

**Relationship Between Personality and Self-stigma in Mixed Neurotic Spectrum and Depressive Disorders – Cross Sectional Study**

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The goal of the study was to identify psychological features that are significantly connected to the presence of self-stigma.

*Method:* 76 neurotic inpatients undergoing a six week hospitalization in the psychotherapeutic department attended the study. The probands completed these psychodiagnostic methods at the start of the treatment – ISMI (Internalized Stigma of Mental Illness Scale), TCI-R (Temperament and Character Inventory, revised version), ADHS (Adult Dispositional Hope Scale), DES (Dissociative Experiences Scale), BAI (Beck Anxiety Scale), BDI-II (Beck Depression Scale, second edition), and CGI (Clinical Global Impression, both the subjective and objective versions). The scores of the scales and the inventory were processed by descriptive statistics, t-tests, correlations, linear regression, and backward stepwise regression.

*Results:* The overall level of self-stigma in the patients with a neurosis and possible comorbid depression significantly correlated with several psychological features. Self-stigma was significantly positively connected to the harm avoidance trait, the symptoms of dissociation, anxiety, and depression, and the overall level of psychopathology measured by objCGI and sucjCGI. It also correlated significantly negatively with the persistence and self-directedness traits and hope and its subscales – pathway thinking and agency. After applying backward stepwise regression, only three of the mentioned factors predicted the level of self-stigma – self-directedness, hope, and the subjective evaluation of own mental state. Other factors were suppressed during the analysis.

*Conclusion:* Patients with more severe psychopathology show larger tendencies to stigmatize themselves. Low self-directedness and lack of hope are also typical for individuals with higher levels of self-stigma.