

Social Connection, Stigma and Mental Health Issues: Experiences of People with Mental Health Issues in Colombo District, Sri Lanka

K. A. Epasinghe, Department of Sociology, Faculty of Arts, University of Colombo,
amandaepasinghe@gmail.com

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Abstract

The widespread stigma associated with mental illness creates a veil of difficulties over the lives of individuals who experience it, creating barriers in a variety of domains such as work, education, livelihood and particularly concerning their capacity to sustain social ties. Therefore, the aim of this study is to identify the disruption of social connections of persons with mental illness due to stigmatization. This qualitative research study was done in Colombo district, Western Province, Sri Lanka based on four major hospitals with psychiatric units. According to judgmental sampling method 4 psychiatrists were selected, whereas according to convenience sampling method 100 caretakers were selected. Therefore, the selected sample comprised of 104 individuals. The qualitative data was gathered by using in-depth interviews with the four psychiatrists, while quantitative data was gathered by using questionnaires filled by the 100 caretakers. Qualitative data was analyzed by the use of thematic analysis and quantitative data was evaluated through graphical representations such as bar graphs and pie charts by using Microsoft Excel. According to the findings of this research, the strength of family members works as a protective tool to reduce distress resulting from mental illnesses. Stigma directed by external society was identified as a factor that motivates self-stigma. However, the study identifies symptoms of mental illness to be another factor that leads to the impairment of social connections. The study highlights the significance of promoting awareness of mental illness as a means to reduce the process of stigma experienced by people with mental illness. The main objective of the research is to identify the possible impacts caused by social connections of persons with mental illness due to stigma in order to strengthen social ties, providing a potential path for the advancement of mental well-being.

Keywords: *Mental Illness, Self-stigma, Social Connections, Stigma*

Introduction

Mental illness could be identified as a condition that results in social stigma and disadvantaged situations in the society. According to Johnstone (2001), those with mental illnesses and other mental health issues are among the most vulnerable, stigmatized, and discriminated against in our society. The World Health Organization states that 970 million individuals worldwide, or 1 in every 8 persons, suffered from a mental illness in 2019; the most prevalent conditions were anxiety and depressive disorders. Anxiety disorders have affected 301 million individuals in 2019—58 million of them were children and adolescents, whereas 280 million individuals, including 23 million children and teenagers, suffered from depression in 2019. According to preliminary estimates, anxiety and severe depressive disorders have increased by 26% and 28%, respectively, within just a single year. As a result, many people deal with discrimination, stigma, and human rights abuses. (World Health Organization, 2022). Therefore, the forms of stigma wrapped around mental disorders can be regarded as a global health issue that may negatively affect almost all life aspects of the mentally ill. The, the stigma of mental illness may pose many obstacles to the lives of the affected in diverse areas, such as employment, education, livelihoods, and especially in maintaining social connections (Olivine, 2022). The existing link between social isolation and reduced psychological well-being is a well-established concept (Markowitz, 1998), which dates back to Durkheim. Therefore, having smaller social networks, fewer close relationships and lower perceived adequacy of social support have all been linked to depressive symptoms (Kawachi & Berkman, 2001). The importance of social connections in the maintenance of mental health is vital. However, for individuals who go through mental disorders, such connections are either short-lived or non-existent. Additionally, previous studies, have delved into identifying how the family members of the mentally ill could be stigmatized and how in turn their social connections could be impaired. However, Nxumalo and Mchunu (2017) explore the stigma-related experiences of the family members of persons with mental illness. Additionally, the study by Park & Park (2014), conducts a concept analysis of 'Family stigma' with the motive of analyzing the emotional distress undergone by family members resulting from stigma. Yet, these studies have not focused on how persons with mental illness could be stigmatized by their family members, intimate partners and external society which may lead to a disruption in their social connections.

In the context of Sri Lanka, despite its widespread impact, mental illness is still a problem that seeks considerable focus. According to Mendis (2004), major mental disorders comprise the majority of psychiatrists' clinical cases in Sri Lanka. Whereas, the suicide rate in Sri Lanka as stated by De Silva & Jayasinghe (2003), though declining, is still higher than global average rates. The statistics in 2017 had recorded a suicide rate of 14.6 per 100,000 people and 2800.2 disability-adjusted life years per 100,000 owing to mental diseases (Hapangama et al., 2022). Consequently, Mendis (2004) states that, in Sri Lanka, like in many developing nations, stigma associated with mental illness, societal

disapproval, and an underestimation of the pain and impairment brought on by mental illness were given less attention. In Sri Lanka several studies that offer focus on stigma directed at mental illness could be identified. For instance, one such study focuses on community mental health practitioners' opinions on the stigma surrounding mental illness in Sri Lanka. Whereas the study aims to investigate these practitioners' ideas for future efforts to combat the existing stigma (Samarasekare et al., 2012). Similarly, another study explores the attitudes of Sri Lankan doctors and medical undergraduates towards mental illness with the motive of identifying the professional perspectives on mental health concerns (Fernando et al., 2010). Notably, few other studies have looked at the role stigma plays in delays in obtaining mental health care. Importantly, Fernando et al. (2016) characterizes the perceived stigma that Sri Lankan patients and caregivers suffer, while emphasizing the impact of stigma on the delay in seeking treatment (Fernando et al., 2016). However, it is vital to identify the emergence of a research gap, as these studies have failed to highlight the diverse challenges encountered by those with mental illnesses. Hence, the aim of this study is to tackle the identified research gap by investigating the impact caused over the social connections of persons experiencing mental illnesses. Understanding how social connections have been impaired as a result of the prevailing mental illness stigma could be used as a means to develop strategies to tackle stigmatization and take necessary measures needed to promote awareness about the importance of strong social connections.

The research problem was to investigate how the social connections of persons experiencing mental illness had been disrupted due to stigmatization. Consequently, the study explores the importance of maintaining such connections in order to achieve well-being of the persons with mental illness. The main objective of the study would be to ascertain the disruption caused within social connections in relation to family, intimate partner and external society as a result of stigma related to mental illness. Whereas, the sub objectives of the study would be to ascertain the strength of family connections towards persons with mental illness, to analyze the stigma directed by family members, to explore the disruption in connections with friends and to study the impaired connections with intimate partner. The research identifies how the stigma directed by family members may have a positive association with the exacerbation of the symptoms. Whereas, in contradiction the support and strength offered by the family was identified to decrease the level of distress experienced over mental health problems. Furthermore, the findings indicate that the stigma over mental illness could cause impairments in sexual function, rejection or abandonment by the intimate partner and rejection by friends.

Literature Review

The concept of stigma can be categorized into different criteria. Corrigan & Watson (2002) identifies the twofold nature of stigma as public stigma and self-stigma. Public stigma can be divided into three specific elements. Firstly, the formation of a stereotype, which is a negative belief regarding the stigmatized persons, secondly an emotional

reaction directed towards the said group would be the birth of prejudice. Thirdly, the behavioral reaction based on prejudice can be named as discrimination. Self-stigma, on the other hand, can be defined as the prejudice which mentally disabled persons tend to project at their selves. When an individual suffering from a mental disorder life within a society where the public stigmatizes his/ her situation, the individual is more likely to internalize these ideas and reach a point where they no longer value themselves. Certain research also suggests that there are individuals who would gain righteous anger due to the prejudice directed at their situation, which would be a form of empowerment for them to value themselves (Corrigan & Watson, 2002). It is also important to focus on the existing realms of mental illness stigma that may prevail within different continents. Research states that mental illness stigmas are widely endorsed among people in Western countries, whereas public stigma is rather less in Asian and African countries (Corrigan & Watson, 2002). In Western nations such as the United States, Norway, Germany and Greece, stigma is stated to be largely supported by the public. Survey research conducted in the US shows how, with time 'stigma' towards persons with mental illness has increased. For instance, a study sample extracted from a population in 1996 was stated to be 2.5 times more likely to endorse dangerous stigma than a comparable 1950 group (Rusch et al., 2005). In non-western cultures, 'stigma' could be traced to appearing with the specificity of each culture. According to, Hong Ng (1997), studies were conducted as a means to identify the component of stigma in the Asian and South Asian cultures. For instance, concerning Asian cultures, Chinese culture holds common beliefs regarding the cause of mental illness to be the wrath of gods or ancestors, cosmological forces, demons and possessions by spirits (Hong Ng, 1997). Within the Japanese culture, mentally ill persons were rather discouraged from joining back with their communities after combating a mental illness. Therefore, studies conducted within Asian cultures, clearly indicate how 'stigma' is a widely spread component that negatively impact the lives of those who experience mental health problems. In the global context further research identifies how family members of persons with mental illness tend to undergo stigmatization, which was named 'courtesy stigma' by Goffman (1963). There are two aspects to be focused upon when studying the unit of 'family' within the process of stigmatization.

- i. The effects of mental illness upon the affected person and his/her family and how they, together as a unit tend to be stigmatized by society which may work towards the disruption of their social connection
- ii. How the individual may be stigmatized by his/her family itself and therefore face exclusion and rejection

A study conducted by Wahl and Harman (1989) further highlights how families walk through, feelings of shame, guilt and embarrassment. As stated by Corrigan et al. (2006) it is also vital to note that the process of family members stigmatizing the mentally ill, actually may take place as a result of the public stigma caused upon the family members. Since the family members experience forms of pressure, disgrace and as well may lose

their maintained social status due to the process of stigmatization. Therefore, they may build feelings of negativeness and stigma towards the mentally disabled member. Yet, the limitation is that these studies have not identified the stigma that may be directed at mentally disabled persons by family members. Therefore, within the present study, special focus was given towards the forms of stigma directed at mentally ill persons by their families. According to Stavrova and Luhman (2015), this could be regarded as a mere disruption of social connections and that affects the development of the person experiencing the mental illness. When focusing on the disruption of intimate partner relationships due to the stigmatization of mental illnesses, a consistent finding across the overall frequency of sexual activity and the occurrence of marital and long-term relationships considers how these forms of relationships are lower among persons with serious mental illnesses than in the general public had been identified (Wright et al., 2007). In a study conducted on understanding the 'stigma and sexual isolation of mentally ill persons' within Indiana, United States, it was explained how several of the patients state the reasons for their sexual inactivity as the mental disorder and the process of stigma experienced. The study conducted was based on several criteria on which the sample was selected (such as being within 18-60 years old, being diagnosed with an SMI, having a psychiatric treatment history of two or more years, being under treatment at the treatment site for at least three months, not being subjected to criminal charges). The study sample included 410 clients from both state hospitals and community mental health centres. The results indicate 288 (69%) among the participants are not currently sexually active, therefore not having any intimate relationships. The ATLAS (qualitative data analysis software program) was used to manage and code the collected set of data. As a result, the reason for feeling devalued and withdrawn from others based on self-stigma was identified (Wright et al., 2007).

Despite many studies indicating the prominence of stigma within western countries, certain studies tend to state that stigma on mental illness is less prominent within Asian cultures. Focusing on the Sri Lankan context, where the majority are Sinhalese Buddhists rather than Tamil Hindus, Waxler found that psychiatric stigma is not common, whereas major mental diseases are thought to be transient and treatable. Consequently, the patient was not blamed for his disease, and his reputation and identity were rather unaffected (Hong Ng, 1997). Therefore, there is a conflictual notion as to whether or not mental health stigma could be regarded as a major problem which negatively impacts the lives of those experiencing mental illness. Therefore, it is important to explore the extent to which stigma impact the social connections of the persons with mental illness. Consequently, the study focuses on the impact of social connections on three major criteria such as the disruption of social connections with family, intimate partner and external society. However, according to a study conducted by Fernando (2010), on 'Stigma and discrimination towards people with mental illness in Sri Lanka', it is stated how the stigmatization towards mentally ill persons may equally affect the family members. In further elaboration, a study was explained where 33 wives were included whose husbands were psychiatric patients. The findings showcase the fear

and tension experienced by the family on the process of discrimination that is directed at the mentally ill member, as well as the worry experienced about the status of the family within the community. In focusing on the disruption of connections with society, a study conducted by Jayasinghe (2001) can be taken into light. This study was conducted in Sri Lanka with the participation of 10 carers, which analyzed the stigma towards psychiatric patients, and as a result, 'social rejection' was discovered as an important concern. However, at the same time, it is arguable whether we can generalize this finding towards the entire Sri Lankan population of mentally disabled persons as this study revolves around only 10 participants. Further research explains how the stigma directed towards mentally ill persons by the external society, not only keeps these individuals from mingling or building new relationships with the outer society but also affects the social relationships formed by his/her family members (Centers for Disease Control & Prevention, 2020). As an example, within Sri Lanka studies indicate that, if one individual within the family unit is diagnosed with a mental illness, it would be much harder for those others in the family to be married.

Notably, the twofold nature of stigma related to mental illness is of utmost importance, encompassing public stigma and self-stigma. It has been observed that public stigma varies across different cultures, with Western countries experiencing more significant public stigma, while non-Western cultures tend to exhibit other unique patterns of stigma on mental illness. The impact of stigma on social connections, particularly within family, intimate partner, and external societal relationships, has been explored, further emphasizing the consequences of stigma on individuals and their support networks. However, there is a research gap in understanding how persons with mental illness may be stigmatized by their family members, intimate partners, and external society, leading to impairments in social connections. Therefore, this research aims to address this gap by investigating how mental illness stigma affects these relationships. By identifying and understanding how social connections are disrupted due to stigmatization, this research aims to promote the significance of maintaining strong social connections as a means to reduce existing levels of stigma over persons with mental illnesses. Therefore, it is imperative to conduct this research to raise awareness about the detrimental effects of mental illness stigma and support the mental well-being of individuals facing these challenges.

Materials and Methods

The present investigation selects the Colombo district in the western province of Sri Lanka as the study field. The rationale behind choosing Colombo District as the research location was the accessibility and its standing as one of the most urbanized places in Sri Lanka, both in terms of day-to-day living and work-related circumstances. Whereas four major hospitals in Colombo, namely General Hospital Colombo, Police Hospital Colombo, Kalubowila Hospital, and Homagama Hospital, were chosen as the primary

research sites. A sample of four psychiatrists¹ (one from each of those hospitals) was incorporated through the judgmental sampling method (Purposive sampling) under the non-random sampling method. This approach was selected to guarantee that healthcare professionals who could supply the required data for the research were included. Whereas 100 informal caretakers (25 from each above-mentioned hospitals) who are family members and relatives of those persons undergoing mental illnesses were selected through the convenience sampling method also under the non-random sampling method. The use of the convenience sampling method was motivated based on its ability to select the sample based on convenience, such as selecting individuals who are eager to supply pertinent information. The study utilizes a mixed-method research design, integrating survey and interview methods to collect both quantitative and qualitative data. The collection of qualitative data from the four psychiatrists took place through in-depth interviews while quantitative data from the 100 caretakers were gathered through the completion of 100 questionnaires. Consequently, from each psychiatrist data regarding five patients undergoing mental illnesses have been gathered, which altogether comprised information of 20 patients. It is important to note that sensitive questions about the state of mental illness of an individual undergoing such an illness may have the potential to cause issues and jeopardize the patients' mental health. Therefore, the motive of gathering data from the four psychiatrists and the 100 caretakers instead of patients with mental illness themselves was to mitigate any ethical concerns that could have occurred. As a means to gain consent in assuring their willingness to partake in the study, from each psychiatrist and as well from each informal caretaker, oral consent was obtained. A strong emphasis was placed on participant autonomy, with clear assurance that they may choose to not answer any questions that caused them distress or to withdraw from the research at any time. As a means to analyze the qualitative data, 'Thematic Analysis' was incorporated as an inductive approach. The justification for selecting this particular approach is its capacity to identify pertinent themes and codes inside the qualitative data gathered through the conduction of four in-depth interviews with the four psychiatrists. To conduct a numerical analysis in connection to the extracted themes, quantitative data was gathered through the 100 questionnaires completed by the selected sample of 100 caretakers. Consequently, the quantitative data was evaluated through the inclusion of graphical representations, such as bar charts and pie charts through Microsoft Excel.

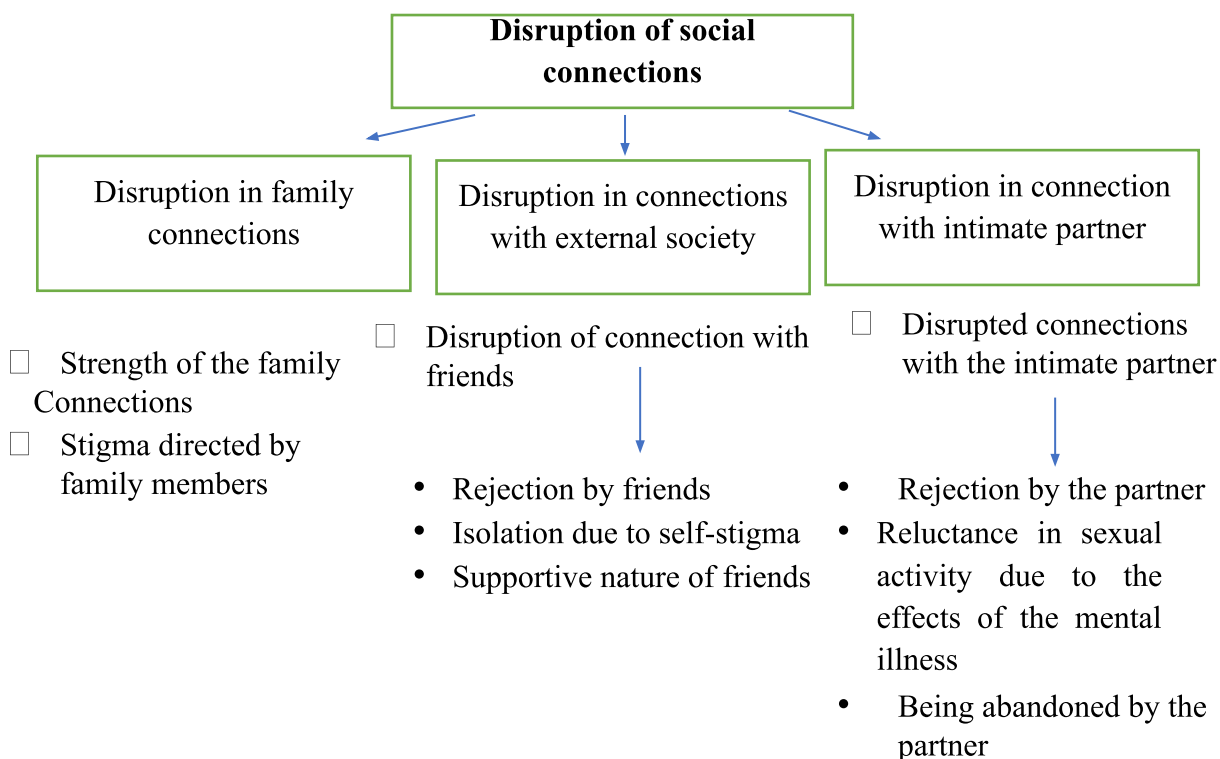
Results and Discussions

This study examines data gathered from a chosen sample of four psychiatrists from the hospitals of Homagama, Kalubowila, General Hospital Colombo, and Police Hospital Colombo, respectively. Each psychiatrist contributed to the study through the provision of data regarding 5 patients undergoing mental illnesses. Collectively, these psychiatrists contributed data on twenty patients. In addition, a sample of 100 caregivers (age ranging from 18-55) of patients experiencing mental health issues who attend the previously

¹ Pseudonyms were used to protect the identities of respondents.

listed hospitals were included in the study. Through the distribution of questionnaires, these caregivers took an active role in the process of providing needed data.

Figure 1: Disruption of Social Connections



Source: Developed by the Researcher, 2023

Note. This figure developed based on the gathered set of field data demonstrates the main three domains through which the disruption of social connections takes place.

The analysis of data resulted in the categorization of the data into three key areas: family connections, societal interactions, and intimate partnerships. Within family connections, the study identified the dual nature of familial support and stigma experienced by individuals with mental illnesses. In analyzing the disruptions caused upon the connections maintained with external society, the study highlighted themes that showed how members of peer groups shun those who suffer from mental problems. Consequently, a self-stigma that is internalized as a result of social rejection frequently results in deliberate isolation and solitude. A counter-theme was also developed, emphasizing the support that certain friend groups provided, regardless of the social stigma attached to mental illness. Lastly, the analysis revealed how stigma significantly affected intimate partnerships, impairing sexual relations and leading to abandonment in some cases. However, it also showcased instances of unwavering support from certain partners, positively impacting the patients' recovery prospects.

Strength of Family Connections

The gathered data indicates that family support could play as a 'protective tool' by fostering a rather safe environment for the mentally ill person in his journey towards healing (Law Insider, 2023). Consequently, the results of the interviews held with the psychiatrists shed light on how the steadfast support and strength offered by their families promoted recovery and prevented them from ending their lives (Avdibegović & Hasanović, 2017). The in-depth interviews conducted with the four psychiatrists regarding the 20 patient profiles reveal how a majority of 14 patients out of 20 had appreciated the dedication offered by their families. Therefore, the bond maintained with one's family could be argued as one major factor that prevented these patients from walking into suicide at times of overwhelming distress.

The in-depth interview conducted with the medical professional from Kalubowila (Colombo South) teaching hospital, explained how;

A patient suffering from hallucinations stated her only protection to be her younger brother. As an unmarried woman of 32, if it wasn't for the financial support and residential facilities offered by her brother, she had stated to have been 'isolated' and 'homeless'. (In-depth interview, Dr Gajanayake, 2022)

Another patient, a 53-year-old female who had been undergoing severe depression for the past year had stated how,

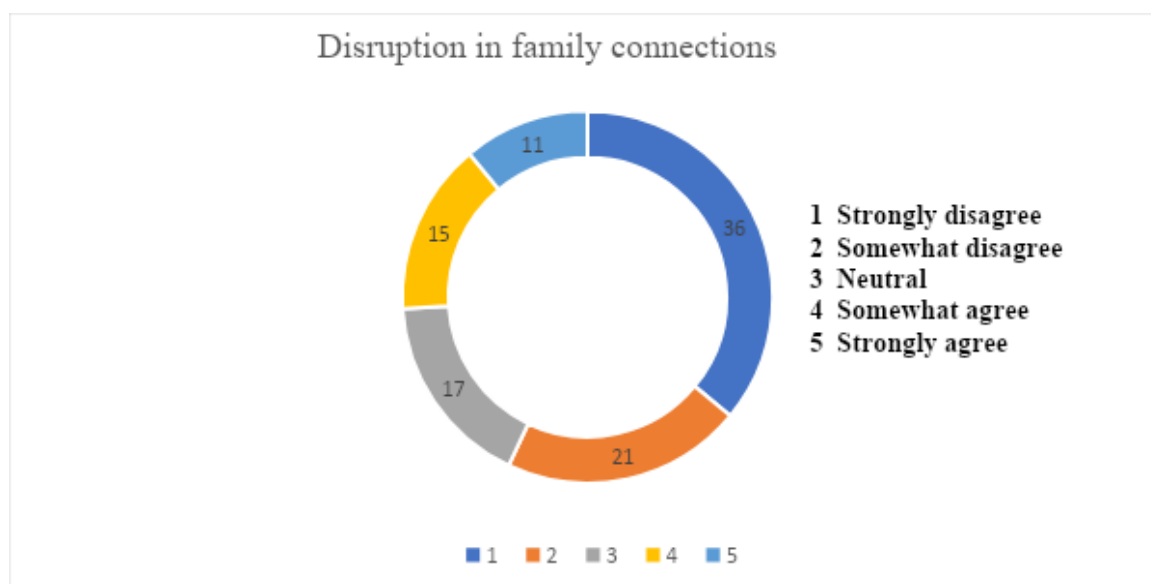
'The thought of suicide had crossed her mind countless times, but the only reason that kept her alive was her 'daughter' and the bond she had with her. She had stated that 'her only hope is her daughter, and her life revolves around her daughter's future achievements'. (In-depth interview, Dr Gajanayake, 2022)

The remarks made by this 53-year-old female patient underscore the emotional importance of familial ties in averting suicide. Her love for her daughter and her faith in her daughter's future are the main sources of her will to live while going through a severe depressive episode. Additionally, this identification is consistent with the 'Theory of suicide' proposed by Emile Durkheim, who popularized the term "egoistic" suicide. According to the study of Singh (2023) in his work on 'Four types of Suicide', he states how within Durkheim's study, suicide inclinations might be exacerbated by the lack of significant social relationships. A persistent sense of not belonging to the community and not being integrated is reflected in egoistic suicide. Depression, apathy, and meaninglessness may result from this absence. In contradiction, in the above discussed case, it is the patient's long-lasting and deep relationship with her family that prevents her from taking the step towards suicide. Therefore, it is to be identified how close-knit familial ties can function as a buffer against these predispositions, eventually promoting mental health and well-being. Moreover, the case study revealed by the medical professional from the Homagama Hospital offers further strength to the above statement.

‘A young patient of 23 years of age, an undergraduate from a private university, as a result of his depression had behaved violently and was suspended from the university. He reported having many suicidal ideations after this suspension as well. However, his father was able to discuss his situation with the university and was able to take his place back at the university. Such support offered by his family could be one main reason for his later recovery.’ (In-depth interview, Dr. De Alwis, 2022)

In addition, referring to the data obtained from the questionnaire, the disruption of familial connections could be displayed based on the following percentages.

Figure 2: Disruption in Family Connections



Source: Sample Survey Data Analysis, 2023

The above analysis showcases how a majority 57% (36% - Strongly disagree and 21% - somewhat disagree), caretakers of persons with mental health problems have reported these persons to have maintained close connections with family, whereas only a minority (15%- Somewhat agree and 11% Strongly agree) had reported having disrupted family connections.

Stigma Directed by Family Members

It is also vital to note there were instances where family stigma was present which in turn had hurt the person subjected to mental illness. For instance, a study by Corrigan et al. (2006), attempts to identify the attitudes connected with stigma undergone by family members as a result of the public stigma directed towards them. In turn, it could be argued that these negatively formulated views and impact caused upon family members could result in unjust treatment directed towards the mentally ill person. Existing literature displays a significant gap in substantial studies that address how stigmatizing attitudes directed by family members lead to the exacerbation of symptoms of mental

illnesses. Therefore, the initial study aimed to explore this identified gap by exploring how family stigma could impact persons with mental illness.

The statement offered by the medical professional from General Hospital in Colombo explains how, many patients lack family support in coping with their state of mental illness.

‘A male patient of 45, who was a tailor, was diagnosed to be experiencing both auditory hallucinations and persecutory delusions. He has had to stop his employment as a result of his poor mental state. Consequently, he was unable to provide for his family, which eventually reduced his previous identity as the sole breadwinner to a rather ‘dependent’ state. He reported that his wife does not treat him as she had before and that his children do not regard him with respect as before, as he no longer could afford to buy them what they need.’ (In-depth interview, Dr. Herath, 2022)

Another account of a 39-year-old female patient, who experienced hallucinations further indicates the detrimental effects caused by family stigma.

‘She had revealed how her mother illtreats and denies her due to her mental illness. The mother lives with the patient’s brother and barely visits her. This had led the patient towards generating self-blame as ‘it’s her fault that mother does not intend to visit her’. Moreover, as a result of her mother’s constant criticism over her failure to maintain her marriage due to her mental illness, the patient had also formulated self-stigma. Therefore, she is demotivated to pursue any future relationships, in fear that her mental illness would get in the way as stated by her mother.’ (In-depth interview, Dr. Herath, 2022)

The experiences offered by these patients illustrate how the stigma that emanates could hinder the development of such individuals experiencing mental health problems. In relation to the above case examples, it is clear how the process of hindering development is not just individual but rather a structural process. Importantly, different ideological beliefs and the attached labelling process had become prominent. Therefore, the theory of structural social work could be merely aligned as a means to understand the above aspect. Notably, as stated by Janis Fook, the theory of structural social work propose that dominant ideological practices, dominant ideological beliefs (Ex:- the beliefs within family that having a mentally ill member is a disgrace to the family) and social labelling process (Ex:- such dominant beliefs which eventually leads them to stigmatize the disabled member) would play major roles which highlights how mental illness is not simply an individual problem, but is more complex. Consequently, it is vital to identify how the tackling of mental illness should be done by addressing the external societal pressures rather than viewing it solely as an individualistic problem.

Disruption of Connection with Friends

According to Samari et al. (2022), people with depressive disorders have shown better recovery when they experience positive support from informal sources such as friends. However, there are worries, nevertheless, that turning to unofficial sources such as family and friends for assistance may have detrimental effects, such as real, perceived, or internalized stigmatizing reactions. Consequently, it could be argued that stigma directed by friends could act as a means to push away the persons undergoing mental illnesses. A common theme which appeared under the analysis of the gathered data of the current study was the disruption of the connections maintained with friends. The findings clearly depict the exclusion faced by the patients from their initial friend groups and the mere obstacles encountered in building new friendships as a result of stigmatization of mental illness. Based on the data gathered from the 4 psychiatrists through the conduction of in-depth interviews, 14 out of 20 patients were identified to be experiencing disruptions in connection with friends as a result of the mental illness.

Rejection by Friends

It is crucial to comprehend the experiences of those who suffer from mental illness, especially when it comes to being shunned by their social circles as a result of the stigma associated with mental health issues. This study explored the complex dynamics involved in these kinds of experiences. This issue is clarified by an example from a psychiatrist, who related the tale of Malini, a 31-year-old female patient who experienced alcohol withdrawal symptoms as a result of daily consumption of alcohol and suffers from borderline personality disorder,

“She said she used to have a close group of friends, but as they got to know about her real situation, they edged away from associating with her. Even the minor conflicts that took place with the patient were labelled as a result of her ‘insanity’ by friends which led to viewing her as a ‘mentally ill patient’ than a friend.” (In-depth interview, Dr Gajanayake, 2022)

Similarly, Manjula, a 53-year-old female patient who had been struggling with severe depression for the past year, was the subject of another upsetting episode that was reported. She revealed how,

“Her friends who used to talk to her before no longer wish to contact her, they merely try to avoid any form of interaction with her.” (In-depth interview, Dr Gajanayake, 2022)

Manjula had further conveyed a deep feeling of loneliness and mental suffering since her friends had deliberately steered clear of her. It's evident how her extreme emotions of loneliness have been reinforced by the rejection she has received from her social network. she has expressed feeling betrayed, discouraged, and skeptical of her value. These incidents highlight the importance of investigating how societal stigma affects

those managing mental health issues (Pellegrino et al., 2013). Another such case reported from the Police Hospital in Colombo was that of Sajith, a 24-year-old male who experienced OCD (obsessive-compulsive disorder) since 14 years of age. As a result of the rejection, he experienced from his friends, Sajith had reported to have had an isolated childhood.

“He mentioned how his friends from school would bully him due to his unusual behaviour that resulted from his state of OCD. He stated to have had a label as the ‘mad boy’ in his school class. Consequently, as a result of the continuous bullying, in later life, he had been subjected to a state of depression.” (In-depth interview, Dr Padmaperuma, 2022)

Moreover, it is vital to note that these forms of rejections by friends may eventually develop an ‘internalized self-stigma’ within affected individuals. For instance, concerning the social cognitive theory of internalized stigma, brought forth by Corrigan & Colleagues (2012;2002), this model showcases how the socially constructed stereotypes about mental illness, may negatively impact the person undergoing mental illness. For instance, it could be argued that, when friends, based on their perception of stigma about mental illnesses tend to reject these mentally ill individuals, these affected individuals may apply these stigmatized perceptions to themselves. Consequently, this process will lead to the formulation of rather harmful beliefs about their selves.

Isolation due to Self-stigma

The study also revealed a few cases where the persons suffering from mental illness began to stigmatize themselves, believing that their sickness made them less competent. Eventually, this self-stigmatization led to their intentional withdrawal from their social networks (Jahn et al., 2020). Janitha, a 23-year-old male who had been depressed for more than 2.5 years, is one such example of an instructive case. He was once a lively, gregarious young guy with a close-knit network of friends, Yet, with the outbreak of his mental disorder, he had isolated himself from his friends.

The medical professional explained how,

“The patient has had two suicide attempts, one such attempt was executed at the university where he had attempted to jump off from a university building, and it was his friends who had saved him by preventing him from jumping off. Even on his next attempt where he had attempted to cross into oncoming traffic while closing his eyes, it was once again his university friends who had intervened and saved him. Then his friends guided him to see a psychiatrist after getting to know his real state” (In-depth interview, Dr. De Alwis, 2022)

As further explained by the medical professional,

“After disclosing his actual condition, Janitha was reluctant to confront his friends because he thought they would view him as weak in comparison to how he had been before. This mindset had demotivated him to associate them as he once did”. (In-depth interview, Dr. De Alwis, 2022)

The case illuminates how the internalization of stigma could lead to isolation. According to the labelling theory by Scheff (1966), when people internalize the label, the society may react with disgust and fear. People in turn would keep distance from the persons who are labelled as ‘mentally ill’ which would make the affected persons continue the same form of behavior as a means to fit to their defined role.

One such other case reported was of Nandana, a 45-year-old man who suffers from auditory hallucinations and persecutory delusions, who was a patient at the General Hospital in Colombo. According to the psychiatrist, Nandana had given a detailed account of his belief that,

“His friends are plotting against him has caused him to become involved in several confrontations and, in the end, chooses to cut ties with them”. (In-depth interview, Dr Herath, 2022)

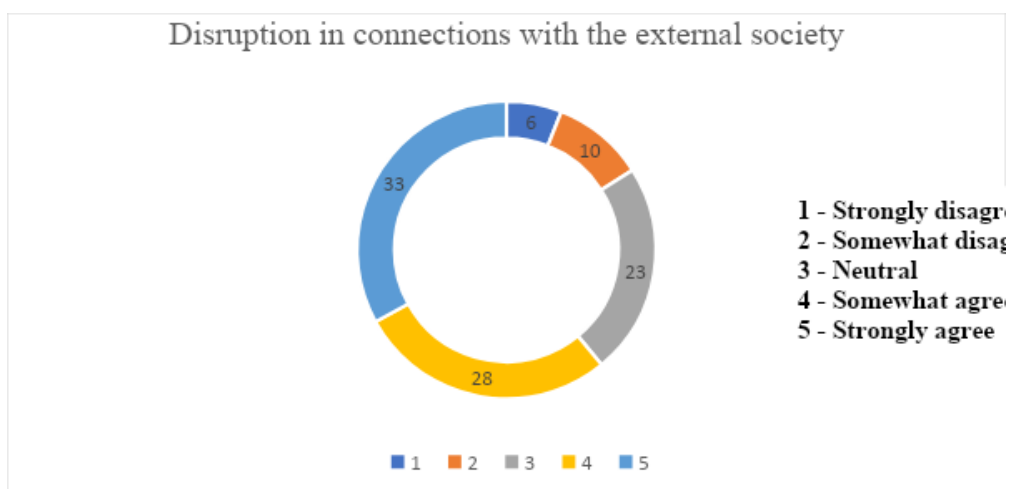
The medical professional explained the said situation by stating that,

“As a result of the ‘hallucinations’ experienced by the patient, he imagines ‘unreal’ situations, which was the reason for his belief that his friends plotting against him.” (In-depth interview, Dr Herath, 2022)

The above-discussed details are a mere indication to understand how stigma that is internalized could have a profound effect on the persons experiencing mental illnesses. Which may lead to distancing themselves from friends in a self-imposed manner. Therefore, such stigma could be identified as twofold,

1. Stigma that arises within the self under the belief on the outlook held by others about their mental illness
2. Stigma that arises as a result of the effects of mental illness.

Figure 3: Disruption in Connections with the External Society



Source: Sample Survey Data Analysis, 2023

The revealing of the analysis is such that, it indicates a fewer number of patients-16% (6% - Strongly disagree and 10% - somewhat disagree) who happen to go through fewer disruptions, whereas a significantly higher number- 61% (28% Somewhat agree and 33% Strongly agree) tend to experience an impaired relationship with the external society as a result of the associated stigma.

Supportive Nature of Friends

Although the main subject of this research is the stigma that surrounds mental health concerns and the exclusion that people with these conditions experience, it is important to emphasize that a secondary theme that highlights the supportive nature of friends was also identified. In addition, the fact that just a small percentage of participants (four out of twenty patients) reporting to be having such encouraging companions while overcoming their mental health obstacles should not be understated. Such an instance that best illustrates this subject is the case of Anura, a 42-year-old male who attended the general hospital in Colombo with a diagnosis of moderate depression. Anura had talked about how important his group of friends were to him during his battle with mental health problems. Despite being somewhat uncommon in the study's larger context, this case highlights the importance of friends in the lives of those dealing with mental health issues.

As further explained by the medical professional,

“Anura had run a garage of his own with around four men working under him. yet with the emergence of his mental illness as a result of experiencing low mood most of the day and feeling reluctant to work, he eventually lost track of work.

This led him to a state where he had to give up his garage and consequently, he lost many customers. He had fallen quite low concerning his economic status. It was his friends who helped him come out of his economic problems by supporting him to find more customers and guiding him to make steady decisions. That support made him reach a better position economically and mentally.” (In-depth interview, Dr Herath, 2022)

Shehara, a 25-year-old with concurrent depression and obsessive-compulsive disorder (OCD), could be stated as one more example in the larger context of the study that shows the importance of encouraging friendships in the lives of people who are struggling with mental health issues. Shehara was said to have developed a state of depression as a result of his mother’s death. According to the medical professional,

“The patient had highlighted how his group of closest friends have offered him much care throughout his mother’s death. Which in turn had been a strength for him in battling his depression and walking through the grief of losing his mother. (In-depth interview, Dr Gajanayake, 2022)

Therefore, it could be argued that, the rejection by friends could hinder the process of healing as it promotes feelings of isolation and distress. In contradiction, the supportive nature of friends could be a precipitation to persons with mental illness towards obtaining recovery.

Disrupted Connections with the Intimate Partner

A consistent finding across the overall frequency of sexual activity and the occurrence of marital and long-term relationships considers how these forms of relationships are lower among persons with serious mental illnesses than in the general public had been identified (Wright et al., 2007). According to Ritter et al. (2022) research indicates that people perceive with mental diseases to be less suitable as partners than the ordinary person, especially when it comes to committed relationships. The disruption of connections with intimate partners as a result of stigma on mental illness could be further analyzed through the Evolutionary Theory. The evolutionary theories of mate selection and stigma come together to indicate that mental illness will reduce the Evolutionary Psychological Science desirability of mates (Boyson, 2017). Boyson (2017), further states that, Evolutionary Psychology argues the stigmatization of mental illness to be directly related to the desires to avoid having partners with poor cooperation. As evidence, the present study identifies the interruptions faced in intimate partner relationships of a considerable number of individuals (15 out of the 20 patients) to be a direct outcome of the stigma wrapped around their mental illness. Whereas this argument formulates the major theme of the study, other sub-themes were also extracted based on the numerous obstacles encountered by mentally ill persons in maintaining their intimate partner relationships. Therefore, the stated sub-themes analyze how the persons with mental illness are being rejected by their partners, the reluctance in sexual

activity due to the effects of their mental illnesses and being abandoned by the partner.

Rejection by the Partner

According to Boyson (2017), the abnormal behaviors resulting from mental illnesses could lead to stigmatization due to the general perception people give to such an individual who is regarded as not well. This argument could be justified through a few cases presented by the psychiatrists. For instance, the case of Nandana, the 45-year-old patient who attended the psychiatric clinic at the general hospital in Colombo could be highlighted. It was mentioned that he experiences trouble keeping up a positive sexual connection with his spouse.

The medical professional reported how,

“His wife no longer prefers to have sexual intimacy with him. The patient believes that it is solely due to his mental illness. From his vantage point, he thinks that his wife's apparent lack of interest in him stems from her perception of him as a "mentally disabled person". (In-depth interview, Dr Herath, 2022)

Another such example could be extracted from the presented case of Saman, a 58-year-old male, who reported experiencing hallucinations and morbid jealousy. The medical professional depicted how,

“Because of his mental health problem of morbid jealousy, Saman is suspicious of his wife and blames that she has a sexual affair with their church priest. This continuous suspicion and blaming had resulted in his wife edging away from him. They have had many conflicts where she had blamed him for falsely accusing her because of his mental state. Consequently, Saman's wife no longer involved in sexual relations with him” (In-depth interview, Dr. De Alwis, 2022)

In concluding notes, it is important to note how these findings reveal two main dynamics,

1. How some partners tend to reject having a sexual relationship as a result of the stigma that is connected with the mental illness.
2. How the negative impacts caused as a result of the mental illness itself could also lead the partners to reject sexual relations.

Reluctance in Sexual Activity due to the Effects of Mental Illness

According to International Society for Sexual Medicine (2023), there is a clear association between mental illness and reluctance in sexual activity. For example, they explain how depression which make a person lose enjoyment in activities they once enjoyed, could similarly impact the sexual interest of a patient diagnosed with depression. They further elaborate on a study conducted by Casper et al. (1985), where 132 participants, 72% of persons who were diagnosed to have unipolar depression reported experiencing reduced interest in

sexual relations.

The stated literature could be further conformed through the findings of the present study. Importantly, several patients were reported to have undergone such challenges. For instance, the case of Malini, the 31-year-old patient reported by a medical professional in Kalubowila Teaching Hospital Could be emphasized.

“Malini, who has been married for over nine years, has seen a significant shift in her sexual desires since her drug use began. Her libido has decreased, even though she had no problems in her sexual relationships before. She says she doesn't feel like having sex when her husband asks her. Due to this circumstance, her spouse has begun to label her mental health condition as "madness" and link these problems to it.” (In-depth interview, Dr Gajanayake, 2022)

However, the findings of the present study could be perceived as somewhat contradictory to the findings of the studies conducted by the International Society for Sexual Medicine (2023) and Casper et al. (1985). The findings of the current study indicate the reluctance in sexual activity is not solely due to symptoms resulting from the mental illness, but it could also be a result of side effects of the medication. Hence, a critical need could be identified for future research to give special focus to obstacles caused on the lives of persons with mental illnesses due to the side effects induced by psychiatric medication.

Being Abandoned by the Partner

The general desire for social distance from people with mental illness is one common expression of stigma (Boyson, 2017). Boyson (2017) argues that, abnormal behaviors projected by persons with some mental illnesses tend to hold similarities with communicable diseases, which could result in stigma. Therefore, a similarity between mental illness and the general concept of illness had been drawn. However, based on the findings of the initial study, it was evident how the general perception of ‘mental illness’ as a condition that is intolerable could be the sole reason of stigma. Whereas it would be arguable to state the resulting stigma on mental illness is rather based on the perception of general illness than the impression of mental illness itself. As evidence, several of the patients have related stories of how their companions abandoned them once they disclosed their mental health conditions. An example that best illustrates this situation is that of Chamali, a 36-year-old single woman with schizoaffective illness and bipolar mania.

“She says she would like to be married, to have a family, but she thinks she could not proceed with marriage. She thinks that she is not eligible, because of the traumatic event of her ex-partner abandoning her after finding out about her mental health issues. She fears anyone who gets to know her reality would not want to have a life with her” (In-depth interview, Dr Padmaperuma, 2022)

Another incident which sheds light on the stated sub-theme is the case of Anura, as explained by the medical professional,

“As his wife got to know about his mental illness, she had left him, stating that she cannot put up with him anymore. Anura has had to take care of their two sons alone and cope with the illness by himself for quite a long period.” (In-depth interview, Dr Herath, 2022)

However, the results of the study conducted by Boyson (2017) also indicates that Potential partners with mental illnesses were seen more negatively than those with long-term physical illnesses. Therefore, it is clear that the findings of Boyson (2017) maintains a considerable alignment with the initial study results indicated above.

Support Offered by Intimate Partner

It is important to identify a research gap as previous literature had not given focus on exploring the support offered by intimate partners to those with mental illness. Similarly, the findings of the present study also offer major focus to the disruptions that occur within intimate partner relationships due to the stigma of mental illness. Yet, it is equally vital to acknowledge instances where the partners offer support towards winning the battle of mental illness. For instance, within the parameters of this research study, a few notable situations demand further consideration.

The case of 24-year-old Sajith, where he had reported how his girlfriend had supported him throughout the battle with depression, could be regarded as one such significant case.

“Often, in instances where thoughts of suicide overtook him, the patient found comfort in his girlfriend’s support. He made it clear that her presence had been crucial in calming his agitated state of mind. He declared that each of those times if it was not for her, he should have ended his life.” (In-depth interview, Dr. Padmaperuma, 2022)

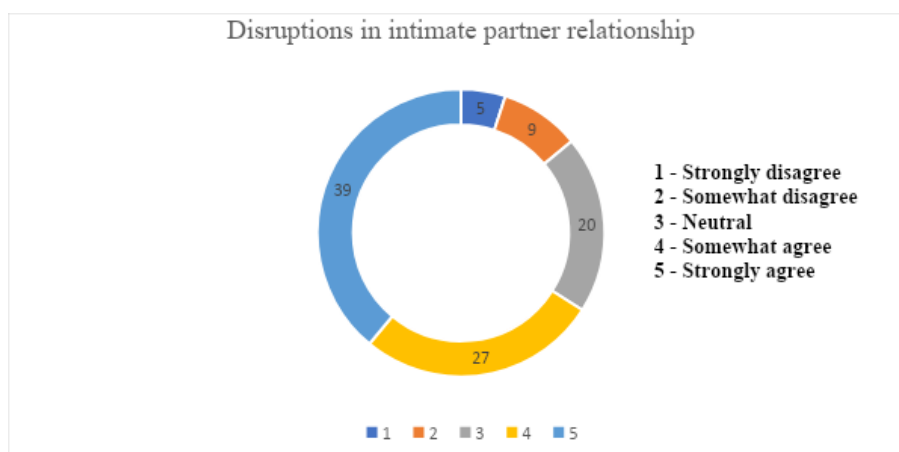
Another important case identified was that of Ayanthi, a 25-year-old married female. Ayanthi was said to have experienced bipolar mania, and as a result, she has a much-increased aggressive behavior.

“Even though she fights with her husband regularly, he always maintains a surprising level of composure by not getting angry or abusive towards the patient. His actions show that he has a sympathetic understanding of her mental health issues” (In-depth interview, Dr De Alwis, 2022)

Hence, based on the quantitative data gathered through the questionnaires completed by the caretakers of patients, it was evident how the majority of persons undergoing mental illness experienced disruptions in intimate partner relations. While only a minority was reported to have maintained a supportive nature. Consequently, it could be

argued that the support offered by one's partner could promote hope and lead the path to recovery from the mental illness.

Figure 4: Disruptions in Intimate Partner Relationship



Source: Sample Survey Data Analysis, 2023

Based upon the collected data, a trend was revealed where many individuals-66% (Somewhat agree-27% and strongly agree-39%) have reported that patients with mental illness experience interferences within their intimate partner relationships. Whereas only a few individuals-14% (Strongly agree-5% and somewhat agree-9%) tend to offer data that is contradictory.

Conclusion and Recommendations

Disruptions in social connections was identified to be taking place concerning three specific domains. The research findings highlight how the impact caused on familial relations could be twofold. The majority of family members play a vital role by offering crucial support towards the recovery of the person with mental illness, while only a minority tend to undergo rejection and exclusion. The data illuminate a consistent pattern as to how people with mental illness frequently face rejection from their social circles and struggle with the emergence of self-stigma. Concerning the effect on intimate partner relationships, the study emphasizes that a sizable percentage of people had their intimate partners reject or abandon them. Moreover, the findings reveal that the reluctance in sexual activity can also be a result of the side effects caused by drugs in addition to symptoms of the mental condition. Therefore, a pressing need could be identified for future research focused on the obstacles caused by the side effects of psychiatric drugs to the lives of people with mental illnesses. It is evident how the impaired social connections stemming from the stigma of mental illness could hinder the mental well-being of these affected individuals. Importantly, forthcoming research should focus on comprehending the different levels through which the existing stigma on mental illness could be tackled. This entails exploring the micro level, as a means to recognize both public and self-stigma encountered at the individual level. The macro level, through which key policies, rules and regulations that potentially impact the

well-being of persons experiencing mental illness could be recognized. The mezzo level, by which necessary actions intended to improve the welfare of people suffering from mental illness inside of institutional domain could be identified. Mental illness stigma holds a significant impact on relationships with family, friends, intimate partner and the larger social community. Therefore, maintaining and fostering social ties becomes imperative in reducing stigma associated with mental illness.

References

- Attygalle, U. R., Perera, H., & Jayamanne, B. D. W. (2020). Stigma related to mental health issues – a study among adolescents in Sri Lanka. *Sri Lanka Journal of Psychiatry*, 11(1), 8–13. <https://doi.org/10.4038/slipsyc.v11i1.8243>
- Avdibegović, E., & Hasanović, M. (Eds.). (2017). *THE STIGMA OF MENTAL ILLNESS AND RECOVERY* (Vol. 29) [English]. https://www.psychiatria-danubina.com/UserDocsImages/pdf/dnb_vol29_noS_uppl%205/dnb_vol29_noSuppl%205_900.pdf
- Azman, A., Singh, P. S. J., & Sulaiman, J. (2017). The mentally ill and their impact on family caregivers: A qualitative case study. *International Social Work*, 62(1), 461–471. <https://doi.org/10.1177/0020872817731146>
- Boysen, G. A. (2017). Stigma Toward People with Mental Illness as Potential Sexual and Romantic Partners. *Evolutionary Psychological Science*, 3(3), 212–223. <https://doi.org/10.1007/s40806-017-0089-5>
- Centers for Disease Control & Prevention. (2020). *Common Barriers to Participation Experienced by People with Disabilities*. from <https://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html>
- Community-Based Research Centre. (2016, August 16). *Stigma: the micro, the macro, and the meso*. CBRC. <https://www.cbrc.net/stigma-micro-macro-and-meso>
- Corrigan, J. A., & Schutte, N. S. (2023). The Relationships between the Hope Dimensions of Agency Thinking and Pathways Thinking With Depression and Anxiety: a Meta-Analysis. *International Journal of Applied Positive Psychology*. <https://doi.org/10.1007/s41042-023-00099-1>
- Corrigan, P. W. (2007). How Clinical Diagnosis Might Exacerbate the Stigma of Mental Illness. *Social Work*, 52(1), 31–39. <http://www.jstor.org/stable/23720705>
- Corrigan, P. W., & Rao, D. R. (2012). On the Self-Stigma of Mental Illness: Stages, Disclosure, and Strategies for Change. *The Canadian Journal of Psychiatry*, 57(08). <https://doi.org/10.1177/070674371205700804>
- CORRIGAN, P. W., & Watson, A. C. (Eds.). (2002). *Understanding the impact of stigma on people with mental illness* (Vol. 1) [English]. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1489832/>

Corrigan, P. W., Watson, A. C., & Miller, F. E. (n.d.). Blame, shame, and contamination: The impact of mental illness and drug dependence stigma on family members. *Journal of Family Psychology*, 20(2), 239–246. <https://doi.org/10.1037/0893-3200.20.2.239>

Elkington, K. S., Hackler, D., & Wainberg, M. L. (2012). Perceived Mental Illness Stigma, Intimate Relationships, and Sexual Risk Behavior in Youth With Mental Illness. *Journal of Adolescent Research*, 28(3). <https://doi.org/10.1177/0743558412467686>

Fernando, S. M. (2010). *Stigma and discrimination towards people with mental illness in Sri Lanka* [PhD dissertation]. University of Wollongong.

Fernando, S. M., Deane, F. P., & McLeod, H. J. (2009). Sri Lankan doctors' and medical undergraduates' attitudes towards mental illness. *Social Psychiatry and Psychiatric Epidemiology*, 45(7), 733–739. <https://doi.org/10.1007/s00127-009-0113-6>

Fernando, S. M., Deane, F. P., & McLeod, H. J. (2016). The delaying effect of stigma on mental health help-seeking in Sri Lanka. *Asia-Pacific Psychiatry*, 9(1). <https://doi.org/10.1111/appy.12255>

Garand, L., Lingler, J. H., Conner, K. O., & Dew, M. A. (2009). Diagnostic Labels, Stigma, and Participation in Research Related to Dementia and Mild Cognitive Impairment. *Research in Gerontological Nursing*, 112–121(2). <https://doi.org/10.3928/19404921-20090401-04>

Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity* [English]. Prentice-Hall Inc. <https://cdn.penguin.co.uk/dam-assets/books/9780241548011/9780241548011-sample.pdf>

Hapangama, A., Mendis, & Kuruppuarachchi, K. A. L. A. (2022). Why are we still living in the past? Sri Lanka needs urgent and timely reforms of its archaic mental health laws. *BJPsych International*, 20(1), 4–6. <https://doi.org/10.1192/bji.2022.26>

Holder, S. M. H., Peterson, E. R., Stephens, R., & Crandall, L. a C. (2006). Stigma in Mental Health at the Macro and Micro Levels: Implications for Mental Health Consumers and Professionals. *Community Mental Health Journal*. <https://doi.org/10.1007/s10597-018-0308-y>.

International Society for Sexual Medicine. (2023). *Do mental health problems have an effect on sexual function?* <https://www.issm.info/sexual-health-qa/do-mental-health-problems-have-an-effect-on-sexual-function>

Jahn, D. R., Leith, J., Muralidharan, A., Brown, C. H., Drapalski, A. L., Hack, S., & Lucksted, A. (Eds.). (2020). *The Influence of Experiences of Stigma on Recovery: Mediating Roles of Internalized Stigma, Self-Esteem, and Self-Efficacy* (Vol. 43) [English]. <https://doi.org/10.1037/prj0000377>.

Jayasinghe, S. (2001). *Psychosocial impacts. Community Care of the Long Term Mentally Ill in Sri Lanka: Impacts, Needs and Options for Interventions*. National Council for Mental Health: Sri Lanka.

- Johnstone, M. (2001). Stigma, social justice and the rights of the mentally ill: Challenging the status quo. *Australian and New Zealand Journal of Mental Health Nursing*, 10(4), 200–209. <https://doi.org/10.1046/j.1440-0979.2001.00212.x>
- Kawachi, I., & Berkman, F. (2001). Social Ties and Mental Health. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 78(3), 458–465. <https://doi.org/10.1093/jurban/78.3.458>
- Law Insider. (2023). *family connection definition*. <https://www.lawinsider.com/dictionary/family-connection>
- Markowitz, F. E. (1998). The Effects of Stigma on the Psychological Well-Being and Life Satisfaction of Persons with Mental Illness. *Journal of Health and Social Behavior*, 39(04), 335–347. <https://doi.org/10.2307/2676342>
- Mendis, N. (2004). Mental health services in Sri Lanka. *Int Psychiatry*, 1(3), 10–12. <https://pubmed.ncbi.nlm.nih.gov/31507673/>
- Ng, C. H. (1997). The stigma of mental illness in Asian cultures. *Australian and New Zealand Journal of Psychiatry*, 31(3), 382–390. <https://doi.org/10.3109/00048679709073848>
- Nxumalo, C. T., & Mchunu, G. (2017). Exploring the stigma-related experiences of family members of persons with mental illness in a selected community in the iLembe district, KwaZulu-Natal. *Health Sa Gesondheid*, 22, 202–212. <https://doi.org/10.1016/j.hsag.2017.02.002>
- Oexle, N., Müller, M., & Kawohl, W. (Eds.). (2017). *Self-stigma as a barrier to recovery: a longitudinal study* [English]. <https://doi.org/10.1007/s00406-017-0773-2>
- Olivine, A. (2022, February 10). What Is Stigma? *Verywell Health*. <https://www.verywellhealth.com/stigma-5215412>
- Park, S., & ACWaxler, K. S. (2014). Family Stigma: A Concept Analysis. *Asian Nursing Research*, 8(3), 165–171. <https://doi.org/10.1016/j.anr.2014.02.006>
- Pellegrino, L. D., Peters, M. E., Lyketsos, C. G., & Marano, C. M. (Eds.). (2013). *Depression in Cognitive Impairment* (Vol. 15). <https://doi.org/10.1007/s11920-013-0384-1>
- Phelan, C., Bromet, J., & Link, G. (1998). Psychiatric Illness and Family Stigma. *Journal of Psychoses and Related Disorders*, 24(1), 115–126. <https://doi.org/10.1093/a033304>
- Re, C., De, R., Mm, K., Schaffer, C. B., Jm, D., & Sh, K. (1985). Somatic symptoms in primary affective disorder. *Archives of General Psychiatry*, 42(11), 1098. <https://doi.org/10.1001/archpsyc.1985.01790340082012>
- Rüsch, N., Angermeyer, M. C., & Corrigan, P. W. (2005). Mental illness stigma: Concepts, consequences, and initiatives to reduce stigma. *European Psychiatry*, 20(8), 529–539. <https://doi.org/10.1016/j.eurpsy.2005.04.004>

- Samarasekare, N., Davies, M. L. M., & Siribaddana, S. (2012b). The Stigma of Mental Illness in Sri Lanka: The Perspectives of Community Mental Health Workers. *Stigma Research and Action*, 2(2), 93–99. <https://doi.org/10.5463/SRA.v1i1.13>
- Samari, E., Teh, W. L., Roystonn, K., Devi, F., Cetty, L., Shahwan, S., & Subramaniam, M. (2022). Perceived mental illness stigma among family and friends of young people with depression and its role in help-seeking: a qualitative inquiry. *BMC Psychiatry*, 22(1). <https://doi.org/10.1186/s12888-022-03754-0>
- Singh, A. (2022). Four Types of Suicides. *Management Development Institute of Singapore*. Retrieved June 17, 2023, from <https://www.mdis.edu.sg/blog/four-types-of-suicides/#:~:text=Durkheim%20identifies%20four%20different%20types,being%20alone%20or%20an%20outsider.kberkman>
- SOCY 151 - Lecture 24 - Durkheim on Suicide | Open Yale Courses*. (n.d.). <https://oyc.yale.edu/sociology/socy-151/lecture-24#:~:text=Durkheim's%20study%20uses%20the%20logic,explain%20variations%20in%20suicide%20rates.>
- Sorting Hat Technologies Pvt Ltd. (2023). *Emile Durkheim: Theory of Suicide*. Unacademy. <https://unacademy.com/content/upsc/study-material/sociology/emile-durkheim-theory-of-suicide/>
- Stavrova, O., & Luhmann, M. (2015). Social connectedness as a source and consequence of meaning in life. *The Journal of Positive Psychology*, 1–29. <https://doi.org/10.1080/17439760.2015.1117127>
- Thilakarathna, K. (2023, October 10). Mental health: A fundamental human right Sri Lanka must recognise and protect. *The Morning*. <https://www.themorning.lk/articles/habsVpNSAkzNnN2MDUYB>
- Wahl, O., & Harman, C. (1989). Family views of stigma. *The Journal of Psychoses and Related Disorders*, 15(01), 131–139. <https://doi.org/10.1093/SCHBUL/15.1.131>
- World Health Organization. (2022, June 8). *Mental disorders*. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/mental-disorders/?gclid=CjwKCAiAhJWsBhAaEiwAmrNyq1Fnzg5mQc2nasZOLz9r7A_BkWv0ebZngdSCNt5TSdlJ3Mz5kAdFeRoCKF4QAvD_BwE
- Wright, E. R., Wright, D. E., Perry, B. L., & Foote, C. E. (2007). Stigma and the Sexual Isolation of People With Serious Mental Illness. *Social Problems*, 54(1). <https://doi.org/10.1525/sp.2007.54.1.78>