliness, which according to Loeffler, Huebben, Radke, Habel, & Derntl (2020) is associated with depressive experiences and anhedonia. Lysaker et al. (2012) presented similar findings that describe stereotypical anxious and depressive reactions, blocking the possibility of reducing internalized stigma. Moreover, our findings resonate with those presented by other authors regarding psychological characteristics that create vulnerability of personal identity, making it permeable to social stigma (Shi et al., 2018; Lutova et al., 2019; Holubova et al., 2016; Kashdan & Rottenberg, 2010; Ritsher & Phelan, 2004).

The subscales of 'basic potential for hope' (Self4), 'thirst for praise and confirmation' (Self11) and 'grandiose Self' (Self9), designated in the study by Klepikova and Nesterova (2011) as "self-confidence, supported by approval from the social environment", also showed a significant decrease among the interviewed patients. Thus, the ability to maintain optimism and self-reliance as counteraction to painful experiences and loss of self-esteem is reduced in psychotic patients. Our results are also supported by the studies describing the characteristics of protective mechanisms and coping behavior in patients with endogenous psychoses due to rigidity when choosing coping (Holubova et al., 2016).

In our study, it is self-doubt and vulnerability that are highly associated with the experience of internalized stigma. On the contrary, self-confidence associated with social approval does not demonstrate significant associations with self-stigma and, being a premorbid personality characteristic, has a certain protective property regarding the development of internalized stigma.

Specific characteristics of self-regulation disorders, including a significant increase in personal vulnerability and the inability to use protective components of regulation, reduce the ability to maintain a dynamic balance that provides biopsychosocial personal integrity in psychotic patients.

Research limitations

Our study had several potentially important limitations, including (a) an uneven gender composition of our study participants, which was associated with the gender composition of patients in the mixed psychiatric department. (b) The data were obtained for a sample of patients undergoing voluntary treatment at the stage of clinical remission on medication. (c) We examined patients with schizophrenic spectrum disorders and affective patients who have experienced psychotic symptoms.

Conclusion

The overwhelming majority of patients with endogenous mental disorders experience self-stigma of varying severity. Therefore, advances in our understanding of personal characteristics that underlie and support internalized stigma are especially important for the development of programs for its overcoming. We established that the pathogenic effect of self-stigma is not

diffuse and chaotic; it has its own specific profile. With an increase in self-stigma, the individual's perception of personal strengths (including the somatic level) and the clarity of his/her perception of himself/himself and the environment decrease, the control of emotions and the situational adequacy of behavior are impaired. Communication with others is limited; such retroactive protection as taking advantage of the disease is more often used. Moreover, expansive forms of self-affirmation are paralyzed (optimism, heightened self-esteem, the search for ideal social objects, the ideal of self-sufficiency, and the expectation of praise and protection in a patronizing symbiotic relationship).

An important practical consequence of this main finding is that if such a decrease in coping resources is caused by a patient's subjective maladaptive psychological reaction to stigma (instead of negative psychopathological symptoms), this opens up the possibility of expanding coping resources through targeted individualized psychotherapeutic correction of self-stigma.

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N. B. Lutova made the main contribution to the theoretical framework and research design, to the final analysis of the data, to writing literature overview, to the discussion of results, and to the approval of the final manuscript for publication.

O. V. Makarevich contributed to the research design, developed the theoretical framework, collected the data, analyzed and interpreted findings, and contributed to discussion.

V. D. Vid analyzed and interpreted findings.

K. E. Novikova contributed to the research design, developed the theoretical framework, collected the data, and analyzed findings.

M. Yu. Sorokin collected the data, interpreted findings, and prepared the final version of the manuscript for publication.

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