

## Implications of Self-Esteem for Self-Stigma among Students with Lived Experience of Mental Disorders: Evidence from the St. Martin Mental Health Programme, Nyahururu, Kenya

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### Cite this article in APA

Irungu, N. N., Kiptoo-Tarus, P., & King'ori, I. W. (2026). Implications of self-esteem for self-stigma among students with lived experience of mental disorders: Evidence from the St. Martin Mental Health Programme, Nyahururu, Kenya. *Journal of psychology and behavioural sciences*, 5(1), 29-37. <https://doi.org/10.51317/jpbs.v5i1.971>



A publication of Editon Consortium Publishing (online)

### Article history

Received: 2026-03-09

Accepted: 2026-04-05

Published: 2026-05-07

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### Abstract

The main purpose of this article is to examine whether self-esteem narratives influence the development of self-stigma among students with lived experience of mental disorders enrolled in the St. Martin Mental Health Programme. Self-stigma remains a persistent concern in this population, particularly within tertiary education settings where academic demands, identity development, and social adjustment intersect. Although research on mental health stigma has expanded, limited attention has been directed toward how self-esteem narratives shape internalisation of stigma. Understanding this relationship is critical, given that self-stigma may hinder treatment engagement and adversely affect academic and psychosocial functioning. Guided by Person-Centred and Rational Emotive Behavioural Theories, the study employed an Interpretive Phenomenological Analysis (IPA) approach to explore participants' lived experiences. The target population comprised 29 student beneficiaries with experiences of anxiety, stress, substance use, and suicide attempts. A purposive sampling technique was used to identify 10 students and 4 mental health service providers, who served as key informants. Data were gathered through face-to-face in-depth interviews and analysed using Interpretive Phenomenological Analysis (IPA). Findings revealed that negative self-esteem evaluative narratives were associated with stronger internalisation of stigma, whereas more affirming ones corresponded with lower levels of self-stigmatisation. Additionally, participants identified social factors, including labelling, interpersonal mistrust, and perceived rejection, as reinforcing internalised stigma. The study underscores the need for interventions that address both individual meaning-making processes and the broader social environment, in order to mitigate self-stigma and support improved mental health and academic outcomes among students with lived experience of mental disorders.

**Key terms:** Interpretive phenomenological analysis, Kenya, mental disorders, self-esteem narratives, self-stigma, students.

## INTRODUCTION

Self-stigma associated with mental disorders among young people can significantly constrain their ability to realise social and economic potential, particularly during the formative stage of tertiary education when social capital is developed and consolidated (World Economic Forum, 2020). Research on self-stigma in mental disorders has been predominantly informed by Corrigan's "Why Try" model, which suggests that people experiencing mental health conditions tend to expect and internalise societal stigma and discrimination, resulting in self-stigma (Corrigan & Rao, 2012). Within this framework, mental health self-stigma is primarily conceptualised as a social construct, with the individual appearing constrained by societal perceptions.

However, this perspective leaves a knowledge gap regarding whether self-esteem narratives influence the development of self-stigma among students with lived experience of mental disorders. Overlooking this dimension may position the individual student as helpless and merely a victim of societal stereotyping, which may be counterproductive to empowering the student with mental health challenges to live positively and pursue their life goals, devoid of limitations from self-stigma.

According to Corrigan and Nieweglowski (2021), mental self-stigma results when persons with mental health challenges incorporate others' prejudices and stereotypes about persons with mental conditions into beliefs about themselves. Disruptions linked to mental health challenges may impact self-esteem and hinder academic engagement, social participation, and transitions into employment. Self-esteem is understood as students' level of satisfaction with their perceived social standing and the way they believe they are evaluated by others, despite their experiences with a mental disorder. Much of the existing literature, largely grounded in the Why Try model, explains self-stigma as the internalisation of public stigma (Corrigan & Rao, 2012). However, these perspectives emphasise external influences while giving limited attention to the interpretive processes through which individuals construct meaning from their experiences. Evidence suggests that the period following diagnosis is critical, as individuals develop narratives related to identity, coping, and recovery

(Economou et al., 2020). These narratives shape self-concept and future trajectories, including educational and socioeconomic outcomes (Sapiro & Ward, 2020). Narrative approaches thus offer a valuable lens for understanding how self-stigma is experienced and negotiated.

Empirical studies suggest that self-esteem and social experiences, including labelling and perceived rejection, are closely associated with self-stigma (Broglia et al., 2021; King et al., 2020; Vatanasin & Dallas, 2021). Similar patterns have been reported across contexts, including Qatar, South Africa, Nigeria, Malawi, and Tanzania (Yehya et al., 2022; Hendricks & Kanjiri, 2021; Fadipe et al., 2020; Jumbe et al., 2022; Kutcher et al., 2019). In Kenya, research examining these dynamics remains limited. Nonetheless, emerging empirical evidence suggests that strength-based interventions may contribute to reductions in self-stigma among individuals with lived experience of mental disorders (Memiah et al., 2022; Mugotitsa et al., 2025; Osborn et al., 2020). This trend is consistent with broader literature highlighting the role of strength-oriented approaches in facilitating stigma reduction and recovery processes (Zhao et al., 2025).

Addressing this gap, the present study sought to examine whether self-esteem narratives influence the development of self-stigma among students with lived experience of mental disorders enrolled in the St. Martin Mental Health Programme. Adopting Interpretative Phenomenological Analysis, the study further explored how such narratives shape the construction of self-stigma, contributing to a more in-depth understanding of meaning-making in processes of self-stigma and recovery (Yanos et al., 2020; Ma et al., 2021).

## LITERATURE REVIEW

### Peer Influence and Self-Esteem in Students with Mental Health Challenges

Evidence from existing research suggests that views by peers play an important role in shaping self-esteem among young people with mental health challenges. Based on the American Psychological Association definition of self-esteem, an individual's self-esteem includes how they internally assess themselves in relation to outsiders, and therefore comprises personal ideas about self, how a person measures up

to their own standards, and the sense of “self” in interactions with others (APA,2023). Both these assessments are deemed important in relation to students with lived experience of mental disorder, as they may dictate how they experience self-stigma, depending on how they feel their peers regard them. In a reflective blog, O’Hara (2019) share that self-criticism is amplified in persons with mental health challenges. Moreover, considering that such students may be at the human developmental stage, when the opinion of peers matters greatly to them, and this may likely impact how they feel defined in the presence of others (Kranke, 2020).

In this study, self-esteem is defined as a student’s sense of satisfaction with their social standing from other people’s perspectives, irrespective of their own views regarding the experience of mental disorder. The construct of self-esteem has been widely examined in mental health research. For example, Broglia et al. (2021) conducted an online cross-sectional survey across five universities in the United Kingdom to examine the mental health profiles of university students. From a sample of 1,956 participants, between 60% and 80% expressed concerns about how their peers might view their mental health status, illustrating the relevance of perceived social evaluation in the development of stigma-related experiences.

Related findings are reported by Vatanasin and Dallas (2021), who cite a descriptive cross-sectional study conducted in Thailand to identify predictors of self-stigma among youth undergoing treatment for substance abuse. The results indicated that friendship intimacy, together with self-esteem, accounted for 36.7% of the variance in self-stigma among the participants. However, a key limitation of cross-sectional designs is their inability to capture individual meaning-making in lived experience. This follows from the fact that self-esteem is an individual construct, necessitating attention to unique environmental contexts and factors shaping personal perceptions, and hence the need to focus on the unique environmental circumstances and factors that may shape individual perceptions.

## **Cultural Factors and Perception of Self-Esteem**

Similar observations emerge from Yehya et al. (2022), who explored psychotic-like experiences among female students at Qatar University using a phenomenological approach. One key theme was the tendency for participants to frame their mental health experiences in culturally acceptable ways in order to avoid possible social rejection, a concern often linked to diminished self-esteem (Daraz et al., 2025). However, these findings may not generalise across different mental health conditions. Additionally, their applicability may be limited in other socio-cultural contexts, where factors such as gender roles, traditional beliefs, and spiritual frameworks can shape individual appraisal and experiences of self-stigma. Additionally, the role of traditional beliefs and spiritualism may play a prominent role in African settings and, to some extent, shape mental health and societal perceptions.

## **Targeted Interventions, Mental Health Literacy, and Self-Esteem Enhancement**

Further evidence is provided by Kutcher et al. (2019), whose work on youth mental health initiatives in Malawi and Tanzania demonstrated that targeted mental health interventions, including mental health literacy, can contribute to reduced self-stigma while simultaneously strengthening self-esteem among young people. Similarly, Osborn et al. (2020) reported findings that suggested targeted and innovative interventions among adolescents with mental health challenges improved overall self-appraisal among the participants. This may be attributable to the extent to which such interventions attend to the uniqueness of individual experiences and the subjective meanings individuals derive from them. By emphasising personal narratives, these approaches allow individuals with lived experience of mental disorders to make sense of their illness experiences and reshape their self-identity.

Despite these findings, the demographic characteristics across these studies differ from those of the present study, reflecting distinct developmental and social milestones; therefore, the findings may not represent comparable processes of self-appraisal. Further, self-esteem, like self-stigma, is an individual construct; therefore, salient aspects of a person’s lived

experience should be considered when interpreting individual perceptions.

## **Perceived Social Support and Self-Esteem in Mental Health Contexts**

In the Kenyan context, Mugotitsa et al. (2025) reported findings from a study that investigated the prevalence of mental health conditions and any associated factors among Pwani University students in Kenya. Findings from the cross-sectional study among 1424 participants showed that lack of support, especially from significant others, impacted the ability to develop resilience towards mental health challenges, with similar findings reported by Zhao et al. (2025).

Further still, Osborn et al. (2020) reported findings from a randomised controlled trial of community-based interventions. The findings suggested that perceived social support played a significant role in improving self-appraisal in a person living with a mental health challenge (Osborn et al., 2020). This possibly reflects how self-esteem improves from perceived community affirmation. However, these findings were based on a different demography, and the present study sought to examine a demography of older youth and young adults whose developmental stage could influence how mental health could impact their self-esteem.

Despite the extensive literature on social stigma being a significant component in mental disorder self-stigma, Tesfaye et al. (2020) argue that these existing self-stigma models have limited clinical applicability and insufficiently account for the complex interrelationships among stigma components. Specifically, these models are critiqued as overly broad and inadequately attentive to the individual's subjective experience of the phenomenon. Similarly, Eriksson (2019) contends that an individual's capacity to cope with self-stigma is shaped by self-attitudes and beliefs about illness. Accordingly, models of self-stigma, Eriksson argues, should be grounded in a representational account of selfhood that incorporates individual resilience in responding to psychological challenges. He further observes that much of the existing literature tends to privilege collectively shared stereotypes in ways that obscure individual identity and lived experience.

In response to these conceptual limitations identified by Eriksson (2019), an Interpretive Phenomenological Analysis of self-stigma among individuals with lived experience of mental disorder offers a means of addressing this gap. Interpretive phenomenological inquiry, including the present study, privileges the experiential self by examining stigma as narrated and interpreted by the individual, thereby providing a more grounded understanding of the phenomenon. Within this framework, the study sought to examine how self-esteem narratives may be cognitively formed, enacted through emotions and behaviour, and potentially contribute to the development of a stigmatised self among students with lived experience of mental disorder. Accordingly, the study positioned the individual as an active agent in constructing the self cognitively and enacting that self behaviourally, consistent with the two theoretical frameworks underpinning the study.

Further still, despite these international and regional insights, there is still limited published evidence examining how self-esteem shapes self-stigmatisation among Kenyan students with lived experience of mental disorder. Additionally, a search of available literature did not identify studies investigating this relationship within the context of the St. Martin Mental Health Programme. This gap, therefore, provided the rationale for the present study, which seeks to assess the extent to which the self-esteem domain may influence self-stigmatisation among such students.

## **METHODOLOGY**

This study employed an interpretive phenomenological design, situated within the broader phenomenological tradition that understands reality as constituted through individuals' lived experiences. Within this framework, meaning is actively constructed through personal perception and interpretation, emphasising subjectivity over detached observation. Interpretive Phenomenological Analysis (IPA) was adopted as it is well-suited for examining complex, emotionally significant, and often ambiguous experiences (Smith, 2018; Smith et al., 2009). Rooted in the phenomenological philosophy of Husserl (1859–1938), IPA integrates idiography and hermeneutics to explore how individuals make sense of their experiences, privileging participants' accounts over

predetermined theoretical constructs (van Manen & van Manen, 2021).

The population comprised 29 participants (17 males, 12 females), from which a purposive sample of 10 students (6 males, 4 females) was drawn to obtain rich, in-depth data. Mental health service providers were also purposively included as key informants due to their direct role in care delivery. Eligibility criteria required participants to be aged 18–25, enrolled in the programme for conditions such as anxiety, depression, substance use, or prior suicide attempts, and deemed psychologically capable of participation. Minors and those assessed as unfit were excluded.

Consistent with IPA's idiographic orientation, analysis was conducted manually on a case-by-case basis. This involved repeated reading of transcripts (Smith, 2016), followed by exploratory coding capturing descriptive and interpretive insights. Emergent themes were generated through clustering meaning units, with cross-case patterns identified via iterative abstraction. Verbatim excerpts are used to preserve participants' voices and ensure analytic fidelity.

## Ethical Considerations

The study adhered to ethical principles consistent with the guidelines of the American Psychological Association. Participants were informed of the study purpose and interview duration (approximately 60 minutes) prior to providing informed consent. Given the vulnerability of the student population and the nature of study phenomena, both participant and caregiver consent were obtained. Confidentiality and privacy were ensured through anonymisation using identification codes, secure storage of interview notes, and encryption of audio recordings obtained with permission. Data access was restricted to the researcher, and all data was destroyed upon study completion. Participants were made aware that they had the right to refuse participation or withdraw from the study at any time without any penalties. Debriefing was conducted after each session, with referrals provided to counselling services within the Mental Health Programme where necessary.

## FINDINGS AND DISCUSSION

Data analysis was conducted using Interpretative Phenomenological Analysis (IPA), following a step-by-

step progressive analytical process. Initial experiential themes were identified from participants' narratives, which were then refined into personal experiential themes (PETs), capturing within-case meanings. Finally, any convergence across the cases was used to merge into group experiential themes (GETs), thus reflecting any shared patterns of meaning across participants.

## Personal Experiential Themes of Self-Perception

Initial experiential themes were derived from participants' narratives and subsequently refined into personal experiential themes (PETs), enabling the articulation of within-case meanings.

## Internalised Negative Self-Appraisal

Participants described their mental health experiences as shaping self-perception through internalised stigma. Feelings of shame, guilt, worthlessness, and helplessness were frequently reported. One participant stated, "*I had low self-esteem, guilt and shame,*" reflecting deep internal negative self-evaluation. These findings suggest that stigma was not only externally encountered but also internalised, influencing self-concept and reinforcing self-stigmatising beliefs (Ferrie et al., 2020).

## Emotional Distress and Social Withdrawal

Participants reported emotional distress characterised by sadness, hopelessness, and withdrawal from social engagement. One participant explained, "*After I got unwell, I felt sad and even withdrew socially...*" Such experiences were often intensified by perceived invalidation from others, consistent with Yehya et al. (2022), who highlight emotional burden and withdrawal among individuals with mental health challenges.

## Variability and Resilience in Self-Perception

Some participants demonstrated resilience despite adversity. For example, one stated, "*I feel all is not lost, I can still change my condition.*" This variability reflects differing responses to stigma internalisation, consistent with Corrigan and Watson (2002), who describe divergent pathways in self-stigma experiences.

## Group Experiential Themes

Group themes were generated by clustering idiographic experiential themes to capture patterns of convergence and divergence across participants' accounts. This analytic process produced a rich thematic structure reflecting both shared and divergent meanings, encompassing experiences of rejection, labelling, social evaluation, and the reconstruction of self.

## Experiences of Rejection and Labelling

Across participants, a consistent pattern emerged of perceived rejection and stigmatising labelling. One participant reported, "I felt rejected... not valued... slandered and labelled...", while another was referred to as "mugoroki" (mad person). These accounts reflect a shared experiential pattern in which social labelling contributed to diminished self-esteem and reinforced self-stigma across multiple participants.

## Construction of Self-Stigma Through Social Evaluation

A dominant shared theme was the influence of perceived social evaluation on self-perception. Participants commonly described their self-esteem as shaped by how others viewed them, leading to internalised inferiority and exclusion. This aligns with Kranke (2020), who emphasises the role of social appraisal in shaping self-esteem, and Yehya et al. (2022), who highlight fear of rejection as a recurring factor in student mental health experiences.

## Mistrust and Social Exclusion

Participants collectively described mistrust from family and peers, including being doubted or accused of exaggerating illness. These shared experiences intensified emotional distress and reinforced self-stigma. Such findings are consistent with Osborn et al. (2020), who demonstrate that perceived social support significantly influences self-appraisal and psychological adjustment.

## Reconstruction of Self Through Programme Engagement

### Restoration of Self-Esteem

Participants commonly reported improved self-esteem following engagement with the St. Martin Mental Health Programme. One stated, "self-esteem is now high and I feel good," while another noted increased

feelings of being valued. These shared accounts suggest that structured intervention contributed to rebuilding self-esteem and positive self-perception.

## Social Reintegration and Validation

A recurring pattern across participants was improved social relationships, including increased acceptance and trust. Mental health service providers similarly observed enhanced self-acceptance and reduced reliance on external validation.

## Incomplete Transformation

Despite improvements, participants collectively reported residual stigma and incomplete social acceptance. This indicates that while individual self-perception improved, broader socio-cultural stigma continued to influence recovery trajectories.

## DISCUSSION

The findings demonstrate that self-esteem among students with lived experience of mental health challenges is shaped through a dynamic interaction between socially mediated experiences and individual meaning-making processes. In relation to the study objective, negative interpersonal encounters such as rejection, labelling, and mistrust were internalised, contributing to diminished self-esteem. This supports existing literature on self-stigma (Corrigan & Rao, 2012; Tesfaye et al., 2020), which conceptualises stigma as a socially embedded process influencing self-perception.

Importantly, the findings suggest that self-stigma is both internally experienced and socially constructed. Interventions such as the St. Martin Mental Health Programme appear to mitigate these effects by fostering self-acceptance, enhancing social functioning, and supporting identity reconstruction. However, the persistence of partial social rejection indicates that improving self-esteem requires not only individual-level interventions but also broader shifts in social attitudes.

The study further demonstrates that self-esteem is not a fixed outcome of social stigma but a fluid construct that can be reconstructed. Participants who reported supportive interventions and affirming relationships exhibited more positive self-evaluations, consistent with evidence on the buffering role of social support

(Daraz et al., 2025; Mugotitsa et al., 2025; Osborn et al., 2020)

Variability across participants highlights the non-linear and idiographic nature of self-esteem development. While some participants resisted stigmatising narratives, others remained vulnerable. These findings align with person-centred theory, emphasising self-acceptance and self-awareness. Overall, interventions should integrate stigma reduction with person-centred approaches. Taken together, the findings underscore the interplay between external social dynamics and internal psychological processes in shaping self-esteem. Practically, this suggests that interventions aimed at reducing self-stigma among students should not only address societal attitudes but also prioritise person-centred approaches that facilitate self-acceptance and supportive relational contexts.

## CONCLUSION AND RECOMMENDATIONS

**Conclusion:** Findings from the study demonstrate that self-stigma among students with lived experience of mental disorders is deeply embedded in narrative constructions of self-esteem. Rather than functioning solely as an outcome of external stigma, self-stigma emerges through the internalisation and reinterpretation of social experiences within personal narratives. By foregrounding narrative processes, the study extends existing self-stigma frameworks and underscores the importance of meaning-making in mental health outcomes. The findings underscore the value of interventions that address both social contexts and individual narrative reconstruction in reducing self-stigma associated with mental disorders.

**Recommendations:** On the basis of the study's findings, several recommendations are proposed to enhance mental health interventions, strengthen social support systems, and deepen future research. Mental health programmes should integrate structured narrative-based interventions such as guided life-story work, narrative exposure techniques, and reflective writing exercises to support individuals in reconstructing more adaptive self-narratives. These approaches may assist participants in reframing experiences of mental illness, challenging internalised stigma, and strengthening a more positive self-concept. In addition, facilitators should be trained to actively identify and deconstruct stigmatising self-

stories during therapeutic sessions so that participants can replace deficit-based narratives with recovery-oriented identity constructions.

Given the central role of perceived social support in shaping self-esteem, targeted interventions should prioritise the development of formal peer-support structures such as trained peer mentors and recovery support groups within educational and community settings. These structures should aim to provide consistent emotional validation, reduce feelings of isolation, and promote a sense of belonging among young people experiencing mental health challenges. At a broader institutional level, including schools, universities, and community programmes, structured anti-stigma campaigns and peer-led awareness initiatives should be introduced to normalise help-seeking behaviour and reduce discriminatory attitudes towards individuals with lived experience of mental health conditions.

Self-stigma reduction strategies should also extend beyond the individual level to include family systems, peer networks, and institutional environments. In this regard, psychoeducation programmes should be implemented for caregivers and close social networks to improve mental health literacy and reduce labelling behaviours that may reinforce stigma.

Future research should examine self-esteem and narrative identity reconstruction processes across different mental health conditions, including depression, psychosis, and substance use disorders, to determine whether pathways of self-stigma formation and recovery differ by diagnosis. Comparative qualitative studies across cultural contexts are also recommended to explore how sociocultural stigma frameworks shape narrative construction and self-perception. Methodologically, further studies should employ multiple qualitative and mixed-method approaches, such as longitudinal interpretative phenomenological analysis, grounded theory, or sequential explanatory mixed methods, to assess whether findings remain stable across different research designs. Longitudinal research in particular is encouraged to capture how self-esteem and self-stigma evolve over time, especially before, during, and after participation in mental health interventions.

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