RCMOS - Multidisciplinary Scientific Journal of Knowledge.
ISSN: 2675-9128. São Paulo-SP.

Year V, v.1 2025. | submission: 2025-08-23 | accepted: 2025-08-25 | publication: 2025-08-27

The importance of psychoeducation as a strategy to combat the stigma of severe mental disorders

The importance of psychoeducation as a strategy for coping with the stigma of severe mental disorders

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SUMMARY

This research investigated the effectiveness of psychoeducation in reducing the stigma associated with severe mental disorders. The aim was to understand how this therapeutic intervention can improve the quality of life of these individuals and diminish internalized stigma. The study adopted a qualitative methodology, with exploratory and bibliographic research, analyzing materials from databases such as SciELO and PubMed. A review of the national literature highlighted a gap on the topic, while studies in English revealed a positive impact of psychoeducation in reducing stigma and promoting well-being, especially when combined with cognitive behavioral therapy. The conclusion was that, although internalized stigma is recognized as an obstacle to treatment adherence for individuals with severe mental disorders, there is still a lack of studies on the application of psychoeducation in this context. Therefore, we suggest that future research expand the investigation on this topic, especially in the long term.

Keywords: Stigma. Psychoeducation. Mental Health. Severe Mental Disorders.

ABSTRACT

This research investigated the efficacy of psychoeducation in reducing the stigma associated with severe mental disorders. It aimed to understand how this therapeutic intervention can improve the quality of life of these individuals and decrease internalized stigma. The study adopted a qualitative methodology, with exploratory and bibliographic research, analyzing materials from databases such as SciELO and PubMed. The review of national literature

revealed a gap on the topic, while English-language studies showed a positive impact of psychoeducation in reducing stigma and promoting well-being, especially when combined with cognitive-behavioral therapy. It was concluded that, although internalized stigma is recognized as a barrier to treatment adherence in people with severe mental disorders, there is still a lack of studies on the application of psychoeducation in this context. Therefore, it is suggested that future research expands the investigation on the topic, especially in the long run

term.

Keywords: Stigma. Psychoeducation. Mental Health. Severe Mental Disorders

1. INTRODUCTION

Severe mental disorders affect millions of people globally, and according to the mental health action plan of the World Health Organization (WHO), are considered with severe mental disorders people who have depression, schizophrenia, mental health disorder bipolar, dementia, substance use disorder, intellectual disabilities and developmental disorders development and behavior. Among these disorders, depression and anxiety are the that affect the majority of the population, with a worldwide prevalence of approximately 4.4% depression and 3.6% anxiety (Häfele; Nobre; Siqueira, 2021).

Unfortunately, the stigma associated with severe and recurrent mental disorders still persists in a widespread manner, with profound impacts on the lives of people living with these disorders, resulting in social exclusion and discrimination (Nascimento; Leão, 2019). When stigma is internalized by individuals with disorders, they begin to believe in the negative conceptions that are socially attributed to it, thus negatively affecting the your self-esteem, making it difficult to adhere to appropriate health care and reducing your quality of life (Iveziÿ; Sesar; Mužiniÿ, 2017).

Corrigan and Watson (2002, apud Soares et al., 2011) define that there are two types of stigma, public or social stigma, and internalized stigma or self-stigma. Social stigma occurs when society or a group devalues and rejects characteristics of an individual that deviate from the norm, resulting in moral judgments, negative attitudes and discrimination. The internalized stigma, a direct consequence of social stigma, occurs when the individual becomes aware of negative stereotypes about his or her disorder, agrees with them, and applies to itself.

In this context, psychoeducation in Cognitive-Behavioral Therapy, especially due to its approach focused on raising awareness and educating society, it emerges as a possible effective strategy to combat the stigma associated with mental disorders. Through of clear and scientific information, psychoeducation allows patients, family members and the society in general better understand the characteristics and treatment of these disorders (Carvalho; Malagris; Rangé, 2018).

In this work, psychoeducation will be approached from a therapeutic conception behavioral, originating from the 20th century, which consists of “instructing the patient about his illness,

RCMOS – Multidisciplinary Scientific Journal of Knowledge.
ISSN: 2675-9128. São Paulo-SP.

train problem solving and train communication and assertiveness, counting on the inclusion of family members in this process" (Anderson et al., 1980, apud Assis et al., 2016, p. 112). In Cognitive Behavioral Therapy, psychoeducation is also used as a "professionally developed treatment modality that integrates interventions psychotherapeutic and educational" (Carvalho; Malagris; Rangé, 2018, p. 19). provide a broader understanding of disorders, it helps to reduce the stigma, increase self-esteem, promote greater social integration and encourage adherence to treatment, demystifying these disorders and favoring the construction of a society more inclusive and informed (Assis, 2016; Iveziÿ; Sesar; Mužiniÿ, 2017).

This study aimed to investigate the contributions of psychoeducation in addressing the stigma associated with people with severe mental disorders. Furthermore, the This study sought to answer the following question: psychoeducational practices, in the context psychotherapeutic and from the perspective of Cognitive-Behavioral Therapies, could contribute to the reducing internalized stigma and improving the quality of life of people with disorders serious mental illnesses? This doubt highlighted the importance of discussing, in the field of psychology, the effectiveness of psychoeducation in the face of one of the aggravating factors in the suffering of people with mental disorders (internalized stigma) and their impact on the search for and adherence to various forms of treatment for mental disorders.

It was hypothesized, based on the initial surveys of this research, that psychoeducation could contribute to reducing internalized stigma in people with mental disorders serious by promoting a scientific understanding of their conditions and helping to deconstruct negative beliefs that patients held about themselves. Similarly, it was conjectured that psychoeducation would contribute positively to the quality of life of patients with severe mental disorders by facilitating adherence to treatment, expanding self-care and self-esteem and by promoting greater autonomy and social inclusion.

To answer this question, the aim was, in general, to understand how psychoeducation could be used, in the psychotherapeutic context of Cognitive-Behavioral, for the care of people with severe mental disorders. More specifically, to achieve this objective, we intended to describe the social construction of stigma about severe mental disorders, differentiate public stigma about people with severe mental disorders from the internalized stigma experienced by such people, explain how

psychoeducation could be used in the psychotherapeutic context of the Therapy approach Cognitive-Behavioral Therapy (CBT) and evaluate whether psychoeducational practices in CBT could contribute to reducing internalized stigma and improving people's quality of life with Severe Mental Disorders.

Over the centuries, in the Western context, the stigma against people with disorders mental was constituted through demonological, eugenic and common-sense perspectives that corroborated the fact that, currently, negative conceptions were attributed to such individuals, especially those who have mental disorders considered serious (Barlow; Durand; Hofmann, 2020; Amarante, 2010). The public stigma, which is still reproduced in multiple ways forms in our social relations and cultural constructions, negatively influences the way how Western society perceives and engages with these subjects, increasing the likelihood that violence and discrimination directed at them will occur (Goffman, 2008).

Similarly, it was found that the reproduction of public stigma, in everyday life, has favored the identification of people who have serious mental disorders with the pejorative conceptions that are socially attributed to it, a phenomenon that literature scientific research calls it internalized stigma. Internalized stigma negatively affects self-concept of individuals with severe mental disorders, who, when identifying with the negative social judgments, often do not accept their diagnoses and treatments, and, in As a result, they see the quality of their lives deteriorate (Rössler, 2016).

Considering this current panorama, the urgency of investigating possible psychological practices that contribute to the deconstruction of stigma and, based on the paradigm scientific, review its impacts on people with severe mental disorders who are affected. Therefore, the technique of psychoeducation, which aims to translate knowledge psychological and educate people about their disorders and how to manage them, has been shown to pertinent as an object of study (Beck, 1997, apud Carvalho; Malagris; Rangé, 2019).

Deepening knowledge about psychoeducation and its relationship with stigma in severe mental disorders has become fundamental, as explored in current literature. Despite the increase in studies on the negative impacts of stigma, gaps still existed in relation to psychoeducational practice and its effectiveness in reducing internalized stigma. Additional research was needed to understand how psychoeducation could be

integrated into therapeutic interventions, especially in Cognitive-Behavioral Therapy (CBT), which had already been shown to be effective in various clinical contexts.

2 THEORETICAL FRAMEWORK

2.1 Public Stigma

Corrigan and Watson (2002, apud Felicíssimo et al., 2013) point out that there are two types of stigma: social stigma and internalized stigma. Social stigma, which will be explored throughout this chapter, is characterized by attitudes of ignorance, prejudice and discrimination that leads to the social exclusion of individuals with mental disorders, as described by Thornicroft (2006, apud Nascimento; Leão, 2019). To delve deeper into the differences conceptual differences between public and internalized stigma, it is essential to clarify the construction historical idea of stigma.

The term dates back to Ancient Greece, where it referred to body marks made on the basis of of cuts and fire, on people considered ritualistically “polluted”, such as bandits, slaves and traitors, and that they should be avoided in public places. Such marks were intended "to highlight something extraordinary or bad about the moral status of the person presenting them" (Goffman, 2008, p. 11).

In the Christian Era, the concept of stigma was given two more meanings, related also to body marks, in the shape of flowers erupting on the skin, which were interpreted as divine grace, or as signs of physical disorder. Over the centuries, the concept of stigma has expanded to encompass other forms of symbolic discrimination, although not fully linked to corporeal evidence (Goffman, 2008; Rössler, 2016).

According to Goffman's formulation, society delimits the means of categorizing people, in line with their respective social environments, and defines the attributes considered normative and expected for each of these categories. In everyday life, when If you are introduced to a stranger, the initial aspects of this person allow you to predict their category and its adjacent attributes, that is, its “social identity”. According to the author,

RCMOS – Multidisciplinary Scientific Journal of Knowledge.
ISSN: 2675-9128. São Paulo-SP.

socially, such normative demands are ignored until they are fulfilled by someone (Goffman, 2008).

Stigma would then arise when there is evidence that a stranger carries with him an attribute that makes it different from what is normatively expected of a category which he could be included. From such a perception, socially it is no longer considered him as a common and complete human being, to start seeing him as a damaged person and diminished. The stigma would therefore be this deeply derogatory characteristic, discrediting, and which is often considered a defect, a disadvantage, a personal failure, which occurs when what one is contradicts what is expected normatively (Goffman, 2008).

When summarizing the main characteristics associated with the concept of stigma, Goffman (2008) defines them as:

> An individual who might have been easily accepted into everyday social interactions possesses a trait that can command attention and alienate those he encounters, destroying the possibility of attention for his other attributes. He possesses a stigma, a characteristic different from what we had anticipated (GOFFMAN, 2008, p. 14).

In his original theoretical articulation, Goffman already conceives the possibility of a internalization, by the stigmatized individual, of derogatory social conceptions about oneself. Regarding this possible internalization, Goffman (2008) postulates that:

> Furthermore, the standards he has incorporated from the larger society make him intimately susceptible to what others see as his defect, leading him inevitably, if only for a few moments, to agree that, in fact, he has fallen short of what he truly ought to be. Shame becomes a central possibility, arising when the individual realizes that one of his own attributes is impure and can imagine himself as not having it (GOFFMAN, 2008, p. 17).

However, the author also foresees the possibility that, even if prevented from accepting fully social and reduced in its humanity, the stigmatized subject remains indifferent to discrimination. Thus, the individual would remain protected by beliefs that he is a human being normal, and that the socially defined “normal”, by stigmatizing it, would not be

sufficiently human. Thus, even carrying a stigma, the subject would not show himself impressed or regretful by such (Goffman, 2008).

Finally, regarding the public stigma surrounding mental disorders, it can be stated that “for millennia, society has not treated people suffering from depression, autism, schizophrenia and other mental disorders much better than slaves or criminals: they were imprisoned, tortured or killed” (Rössler, 2016, p. 1, our translation). Such stigma it is a historical construction, maintained by discriminatory practices and which can be learned and reproduced during the socialization process, both by individuals considered “normal” and by the stigmatized themselves, who internalize beliefs social about their stigma and develop hostile behaviors and emotions towards it (Goffman, 2008; Felicíssimo et al., 2013).

The aim of this research was to understand whether public stigma, when internalized by subjects with severe mental disorders, could be deconstructed in favor of the mental health of these people, seen as stigmatized, through psychoeducation in cognitive-behavioral therapies.

2.2 Internalized Stigma

From a psychosocial perspective, stigma is understood as a process in which a person is devalued, loses their status and suffers discrimination because of of physical or personal characteristics considered unacceptable by society. This discrimination is driven by negative stereotypes attributed to the individual (Link; Phelan, 2001, apud Felicissimo et al., 2013).

Among the various negative impacts of social stigma, its internalization, a process in which the individual becomes aware of his or her health condition and the prejudice associated with it, starting to agree with the stigmatizing beliefs and apply them to yourself. This phenomenon compromises not only your self-esteem and self-confidence, but also your quality of life, your social life and your ability to seek appropriate support. Furthermore, internalizing stigma can lead to serious consequences, such as the loss of personal identity, limited opportunities and

increased difficulties in accessing health services (Corrigan; Watson, 1998, apud Felicíssimo et al., 2013).

Internalized stigma, the focus of this study, is a direct consequence of stigma social. It is a phenomenon that can only emerge from the existence and internalization of socially constructed negative stereotypes. Accordingly, internalized stigma it is a process in which the individual, when recognizing negative stereotypes related to their condition, accepts, applies and reproduces these unfavorable beliefs about themselves same (Nascimento; Leão, 2019).

In the context of mental health, one of the biggest challenges faced by patients is exactly this process of self-stigmatization, which often generates feelings of shame and inferiority, making treatment and seeking help difficult. Stigma internalized not only affects the way the individual sees himself, but also aggravates your emotional and behavioral difficulties, preventing you from accessing the necessary support (Birth; Leao, 2019).

In this sense, interventions such as psychoeducation and other therapeutic approaches play a crucial role in deconstructing this stigma, allowing the patient reformulate your beliefs and build a more positive view of yourself. This intervention was explored in this study, with special attention, as it is a strategy that promotes improving well-being, social interaction and, consequently, quality of life (Carvalho; Malagris; Rangé, 2018).

2.3 Mental Disorders

In order to advance discussions on the role of psychoeducation as a strategy to combat the stigma associated with mental disorders, has become necessary to conceptualize what a mental disorder is and how its definition is currently main area of study: Psychopathology. In this work, to scientifically support the arguments regarding mental disorders, a descriptive perspective was chosen and atheoretical about the psychopathological field.

Regarding the field of psychopathology, it is possible to understand it, according to Campbell (1986, apud Dalgalarrondo, 2019, p. 6) “as the branch of science that deals with nature essential part of the mental illness or disorder - its causes, structural and functional changes associated with it and its forms of manifestation”. However, because not all research within the psychopathological field, strictly follow the principles of a “hard science”, or have evidence of their theoretical formulations, it was decided to favor a committed approach with biology and behavioral sciences, which seek categorization, explanation and empirical prediction of human behavior (Barlow; Durand; Hofmann, 2020; Dalgalarrondo, 2019; Zorzanelli; Bezerra; Costa, 2014).

Regarding the scientific study of psychopathology, Dalgalarrondo (2019) states that:

> As knowledge that aims to be scientific, psychopathology does not include value criteria nor accept dogmas or a priori truths. When studying and practicing psychopathology, one does not morally judge what is studied; one seeks only to observe, identify, and understand the various elements of mental disorder. Furthermore, in psychopathology, one must reject any type of dogma, any ready-made and untouchable truth, be it religious, philosophical, psychological, or biological; the knowledge sought is constantly subject to revision, criticism, and reformulation. In other words, psychopathology, as the science of mental disorders, requires constant scientific and public debate of all its postulates, notions, and established truths (DALGALARRONDO, 2019, p. 6).

In a descriptive and atheoretical psychopathological conception, “it is fundamentally important the description of the forms of psychic changes, the structures of symptoms, what characterizes and describes the pathological experience as a more or less typical symptom” (Dalgalarrondo, 2019, p. 10). Therefore, this approach favors an observation detailed and rigorous analysis of visible behaviors and attitudes, to the detriment of inferences and interpretations of patients' symptoms. Furthermore, she seeks not to compromise epistemologically, with the purpose of facilitating dialogue between professionals from different areas and theoretical orientations (Zorzanelli; Bezerra; Costa 2014).

On the importance of classification in psychopathology, Zorzanelli, Bezerra and Costa (2014, p. 14) indicate that “classifications produce stable points that organize our look at the reality we want to know and on which we want to act”. In this way, diagnostic categories allow, in addition to a comprehensible description of the symptoms of patients, the creation of ways to respond technically and socially to them, “thus, in addition

RCMOS - Multidisciplinary Scientific Journal of Knowledge.
ISSN: 2675-9128. São Paulo-SP.

of their descriptive dimension, they exhibit an immense prescriptive force" (Zorzanelli; Bezerra; Costa, 2014, p. 12).

According to Barlow, Durand and Hofmann (2020), the most widely accepted definition of mental disorders is established in the DSM-V, which, now in its text version revised, points out that:

> A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are often associated with significant distress or disability that affects social, occupational, or other important activities. A culturally expected or approved response to a common stressor or loss, such as the death of a loved one, does not constitute a mental disorder. Social behavioral deviations (e.g., political, religious, or sexual in nature) and conflicts that are primarily about the individual and society are not mental disorders unless the deviation or conflict is the result of a dysfunction in the individual, as described. (APA, 2022, p. 14)

Consequently, it can be concluded that the current scientific paradigm on mental disorders understand their causes and development in a multidimensional way and integrated. This perspective understands that "mental disorders cannot be explained only by genetic or environmental factors, but arise from their interaction" (Barlow; Durand; Hofmann, 2020, p. 19). And, more deeply, such a paradigm understands that the biological, cognitive, behavioral, social, emotional and developmental factors mutually influence the emergence of mental disorders and not can be isolated in a scientific analysis on the subject (Barlow; Durand; Hofmann, 2020).

Finally, it is also important to consider the impacts of the diagnosis on the subject who receives. According to Zorzanelli, Bezerra and Costa (2014, p. 12), it can be stated that "The encounter with the diagnosis significantly changes the way the subject thinks about himself himself, the way he interprets his own emotions, the way he conducts himself in the relationship with others". Therefore, the psychoeducation strategy, based on knowledge scientifically constructed regarding the symptomatology and development of disorders

RCMOS – Multidisciplinary Scientific Journal of Knowledge.
ISSN: 2675-9128. São Paulo-SP.

mental health, may be an effective intervention to ensure that the diagnostic process is assertive and does not contribute to the acceptance of internalized stigma.

2.4 Psychoeducation

The notion of psychoeducation emerged at the beginning of the 20th century and became better known and applied in psychiatry from the 1970s onwards, when it was classified as an intervention behavioral therapy. This intervention included instructions to the patient about his illness, problem-solving and assertive communication training, and inclusion of family members in the process (Assis, 2016).

Psychoeducation enables the patient to develop thoughts, ideas and reflections about people and the world around them, as well as learning how to deal with situations for which previously had no tools. As a form of mental health intervention, it covers both the patient and their family members and caregivers, and it is essential that it occurs in a didactic form and with language appropriate to the audience. Furthermore, it can be carried out in varied formats, such as groups, individual sessions and conversation circles (Assis, 2016).

In Cognitive Behavioral Therapy (CBT), psychoeducation plays an even more important role. more fundamental and focused on developing specific skills for the coping with symptoms. This is because CBT is a holistic approach structured and educational psychotherapy, oriented towards action and change, focused on current problems, which seeks to involve the patient in a collaborative relationship and lead him to develop the skills necessary to understand yourself, your diagnosis, treatment and become your own psychotherapist. These aspects are based on cognitive model, which understands that emotional and behavioral difficulties, as well as like mental disorders, result from distorted information processing, which alters the perception of reality, and that its correction contributes to the reduction of suffering psychological (Beck, 2022; Carvalho; Malagris; Rangé, 2018; Leahy, 2019).

In CBT, psychoeducation aims to teach the client psychological principles that help them to understand and better manage your mental condition. The therapist clarifies the model

cognitive, the steps of therapy and the peculiarities of the diagnosis or difficulties of the client, in addition to teaching skills to monitor and modify thoughts and beliefs distorted, promoting changes in behavior and emotions. Psychoeducation occurs throughout therapy, with the therapist identifying strategic moments to deepen the psychological concepts useful to the client's progress and encourage them to apply what you learned after finishing treatment to reduce the risk of relapse (Carvalho; Malagris; Rangé, 2018).

3. MATERIAL AND METHOD

This research used a qualitative and quantitative methodology, focusing on descriptive, documentary and bibliographical modalities, to investigate the effectiveness of psychoeducation as a strategy to combat the stigma associated with severe mental disorders. qualitative approach allowed us to explore perceptions and experiences, while the quantitative provided input based on numerical analyses. In addition, qualitative analysis techniques allow you to organize and present information visually, such as flowcharts and tables, facilitating the understanding and dissemination of the knowledge produced. (Martins, 2022).

According to Gil (2008), descriptive research is indicated to analyze characteristics of social groups and complex phenomena, such as mental health stigma, allowing a deeper understanding of psychoeducational practices and their effects.

The research was conducted in documentary form, using exclusively sources secondary, obtained from databases such as PubMed, SciELO, PsycINFO, Google Scholar, ResearchGate and Redalyc, including scientific articles published between 2014 and 2024, in addition to books for the development of the theoretical framework and the introduction. Materials were included that address psychoeducation in the context of severe mental disorders, as well as studies on Cognitive Behavioral Therapy (CBT) related to the topic. Texts were excluded that did not directly address the topic, with restricted access, systematic reviews and protocols of studies.

Data collection consisted of a systematic search and careful analysis of the materials selected, with references recorded in accordance with academic standards. The analysis qualitative analysis was carried out through analytical reading and thematic categorization, highlighting strategies

psychoeducational measures and their impact on reducing stigma and improving the quality of life of subjects involved.

3.1 Analysis

This is a bibliographic review of literature, aimed at analyzing results obtained in previous studies on the application of psychoeducation as a strategy therapy to address stigma in severe mental disorders. According to Gil (2008), the bibliographic review organizes the existing knowledge about a phenomenon, using primary sources such as scientific articles.

Four empirical studies were selected, two in Portuguese and two in English, with based on keywords related to the topic. Unlike systematic reviews, these applied studies involved practical implementation and psychoeducational interventions in real contexts, with the aim of evaluating their effectiveness. The information is organized in Table 1, which presents the title, authors and links of the articles. The findings were discussed in dialogue with the theoretical foundation, offering an integrated vision on the effectiveness of psychoeducation in stigma reduction.

Table 1 - Applied Studies on Psychoeducation and Stigma

[1]

No.	ARTICLE NAME	AUTHORS	LINK
A1	Mental health care and political participation of users and family members in redefining the stigma surrounding mental disorders	PIRES, RR; ALENCAR, AB; JUNIOR, ARF; SAMPAIO, JJC	https://www.scielo.br/j/physis/a/MYzrcy8mgPbhP3hDNxgfpmd/
A2	Internalized stigma of individuals in treatment chemical dependency and its	MALADODI, B.M.; GREGOUL, M.; CARRARO, A.; JUNIOR, H.S.	https://doi.org/10.22456/1982-8918.84970

[1] From now on, to facilitate reading, the article by Pires, Alencar, Júnior and Sampaio will be called A1; Maladodi, Greguol, Carraro and Júnior, A2; by Díaz-Mandado and Periáñez, A3; and by Lucksted, Drapalski, Brown, Wilson, Charlotte, Mullane and Fang, A4

	relationship with the practice of physical activity		
A3	An effective psychological intervention in reducing internalized stigma and improving recovery outcomes in people with severe mental illness	DÍAZ-MANDADO, O.; PERIÁNEZ, A.J.	https://www.sciencedirect.com/science/article/abs/pii/S0165178120332960?via%3Dihub
A4	Outcomes of a Psychoeducational Intervention to Reduce Internalized Stigma Among Psychosocial Rehabilitation Clients	LUCKSTED, A.; DRAPALSKI, AL; BROWN, CH; WILSON, C.; CHARLOTTE, M.; MULLANE, A.; FANG, L.J.	https://psychiatryonline.org/doi/epdf/10.1176/appi.ps.201600037

Source: prepared by the authors.

3.2 Materials

Theoretical and empirical articles published between 2014 and 2024 were considered, in Portuguese and English, focusing on psychoeducation and stigma in severe mental disorders. Publications outside this time frame or theme were excluded. The selection was based on reading the title, abstract and, when necessary, the full article, according to the criteria established.

A table was maintained to record the number of articles researched and analyzed during the review, even though they were not used directly in the qualitative analysis. The The record had only a documentary function, representing the volume of the bibliographic survey accomplished.

3.3 Procedures (Descriptors)

For the bibliographic review, recognized databases were consulted, such as PubMed, SciELO, PsycINFO, Google Scholar, ResearchGate and Redalyc, which offered access to relevant articles and books on severe mental disorders, stigma, and psychoeducation. The The main descriptors used were: psychoeducation AND stigma; psychoeducation AND

severe mental disorders AND coping with stigma. In English, the following were used: following descriptors: Psychoeducation AND Self-Stigma; Psychoeducation AND Serious Mental Illness AND Self-Stigma.

Figure 1 - Step-by-step process for searching and excluding articles.

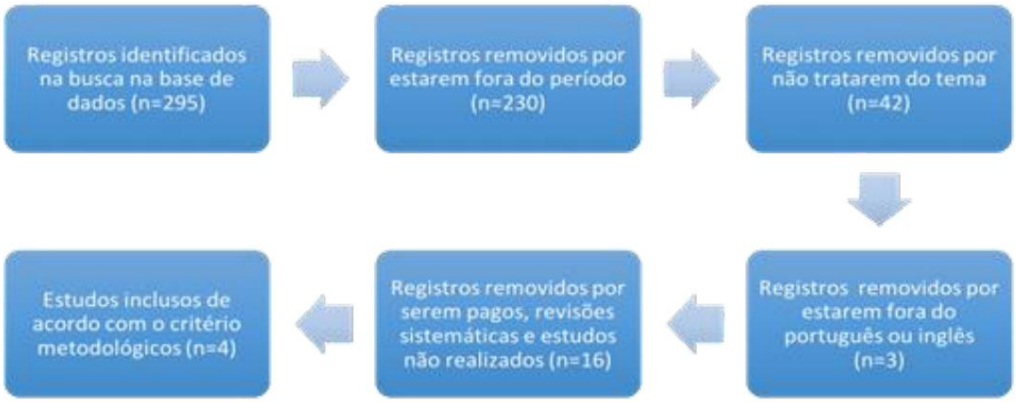

Figure 1 shows the number of articles and documents selected for the research, with the aim of highlighting the initial scope of the survey carried out. Although these materials were not directly referenced in the qualitative analysis, the table reflected the breadth of research to that point. Most of the excluded articles were discarded because they were outside the publication period analyzed, and the others because they were not address the central theme of the research.

4. RESULTS AND DISCUSSION

Studies A1 and A2 addressed the impact of stigma in different contexts, but with complementary results. Study A1 investigated mental health stigma based on the reports from seven participants, including CAPS users and their families. The interviewees, aged between 31 and 72 years and with direct experience of severe mental disorders, reported how stigma affected not only treatment but also family relationships and social. Many tried to hide their disorders for fear of discrimination, even going so far as to avoid buying medicines. Although in some spaces this phenomenon was more difficult

to identify, it still manifested itself in the family environment, where, in an attempt to protect, isolation was reinforced. However, the experience in CAPS promoted a positive change, leading participants to perceive these services as spaces of welcome and care.

In the same context of stigma and social exclusion, study A2, carried out with 106 men undergoing treatment for drug addiction, analyzed the relationship between self-stigmatization and the practice of physical activities. Most participants, with more than ten years of experience, dependence and low education, reported feeling alienated and discriminated against, which harmed both treatment adherence and social reintegration. However, the study found that regular exercise was associated with a more positive perception of themselves, favoring recovery and inclusion. Just as the CAPS provided shelter and change in perception about treatment, physical activity demonstrated a similar role, contributing to improving the self-image and social reintegration of these individuals.

In view of this, study A2 reveals that stigma, when internalized, compromises deeply into people's lives, leading them to recognize their health condition in a negative and reproduce the discriminatory beliefs associated with it. In this process, they end up accepting negative beliefs, applying them to themselves, which compromises their self-esteem, self-confidence, and quality of life. Furthermore, this internalized stigma limits ability to establish healthy social relationships and makes it difficult to seek adequate support. In more extreme cases, it can lead to loss of identity, fewer opportunities in life and significant difficulties in accessing health services (Corrigan; Watson, 1998, apud Felicíssimo et al., 2013).

This process of self-stigmatization, the focus of this study, is a direct result of stigma social, being a mechanism by which the person accepts and reproduces negative beliefs related to their condition. These aspects are in line with the theoretical review and reflected both in the interviews conducted with the participants of article A1 and in the responses to the questionnaires in article A2, which show the impact of self-stigmatization on self-esteem, in social relationships and access to treatment, corroborating the consequences described in literature (Nascimento; Leão, 2019).

Thus, in the context of mental health, self-stigmatization represents a major obstacle for those facing mental disorders, as it leads to shame and a feeling of incapacity, removing the person from necessary treatment and support. Birth and Leo

(2019) highlight that this process affects not only the individual's perception of themselves, but also intensifies their emotional and behavioral challenges, making it even more difficult the search for help.

Article A3 aimed to evaluate the effectiveness of a psychological intervention called "Coping Internalized Stigma Program" (PAREI) in reducing stigma internalized in individuals with severe mental disorders (SMI). PAREI is a structured group intervention, consisting of eight weekly two-hour sessions, incorporating elements of psychoeducation, cognitive-behavioral therapy and mutual support. The study was a single-blind Randomized Clinical Trial, and included 54 participants selected for presenting a high level of internalized stigma, distributed randomly between the intervention group (n = 29) and the control group (n = 25).

The intervention addressed two key variables in the process of stigma internalization: the perceived legitimacy of discrimination and identification with the group of people with SMI. Psychoeducation and CBT were used to challenge stigmatizing beliefs and reduce perception of legitimacy of discrimination. In addition, group speech and support among participants aimed to increase identification with a group of individuals with SMI. The program also included teaching positive coping strategies to address stigma, such as the education of third parties and the controlled disclosure of the psychological condition.

The intervention was evaluated at two stages: before the start of the program and a week after its completion. The results of the analyses demonstrated that the participants of the PAREI group showed significant improvements in the emotional dimension of stigma internalized, in the perception of legitimacy of discrimination, in expectations of recovery and social functioning, when compared to the control group. The results indicate that PAREI is a promising tool to reduce internalized stigma and promote clinical and subjective recovery of people with severe mental disorders, in line with with studies on psychoeducation in Cognitive-Behavioral Therapy, which highlight its effects on adherence to treatment and social inclusion (Assis, 2016; Iveziÿ, Sesar; Mužiniÿ, 2017).

Furthermore, the authors of the A3 study reinforced the scarcity of psychological interventions effective in reducing internalized stigma in populations with severe mental disorders. These also highlighted the importance of programs that address not only the symptoms

clinical, but also subjective aspects of recovery, such as self-esteem, self-efficacy and empowerment.

Study A4 evaluated the effectiveness of the “Ending Self-Stigma” (ESS) intervention in reducing of internalized stigma in adults with severe mental disorders (SMI), through a randomized clinical trial with 268 participants. The intervention, based on the social-cognitive of stigma, integrated elements of CBT, psychoeducation and recovery, being applied in nine weekly 90-minute sessions, with small groups and a focus on discussions, practical exercises and mutual support. The ESS group was expected to show a reduction in scores on the SSMIS and ISMI-29 scales, in addition to an increase in the sense of belonging, self-efficacy and recovery orientation, with sustained effects after six months.

Previous studies on ESS have already shown positive effects in reducing stigma internalized, although with small samples and no control groups, which limited the generalization of results. This study expanded the sample and included a comparison group, allowing for a more robust assessment. Participants in the ESS group showed a reduction in agreement with stereotypes, in negative self-consciousness and alienation, in addition to greater resistance to stigma and orientation towards recovery. However, the effects did not last after six months, indicating the need for adjustments to the content, delivery and duration of the intervention to ensure long-term effectiveness.

The findings of this study were in agreement with the theoretical formulations regarding the functionality of psychoeducation in the context of cognitive-behavioral therapies. When applied in a group, psychoeducation was able to restructure the participants' negative beliefs. patients, strengthening more positive beliefs about themselves and, consequently, promoting self-efficacy, recovery and contributing to the development of strategies more effective coping strategies (Assis, 2016; Carvalho; Malagris; Rangé, 2018).

FINAL CONSIDERATIONS

This study aimed to investigate the contributions of psychoeducation in addressing the stigma associated with people with severe mental disorders, with an emphasis on its application within Cognitive Behavioral Therapy (CBT). The research sought understand whether psychoeducation could reduce internalized stigma, improve the quality

of life of these individuals and promote adherence to treatment, self-esteem, autonomy and social inclusion.

In the national studies analyzed, it was observed that psychoeducation was not used as an intervention strategy to address the stigma related to disorders serious mental health problems. This absence highlights a significant gap in scientific production Brazilian on the topic. This research also had limitations, such as the limited number of articles and the specific selection of sources, which may have generated biases and compromised the scope of the analysis. Therefore, the need for future investigations is reinforced explore the application of psychoeducation systematically, with rigorous methodologies, especially in the context of internalized stigma.

At the international level, two randomized clinical trials have demonstrated that psychoeducation, when associated with Cognitive Behavioral Therapy, can be effective in reducing internalized stigma and promoting the well-being of people with disorders serious mental illnesses. The potential of group intervention stands out, as it fosters bonds between the participants. However, one of the studies pointed out difficulties in maintaining the effects long term, suggesting the need for adjustments to ensure greater durability of the results.

Given the recognition of internalized stigma as a significant barrier to adherence and treatment of people with severe mental disorders, it becomes urgent to expand the scientific production on the application of psychoeducation, especially in Brazil. Studies future studies should investigate their integration into different therapeutic approaches, evaluate their lasting effects and consider their implementation not only in clinical settings, but also in public health campaigns and training of mental health professionals, thus promoting a broader and more inclusive approach to combating stigma.

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