

The Effect of Internalized Stigma on Psychological Resilience in People with Mental Illness

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ABSTRACT

Objective: The purpose of the present study was to evaluate the effect of internalized stigma on psychological resilience in people with mental illness.

Methods: The present study was a cross-sectional type. A hundred-sixty five (165) people with mental illness were included in the study. Descriptive Features Form, Internalized Stigma of Mental Illness Inventory (ISMI), and Brief Resilience Scale (BRS) were utilized to gather data.

Results: There was a statistically negative strong relationship between ISMI and BRS ($r=-0.803$, $p<.05$). It was also identified that internalized stigma predicted psychological resilience by 64%.

Conclusion: Decreasing the level of internalized stigma of people with mental illness may positively affect their psychological resilience.

Keywords: Internalized stigma, mental illness, psychological resilience.



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Introduction

Today, mental illnesses have an important place among health problems. According to WHO data, mental illnesses are one of the most important causes of disability in the world, particularly in Türkiye (Abay & Çölgeçen, 2018). There are several mental illnesses that occur in diverse ways. These illnesses are frequently emerged by abnormal feelings, thoughts, behaviors, perceptions, and relationships with others. There are many issues with mental illnesses that make them hard to control. One of these issues is the stigmatization of people with mental illness by community. Stigmatization means to a loss of status and social exclusion, in which negative thought types about people with mental illness occur (Alptekin et al., 2014). The self-blame, shame, and fear of discrimination that people experience as a result of being stigmatized by community cause them to stigmatize themselves. Therefore, people with mental illness internalize the features attributed to them and come to accept the usual negative opinion of community (Yeşil & Han Almış, 2016). It has been stated that people with mental illness in community are subjected to stigma (Mejia-Lancheros et al., 2020). In addition, previous studies have indicated that people with mental illnesses have high levels of internalized stigma (Ayar et al., 2021; Pribadi et al., 2020). The stigmatization experience of people with mental illness causes them to feel ashamed of themselves, feel inadequate, avoid social relations, and socially isolate themselves (Sevinik & Arslan, 2020). All these negative situations cause people with mental illness to face many difficulties.

It can be asserted that each person has a diverse way for coping with the adversity caused by stigma. One of these ways is psychological resilience. Psychological resilience is the capacity of a person to quite well come through and harmonize to adverse conditions. It has been determined that people with high levels of psychological resilience are more successful at struggling through the challenges of poverty, violence, illness, and many other stressful life events (Öz & Yılmaz Bahadır, 2009). The concept of resilience plays a leading role in the recovery process of people with serious mental illnesses and in understanding how they cope with their respective conditions (Mizuno et al., 2018). There are bound to be stressful and negative events in the lives of people with mental illness, and these negative life events also directly affect psychological resilience.

Increasing the psychological resilience of people with mental illness can also conduce positively to reducing the level of internalized stigma, as it can support the process of reintegrating people into society. In present study, it was

assumed that the internalized stigma level of people with mental illness may affect negatively on their psychological resilience. In this respect, our study is important for psychiatric nursing.

Methods

Participants

As a result of the literature review, no study examining the relationship between "Internalized Stigma Scale" and "Psychological Resilience Scale" in people with mental illness was found, but the study closest to the current study, Post et al. (2021), data from the "Resilience predicts self-stigma and stigma resistance in stabilized patients with Bipolar I Disorder" study were used (Post et al., 2021). In this study, the relationship between the "Internalized Stigma Scale" and the "Resilience Scale" was found to be significant ($r = -0.626$). The sample size was calculated at 95% confidence level using the "G. Power-3.1.9.4" program. Since the study aimed to examine the relationship between internalized stigma and psychological resilience in people with mental illness, it was assumed that Pearson correlation analysis would be performed. The minimum sample size was determined as 15, with the effect size of the study being 0.79, the α value being 0.05, and the power being 0.95. However, the study was completed with a hundred-sixty-five (165) people with mental illness. People participating in the study were numbered according to their file records. Then, a simple random numbers table was created on the computer, and the participants were randomly selected. The included participants were people diagnosed with mental illness (Based on the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, DSM-V, they were diagnosed with psychosis, and related disorders, anxiety disorders, mood disorders), 18 years of age and above, able to communicate, had completed the hospital treatment process (in remission), and had their drug use, drug side effects, and illness symptoms followed regularly by the psychiatrist.

Procedures

The present study was a cross-sectional type. The data were gathered by the first researcher by face-to-face interview in a Community Mental Health Center (CMHC) and psychiatry outpatient clinics between October 2022 and February 2023. The questions were read to the participants by the researcher and she marked their answers.

Measures

Descriptive Features Form: This form contains questions about marital status, age, gender, education status, presence of a history of mental illness in the family, employment status, diagnosis of the illness, and duration

of the illness (Ayar et al., 2021; Pribadi et al., 2020).

Internalized Stigma of Mental Illness Inventory (ISMI): It was improved by Rister et al. A Turkish reliability and validity study was performed by Ersoy & Varan (2007) (Cronbach's α 0.89) (0–25 score=low, 26–39 score=moderate, and 40 and above score=high levels of internalized stigma) (Ersoy & Varan, 2007). The scale is structured in a four-point Likert-type (1-4 point) and consists of 29 items, with subscales for stereotype endorsement, alienation, social withdrawal, perceived discrimination, and stigma resistance. The lowest-to-highest score range of the scale is 29–116. In the present study, the Cronbach's α was found as 0.93 for the scale.

Brief Resilience Scale (BRS): It was improved by Smith et al. A Turkish reliability and validity study was performed by Doğan (2015) (Cronbach's α 0.83). The BRS consists of six items measured on a five-point Likert-type scale. Each item is given a score between 1–5 (Not at all appropriate=1 points, Rarely appropriate=2 point, Sometimes appropriate=3 points, Appropriate=4 points, Always appropriate=5 points). Items 2, 4, and 6 of the scale are scored in reverse. The lowest-to-highest score range of the scale is 0-30. An increase in the total score got from the scale shows high psychological resilience. In the present study, the Cronbach's α was found as 0.92 for the scale.

Analysis

The data were examined in IBM SPSS 25.0 (IBM SPSS Corp., Armonk, NY, USA) program. A p-value $< .05$ was accepted significant for the present study. Cronbach's α coefficient was utilized in the internal consistency analysis of the scales. Percentage distribution was utilized to evaluate the descriptive features, and arithmetic mean was utilized to evaluate the total mean score of the scales. According to the results of the normality test (Shapiro–Wilk test), independent t-test, Kruskal Wallis were utilized to compare descriptive features and scales. Linear Regression and Pearson Correlation analysis were utilized to compare the ISMI and BRS. Tukey test was utilized for further analysis.

Ethical Consideration

Firstly, approval (Date: July 26, 2022, Number: 14/2022-3726) from the Ethics Committee of İnönü University and official permission from the hospital and CMHC were got. The purpose of the study was clarified to the people with mental illness, and they were notified that their data would be protected confidential and that they could leave the study at any time. Additionally, the study was carried out in the light of the Principles of Helsinki Declaration. The written consent was obtained from the people via informed voluntary onsent form.

Results

Comparison of the people' mean ISMI and BRS total scores according to descriptive features revealed statistically significant differences associated with age groups, educational status, presence of a history of mental illness in the family working status, diagnosis of the illness, and duration of the illness ($p < .05$). In the Tukey analysis, it was determined that the mean ISMI score was lowest and the mean BRS score was highest in the 18-28 age group, the education status in the university graduate group, the anxiety disorder group, and the in the 0-5 years group of duration of the illness. However, there were no statistically significant differences with respect to the people' marital status and gender in terms of the ISMI and BRS ($p > 0.05$) (Table 1).

The total mean score of the people with mental illness were 76.20 ± 9.73 on the ISMI, and 11.44 ± 4.72 on the BRS (Table 2). Based on the total mean score of the scales, it can be said that the internalized stigma of these people were at a high level and psychological resilience of these people were at a low level.

There was a statistically negative strong relationship between total mean score of the BRS and the ISMI ($r = -0.803$, $p < .05$). In addition, it was identified that internalized stigma predicted psychological resilience by 64% (Table 3).

Discussion

The results obtained from the present study, which was carried out to state the effect of internalized stigma on psychological resilience in people with mental illness, are discussed in the context of the present literature.

It was stated that there was a statistically significant difference between the age groups for all the subscales and the total mean score of the ISMI. It was also found that the highest ISMI total mean score was in the 51-year-old and above group. Pribadi et al. (2020) reported a relationship between the level of internalized stigma and the age of people with schizophrenia. In another study of people with mental illness, Ayar et al. (2021) reported that people 51 years and above had higher levels of internalized stigma compared to other age groups. As the age of people with mental illness increases, stigma also increases due to the increase in the perception of loneliness of people, inadequacy in coping skills, a decrease in optimistic thoughts, a decrease in quality of life, and an increase in deterioration in functionality.

Table 1.
Comparison of Subscales of ISMI and ISMI Total Mean Scores and BRS Total Mean Scores of the People in Terms of Their Descriptive Features (N=165)

Descriptive Features				Alienation	Stereotype Endorsement	Perceive Discrimination	Social Withdrawal	Stigma Resistance	ISMI Total Score	BRS Total Score
	n	%	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$
*Age Groups	18-28	30	18.2	15.33±2.63	16.00±2.93	11.93±2.09	14.00±2.75	13.60±1.88	71.03±8.29	14.20±4.16
	29-39	67	40.6	16.44±2.65	17.00±2.87	12.73±2.61	14.80±2.96	12.97±2.02	74.08±9.13	12.74±4.76
	40-50	42	25.5	17.71±2.84	18.38±2.73	13.90±2.50	16.33±3.15	12.14±1.85	78.64±9.24	9.64±3.89
	51 and above	26	15.8	19.07±2.69	19.92±2.33	15.15±2.14	17.92±2.69	11.23±1.65	83.69±8.28	7.84±2.94
	Test Value			KW=25.795	KW=28.442	KW=24.331	KW=27.600	KW=23.797	KW=26.669	KW=36.880
	Significance			p=.000	p=.000	p=.000	p=.000	p=.000	p=.000	p=.000
Gender	Male	93	56.4	16.97±2.78	17.76±2.88	13.33±2.44	15.59±3.03	12.48±1.97	76.38±9.15	11.11±4.29
	Female	72	43.6	16.98±3.14	17.45±3.21	13.18±2.86	15.47±3.40	12.75±2.12	75.97±10.48	11.87±5.21
	Test Value			t=-0.16	t=0.632	t=0.362	t=-0.234	t=-0.823	t=0.266	t=-0.996
	Significance			p=.987	p=.528	p=.718	p=.815	p=.412	p=.790	p=.321
*Education Status	Illiterate	29	17.6	19.72±2.44	22.34±2.05	15.75±2.11	18.24±2.51	11.00±1.46	85.24±7.52	6.96±2.41
	Primary	62	37.6	18.20±2.41	19.12±2.18	14.43±2.09	16.87±2.65	11.46±1.72	80.38±7.79	9.33±3.72
	High	47	28.5	15.44±1.72	15.97±2.27	11.87±1.71	13.97±2.60	13.78±1.24	71.25±6.98	13.55±3.46
	University	27	16.4	13.88±1.69	14.14±1.32	10.33±0.83	12.29±1.10	14.85±0.66	65.51±3.43	17.44±1.45
	Test Value			KW=80.733	KW=81.249	KW=86.340	KW=74.490	KW=88.116	KW=77.896	KW=90.967
	Significance			p=.000	p=.000	p=.000	p=.000	p=.000	p=.000	p=.000
Marital Status	Married	80	48.5	16.66±2.72	17.38±2.80	13.01±2.58	15.28±3.12	12.82±1.95	75.36±9.39	11.60±4.62
	Single	85	51.5	17.28±3.11	17.85±3.22	13.50±2.66	15.77±3.24	12.38±2.10	77.00±10.02	11.30±4.83
	Test Value			t=-1.363	t=-1.004	t=-1.207	t=-0.985	t=1.382	t=-1.083	t=0.399
	Significance			p=.175	p=.317	p=.229	p=.326	p=.169	p=.280	p=.690
Working Status	Employed	46	27.9	14.39±1.84	14.71±1.61	10.84±1.34	12.56±1.57	14.39±0.97	67.00±5.01	15.52±3.05
	Unemployed	119	72.1	17.98±2.66	18.75±2.67	14.20±2.39	16.68±2.90	11.90±1.91	79.76±8.73	9.87±4.29
	Test Value			t=-9.833	t=-11.819	t=-11.309	t=-11.686	t=10.928	t=-11.719	t=9.443
	Significance			p=.000	p=.000	p=.000	p=.000	p=.000	p=.000	p=.000
Presence of a History of Mental Illness in the Family	Yes	61	37.0	19.00±2.82	19.62±2.60	15.06±2.38	17.63±2.70	11.16±1.62	82.75±8.82	8.57±3.73
	No	104	63.0	15.79±2.29	16.46±2.62	12.21±2.15	14.30±2.79	13.44±1.77	72.36±8.07	13.13±4.42
	Test Value			t=7.517	t=7.497	t=7.679	t=7.549	t=-8.405	t=7.531	t=-7.059
	Significance			p=.000	p=.000	p=.000	p=.000	p=.000	p=.000	p=.000
*Diagnosis of the Illness	Psychosis	46	27.9	18.73±2.54	19.67±2.10	15.04±2.35	17.13±2.81	11.06±1.63	81.91±8.21	7.78±2.99
	Mood	67	40.6	17.56±2.61	18.31±2.74	13.70±2.24	16.23±3.04	12.29±1.74	78.35±8.86	10.61±4.18
	Anxiety	52	31.5	14.67±2.13	14.94±2.00	11.13±1.76	13.23±2.32	14.34±1.29	68.38±6.73	15.76±2.99
	Test Value			KW=53.860	KW=66.372	KW=61.443	KW=44.694	KW=67.730	KW=53.821	KW=73.172
	Significance			p=.000	p=.000	p=.000	p=.000	p=.000	p=.000	p=.000
*Duration of the Illness (Years)	0-5	50	30.3	15.28±2.11	15.96±2.60	11.90±1.92	13.96±2.63	13.78±1.63	70.98±7.56	14.60±4.09
	6-10	49	29.7	16.46±2.80	16.85±2.93	12.65±2.61	14.75±2.99	12.87±2.09	73.77±9.28	12.26±4.46
	11-15	33	20.0	17.51±2.45	18.42±2.42	13.72±2.19	16.33±2.67	11.96±1.82	78.21±7.78	9.36±3.87
	16-20	33	20.0	19.78±2.49	20.51±1.80	15.78±2.10	18.30±2.74	11.03±1.42	85.72±7.64	7.54±2.61
	Test Value			KW=49.382	KW=51.830	KW=44.394	KW=40.679	KW=41.594	KW=48.356	KW=53.286
	Significance			p=.000	p=.000	p=.000	p=.000	p=.000	p=.000	p=.000

ISMI: Internalized Stigma of Mental Illness Inventory , BRS: Brief Resilience Scale , t: Independent t-test, KW: Kruskal Wallis , *Tukey

Scale	Min-Max	Mean±SD
<i>Alienation</i>	8-24	16.98±2.93
<i>Stereotype Endorsement</i>	10-25	17.63±3.02
<i>Perceived Discrimination</i>	7-20	13.26±2.62
<i>Social Withdrawal</i>	11-24	15.53±3.19
<i>Stigma Resistance</i>	9-16	12.60±2.03
ISMI Total	53-102	76.20±9.73
BRS Total	6-18	11.44±4.72

There was also a statistically significant difference between education status for all the subscales and the total mean score of the ISMI, and the highest ISMI total mean score was in the illiterate group. Previous studies have reported that the level of internalized stigma decreases as the education level of people with schizophrenia or mental illness increases (Coşkun & Güven, 2012; Kehyayan et al., 2021; Kök & Demir, 2018). The fact that these people experience more internalized stigma may be related to their difficulties in coping with problems and seeking help regarding their illness. In addition, with an increase in the level of education, people can obtain more information about the illness by doing more research on the cause, course, and treatment, which can reduce stigma

BRS								Correlation**	
ISMI	R	R ²	β	t	p	df1,df2	F	r	p
<i>Alienation</i>	0.786	0.618	-0.489	16.231	.000*	163,164	263.457	-0.786	.000*
<i>Stereotype Endorsement</i>	0.842	0.709	-0.540	-19.946	.000*	163,164	397.849	-0.842	.000*
<i>Perceived Discrimination</i>	0.803	0.645	-0.447	-17.195	.000*	163,164	295.683	-0.803	.000*
<i>Social Withdrawal</i>	0.761	0.579	-0.514	-14.965	.000*	163,164	223.948	-0.761	.000*
<i>Stigma Resistance</i>	0.822	0.675	0.355	18.394	.000*	163,164	338.331	0.822	.000*
Total	0.803	0.645	-0.390	-17.221	.000*	163,164	296.558	-0.803	.000*

* $p < .05$ **Pearson correlation analysis ****Linear regression analysis

A statistically significant difference between working status for all the subscales and the total mean score of the ISMI was also found. The total mean score of the ISMI of unemployed people was higher than that of employed ones. Previous studies have reported that there is a relationship between the level of internalized stigma and the working status of people with schizophrenia, and that unemployed people have higher levels of internalized stigma (Pribadi et al., 2020; Ran et al., 2018). Former studies reported that the levels of internalized stigma of unemployed people with mental illness or mood disorders were higher than those of employed ones (Ayar et al., 2021; Gomes et al., 2021). Being financially inadequate can be a risk of highly internalized stigma. The perspective of society toward people with mental illness may also change positively as working people gain their economic independence and increase their level of financial self-sufficiency, thus leading to less exposure to stigmatization. For history of mental illness, there was a statistically significant difference on all the subscales and the total mean score of the ISMI. Specifically, people with a history of mental illness in the family had a higher total mean

score on the ISMI than those who did not. However, in their study of people with schizophrenia, Alhadidi et al. (2021) did not determine a relationship between internalized stigma and a history of mental illness in family. In our culture, having a people with a mental illness in one's family is seen as a shameful situation, so such families are stigmatized by society and often isolate themselves, which may cause these people with such a history to experience more stigma. There was also a statistically significant difference between the diagnosis of the illness for all subscales and the total mean score of the ISMI. The total mean ISMI score of people diagnosed with psychosis and related disorders was higher than that of people with mood disorders and anxiety disorders. People with schizophrenia have been reported to be the group most exposed to stigmatization among those with mental illnesses (Schulze & Angermeyer, 2013). Yilmaz and Okanlı (2015) reported that people with schizophrenia had higher stigmatization levels compared to other mental illness groups. In another study, Pal et al. (2017) showed that people with schizophrenia experienced more stigma than people with bipolar and anxiety disorders. Elsewhere,

people with schizophrenia were found to experience more stigma and discrimination than people with other mental illnesses, such as depression and mania (Hasan & Musleh, 2017). The fact that psychotic disorders such as schizophrenia are a serious mental illness can cause people to be considered aggressive and dangerous by society and thus experience negative and rejecting attitudes from others, which may cause people with schizophrenia to experience more stigma. There was also a statistically significant difference between the duration of the illness for all subscales and the total mean score of the ISMI. The highest total mean score of the ISMI was in the 16-to-20-year-old group. One study found that people with panic disorder increased their stigmatization as the duration of the illness increased (Batinic et al., 2012). Pribadi et al. (2020) reported a significant relationship between the level of internalized stigma and the duration of the illness in people with schizophrenia. With the increase in the duration of the illness, the stereotypes of society may become more internalized, and people with mental illness may withdraw themselves from society; therefore, the level of internalized stigma will be higher. There was no statistically significant difference between gender and marital status for all the subscales and the total mean score of the ISMI. In line with this finding, Pribadi et al. (2020) stated that there was no significant relationship between the level of internalized stigma of people with schizophrenia and gender. Previous studies have found no significant relationship between internalized stigma and gender and marital status in people with schizophrenia, mental illness or mood disorders (Ayar et al., 2021; Gomes et al., 2021; Kehyayan et al., 2021; Zhang et al., 2019). These findings may be indicative of the fact that both women and men are equally affected by the attitudes and behaviors of society and are thus equally exposed to stigma.

Another statistically significant difference was determined between the age groups and the total mean score of the BRS. The highest BRS total mean score was in the 18–28 age group. Nunes et al. (2021) determined that there is a relationship between the resilience levels of people with severe mental illnesses (i.e., schizophrenia bipolar disorder, and major depression) and their age. In their study of people with euthymic bipolar I, Uygun et al. (2018) did not find a relationship between resilience and age. It can be argued that the symptoms and experiences of the illness increase the destructive effects on the lives of people with mental illness, and therefore negatively affect the goals and beliefs of the people about the future, which may cause a decrease in psychological resilience with increasing age. A statistically significant difference was also determined between education status and the total mean score of the BRS, and the highest BRS total mean score was in the university

graduate group. Nunes et al. (2021) also stated that there is a relationship between the resilience levels of people with severe mental illnesses (e.g., major depression, bipolar disorder, and schizophrenia) and their education level. There was also a statistically significant difference between working status and total mean score of the BRS, with employed people receiving higher scores than unemployed people. The total scores of people with moderate economic status were found to be significantly higher than those of people with lower economic status (Şenormancı et al., 2022). It has been suggested that family income functions as a resilience factor in families where a people is diagnosed with schizophrenia (Bishop & Greeff, 2015). Having better economic resources may make it easier for patients to access social support in such cases. Another statistically significant difference was determined between presence of a history of mental illness in the family and the total mean score of the BRS, and people with no history of mental illness in the family had a higher BRS total mean score than people with such a history. In their study of people with euthymic bipolar I, Uygun et al. (2018) did not find a relationship between resilience and a family history of mental illness. There was also a statistically significant difference between the diagnosis of the illness and the total mean score of the BRS. Specifically, the total mean BRS score of people diagnosed with psychosis and related disorders was lower than that of people with mood disorders and anxiety disorders. In another study, Nunes et al. (2021) determined that people with major depression had lower levels of resilience than people with bipolar disorder and schizophrenia. It has been stated that low resilience levels pose a high risk for psychosis and schizophrenia in people and that high resilience is associated with less anxiety and depressive symptoms and better functionality (Sedic et al., 2021). This result may have been achieved because people with schizophrenia, who have a serious psychiatric disorder, adapt less to the difficulties they face in life. A statistically significant difference was also determined between the duration of the illness and the total mean BRS score. The highest total mean score of the BRS was in the 0–5 years group. While there are other studies showing that the duration of illness of people with schizophrenia is not related to resilience (Bozikas et al., 2016; Mizuno et al., 2016), psychological resilience may in fact decrease with an increase in the duration of the illness, since the treatment period for mental illnesses is long and difficult, and people may look more pessimistically toward the future. It should also be pointed out that there was no statistically significant difference between gender and marital status and the total mean scores of the BRS. Similarly, in their study of people with euthymic bipolar I, Uygun et al. (2018) could not find a relationship between resilience and gender and marital

status.

It was stated that there was a statistically negative strong relationship between the total mean score of the BRS and the perceived discrimination, alienation, stereotype endorsement, and social withdrawal subscales of the ISMI, as well as a statistically positive strong relationship between the stigma resistance subscale of the ISMI. In line with these results, it can be concluded that as people' psychological resilience levels increase, their internalized stigma levels decrease, but their stigma resistance increases. The results of this study therefore indicate that internalized stigma may be an important factor in the recovery processes of people with mental illness. Many interventions have focused on reducing the psychiatric symptoms of people with mental illnesses. As a side effect of mental illness, people may develop the risk of internalized stigma. In addition, this risk can be seen as a major obstacle to the recovery process and realization of life goals for people with mental illness. However, the psychological resilience of people with mental illnesses may protect them against the risk of internalized stigma. With the increase of internalized stigma, people' alienation from society, introversion, difficulty maintaining their people and social roles, and feelings of worthlessness and uselessness may decrease their psychological resilience levels. Increasing the level of resilience of people with mental illness may improve their ability to cope with the illness by resisting stigma and supporting their interpersonal relationships and social functionality.

Limitations of Study

The study was conducted in a hospital, CMHC and on people with mental illness with similar cultural and social features. Other limitation is that causality could not be sufficiently assessed because of the study's cross-sectional type.

Conclusion and Implications

There was a negative strong relationship between psychological resilience and internalized stigma, and a positive strong relationship with stigma resistance.

Today, internalized stigma creates serious problems among people with mental illness. Mental health and psychiatry nurses primarily need to determine the factors that increase psychological resilience and decrease internalized stigma in people with mental illness. Mental health and psychiatry nurses should apply many psychotherapeutic interventions and integrate these practices into routine clinical care, in addition to pursuing pharmacological treatment to reduce their internalized stigma and increase their level of psychological resilience. In addition to all these approaches, psychoeducation for people with mental illness, their

caregivers, their families, healthcare workers, and society for understanding mental illnesses and training to combat stigma should be provided.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of 3726 İnönü University (Date: July 26, 2022, Number: 14/2022-3726).

Informed Consent: The written consent was obtained from the all people who took part in this study.

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