## Structure of Self-stigmatization in Cases of Schizophrenia

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**Introduction.**

Interaction of processes of self-stigmatization and rehospitalization in structure of paranoid schizophrenia studied insufficiently well.

**Objective.**

Studying of clinical psychological mechanisms of a self-stigmatization phenomenon at patients with paranoid schizophrenia.

**Aims.**

Separate out a role of an affective component as key-factor in formation of a self-stigmatization phenomenon. Define a role of compensation mechanisms in formation of "learned helplessness" style.
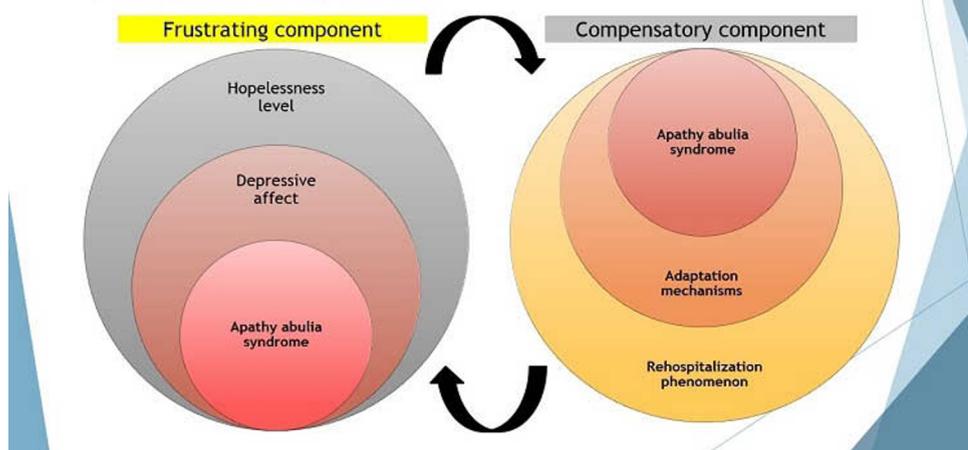
**Methods.**

Retrospective analysis of frequency of hospitalization by information from epicrisis, semiformalized interview, PANSS, the Beck Hopelessness Scale, the Zung Self-Rating Depression Scale, the State-Trait Anxiety Inventory.

**Results.**

The group of patients with an apathy abulia syndrome 65 % is prevailing. We had been found out valid connection between intensity of apathy abulia syndrome in structure of paranoid schizophrenia and frequency of hospitalization 0,60 (p <0,01).

Basis of the frustrating component at an apathy abulia syndrome is personal reaction to a clinical syndrome, which reflected, in the affective sphere of the patient in the depressive affect and the increasing hopelessness level.



The structure of frustrating and compensatory components of self-stigmatization in structure of apathy abulia syndrome

With increase of negative symptomatology also increases tensity of adaptation mechanisms 0,88 (p<0,01). The prevailing negative symptomatology perhaps predispose to development of a rehospitalization phenomenon 0,53 (p<0,01).

**Conclusion.**

Rehospitalization phenomenon is one of the main behavioral equivalents indicating to self-stigmatization process, fixing and reproducing the process intensifies apathy abulia syndrome.