

INTERNALIZED STIGMA AS A PREDICTOR OF SOCIAL ANXIETY AMONG PATIENTS WITH PSYCHOTIC DISORDERS IN SELECTED NEUROPSYCHIATRIC SETTINGS IN SOUTH-EAST NIGERIA.

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Abstract

Internalized stigma is a significant psychosocial challenge among individuals with psychotic disorders and may contribute to difficulties in social functioning. Social anxiety may further affect patients' interpersonal relationships and participation in social activities. This study examined internalized stigma as a predictor of social anxiety among patients with psychotic disorders in selected neuropsychiatric settings in South-East Nigeria. A cross-sectional correlational design was adopted. Participants were 210 patients comprises of 124 males and 86 females with psychotic disorders aged 16 years and above, selected using purposive sampling technique. Data were collected using the Internalized Stigma of Mental Illness Scale (ISMI) and the Liebowitz Social Anxiety Scale (LSAS) and analyzed using appropriate descriptive and inferential statistics. The finding showed a significant positive relationship between internalized stigma and social anxiety ($r = .421, p < .01$). Furthermore, internalized stigma significantly predicted social anxiety ($\beta = .415, t = 6.484, p < .001$) among patients with psychotic disorders. Internalized stigma is an important psychological factor associated with social anxiety in patients with psychotic disorders. Addressing internalized stigma through

appropriate psychological and stigma-reduction interventions may help improve patients'

social functioning and psychosocial well-being.

Keywords: internalized stigma, social anxiety, psychotic disorders, neuropsychiatric settings, South-East Nigeria.

INTRODUCTION

Psychotic disorders are severe mental health conditions that can significantly affect an individual's perception, behaviour, emotions, interpersonal relationships, and overall social functioning. In addition to the direct effects of psychotic symptoms, people living with Psychotic disorders frequently encounter negative stereotypes, discrimination, and Social exclusion. The World Health Organization (WHO, 2025) reports that stigma and discrimination are common among people with schizophrenia and can negatively affect their relationships, social participation, access to healthcare, education, and employment. These experiences make stigma an important psychosocial concern in the management and recovery of individuals with psychotic disorders.

One important dimension of mental health stigma is internalized stigma, which occurs when individuals with mental illness accept negative stereotypes and prejudicial beliefs about mental illness and apply them to themselves. Internalized stigma may be expressed through feelings of shame, alienation, low-self-esteem, reduced self-worth, and social withdrawal. Recent evidence indicates that internalized stigma is prevalent among people with psychotic disorders and may vary according to individual and cultural factors (Sum et al., 2024). Similarly, research on psychological interventions has demonstrated the clinical importance of reducing self-

stigma among individuals with Schizophrenia-spectrum disorders, suggesting that internalized

stigma represents a modifiable psychosocial factor in mental health care (Lamarca et al., 2024).

Social anxiety is another psychological difficulty that may have important consequences for individuals with psychotic disorders. It involves excessive fear or anxiety in social situations, particularly where individuals anticipate being negatively evaluated, embarrassed, rejected or humiliated. Social anxiety may result in avoidance of social interactions and difficulties in interpersonal functioning. The World Health Organization (2025) identifies social anxiety disorder as a form of anxiety disorder characterized by excessive fear and worry in social situations that can produce significant distress and impairment. Among individuals with psychotic disorders, social anxiety may be particularly important because concerns about how others perceive them can occur alongside experiences of stigma, shame, paranoia and social exclusion.

The relationship between stigma-related experiences and social anxiety has received increasing research attention. Aunjitsakul et al. (2024), in a study involving people diagnosed with schizophrenia, examined the relationships among stigma, shame, social anxiety, safety behaviours, and paranoia. Their findings demonstrated a positive relationship between social anxiety and paranoia and highlighted the importance of social anxiety-related processes in understanding psychological difficulties among people with Schizophrenia. Although stigma and shame did not significantly mediate the relationship between social anxiety and paranoia in their study, the findings reinforce the importance of examining social anxiety within the broader context of stigma and interpersonal concerns experienced by people with psychotic disorders.

The relevance of internalized stigma is particularly important in African settings, where cultural beliefs and community attitudes may influence how mental illness is understood and experienced. Negative societal beliefs about mental illness may become internalized by affected individuals, potentially contributing to feelings of shame, alienation, and withdrawal from social interactions. Recent evidence from a systematic review and meta-analysis indicates that internalized stigma remains a significant concern among people with psychosis, with cultural context identified as one factor associated with variations in internalized stigma (sum et al., 2024). The continuing emphasis by the WHO on reducing stigma and discrimination also highlights the need for mental health services to address psychosocial factors alongside the treatment of psychiatric symptoms (WHO, 2025).

Despite increasing international research on stigma and psychosis, there remains a relative paucity of empirical research examining internalized stigma specifically as a predictor of social anxiety among patients with psychotic disorders in Nigeria, particularly in south-East Nigeria. This gap is important because persistent internalized negative beliefs may affect how individuals perceive themselves and anticipate social interactions, potentially contributing to avoidance and difficulties in social functioning. Understanding this relationship may assist mental health professionals in identifying patients who are vulnerable to social anxiety and in developing interventions that address both internalized stigma and social functioning.

Therefore, the present study examined internalized stigma as a predictor of social anxiety among patients with psychotic disorders in selected neuropsychiatric settings in South-East Nigeria. The study is expected to contribute to the growing literature on stigma-related psychological outcomes among people with psychotic disorders and provide evidence that may

inform psychological assessment, stigma-reduction programmes, and interventions aimed at

improving social and interpersonal functioning.

Theoretical Framework

This study is anchored on Goffman's Stigma Theory (1963) and Borkovec's Avoidance Model (1994). The two perspectives provide a theoretical basis for understanding the possible relationship between internalized stigma and social anxiety among patients with psychotic disorders.

Goffman conceptualized stigma as an attribute that can discredit an individual and negatively influence how the person is perceived by others and how the person perceives the self. Individuals who possess a socially devalued attribute may experience difficulties in social interactions and may attempt to manage, conceal, or distance themselves from the stigmatized identity. In the context of psychotic disorders, repeated exposure to negative stereotypes and discriminatory attitudes may contribute to the internalization of these negative views. Consequently, individuals may develop feelings of shame, inferiority, and concern about how they are perceived by others. Such experiences may increase vulnerability to difficulties in social interaction and social anxiety.

Borkovec's model conceptualizes worry and avoidance as processes through which individuals attempt to manage anticipated threats and distress. In this perspective, avoidance can reduce immediate emotional discomfort while preventing the individual from adequately confronting or processing feared situations. Applied to the present study, patients who internalize negative beliefs about mental illness may anticipate rejection, embarrassment, criticism, or negative evaluation in social situations. These expectations may encourage avoidance of social

interactions, thereby limiting opportunities for corrective social experiences and potentially

maintaining anxiety.

Taken together, the two theories provide a complementary explanation for the proposed relationship between internalized stigma and social anxiety. Goffman's theory explains how societal devaluation may become incorporated into an individual's self perception, while Borkovec's avoidance perspective helps explain how anticipated social threat and avoidance may contribute to the persistence of anxiety. Thus, the framework supports the proposition that higher levels of internalized stigma may be associated with greater social anxiety among patients with psychotic disorders.

Empirically, Lavi-Rotenberg et al. (2024) examined the relationship between social anxiety and self stigma among 56 adults with Schizophrenia. The study found significant associations between social anxiety and self-stigma, suggesting that negative self perceptions may be closely related to difficulties in social situations among individuals with schizophrenia.

Ilyas et al. (2024) investigated internalized stigma and social phobia among 100 psychotic patients. The findings showed that internalized stigma significantly predicted social anxiety, indicating that individuals who internalize negative beliefs about their mental illness may experience greater fear and discomfort in social interactions.

Similarly, Efthimiou et al. (2021) studied 90 patients experiencing a first episode of psychosis and found a significant positive relationship between internalized stigma and social anxiety. Their findings further indicated that greater internalized stigma was associated with poorer quality of life.

Collectively, these studies suggest that internalized stigma is significantly associated with social anxiety among individuals with psychotic disorders. However, much of the available evidence comes from non-Nigerian populations, creating a need for further research within Nigerian neuropsychiatric settings. The present study therefore examines internalized stigma as a predictor of social anxiety among patients with psychotic disorders in selected neuropsychiatric settings in South-East Nigeria.

Hypothesis

1. Internalized stigma will significantly predict social anxiety among patients with psychotic disorders in selected neuropsychiatric settings in South-East Nigeria.

Method

Research Design

The study adopted a cross-sectional correlational research design. This design was considered appropriate because data were collected from participants at a single point in time to examine the relationship between internalized stigma and social anxiety and to determine whether internalized stigma significantly predicts social anxiety among patients with psychotic disorders.

The study was conducted in selected neuropsychiatric settings in South-East Nigeria, namely the Federal Neuropsychiatric Hospital, Enugu, State Neuropsychiatric Hospital, Nawfia, Anambra State; and Amaudo Integrated Community Mental Health Foundation, Itumbuzo, Abia State. These settings provide psychiatric and psychological services to individuals with various mental health conditions, including psychotic disorders.

Participants

The participants comprised 210 patients diagnosed with psychotic disorders, consisting of 124 males and 86 females, who were receiving care in the selected neuropsychiatric settings. Participants were aged 16 years and above, and a purposive sampling technique was used to select participants who met the study's inclusion criteria. Participants were recruited based on their diagnosis of a psychotic disorder, age eligibility, and availability during the period of data collection, and willingness to participate in the study.

Instruments

Data were collected using two psychological instruments; the Internalized Stigma of Mental Illness Scale (ISMI) and the Liebowitz Social Anxiety Scale (LSAS).

The Internalized Stigma of Mental Illness Scale (ISMI) developed by Ritsher et al. (2003) was used to assess internalized stigma among the participants. The instrument is a five-point Likert Scale with 29 items where respondents indicate their level of agreement with each item, ranging from "1 = Strongly Disagree" to "5 = Strongly Agree". The responses provide insight into how much individuals have internalized negative beliefs about their mental illness. Scoring for the ISMI Scale is done by summing the scores for each item. Higher scores indicate greater internalized stigma, whereas lower scores suggest less stigma or greater resistance to internalization. The validity coefficient of ISMI Scale is approximately 0.85, indicating its high accuracy in measuring internalized stigma. The reliability of ISMI Scale also demonstrated excellent internal consistency, with a Cronbach's alpha of 0.90; The ISMI Scale in addition has good test-retest reliability, with a coefficient of 0.80. In the present study, the researcher conducted a pilot study and the scale reported a Cronbach alpha 0.98.

The Liebowitz Social Anxiety Scale (LSAS) developed by Liebowitz (1987) was used to assess social anxiety levels experienced by individuals in various social situations. The response format of the LSAS uses a five-point Likert Scale with 24 items where respondents rate how much each statement applies to them in specific social situations. The options range from “1=Strongly Disagree to 5=Strongly Agree”. This range allows for a nuanced assessment of the severity and frequency of social anxiety symptoms, offering a clear picture of the respondent’s experiences. Scoring for the LSAS is done by summing the responses to all 24 items. Higher scores indicate higher levels of social anxiety. The validity coefficient of LSAS is approximately 0.82, indicating that the LSAS effectively measures social anxiety as intended. Reliability testing has also confirmed the scale’s consistency, with a Cronbach’s alpha value of 0.87, demonstrating high internal consistency and reliability across different populations and settings. In the present study, the researcher conducted a pilot study and the scale reported a Cronbach alpha 0.78.

Procedure

Following ethical approval and permission from the relevant authorities of the selected neuropsychiatric settings, eligible participants were approached and informed about the purpose and nature of the study. Participants, who agreed to participate, provided informed consent before the administration of the study instruments. The questionnaires were administered to the participants under appropriate conditions, with necessary assistance provided where required. Participants were assured that the information provided would be treated confidentially and used strictly for research purposes.

Data Analysis

Data obtained from the study were analyzed using appropriate statistical procedures.

Descriptive statistics were used to summarize the demographic characteristics of the participants, while multiple regression analysis was used to determine whether internalized stigma significantly predicted social anxiety among patients with psychotic disorders. Statistical significance was evaluated at the 0.05 level of significance.

Table 1

Pearson Correlation among Internalized Stigma, Relapse Prevention and Social Anxiety among Patients with Psychotic Disorders

Results

Variables	Internalized Stigma	Relapse Prevention	Social Anxiety
Internalized Stigma	1	.013	.421**
Relapse Prevention	.013	1	.070
Social Anxiety	.421**	.070	1

Note: Correlation is significant at the 0.01 level (2-tailed).

The table shows that internalized stigma had a significant positive relationship with social anxiety ($r = .421$, $p < .01$), whereas relapse prevention was not significantly related to social anxiety ($r = .070$, $p < .05$)

Table 2

Hierarchical Multiple Regression Predicting Social Anxiety among Patients with Psychotic Disorders.

Model	Predictor	β	T	P	R	R^2	ΔR^2
1	Age	-.100	-1.445	.150	.100	.010	.010
2	Age	-.024	-.378	.706	.422	.178	.168
	Internalized stigma	.417	6.506	<.001			
3	Age	-.027	-.424	.672	.427	.182	.004
	Internalized stigma	.415	6.484	<.001			
	Relapse prevention	.066	1.045	.297			

Note: Dependent variable = Social anxiety

β = Standardized regression coefficient

R^2 = Coefficient of determination

ΔR^2 = Change in explained variance

The table shows that internalized stigma significantly predicted social anxiety ($\beta = .415$, $t = 6.484$, $p < .001$), with the final model explaining 18.2% of the variance in social anxiety ($R^2 = .182$).

Discussion

The study examined whether internalized stigma predicts social anxiety among patients with psychotic disorders in selected neuropsychiatric settings in South-East Nigeria. The findings showed a significant positive relationship between internalized stigma and social anxiety ($r = .421$, $p < .01$). Furthermore, internalized stigma significantly predicted social anxiety (β

stigma were more likely to experience greater social anxiety.

The finding is consistent with previous studies such as Efthimiou et al. (2021), in a study of patients experiencing a first episode of psychosis found a significant positive relationship between internalized stigma and social anxiety. This similarity strengthens the present finding and suggests that the relationship between internalized stigma and social anxiety may occur across different psychotic populations. The finding is also consistent with evidence that internalized stigma represents the subjective psychological impact of mental illness stigma and is associated with social withdrawal and other adverse psychosocial outcomes. Ritsher et al. (2003) identified social withdrawal as one of the dimensions of internalized stigma measured by the ISMI.

The finding can further be explained by Goffman's Stigma Theory (1963). Goffman described stigma as a socially discrediting attribute that can affect an individual's social identity and interactions with others. From this perspective patient with psychotic disorders who internalize negative societal views about mental illness may perceive themselves as socially devalued and may consequently become more concerned about rejection, discrimination, or negative evaluation. Such concerns can contribute to increased social anxiety.

The finding is also consistent with the principles underlying Borkovec's Avoidance Theory of Social Anxiety (1994). The theory proposes that individuals experiencing social anxiety may engage in avoidance or safety behaviours to reduce anticipated social threat. Internalized stigma may heighten expectations of rejection or embarrassments, making social situations appear more threatening and increasing the tendency to withdraw or avoid interpersonal

encounters. Thus, internalized stigma may contribute to the maintenance or intensification of

social anxiety among patients with psychotic disorders.

The findings have important clinical implications. Psychological interventions for patients with psychotic disorders should not focus exclusively on psychotic symptoms but should also address internalized stigma and its possible contribution to social anxiety. Interventions that challenge negative self-stereotypes, promote self-acceptance, improve self-esteem, and encourage gradual engagement in social situations may help reduce the psychological consequences of internalized stigma and improve social functioning.

Overall, the study demonstrates that internalized stigma is an important predictor of social anxiety among patients with psychotic disorders. Addressing internalized stigma may therefore represent an important component of comprehensive psychological care for this population.

Conclusion

The study concludes that internalized stigma is a significant predictor of social anxiety among patients with psychotic disorders in selected neuropsychiatric settings in South-East Nigeria. The finding indicates that patients who internalize negative beliefs and attitudes associated with mental illness may be more vulnerable to social anxiety, social withdrawal, and concerns about negative evaluation by others. Therefore, addressing internalized stigma should form an important component of comprehensive mental-health care for patients with psychotic disorders. Early identification and appropriate psychological interventions may help reduce

the effects of internalized stigma and improve patients' social functioning and overall

psychosocial well-being.

Implication and Recommendations

The underlying implication of this study finding is that internalized stigma is an important factor to address in managing social anxiety among patients with psychotic disorders.

Mental-health professionals should therefore, routinely assess internalized stigma and social anxiety among patients with psychotic disorders and incorporate stigma-reduction strategies, psychoeducation, cognitive-behavioural interventions, and social-skills training into care. Neuropsychiatric services should strengthen anti-stigma programmes to promote social functioning and recovery, while future research should examine these variables across broader populations and settings using larger samples and longitudinal designs for more generalizability.

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