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Reconstructing Self-Concept in the Context of Stigmatized Illness: A Comparative Review of Psychotherapeutic Approaches

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Abstract
Illnesses that are accompanied by stigma, such as HIV/AIDS, can have a significant impact on an individual's identity. Stigmatized illness can lead to changes in self-concept, self-esteem, self-efficacy, and self-worth. People with stigmatized conditions often struggle with internalized stigma, psychological distress, social isolation, and negative self-evaluations, which can impede psychological adjustment and adaptive functioning. Counseling can help individuals maintain emotional equilibrium, foster self-understanding, and enhance adaptive coping by bolstering the core self-processes needed to more effectively meet the demands of their illness.

This literature review examined the psychotherapeutic approaches that can be drawn upon in reconstructing self-concept for those with stigmatized illnesses, based on the theory and concepts included in the uploaded document. Person-Centred Therapy provides a basis for self-acceptance and congruence through the facilitative conditions of empathy, genuineness, and positive regard. Rational-Emotive Behaviour Therapy can also be drawn on for the restructuring of irrational beliefs, reduction of negative self-talk, and the fostering of unconditional self-acceptance and unconditional acceptance of others. The broader psychotherapeutic models of narrative, constructivist, acceptance-based, and group-based approaches are framed through the descriptions of counseling in the uploaded document, as an approach that can foster insight development, emotional expression, cognitive reframing, social learning, and collaborative problem-solving.

This review made some comparisons between these therapeutic models and offered some synthesis of convergent mechanisms of change, including the enhancement of self-awareness, reduction of internalized stigma, reconstruction of personal meaning, and the development of psychosocial resources to promote adjustment. A multilevel integrative model for use by clinicians in supporting the reconstruction of self-concept at the intrapersonal, interpersonal, and contextual levels is also proposed. This review also discusses some of the implications for practice and ideas for future research.

Keywords: Self-Concept, HIV/AIDS, Stigma, Counselling, Person-Centred Therapy, Rational-Emotive Behaviour Therapy, Group Counselling, Self-Esteem, Self-Efficacy

1. Introduction

Illnesses that carry stigma, such as HIV/AIDS, are often associated with increased risk of psychological distress, as individuals are confronted with challenges that can impact a sense of self. Illness is often accompanied by a range of complex emotional reactions, including shock, fear, anger, sadness, and uncertainty. During the initial phases of the illness, the experience of being diagnosed can be traumatic, provoking intense anxiety (Hidayanti, 2018; Kimhy *et al*., 2015) [10, 12]. Stigma and discrimination also play a powerful role in the experience of many illnesses, deeply affecting one's interpretation of the condition, relationship with others, and feelings about self (Portia, 2010; Mochebe *et al*., 2017) [20, 16]. Internalized stigma can damage self-image and promote a sense of worthlessness, increasing the risk of social isolation, secrecy, shame, and decreased self-confidence, which can all lead to increased psychological vulnerability. Psychological adjustment to chronic and stigmatized illness has often been described as a process of adaptation to changing internal and external environments, which can be seen as attempts to establish a new level of equilibrium between needs and demands (Searle & Ward, 2017; Searle & Ward, 2017) [21, 21]. If an illness is perceived as a threat to identity, day-to-day functioning, and relationship, self-esteem, self-efficacy, and other aspects of self can be negatively affected (Von Soest *et al*., 2018) [24]. Persons living with HIV/AIDS, for example, may experience changes in their work roles, family relationships, and social acceptance, which may lead to anxiety, confusion, and

feelings of inadequacy (Friedland & Klein, 2015; Mochebe, Bosire & Raburu, 2017) [7, 16]. These changes in role functioning may damage self-perceptions of personal capability and reduce one's motivation to manage the demands of health and life.

Counselling is a process that can help clients to cope with the psychological consequences of illness. Counselling has been described as an interpersonal process, where counsellors and clients work together to help the latter to better understand themselves, to make decisions, and to adapt to adverse situations (Akinade, 2012; Makinde, 2017 [13]). Counselling can provide clients with emotional support, empathic relationships, and opportunities for self-exploration in a safe environment. Through counselling, clients can become more aware of their thoughts, feelings, and behaviours, learn more adaptive coping, and develop healthier ways of self-evaluation. Several therapeutic processes have been identified as beneficial in counselling, such as empathy, positive regard, cognitive reframing, and interpersonal learning in groups. Psychological resources such as self-esteem, self-efficacy, and self-concept can be improved with the help of counselling, which is considered an important component of healthy adjustment (Makinde, 2017; Corey, 2016; Hornby *et al*., 2016) [13, 4, 11].

Identifying the way psychotherapeutic approaches can support the restructuring of one's self-concept in the face of a stigmatizing illness is of great significance. Such knowledge could help to further identify the therapeutic mechanisms of change, to highlight opportunities for clinical innovation, and to design comprehensive interventions that could address both the immediate emotional impact of illness and the underlying psychosocial factors that shape an individual's self-identity.

1.1 Conceptualizing Self-Concept Disruption in Stigmatized Illness

Concepts of self-include the thoughts, beliefs, evaluations, and perceptions people have about themselves in various dimensions such as physical, emotional, intellectual, social, and spiritual (Barbara *et al*, 2017 [2]; Sobur, 2017). These components of self-structure inform one's sense of identity, understanding of personal abilities, relationships with others, decision-making processes, and reactions to situations. Self-concept is a multifaceted psychological construct that may be particularly susceptible to disruption in the context of a stigmatized illness. Experiences of stigma, discrimination, and social judgment can lead to the internalization of negative societal attitudes, causing individuals to question their worth and capabilities (Mogonea & Mogonea, 2014; Mochebe *et al*., 2017) [17, 16].

When confronted with a highly stigmatized condition such as HIV/AIDS, one's self-concept may be shaped by fear of rejection, concerns about disclosure, and the broader societal associations between illness and moral judgment. Anticipated or actual experiences of social exclusion can erode positive self-regard, diminish confidence, and weaken the sense of continuity in one's identity over time. Furthermore, the emotional impact of diagnosis and the accompanying stages of shock, anger, denial, and anxiety can contribute to instability in the coherence of the self (c).

Disruptions in self-concept are also intricately linked to changes in body image and self-identity. Physical symptoms, treatment-related changes, or fears of deterioration can impact one's perception of bodily integrity, leading to increased self-consciousness and decreased acceptance of the self (Hamoud *et al*., 2011) [8]. These changes often intersect with broader issues of identity, as individuals grapple with reconciling their sense of who they were before the illness with the new realities they face. Challenges to one's roles, social functioning, and future plans can lead to a sense of incongruence between the "real self" and the "ideal self," which in turn may be associated with feelings of anxiety, defensiveness, and psychological distress (Trzesniewski & Donnellan, 2010) [22]. Bulanda & Majumdar, 2017 published a systematic review on HIV stigma. In this review, they explored the prevalence and conceptualization of HIV stigma. The authors highlight the profound impact of stigma on individuals' self-concept and psychological well-being. The review sheds light on how negative perceptions and discrimination against individuals living with HIV contribute to emotional distress and social isolation.

Internalized stigma, which is the process of incorporating negative societal attitudes into one's self-concept, also plays a significant role in self-disruption. Operating as a lens through which individuals evaluate their behaviour, relationships, and social status, it can lead to self-blame, lowered self-esteem, and decreased belief in one's ability to cope with personal and health-related demands. Persistent negative self-appraisal may result in withdrawal, secrecy, and avoidance of social support, further compounding disruptions to self-concept and hindering adaptive adjustment.

In summary, understanding the mechanisms through which stigmatization influences self-concept is crucial for developing psychotherapeutic interventions that can help restore identity coherence, strengthen self-esteem, and promote healthier perceptions of self-worth. This conceptual framework lays the groundwork for exploring the potential psychological consequences of stigma and considering pathways toward adjustment and resilience.

1.2 Psychological Consequences and Adjustment Pathways

Illness stigma has important psychological consequences that influence how people make sense of their illness, cope in social environments, and adjust to their circumstances over time. Common emotional responses in the immediate aftermath of a diagnosis include shock, anger, fear, and confusion (Hidayanti, 2018) [10]. These reactions reflect the existential impact of losing a previously taken-for-granted sense of normalcy, well-being, and future predictability. Additional consequences may include ongoing feelings of anxiety about when to disclose or not disclose their condition, fear of discrimination, rejection, or social avoidance, and general unease about how others will receive them (Searle & Ward, 2017) [21]. These ongoing concerns and uncertainties can increase psychological vulnerability.

Stigma is a central contributor to these consequences. When people with a stigmatized illness become aware of negative attitudes in their community and the ways they have been stereotyped or discriminated against, they are likely to experience shame, self-blame, and lowered self-worth (Portia, 2010; Mochebe *et al*., 2017) [20, 16]. Feelings of having to hide one's condition or not seek help may intensify emotional distress and isolation. Over time, stigma may gradually undermine basic self-processes such as self-esteem, self-efficacy, self-sufficiency, and more general

perceptions of personal adequacy (Mochebe, Bosire & Raburu, 2017; Donellan *et al*., 2016) [16, 6]. Perceived self-efficacy has also been shown to be an important factor for coping and treatment adherence in people living with HIV, as Hamoud *et al*. (2011) [8] would agree.

Adjustment issues can also contribute to these consequences. Illness may interfere with occupational performance and responsibilities, family and peer relationships, and other social roles that are important to one's identity (Friedland & Klein, 2015) [7]. The pressure to reshape one's identity within a more limited social environment can also be challenging (Searle & Ward, 2017) [21]. Feelings of incompetence or marginalization may also be related to difficulties in adequately performing expected social roles as a result of physical symptoms, emotional burden, fatigue, or anticipated judgment. When people perceive that they cannot meet their own standards or the expectations of their social roles, there may be a mismatch between their real and ideal selves, leading to confusion, defensiveness, or avoidant attitudes, as described in person-centred terms as maladjustment.

Nonetheless, there are also pathways to adjustment. Adjustment is a process in which people strive to balance their needs with external demands to re-establish psychological equilibrium or a sense of well-being (Searle & Ward, 2017; Searle & Ward, 2017) [21, 21]. Effective coping and adjustment are necessary to address the root causes and emotional turmoil of distress. Adjustment pathways may involve developing adaptive coping strategies to help people reframe their situation, manage emotions, and maintain social connectedness (Packiaselvi & Malathi, 2017) [19]. This can include reassessing one's abilities and limitations, building self-efficacy, and forming new or strengthening existing supportive relationships that buffer the effects of stigma.

Counselling can facilitate these pathways to adjustment. Empathic understanding, accurate empathy, cognitive reframing, and interpersonal learning are some ways counselling can help a person process, regulate, and restructure emotions and rebuild lost connections with others. By supporting this work, counselling can contribute to greater psychological resilience, restore the continuity of self-understanding, and support the reconstruction of self-concept in healthier ways, which can in turn provide a foundation for more stable and functional adjustment in the long term.

1.3 Limitations of Existing Intervention Paradigms

While counseling is an important component in supporting clients with stigmatized illness, existing intervention models exhibit several potential limitations when it comes to facilitating a comprehensive approach to self-concept disruption and psychological adjustment.

The initial medical model intervention, centered on the provision of medication and medical stabilization, is focused on symptoms. The psychosocial impact of illness often does not receive as comprehensive an approach early in the process. Emotional upheaval, low self-esteem, low self-efficacy, and internalized stigma can impact health and day-to-day functioning significantly (Mochebe, Bosire & Raburu, 2017; Friedland & Klein, 2015) [16, 7].

The treatment may lack in providing enough therapeutic conditions for acceptance of the self, such as empathy, genuineness, and positive regard. If such core conditions are not met, a person may have difficulty sharing the depth of emotional and existential impact that a stigmatized illness has on one's life. This can lead to stagnation in a person's journey to self-actualization and better psychological equilibrium.

Attention to cognitive aspects may also be limited, and therefore opportunities for modifying irrational self-talk and beliefs may be lost. As cognitive therapy and Ellis's REBT are strongly focused on cognition and maladaptive thinking, this can be a primary issue (Corey, 2016 [4]; REBT principles). Irrational beliefs and thoughts, self-blame, and misinterpretations of social cues can be central for individuals with a stigmatized illness and therefore require targeted opportunities for challenging and restructuring beliefs and schemas.

Group therapy is a specific and important modality in addressing issues of stigma. The group context and witnessing other people's resilience and ability to cope is one of the quickest and most natural ways for an individual to restore and solidify their self-concept and belief in their worth. Opportunities for social support, feedback, and interpersonal learning that the group setting offers can be unevenly available if such a modality is unavailable or not applied consistently and early on (Makinde, 2017; Corey, 2016; Hornby *et al*., 2016) [13, 4, 11].

Lack of consideration for social systems, larger sociocultural, and community factors can also be present. Stigma of illness at the community or even familial level, culture, economic considerations, and disruptions to the traditional family unit are all potential factors that influence a person's psychological adjustment to illness and may even work against therapeutic gains achieved.

1.4 Objectives of the Review

The aim of this review is to explore the role of psychotherapeutic approaches in facilitating the reconstruction of self-concept in the context of stigmatized illness. Stigma, emotional turmoil, and social dislocation associated with living with illnesses such as HIV/AIDS have been shown to disrupt aspects of self-esteem, self-efficacy, self-sufficiency, and personal identity (Portia, 2010; Friedland & Klein, 2015; Mochebe, Bosire & Raburu, 2017) [20, 7, 16]. Counselling interventions have demonstrated promise in facilitating psychological adjustment by promoting self-understanding, facilitating emotional expression, and strengthening adaptive coping (Akinade, 2012; Makinde, 2017 [13]). This review, therefore, seeks to synthesize both theoretical and applied perspectives to better understand how various therapeutic approaches impact self-concept reconstruction.

Specifically, the objectives of this review are:

1. To articulate a theoretical framework for understanding the disruption of self-concept among individuals living with stigmatized illness, drawing on established theories of self-perception, identity, and psychological adjustment.
2. To explore key psychotherapeutic approaches, including person-centred, cognitive-behavioural, narrative and constructivist, acceptance-based, and group counselling, and how their theoretical underpinnings and mechanisms of change address the facets of self-concept affected by stigma, such as self-esteem, self-efficacy, self-actualisation, and identity.
3. To perform a comparative analysis of the identified

approaches, highlighting both areas of convergence and divergence, as well as opportunities for integration or complementary use.
4. To propose an integrative model that encapsulates multilevel processes of self-concept reconstruction across intrapersonal, interpersonal, and contextual dimensions.
5. To discuss implications for both clinical practice and research, including considerations for designing contextually appropriate interventions and identifying gaps requiring further empirical attention.

Through these objectives, this review will seek to contribute to a more holistic understanding of how therapeutic interventions may effectively address both the psychological and social aspects of stigma, support the restoration of self-concept, and facilitate healthier long-term adjustment for those living with stigmatised health conditions.

2. Frameworks for Understanding Self-Concept in Illness

2.1 Multidimensionality of Self-Concept

Self-concept is an organized and consistent set of beliefs and evaluations that a person holds about themselves, including their attributes and who and what they are (Barbara *et al*, 2017 [2]; Sobur, 2017). It can be divided into different dimensions, including physical self-concept (physical attributes and health), emotional self-concept (feelings and emotional responses), intellectual self-concept (intelligence and mental abilities), social self-concept (social roles and relationships), and spiritual or religious self-concept (values and beliefs). Each of these aspects contributes to a person's overall perception of their worth and identity.

In relation to stigmatized illness, self-concept is multidimensional in that an individual's self-worth and identity can be affected in multiple, interconnected ways. For example, one's physical self-concept may be challenged by changes in body image, physical abilities, or illness-related fears. Emotional self-concept can be impacted by the emotional responses and coping strategies an individual develops in reaction to their diagnosis. Social self-concept can be influenced by perceived stigma, discrimination, or changes in social roles and relationships. The intellectual self-concept can be affected if the illness impacts cognitive functions or concerns about the ability to function in occupational or daily life roles. Thus, stigmatized illness can have complex and multifaceted effects on a person's self-concept, influencing how they view themselves and their worth in various dimensions of their life.

Body image Self-image specifically refers to the perception a person has about their physical appearance and bodily attributes. It is an important part of one's self-concept, especially physical self-concept, and involves aspects such as body size, shape, complexion, and features (Hamoud *et al*., 2011) [8]. The significance of body image lies in its influence on a person's self-esteem, self-worth, and overall perception of their physical self. Body image can also affect individuals' emotional well-being, confidence, and behaviours related to appearance and health. Negative or distorted body image can contribute to psychological distress, such as body dissatisfaction, body dysmorphia, and may lead to behaviours like disordered eating or excessive exercise. On the other hand, a positive body image can promote a sense of self-acceptance, confidence, and overall well-being. It is important to note that body image can be influenced by a variety of factors, including cultural and societal standards, personal experiences, and individual differences.

2.2 Internalized Stigma and Identity Threat Models

Stigma is one of the major factors that influence the psychological functioning of people with HIV/AIDS. It is an expression of negative attitudes, perceptions, and behaviours that make the affected individuals a person of moral suspicion, social undesirability, or personal responsibility (Portia, 2010; Mochebe *et al*., 2017) [20, 16]. When stigmatizing responses are generalized, continuous, and spread in society, they become internalized by an individual. This process is called internalized stigma, where individuals make internal meanings for the negative social messages about themselves.

Internalized stigma can be considered as a psychological state, which occurs when people take into account the beliefs of the community, suggesting that HIV is a disease of shame, blame, or deviance, and start to experience their own guilt, shame, and inadequacy (Portia, 2010) [20]. When people believe that HIV infection is associated with undesirable personal traits, the external negative meanings are transferred to the individual's self-assessment.

As a result of the internalization of stigmatization, the positive self-concept of HIV-infected people is weakened. In particular, this is expressed in a decrease in personal traits such as self-esteem, perceived competence, and self-sufficiency. In the long run, this means that people are more likely to lose self-confidence, self-respect, and the belief that they can control and manage different personal and social situations and relationships.

In addition, when a person is faced with a diagnosis of HIV infection, he/she often experiences negative emotional reactions, such as shock, anger, fear, and confusion (Hidayanti, 2018) [10]. As a result, his/her identity may feel threatened. The person is often afraid of being rejected or stigmatized by others, so they often choose to hide their diagnosis. The fear of rejection or stigmatization, in turn, leads to social avoidance and isolation from people who care about the individual. In addition, the interruption of work roles, family responsibilities, and peer relationships may also create problems for the formation of identity. This situation is complicated by the fact that the individual often does not feel capable of fulfilling the social and occupational roles required of them (Friedland & Klein, 2015) [7].

Internalized stigma can also lead to negative changes in the person's appraisal. In particular, the person may feel that they are less capable and less worthy than others, which, in turn, may lead to a decrease in self-efficacy and a sense of self-sufficiency (Mochebe, Bosire & Raburu, 2017; Donellan *et al*., 2016) [16, 6]. As a result, a person is more likely to experience a range of negative emotions, including sadness, anxiety, and hopelessness.

Therefore, internalized stigma is a complex psychological mechanism that leads to the destruction of some of the main components of self-concept and creates a threat to identity. Internalized stigma has not only an emotional effect but also a behavioural one, leading to such phenomena as secretiveness, isolation, and social avoidance and alienation from people who are significant to the person. All of the above, in turn, can negatively affect the person's adjustment.

Psychotherapy aimed at restoring identity, self-acceptance, and resilience will be discussed below.

2.3 Self-Processes: Esteem, Efficacy, Sufficiency, Self-Acceptance

Self-esteem is the tendency of people to assign an evaluation to themselves (Melgosa, 2013) [15]. It is an individual's overall or global emotional self-evaluation of being accepted, successful, worthy of love, and competent. The loss of self-esteem can occur as a result of stigmatization (Portia, 2010) [20]. In an attempt to normalize or reduce the negative emotions that often accompany stigmatization, people with HIV/AIDS are more likely to internalize the negative reactions of others. In turn, this results in the attribution of these negative evaluations and emotions to themselves (Mochebe *et al*., 2017) [16]. On the other hand, an intervention such as setting up support groups and providing emotional and cognitive therapy helps individuals in need of support to improve their self-esteem. As a result, they will have a better overall self-evaluation of being acceptable and successful in life.

2.3.1 Self-Efficacy

Hamoud *et al*., 2011 [8] defined perceived self-efficacy as an individual's belief that they can successfully carry out a specific course of action to produce a desired outcome. On the other hand, HIV positive people also internalize their HIV status as evidence of failure, that is, they internalize the stigma and apply it to themselves as people who are no longer successful. As a result, individuals are unable to successfully perform any task or change a situation in life and lose confidence in their ability to successfully cope with the demands of life (Donellan *et al*., 2016) [6]. In this case, self-efficacy, which can be considered the power of people's thoughts over their actions, is broken and lost, the individual is unable to maintain optimism in life and become more vulnerable and unable to deal with situations optimally. In this case, we can talk about the importance of such an intervention in psychotherapy as psychotherapy. The goal of psychotherapy is to reduce people's stress or eliminate its harmful effects. Cognitive and behavioural interventions such as the person-centered approach, cognitive restructuring, problem-solving and guidance, and support interventions would work to restore the individual's sense of self-efficacy.

2.3.2 Self-Sufficiency

Self-sufficiency can be defined as the ability of an individual to take care of themselves. The loss of self-sufficiency for an HIV-positive person could be related to the perception of health loss. A significant problem is psychological help to people with HIV. A large number of HIV patients refuse social and working functions for fear of discrimination, for example, among HIV patients who have lost jobs, functions due to their diagnosis. Therefore, we can talk about the therapeutic importance of an intervention that leads to the maximum self-sufficiency of the individual, restoring their ability to perform important functions in society and daily life in the best way possible. An intervention to restore self-sufficiency will help the individual to a better sense of autonomy, self-confidence and self-management of life's functions.

2.3.3 Self-Acceptance

The self-acceptance characteristic is the ability to recognize and accept oneself, with one's limitations, mistakes, and imperfections. It also means accepting one's feelings as they are, such as anger, anxiety, etc., not judging or labelling them as good or bad, positive or negative. However, self-acceptance is violated, for example, when an HIV patient does not accept their illness. An intervention from a therapeutic approach could be to conduct sessions in which a therapist works with an HIV patient and expresses non-judgmental and unconditional positive regard for the patient, and with empathy and understanding (Rogers). As a result of such a therapeutic intervention, the patient's sense of self-acceptance, the patient's ability to love and accept himself will improve.

3. Review of Psychotherapeutic Approaches

3.1 Humanistic Approaches (Person-Centred Theory)

Humanistic models of psychotherapy make reference to people's potential for actualization, change, and recovery, given the right circumstances. Person-Centred Therapy (PCT) by Carl Rogers is the therapy which relies on building a strong therapeutic relationship through the provision of the therapist's core conditions, which include empathy, genuineness, and unconditional positive regard (Rogers, as cited). PCT is also based on the humanistic notion of people's potential for change and development, given the right set of conditions and the therapist's support.

Mechanisms of Congruence and Actualization

Congruence in person-centred therapy is when there is a match between the self-concept of a person and their actual experience. In the case of a PLWHA, there might be a conflict between the individual's identity as a person with HIV (constructed from outside in, primarily as a result of stigma, but also in response to the experience of being sick) and their actual experience of the illness and the suffering. As a result, a disharmony between an individual's desired state and his or her reality can result in emotional distress and the adoption of the maladaptive coping behaviours. Dhingra *et al*. (2015) [5] conducted a systematic review and meta-analysis to find evidence that several therapeutic interventions lead to a decrease in the level of psychological distress and coping strategies of persons with chronic and stigmatized illnesses.

The focus on the congruence between a client's self and experience allows the person-centred therapy to help individuals with the recovery and coping with HIV/AIDS. Through the process of the core conditions provided by the therapist and active empathic listening and reflection, PLWHA are provided with an opportunity to sort out their thoughts and concerns, which can help them with their emotions. Person-centred therapy can help PLWHA to come to terms with their HIV status, reduce the identity confusion and stress, and recover (Rogers, as discussed).

Person-centred therapy also supports the process of actualization, or human beings' natural tendency towards self-actualization, or living life to its fullest. The self-actualization process of PLWHA is likely to be impeded by the effects of internalized stigma and the disruption of their personal identity (Maslow, 2016) [14]. Person-centred therapy, by providing an opportunity to re-establish their personal identity and experience acceptance in a safe environment, can help PLWHA to recommit to their own values, goals, and desires (Akinade, 2012). As the clients develop their self-concept in a safe and accepting relationship with the therapist, they can start to feel better about themselves, which will allow them to integrate their

PLWHA identity in their overall concept of self and seek to live their lives to the fullest.

The Impact of Person-Centred Therapy on Self-Concept

The therapeutic relationship established in person-centred therapy is meant to be the container for safety and emotional support for the individual, so that they can fully explore and accept all their feelings and thoughts. In the case of a person with HIV/AIDS, who might have been judged or rejected by many people in their life, the experience of unconditional positive regard from the therapist can be very helpful in supporting recovery and coping. In such a relationship, the client can start to rebuild their sense of self-worth and find a positive meaning in their experience. As a result of this process, PLWHA can be able to experience acceptance of their humanity, which can help with recovery of their self-concept.

3.2 Cognitive-behavioural approaches (CBT) and Rational-Emotive Behaviour Therapy (REBT)

3.2.1 REBT Theory

Cognitive interventions target maladaptive beliefs and negative thought processes that contribute to emotional and behavioural issues. Clients experiencing the cognitive disruption of self-concept may have negative, distorted beliefs about themselves, their illness, or their self-worth (Donellan *et al*., 2016) [6]. CBT approaches such as cognitive restructuring and REBT can be highly effective in helping clients identify and modify these negative beliefs, replacing them with more realistic, adaptive ones.

Cognitive Restructuring Pathways

CBT is based on the idea that thoughts, emotions, and behaviours are interconnected. Negative thoughts about oneself and the world lead to emotional distress and unhealthy behaviours. To address cognitive issues related to self-concept disruption, CBT focuses on changing negative thought patterns to improve emotional and behavioural outcomes (Donellan *et al*., 2016) [6]. Clients who have developed distorted self-beliefs, which have been influenced by irrational thoughts as a result of the stigma of living with HIV/AIDS or the psychological consequences of the infection, often hold themselves responsible for their condition, perceive it as a punishment or sign of worthlessness, and feel hopeless and helpless about the future (Donellan *et al*., 2016) [6]. This destructive self-talk is linked to a negative body image and negative health behaviours such as not seeking treatment. Cognitive restructuring techniques can assist clients who have developed a fragmented or negative self-concept to identify their maladaptive automatic thoughts, examine the evidence for and against them, and develop more balanced and adaptive beliefs. When it comes to the disruption of self-concept, cognitive restructuring can help clients recognize that they are not defined solely by their illness and that they are capable of taking control of their health and well-being (Donellan *et al*., 2016) [6].

CBT also uses a number of specific interventions to help clients modify their thinking. One effective CBT technique for self-concept distortion is cognitive restructuring, in which clients learn to identify and challenge negative automatic thoughts (ANTs), examine the evidence supporting and refuting them, and create more adaptive, balanced beliefs. For instance, a client with HIV who has the ANT "I'm worthless because I have HIV" can be taught to recognize this as an exaggeration and examine the facts that indicate otherwise. Behavioural experiments, such as role-play and social skills training, can also assist with cognitive disruption, allowing clients to test their negative beliefs in a safe, structured setting. A person with a negative self-image as a result of HIV infection could engage in role-play to practice communication skills, develop more positive self-talk, and gradually build confidence in social situations.

3.2.2 Rational-Emotive Behaviour Therapy (REBT)

REBT, sometimes known as rational emotive therapy, is a type of cognitive-behavioural therapy developed by Albert Ellis. REBT is based on the idea that our emotions and behaviours are not the result of external occurrences or circumstances, but rather of the irrational and dysfunctional beliefs that we hold. We all have strong, deeply held convictions and convictions. Rational Emotive Behaviour Therapy (REBT) can assist persons with HIV/AIDS in challenging their irrational beliefs about the stigma of living with HIV/AIDS or the psychological consequences of the infection and learning to replace them with more realistic, adaptive thoughts (Donellan *et al*., 2016) [6].

The Rational (Flexible, Adaptive, and Realistic) Beliefs System

REBT differs from other forms of CBT in that it targets wider, more deeply held irrational beliefs. These are global ideas like "I must be loved and accepted by everyone" or "I must always be competent and successful to be worthwhile." These irrational beliefs might be particularly harmful to the HIV+ population's self-concept since the need for social approval and fear of being judged as inadequate, wrong, or bad as a result of the illness might contribute to shame and self-denial (Donellan *et al*., 2016) [6]. REBT addresses these beliefs by challenging them and promoting a more flexible, realistic approach to one's self-worth (Donellan *et al*., 2016) [6].

The REBT approach is commonly known as ABC: Activating Event, Belief, and Consequence. When faced with the activating event of living with HIV/AIDS or the social and psychological consequences of the infection, clients might hold irrational beliefs such as "I'm a failure" or "No one can love me." These beliefs, in turn, have emotional and behavioural consequences such as sadness, anxiety, or avoidance (Corey, 2016) [4]. REBT works by helping clients identify and challenge these irrational beliefs, replacing them with more flexible, realistic beliefs such as "I'm a person of worth, despite having a bad reputation" (Corey, 2016) [4]. The CBT will then guide clients to use techniques such as cognitive disputation, role-playing, and self-acceptance exercises to promote unconditional self-acceptance, allowing them to move beyond the shame and self-denial that come with having HIV/AIDS.

Impact of CBT and REBT on Self-Concept

CBT and REBT are effective for the cognitive aspects of self-concept disruption. By changing negative thought patterns and irrational beliefs, clients with HIV/AIDS will be able to reframe their self-concept and have healthier ideas about who they are and what they are worth. CBT and REBT can also help people develop a sense of self-efficacy, or confidence in their ability to control their thoughts and

actions, by teaching those coping skills and problem-solving techniques. They also promote resilience, which is the capacity to adapt to adversity. A strong sense of self-efficacy and resilience will help people manage the stressors that can cause the psychological symptoms and stigma-related issues associated with HIV/AIDS.

3.3 Narrative and Constructivist Models

Narrative therapy and constructivist approaches focus on the significance of personal narratives and meaning-making processes in shaping an individual's identity. These models would be particularly effective for individuals experiencing a disruption in self-concept due to a stigmatized illness. They offer clients the opportunity to reframe their experiences, reconstruct their identities, and reclaim a sense of agency and purpose in the face of adversity.

3.3.1 Identity Re-Authoring

Narrative therapy is a therapeutic approach that centers on the belief that individuals' lives are made meaningful through the stories they create about themselves. Developed by Michael White and David Epston, it focuses on helping clients separate their identities from the problems they face. This therapy would be effective for individuals with HIV/AIDS whose identity may be threatened by the negative connotations and stigma surrounding the illness (Akinade *et al*., 2015) [1]. Stigma can lead to the development of a problem-saturated story, where the illness becomes the central and defining element of an individual's life narrative, overshadowing other aspects of their identity. This story can become internalized, creating a fixed narrative in which individuals may come to see themselves primarily or solely through the lens of their HIV status.

Narrative therapy is based on the assumption that individuals are not their problems, and by helping clients to re-author their stories, therapists can assist them in separating their identity from their illness. In this approach, the therapist engages in a therapeutic dialogue with the client to help them externalize the dominant story they have about their illness and identify alternative stories that highlight their strengths, values, and hopes for the future. The therapist works with the client to identify unique outcomes or instances that challenge the problem story. These may be specific instances or events in which the person behaved in a way that was inconsistent with the problem (for example, they demonstrated resilience, connected with others, or achieved a personal goal). By reinterpreting the narrative of their illness, people living with HIV can develop a more empowering and integrated sense of self that is not defined solely by stigma or disease.

3.3.2 Constructivist Approaches

Constructivist therapies, as the name suggests, place emphasis on the individual's active role in constructing and making sense of the world around them. These approaches explore how people interpret their experiences and organize them into meaningful life stories. Central to constructivist theories is the concept of personal constructs, which are the unique ways in which individuals perceive and categorize their experiences (Hornby *et al*., 2016) [11]. The constructivist approach could be used to help an individual living with HIV/AIDS in several ways. The process of becoming ill and adjusting to life with HIV can prompt individuals to question their sense of self and identity. Individuals with HIV/AIDS might grapple with questions such as "Who am I in the context of this illness?" "How does society view me, and how does that affect my self-perception?" or "What do I fear most about my illness, and how does it change my view of myself?"

Constructivist therapy can support individuals in exploring their personal belief systems and how they make meaning of their illness. By examining how individuals with HIV interpret their experiences, particularly the stigma they encounter, they can begin to reconstruct their understanding of themselves and their place in the world. This approach can encourage individuals to explore their illness as part of a larger narrative, where their experience is not limited to the suffering or victimhood, but also includes opportunities for growth, meaning-making, and reconnection with their values and life goals. By reframing their experiences and the meaning of their illness, individuals can rebuild their self-concept in a way that integrates their illness into a broader, more coherent life story (Akinade, 2012).

3.3.3 The impact of the Narrative and Constructivist Models on Self-Concept

Narrative therapy and constructivist models would be effective and would likely have a significant impact on the self-concept of an individual experiencing a disruption of identity due to a stigmatized illness. These models would help individuals with HIV/AIDS to challenge the limiting beliefs, reframe their experiences, and reconstruct their sense of self. Narrative therapy and constructivist approaches empower people living with HIV/AIDS to separate their identity from the problems they face. By engaging in the process of re-authoring their stories and reshaping the meaning of their illness experiences, individuals can reclaim their identity, reduce the emotional burden of stigma, and foster a more resilient and positive self-concept. This approach is especially valuable in addressing the psychological consequences of stigma, as it allows individuals to move beyond the constraints imposed by negative societal narratives and embrace a more empowering, self-defined identity.

3.4 Acceptance and Commitment Therapy (ACT)

Acceptance and Commitment Therapy (ACT) is a third-wave cognitive-behavioural approach that emphasizes psychological flexibility, which involves accepting unwanted thoughts and feelings while committing to actions aligned with personal values. ACT is particularly effective for individuals facing self-concept disruption due to stigmatized illness, such as HIV/AIDS, as it helps them accept the emotional distress and stigma associated with their condition, while also encouraging them to live in accordance with their core values.

Psychological Flexibility and Values Reorientation

At the core of ACT is the concept of **psychological flexibility**, which refers to the ability to adapt to changing circumstances and emotional states without being dominated by them (Vohs & Baumeister, 2016) [23]. For individuals living with HIV/AIDS, psychological flexibility is crucial as they may experience a wide range of negative emotions, including shame, fear, and sadness, which are exacerbated by the stigma of the illness. ACT encourages individuals to accept these emotions rather than avoid or suppress them. By doing so, individuals can reduce the impact of stigma and emotional distress on their self-concept, allowing them to engage more fully with life.

ACT incorporates several key processes, including **cognitive diffusion** (the ability to separate oneself from negative thoughts), **acceptance** (the ability to experience distress without being overwhelmed by it), and **committed action** (the pursuit of meaningful goals aligned with personal values). These processes help individuals living with HIV/AIDS to defuse the negative, self-critical thoughts often associated with internalized stigma and to focus on values-driven actions that promote well-being and a positive self-concept (Donellan *et al*., 2016) [6].

Impact of ACT on Self-Concept Reconstruction

ACT's emphasis on **values clarification** and **committed action** is particularly relevant for individuals whose self-concept has been disrupted by the stigma of illness. By helping clients reconnect with their core values—such as relationships, personal growth, and community engagement-ACT fosters a sense of purpose and direction that is independent of societal judgments or illness-related limitations. This reorientation allows individuals to regain control over their lives, even in the face of illness, and to cultivate a more resilient and adaptive self-concept.

Furthermore, by promoting acceptance of difficult emotions rather than avoidance or suppression, ACT reduces the power of stigma to undermine self-worth. Individuals are encouraged to accept their illness as part of their life story without allowing it to define them entirely. As they engage in actions that align with their values, they experience greater self-efficacy and self-esteem, which enhances their overall sense of identity and psychological adjustment.

3.5 Group-Based Interventions

Group-based interventions are often seen as an effective way to provide support and intervention for people suffering from stigmatized illnesses such as HIV/AIDS. They are designed to improve client's psychological functioning by restoring a positive self-concept and reducing anxiety and tension. The idea of group-based intervention is that individuals share a common experience, which through support and information exchange, they are able to alter and enrich their self-concept. Group therapy is one of the most common types of such interventions. Being a part of a group allows one to engage in social learning and normalization, which provides an individual with new perspectives on his experience.

The main reason for the potential benefits of group interventions is that they offer participants the chance to connect with others. Group settings provide individuals with the opportunity to repair their social identity, which is often shattered in the process of stigmatization. Support and information exchange in the group help to reduce isolation and enhance one's social connectedness, which in turn promotes one's positive view of self.

Social Learning, Normalization, Collective Identity Repair

Group-based intervention provides individuals with opportunities for social learning, normalization, and collective identity repair.

Social Learning

Social learning in a group setting is an effective way to help one change his perspective. Learning from other group members, their problem-solving, and emotional states is especially beneficial for someone with an illness. By sharing information and taking part in activities, the group's members help one to see their issues in a new light. The support and openness of group members can lead to perspective-taking, which may help change one's view of the self and his disease (Makinde, 2017; Corey, 2016) [13, 4]. The sense of solidarity that arises in a group and support that one receives from members can significantly reduce the feelings of helplessness that illness often causes (Hartup & Rubin, 2015) [9].

Normalization

Group interventions also provide individuals with a sense of normalization of one's experience. Seeing other members of the group who share the same struggle is often beneficial for the patients' psychological state. Stigma is much more likely to be normalized in a group when a person notices that his or her peers have similar issues to their own, such as the social rejection of the illness. Shame and other negative experiences decrease significantly when individuals share a common understanding of the problem with group members (Hornby *et al*., 2016) [11]. The group is also a great place for the normalization of one's psychological experience. Being rejected because of a stigmatized disease, a person may feel that he or she has lost control. Seeing people in similar conditions that are still emotionally stable and have control over their lives can help a person in developing a positive self-view.

Collective Identity Repair

Group-based therapy provides people with an opportunity to repair their shattered identity. This, once again, can be explained through the concept of normalization. In a group, individuals are not forced to see themselves as patients alone. Sharing the experience with others, patients can develop a sense of common goals, values, and interests, which can significantly improve their self-concept. Therefore, group interventions become a useful tool for people in the context of a stigmatized disease because it provides them with an opportunity to be in a supportive, non-judgmental environment and to establish a connection with the others who share the same experience.

The Impact of Group-Based Interventions on Self-Concept

Group-based intervention can have a positive impact on an individual's self-concept. It can do so by alleviating the negative effects of isolation through connecting the person with others. The shared experience, information, and wisdom that the other group members provide can have a positive effect on an individual's self-concept. The normalization of the illness and the psychological distress in the group leads to the feeling of being less alone with the problem, which also has a positive impact on an individual's self-view. Moreover, through connection with the other members of a group, a person can have access to new information about his illness, which can change his perception of it.

4. Comparative Analysis and Mechanisms of Change

In this section, we explore and compare the mechanisms of change across the six psychotherapeutic models discussed in Section 3. Each model, including PCT, CBT, REBT, Narrative and Constructivist Models, ACT, and Group-

Based Interventions, offers unique insights and strategies for mitigating self-concept disruption among those living with HIV/AIDS or other stigmatized illnesses. We will examine the core change mechanisms within these models, their strengths and limitations, and the factors that may moderate their effectiveness in clinical practice.

4.1 Cross-Model Convergence

The central tenet shared across these psychotherapeutic models is the restoration or reconstruction of the self-concept. In PCT, this is achieved through conditions of empathy, congruence, and unconditional positive regard, allowing individuals to fully accept themselves in the face of stigmatization. CBT and REBT, on the other hand, focus on cognitive restructuring to address negative self-talk and irrational beliefs that contribute to a disrupted self-concept. Narrative and constructivist approaches emphasize the re-authoring of one's illness story to integrate the experience into one's identity. ACT also converges with these models by promoting self-acceptance and the reintegration of the illness into the individual's value-based identity.

Social support and connectivity are also emphasized in most models as a way to combat isolation and stigma. Group-based interventions, in particular, utilize the power of shared experience to foster normalization and social learning, which can be powerful for those who have internalized stigma and feel isolated due to their condition.

4.2 Divergent Targets and Therapeutic Strategies

Despite the shared focus on self-concept, these models differ in their therapeutic strategies and the specific targets of intervention. Person-Centred Therapy is distinguished by its non-directive approach and its reliance on the therapeutic relationship as the primary agent of change, rather than on cognitive or behavioural techniques. CBT and REBT, by contrast, are more structured and directive, employing a range of cognitive and behavioural strategies to target specific maladaptive thoughts and behaviours.

Narrative and constructivist models differ in their focus on the construction of meaning and identity rather than on symptom reduction or cognitive restructuring. ACT, while it includes acceptance strategies similar to PCT, is distinct in its emphasis on values and committed action, even in the presence of difficult thoughts or feelings. Group-based interventions also stand out for their use of social learning and support, as opposed to the more individualized focus of the other models.

4.3 Strengths and Limitations across Contexts

Each therapeutic model has its strengths and limitations that may make it more or less suitable in different contexts or for individuals with varying needs. PCT is particularly strong in providing a validating and accepting therapeutic environment but may lack the structure needed to address specific cognitive or behavioural issues. CBT and REBT are highly effective in teaching specific skills for managing thoughts and behaviours but may not delve as deeply into the emotional acceptance of the illness experience.

Narrative and constructivist models are powerful for individuals seeking to make meaning of their experiences and reconstruct their identities, but they may be less effective for those who are looking for symptom-focused or skills-based interventions. ACT is a versatile approach that can be adapted to a wide range of individuals but may require a level of psychological flexibility that is difficult for some to achieve, particularly in the context of severe stigma or emotional distress. Group-based interventions can provide a sense of community and shared understanding that is difficult to replicate in individual therapy but may not be suitable for those who are not comfortable with or able to engage in group settings.

4.4 Moderators: Culture, Severity of Stigma, Illness Characteristics

The effectiveness of these models can be moderated by cultural factors, the severity of stigma faced by the individual, and the characteristics of the illness. Cultural norms and values can significantly impact how individuals with HIV/AIDS perceive themselves and their illness, and interventions must be sensitive to these cultural differences. The level of stigma can also influence the effectiveness of different therapeutic approaches; for example, in highly stigmatized contexts, interventions that focus on reducing internalized stigma and isolation may be more critical. Finally, the stage of the illness, its visibility, and associated symptoms can all moderate the suitability and effectiveness of a given psychotherapeutic model, with some models being better suited to the early stages of the illness and others to later stages or different symptom profiles. (Searle & Ward, 2017) [21].

5. Integrative Model for Self-Concept Reconstruction

In response to the preceding inquiry, drawing on the essential findings from the comparison, an integrated model is proposed to address the potential treatment design challenge for self-concept reconstruction. The model encapsulates significant insights from Person-Centred Therapy (PCT), Cognitive-Behavioural Therapy (CBT), Rational-Emotive Behaviour Therapy (REBT), Narrative Therapy, Acceptance and Commitment Therapy (ACT), and Group-Based Interventions to form a coherent and multifaceted framework. It is particularly tailored to consider the nuances of the reconstruction of self-concept in the context of living with a stigmatized illness, such as HIV/AIDS.

5.1 Multilevel Mechanisms (Intrapersonal – Interpersonal - Contextual)

The model postulates that therapeutic change for self-concept reconstruction operates through three interrelated levels: intrapersonal, interpersonal, and contextual. The intrapersonal level focuses on individual cognitive and emotional processes. Here, it is posited that addressing internalized stigma is a prerequisite for self-concept reconstruction, as the stigma directly disrupts self-esteem, self-efficacy, and self-worth. Therapies such as CBT and REBT are particularly potent at this level, as they directly target the cognitive distortions and irrational beliefs that sustain internalized stigma (Mochebe *et al*., 2017; Portia, 2010) [16, 20]. The process of cognitive restructuring that these therapies involve can help in dismantling the negative self-concept that is ingrained by stigma.

At the interpersonal level, the model underscores the role of the therapeutic relationship and social support in self-concept reconstruction. Person-Centred Therapy and group-based interventions are especially relevant at this level, as they emphasize the importance of the therapeutic alliance, social learning, and peer support. The therapeutic

relationship, characterized by unconditional positive regard, empathy, and congruence, provides a corrective emotional experience that is crucial for individuals with damaged self-concepts (Akinade *et al*., 2015) [1]. Group-based interventions, on the other hand, facilitate normalization, reduce isolation, and strengthen collective identity through shared learning and mutual support (Makinde, 2017) [13].

The contextual level of the model pertains to the broader social, cultural, and environmental factors that shape the individual's experience of self. Stigma, particularly in the context of HIV/AIDS, is deeply embedded in cultural norms, social expectations, and public attitudes (Portia, 2010) [20]. Narrative Therapy and ACT are particularly relevant at this level, as they help individuals to clarify their values and find meaning in their experiences, thereby integrating the illness into their broader life narrative in a way that is congruent with their values and beliefs (Akinade *et al*., 2015; Vohs & Baumeister, 2016) [1, 23]. By redefining the experience of illness in ways that are aligned with their values, individuals can reclaim a sense of coherence and control over their self-concept, despite the external challenges posed by stigma.

5.2 Proposed Sequential and Feedback Processes

Building on the multilevel mechanisms, the model suggests a sequential process for self-concept reconstruction, characterized by feedback loops. The initial phase of interventions should prioritize acceptance and emotional regulation. ACT and Person-Centred Therapy are particularly effective in facilitating this process, as they help individuals to accept the difficult emotions associated with the illness and stigma, without letting these emotions define their self-concept (Vohs & Baumeister, 2016) [23]. Acceptance is seen as a crucial first step that enables individuals to move forward in the process of self-reconstruction.

The subsequent phase should focus on cognitive restructuring and narrative reframing. At this stage, CBT and REBT can be employed to challenge and modify irrational beliefs and cognitive distortions. Simultaneously, Narrative Therapy can be used to help individuals reframe their illness story in a more empowering and self-affirming manner (Donellan *et al*., 2016) [6]. The shift in narrative, from a focus on victimhood or shame to resilience and personal growth, is a key mechanism through which self-concept can be reconstructed from a position of strength.

The final phase of the model involves committed action and values-driven living, drawing heavily on the principles of ACT and Group-Based Interventions. Once individuals have achieved a certain degree of psychological flexibility and emotional acceptance, they can begin to commit to actions and behaviours that are consistent with their values. This phase emphasizes engagement in meaningful activities and social roles that reinforce a positive self-concept and a coherent sense of identity.

Feedback loops are an integral part of the model, allowing for continuous recalibration of identity and adjustment of coping strategies in response to new challenges or setbacks. Support from the therapeutic relationship, as well as from peer groups, provides a crucial resource for individuals to recalibrate their self-concept and adjust their strategies for managing stigma and illness.

5.3 Clinical Decision Framework

Accompanying the model is a clinical decision framework to aid therapists in tailoring interventions to individual needs. The framework is based on several key considerations, including the severity of stigma, the stage of illness, and the individual's readiness for change. For instance, individuals with high levels of internalized stigma may benefit more from approaches like CBT and REBT that directly target negative beliefs in the early stages of therapy (Mochebe *et al*., 2017) [16]. Similarly, for individuals in advanced stages of illness or those experiencing high levels of social isolation, Person-Centred Therapy and group-based interventions may be more beneficial to foster connection and self-acceptance.

The therapist's decision-making should also take into account the individual's cultural context and personal values. In cultures where HIV/AIDS is highly stigmatized, interventions that emphasize normalization and identity repair may be more effective. In contrast, in more accepting societies, interventions that focus on values-driven action (e.g., ACT) or narrative reframing may be more appropriate for enhancing self-concept.

6. Implications for Clinical Practice and Research

The developed integrative model for the reconstruction of self-concept after stigmatization is an important contribution to clinical practice and future research directions in the context of HIV/AIDS and other stigmatized illnesses. This section provides recommendations for psychotherapists, guidance for intervention design and implementation, and highlights key research gaps and potential future directions.

6.1 Recommendations for Psychotherapists

Psychotherapists working with individuals affected by stigmatized illnesses should consider the following recommendations when tailoring their treatment approach:

1. **Create a safe, non-judgmental therapeutic space**: Clinicians should use the conditions of person-centered therapy and the core conditions of therapeutic work, which include empathy, unconditional positive regard, and genuineness, as the basis of therapeutic alliance with clients (Akinade *et al*., 2015) [1]. This therapeutic relationship is of particular importance in working with individuals who have internalized stigma and experience feelings of shame or self-blame.
2. **Address cognitive distortions and irrational beliefs**: Therapists should incorporate CBT and REBT to help clients challenge negative self-beliefs and irrational thought patterns that contribute to low self-esteem and a negative self-concept (Mochebe *et al*., 2017) [16]. Cognitive restructuring and reframing techniques can be used to help clients change their perception of themselves and their illness, leading to more adaptive coping responses.
3. **Use narrative reframing and meaning-making**: In the case of individuals who have a negative self-concept shaped by illness narratives, Narrative Therapy can be used to help them re-author their personal story in a more empowering and coherent way. Narrative reframing of the illness experience allows individuals to create a positive self-narrative that emphasizes resilience and growth, despite stigma (Akinade *et al*.,

2015) [1].

4. **Encourage values-based living**: ACT can be used to guide individuals to accept the emotional distress associated with stigma and illness, while also encouraging them to live in a way that aligns with their values. This can help clients develop a sense of identity that is rooted in personal meaning, rather than defined solely by illness or societal judgment (Vohs & Baumeister, 2016) [23].
5. **Recommend group-based interventions**: Group therapy or support groups provide individuals with an opportunity to share their experiences, normalize their struggles, and develop a sense of collective identity. These interventions can be particularly helpful in addressing the isolation and self-stigma often associated with HIV/AIDS (Makinde, 2017) [13]. In addition, the inclusion of social support is an important element for the reconstruction of self-concept and emotional resilience.

6.2 Intervention Design and Implementation

Interventions should be tailored to the individual, based on the severity of stigma and self-concept disruption, the stage of illness, and other relevant factors. Successful intervention in self-concept reconstruction after stigmatization must be comprehensive and take into account a complex of psychosocial factors:

- **Individualized Treatment Plan:** Clinicians should assess the severity of the stigma experienced by the individual and choose the appropriate therapeutic approach. For individuals with high levels of internalized stigma, therapeutic strategies that directly address cognitive distortions, such as CBT or REBT, may be most effective. For those who experience social isolation or emotional disconnection, Person-Centred Therapy or group-based interventions may be more helpful.
- **Consider the whole context:** The inclusion of contextual factors, such as family relationships, social support, and cultural attitudes towards the illness, can help to make the intervention more relevant and effective. For example, cultural sensitivity in treatment is of particular importance in the case of HIV/AIDS stigma, as cultural attitudes towards the disease may vary significantly and affect how the illness is experienced and internalized (Portia, 2010) [20].
- **Incorporate values clarification and goal setting**: ACT principles of values-driven action and behaviour can be included in treatment. The process of values clarification and the setting of meaningful goals can help individuals to find a sense of purpose that is consistent with their values, which, in turn, can improve psychological adjustment (Vohs & Baumeister, 2016) [23].

6.3 Key Research Gaps

The existing research on psychotherapeutic approaches to self-concept reconstruction leaves several important gaps in knowledge:

1. **Lack of empirical evidence:** Although the integrative model of psychotherapeutic approaches to self-concept reconstruction after stigmatization proposed in this paper synthesizes the key therapeutic approaches, there is a need for empirical research on the model's effectiveness. Longitudinal studies to track the long-term effects of these therapeutic approaches on self-concept and general mental health are necessary.
2. **Cultural considerations:** In the case of self-concept reconstruction in people with HIV/AIDS, more research is needed on how cultural and sociopolitical factors influence the experience of stigma and its impact on self-concept. For example, the in-depth study of how different cultural contexts shape self-concept and therapeutic response in individuals with HIV/AIDS can help refine intervention strategies (Mochebe *et al*., 2017) [16].
3. **Lack of stigma-reduction interventions:** While interventions aimed at self-concept reconstruction are an important tool in clinical practice, there is a need for more research on stigma-reduction strategies at the societal and community levels. Effective stigma-reduction interventions could potentially complement individual-level therapy by addressing the root causes of stigma, thereby improving the social environment in which people with HIV/AIDS live and enhancing the effectiveness of psychotherapeutic models.
4. **Combination of therapies**: While the use of various therapeutic models for the reconstruction of self-concept in cases of stigma has been explored, more research is needed into the combined use of these models. For example, the integration of CBT with group therapy or the use of ACT and Narrative Therapy could provide a richer and more comprehensive therapeutic experience for individuals who have experienced self-concept disruption and stigma.

6.4 Future Directions

Future research should be focused on several directions that have the potential to improve therapeutic outcomes and promote long-term resilience in individuals living with stigmatized illnesses:

1. **Development of culturally tailored interventions**: Research on interventions that are specifically designed for culturally diverse populations could potentially improve the applicability and effectiveness of treatment. In-depth understanding of cultural nuances in the experience of stigma and self-concept could lead to the development of more personalized and impactful interventions (Portia, 2010) [20].
2. **Technology-enhanced therapy:** With the development of digital health interventions, future research could be focused on the integration of online platforms and telemedicine into psychotherapeutic models. Online support groups, virtual therapy sessions, and digital mental health tools have the potential to improve access to therapeutic resources, especially for those who live in remote or underserved areas.
3. **Cross-cultural comparative studies**: Cross-cultural comparative studies can provide valuable insights into the universality and specificity of psychotherapeutic models in addressing self-concept disruption. Research on how therapeutic models work across different cultural settings can provide a more complete understanding of stigma and mental health on a global scale.

7. Conclusion

In conclusion, the reviewed psychotherapeutic approaches offer valuable strategies for self-concept reconstruction in the context of stigmatized illness, such as HIV/AIDS. Each model contributes unique insights and tools to support the restoration of a positive self-concept, but also has certain limitations in scope, depth, or applicability. By critically examining and synthesizing the literature on these psychotherapeutic interventions, the current review has informed the development of a comprehensive approach to address self-concept disruption among individuals living with stigmatized illness. The integrative model incorporates elements from Person-Centred Therapy, CBT, REBT, Narrative Therapy, ACT, and Group-Based Interventions to support self-concept reconstruction at three interrelated levels: intrapersonal, interpersonal, and contextual.

The proposed model emphasizes the multidimensional nature of self-concept and the need for interventions that target its different aspects, including self-awareness, emotional regulation, cognitive restructuring, social connection, meaning-making, and values-based living. The model also highlights the importance of a flexible, personalized approach to therapy that considers the unique needs, strengths, and preferences of each individual client. Moreover, the model recognizes that self-concept reconstruction is not a linear process but an ongoing journey that requires continuous support, exploration, adaptation, and growth.

Clinicians implementing the integrative model can benefit from a range of interventions that draw on the combined strengths of different psychotherapeutic approaches. While the proposed model can serve as a conceptual framework for designing and delivering therapy for individuals with stigmatized illness, there are also important research gaps that need to be addressed to strengthen the evidence base and practical utility of these psychotherapeutic interventions. For example, there is a need for more empirical studies that test the efficacy, effectiveness, and implementation of the integrative model in diverse settings and populations, as well as research that examines the role of cultural and contextual factors in shaping the experience of stigma, illness, and self-concept. Moreover, there is a need for more research on stigma-reduction interventions, including both individual and systemic approaches, as well as innovative technologies and formats for delivering psychotherapy, such as e-health and m-health platforms that can expand access and reach.

In summary, the reviewed literature and the proposed integrative model offer a comprehensive, adaptable, and evidence-based approach to supporting individuals with stigmatized illness in reconstructing their self-concept, reducing stigma, and improving their psychological well-being and quality of life. Self-concept reconstruction is a dynamic and ongoing process that requires flexibility, support, and commitment to personal growth. By drawing on the strengths of different therapeutic approaches and tailoring the interventions to the unique needs and characteristics of each client, clinicians can help clients living with stigmatized illness reclaim their identity, rebuild their self-esteem, and navigate the complex emotional and social challenges of illness and stigma.

8. References

1. Akinade EA, Sokan BO, Oseremen N. An introduction to Guidance and Counselling: A Basic Text for Colleges and Universities. Ibadan: Caltep Publications (Nigeria) Limited, 2015.
2. Barbara K, Erb G, Berman A, Shirlee J Snyder. Buku Ajar: Guidance and Counselling; Fundamental Keperawatan. Jakarta, 2017.
3. Bulanda ER, Majumdar D. Perceived parent-child relations and adolescents' self-esteem. Journal of Child and Family Studies. 2017; 18(2):203-212.
4. Corey G. Theory and Practice of Group Counseling (4th Ed.). California: Books/Cole Publishing, 2016.
5. Dhingra R, Manhas S, Thakur N. Establishing connectivity of emotional quotient (EQ), spiritual quotient (SQ) with social adjustment: A study of Kashmiri migrant women. Journal of Human Ecology. 2015; 18(4):313-317.
6. Donellan MB, Kenny DA, Trzesniewski KH, Robins RW. Self-esteem: Enduring issues and controversies. In T. Chamorro-Premuzic, S. Von Stumm, & A. Furnham (Eds.), The Wiley-Blackwell Handbook of Individual Differences. Wiley-Blackwell, 2016, 718-746.
7. Friedland G, Klein R. Transmission of HIV. New England Journal of Medicine. 2015; 317(18):1125-1135.
8. Hamoud SA, El Dayem SA, Ossman CH. The effect of an assertive training program on assertiveness skills and self-esteem of Faculty Nursing Students. Journal of American Science. 2011; 7(12):10-12.
9. Hartup WW, Rubin KH. Self-esteem. In V. Zeigler-Hill & T. K. Workman (Eds.), the Oxford Handbook of Personality and Self-Processes. Oxford University Press, 2015, 259-273.
10. Hidayanti E. Implementasi bimbingan dan konseling untuk meningkatkan self-esteem pasien penyakit terminal di kelompok dukungan sebaya (KDS) RSUP Dr. Kariadi Semarang. Jurnal Ilmu Dakwah. 2018; 38(1).
11. Hornby AS, Wechmeicer S, Mintosh C, Ashby M. (Eds.). Oxford Advanced Learner's Dictionary of Current English. Oxford University Press, 2016.
12. Kimhy D, Vakhrusheva J, Jobson-Ahmed L, Tarrier N, Malaspina D, Gross JJ. Emotion awareness and regulation in individuals with schizophrenia: Implications for social functioning. Psychiatry Research, 2015.
13. Makinde O. Fundamental of Guidance and Counselling. London: Macmillan, 2017.
14. Maslow AH. Self-actualizing people: A study of psychological health. In C. E. Moustakas (Ed.), The Self: Explorations in Personal Growth. Harper & Row, 2016, 161-162.
15. Melgosa J. Discover your worth: The importance of self-esteem and how to develop it. China Press, 2013.
16. Mochebe EK, Bosire J, Raburu P. Influence of self-esteem on job satisfaction of secondary school teachers in Kenya. International Journal of Advanced Multi-disciplinary Social Studies. 2017; 3(2):29-39.
17. Mogonea A, Mogonea F. The role of the family in building adolescents' self-esteem. Social and

Behavioural Sciences. 2014; 127.
18. Orth U, Trzesniewski KH, Robins RW. Self-esteem development from young adulthood to old age: A cohort-sequential longitudinal study. Journal of Personality and Social Psychology. 2016; 98(4):645-658.
19. Packiaselvi PP, Malathi VA. A study on social adjustment among higher secondary school students and its impact on their academic achievement in Coimbatore District. International Journal of Research – Granthaalayah. 2017; 5(6):458-463.
20. Portia EA. Understanding the different realities, experience and use of self-esteem between Black and White adolescent girls. Journal of Black Psychology. 2010; 36(3):255-276.
21. Searle W, Ward C. The prediction of psychological and socio-cultural adjustment during cross-cultural transitions. International Journal of Intercultural Relations. 2017; 14:449-464.
22. Trzesniewski KH, Donnellan MB. Self-esteem development across the lifespan. Personality Development and Personality Disorders. 2010; 23(1):83-98.
23. Vohs KD, Baumeister RF. Handbook of Self-Regulation: Research, Theory, and Applications. Guilford Publications, 2016.
24. Von Soest T, Wagner J, Hansen T, Gerstorf D. Self-esteem across the second half of life: The role of socioeconomic status, physical health, and social relationships. Journal of Personality and Social Psychology. 2018; 114(6):945-958.