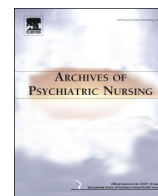




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## The Correlation Between Schizophrenic Patients' Level of Internalized Stigma and Their Level of Hope

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## ABSTRACT

**AIM:** The aim of this study is to determine the correlation between schizophrenic patients' level of internalized stigma and their level of hope.

**MATERIAL AND METHOD:** The population of the study consisted of patients who had been diagnosed with schizophrenia and also met the study inclusion criteria. The study sample selection from the population was not further divided; the study was conducted with 76 patients. The data of the study were collected using a personal information form, the Internalized Stigma of Mental Illness (ISMI) Scale, and Herth Hope Scale.

**FINDINGS:** The patients' mean score on the Internalized Stigma Scale was  $72.78 \pm 16.05$ . Their score on the Hope Scale is  $50.36 \pm 11.91$ . A significant negative correlation was found between the total mean scores of ISMI and the Herth Hope Scale ( $r = -0.360, p < 0.01$ ). A significant positive correlation was found between the stigma resistance subscale mean score of ISMI and the total mean score of the Herth Hope Scale ( $r = 0.510, p < 0.01$ ).

**CONCLUSION:** The internalized stigma levels of schizophrenic patients were found to be high, whereas their hope levels were found to be moderate. A significant negative correlation was found between internalized stigma and hope. This study also found a significant positive correlation between the stigma resistance of patients and their hope levels.

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Schizophrenia is a serious disorder in which important defects occur in thinking, perception, and behaviors that become chronic and; these defects cause disability in a considerable majority of patients (Aghevli, Blanchard, & Horan, 2003; Öztürk & Uluşahin, 2015). In many cultures, schizophrenic patients have to struggle with the negative attitudes and societal notions, as well as the problems caused by the disorder itself (Brohan, Elgie, Sartorius, & Thornicroft, 2010). In Turkish society, there is a common belief that schizophrenic patients are dangerous, unreliable, aggressive, out of control and accursed individuals having a criminal mind and multiple personalities (Çam & Bilge, 2013; Sağduyu, Aker, Özmen, Ögel, & Tamar, 2001; Sağduyu et al., 2003).

That schizophrenic patients regard social stereotypes as unchangeable facts and accept them is defined as internalized stigma (Corrigan & Watson, 2002; Gerlinger et al., 2013). These cultural stereotypes are one of the most important factors that cause patients to internalize stigma (Kira et al., 2014). Studies conducted in Turkey have revealed that the internalized stigma levels of schizophrenic patients are high (Doganaavsargil, 2009; Karaağaç, 2015; Karakaş, Okanlı, & Yılmaz, 2016; Yılmaz & Okanlı, 2015). Internalized stigma causes schizophrenic patients to experience many psychosocial problems, including a decrease in the level of adjustment to

treatment, self-esteem, empowerment, self-efficacy, social support, quality of life, and social functionality. Studies have also shown an increase in depressive symptoms, longer hospitalization stays, and ineffective coping skills in schizophrenic patients (Adewuya, Owoeye, Erinfolami, & Ola, 2010; Brohan, Elgie, Sartorius, & Thornicroft, 2010; Ersoy & Varan, 2007; Lysaker, Roe, & Yanos, 2007; Mashiach-Eizenberg, Hasson-Ohayon, Yanos, Lysaker, & Roe, 2013; Silverstone, 2011; Yılmaz & Okanlı, 2015).

In addition to its negative results, internalized stigma also causes a dramatic loss of a feeling of hope, which plays an important role in psychiatric rehabilitation (Corrigan, McCracken, & Holmes, 2001; Hofer et al., 2016; Lysaker et al., 2007; Yanos, Roe, Markus, & Lysaker, 2008). Hope is generally recognized as a power that creates a sense of positive expectation about life and activates individuals (Öz, 2010). Hope inspires patients with mental disorders to overcome their disorder and to discover the meaning of life (Fitzgerald, 1979). However, hopelessness is one of the symptoms most commonly encountered among schizophrenic patients (White, McCleery, Gumley, & Mulholland, 2007). Schizophrenic patients may feel hopeless for various reasons, such as difficulties in the treatment process, social stigmatization, not being able to marry, little social support, and economic difficulties (Brohan, Elgie, Sartorius, & Thornicroft, 2010; Eliüşük, 2008; Lysaker, Wright, Clements, & Plascak-Hallberg, 2002; Lysaker et al., 2007). A study conducted by Mashiach-Eizenberg et al. (2013) on individuals

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with mental disorders found that as the hopelessness level of patients increased, their internalized stigma levels also increased, and their self-esteem and quality of life levels decreased. A literature review conducted by Schrank, Stanghellini, and Slade (2008) found that hope has a negative relationship with depression and anxiety, and a positive relationship with self-efficacy, self-perception, subjective health, quality of life, coping, and well-being among psychiatric patients. Hope is regarded as one of the most important factors determining recovery from mental disorders (Corrigan et al., 2001; Fitzgerald, 1979; Russinova, 1999). Therefore, further studies are needed to examine the effectiveness of hope in schizophrenic patients' lives (Barut, Dietrich, Zanoni, & Ridner, 2016). In Turkey, the number of studies examining hope in schizophrenia is limited.

It is quite important to resist stigma while coping with problems related to internalized stigma. Thoits (2011) defined stigma resistance as “opposition to the mental illness stereotypes by others.” Stigma resistance is an important concept in the fight against stigma (Nabors et al., 2014; Sibitz, Unger, Woppmann, Zidek, & Amering, 2011). Studies conducted in Turkey have reported that schizophrenic patients have low levels of stigma resistance (Karaağaç, 2015; Karakaş et al., 2016; Yılmaz & Okanlı, 2015). A study conducted by Sibitz et al. (2011) found that a higher level of stigma resistance is related to a lower level of stigma and depression, and to a higher level of self-esteem, quality of life, and empowerment. The number of studies conducted on internalized stigma has increased significantly over the last decade, whereas the number of studies examining stigma resistance in mental disorders is very low. Also, little information is available concerning the factors that increase resistance to stigma (Lien et al., 2015; Nabors et al., 2014). Stigma resistance involves the capacity of individuals with mental disorders to withstand stigmatization and not to be influenced by it. Therefore, determining factors that increase the effectiveness of stigma resistance can help individuals to overcome internalized stigma, which is an important barrier to recovery, and to better cope with mental disorders. (Biffu, Dachew, & Tiruneh, 2014; Lien et al., 2015; Nabors et al., 2014; Sibitz et al., 2011).

The present study aimed to determine the correlation between schizophrenic patients' level of internalized stigma and their level of hope. It is thought that this data will fill an important gap in the literature. It will also help to determine the relationship between the concepts of internalized stigma, hope, and stigma resistance, which are important factors in the treatment of schizophrenia, and will also provide further studies with important data.

## MATERIAL AND METHOD

### TYPE OF THE STUDY

A descriptive and correlational research design was used in the study.

### POPULATION AND SAMPLE OF THE STUDY

The population of the study consisted of 85 patients who applied to the psychiatry polyclinics of Ataturk University Yakutiye Research Hospital and Erzurum Regional Research Hospital between September 2015 and April 2016 and who were diagnosed with schizophrenia according to the DSM-V diagnostic criteria. Of these patients, 9 were excluded from the study for a variety of reasons. Other than by the exclusion criteria, no further sample selection from the population was performed. The study was completed with the 76 schizophrenic patients who met the following inclusion criteria: being diagnosed with schizophrenia, being in remission period (the treatment period of the patient ended, signs of an active period, insight developed), not having any physical and neurological disorders that hinder filling out the study forms, being older than 18, and not having been diagnosed with a comorbid psychiatric disorder.

## OUTCOMES AND MEASURES

### INSTRUMENTS

A personal information form, the Internalized Stigma of Mental Illness (ISMI) Scale and Herth Hope Scale (HHS) were used for data collection.

### PERSONAL INFORMATION FORM

This form consisting of 11 questions was prepared by the researcher to determine the demographic and socio-economic characteristics of participants, which included age, sex, marital status, educational status, residence, people with whom patients share living space, working status, monthly income, leaving work due to the disorder, the presence of other family members diagnosed with schizophrenia, and the duration of the patient's illness.

### INTERNALIZED STIGMA OF MENTAL ILLNESS (ISMI) SCALE

The Internalized Stigma of Mental Illness (ISMI) Scale, which was developed by Ritscher, Otilingam, and Grajales (2003), is a self-report scale of 29 items that assess internalized stigma. The Turkish validity and reliability study of the scale was conducted by Ersoy and Varan (2007). Items in the ISMI scale are evaluated on a four-point Likert scale: “strongly disagree” (1 point), “disagree” (2 points), “agree” (3 points), “strongly agree” (4 points). The scale consists of five subscales that include alienation, stereotype endorsement, perceived discrimination, social withdrawal, and stigma resistance. The total ISMI score is obtained by adding the scores received from these five subscales; it ranges between 29 and 116. High total scores obtained from the scale indicate more severe internalized stigmatization. In the present study, the Cronbach's Alpha internal consistency coefficient of ISMI was found to be 0.88.

### HERTH HOPE SCALE

The Herth Hope Scale consists of 30 items; it was developed by Herth (1991) to determine the hope levels of individuals. The Turkish validity and reliability study of the scale was conducted by Aslan, Sekmen, and Vural (2006). Items in the Herth Hope Scale are evaluated on a four-point Likert scale: “never appropriate” (0 point), “rarely appropriate” (1 point), “sometimes appropriate” (2 points) and “always appropriate” (3 points). The scale consists of three subscales: future, positive readiness and expectancy, and interconnectedness. The total hope score obtained through adding the scores received from these three subscales ranges between 0 and 90. High scores obtained from the scale indicate a high level of hope. In the present study, the Cronbach's Alpha internal consistency coefficient of the Herth Hope Scale was found to be 0.85.

### DATA ASSESSMENT

SPSS (Statistical Package for Social Sciences) for Windows 18.0 was used for statistical analysis of study data. Descriptive statistical data (number, mean, standard deviation, percentage distribution) were used for data analysis (demographic characteristics of the patients and to determine scale, subscales scores, and mean scores). Pearson's Correlation analysis was used to analyze associations between scales and subscales. The results were interpreted using a confidence interval of 95% and significance level set at  $p < 0.05$ . Cronbach's alpha was used to assess the internal consistency of the scales.

### ETHICAL DIMENSIONS OF THE STUDY

The study protocol was approved by the Ethics Committee of Atatürk University in accordance with the Declaration of Helsinki. Before initializing the study, written approvals were received from the hospitals where the study was conducted, and an informed consent form was obtained from each patient. The participants were informed about the aim and methods of the study and the time they would be asked to allocate for participation. It was explained to the patients that the data obtained

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