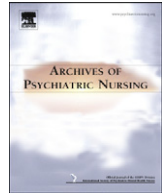




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The Effect of Internalized Stigma on the Self Esteem in Patients with Schizophrenia

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A B S T R A C T

Aim: This study has been conducted to determine the relationship between internalized stigma and self-esteem in patients with schizophrenia.

Materials and Methods: This study was conducted using 60 patients with schizophrenia who were diagnosed as schizophrenic according to the DSM-IV diagnostic criteria in the psychiatric clinics of hospitals in Erzurum. The data were collected using the "Questionnaire on Internalized Stigma of Mental Illness Scale" (ISMI) that determines the socio-demographic characteristics of patients, and the "Short Form of Self-Esteem Scale" (SF-SES).

Results: The mean Internalized Stigma of Mental Illness Scale score was high; the mean of the positive dimension of the self-esteem scale score was lower than negative dimension. A negative significant relationship was found ($r = -.758, p < 0.01$) between the ISMI and SF-SES when we examined the relationship between the mean scores of self-esteem and internalized stigma levels of the patients. There is a significantly positive relationship between the mean scores of the stigma resistance and SERS-SF ($r = .339, p < 0.01$).

Conclusion: The findings show that the patients' self-esteem decreases with the increasing levels of internalized stigma. In particular, the high level of accepting stereotyped judgments and the low stigma resistance can be associated with low self-esteem. Based on these results, increasing psychoeducation and counseling services for patients with schizophrenia, and increasing the public awareness of this issue are recommended. Advanced quantitative studies should be conducted to determine the factors related to fighting stigma.

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The acceptance of negative stereotypes in society by the individual is itself referred to as internalized stigma, and as a result of internalized stigma one withdraws from society due to negative emotions such as worthlessness and shame. Internalized stigma indicates a type of identity transformation, and describes the tendency of people with mental illness to internalize the stereotypes that are generally held about mentally ill patients (Gerlinger et al., 2013). Reviewing the international literature, many available studies have demonstrated high levels of internalized stigma among patients with schizophrenia in other countries (Adewuya, Owoeye, Erinfolami, & Ola, 2011; Fung, Tsang, Corrigan, Lam, & Cheung, 2007; Mashiach-Eizenberg, Hasson-Ohayon, Yanos, Lysaker, & Roe, 2013). Internalized stigma was found to be widespread among Chinese patients with schizophrenia, and had important adverse effects on their lives (Ying, Wolf, & Wang, 2012). A study conducted in 14 European countries found higher levels of internalized stigma, with 41.7% reporting moderate or high levels of stigma (Brohan, Elgie, Sartorius, Thornicroft, & GAMIAN-Europe Study Group, 2010).

Looking at the studies conducted in Turkey, the level of internalized stigma was high in patients with schizophrenia; also it was found to be associated with quality of life (Doganavsargil, 2009; Sarikoc, 2011;

Yildiz et al., 2012). Also internalized stigma is an important factor affecting self-esteem in patients with schizophrenia. Previous studies have indicated that patients diagnosed with the schizophrenia spectrum disorder, who have poor attention, tend to score lower in self-esteem and have a greater acceptance of stigma (Lysaker, Vohs, & Tsai, 2009; Wittorf, Wiedemann, Buchkremer, & Klingberg, 2010). Self-esteem develops based on the feedback of individuals from the environment as a result of social interactions (Werner, Aviv, & Barak, 2008). Many patients with schizophrenia frequently have negative self-images, often accepting stereotypes about mental illness, and can attract criticism from significant others (Yanos, Rosenfield, & Horwitz, 2001). It is the vulnerable internalized stigma which leads to a further reduction in their hopes and their self-esteem (Vauth, Klein, Wirtz, & Corrigan, 2007). There was a significant negative relationship between internalized stigma and self-esteem in patients with schizophrenia whose self-esteem scores decreased as their internalized stigma scores increased (Kim et al., 2015; Lysaker et al., 2009).

According to a systematic review and meta-analysis of internalized stigma among schizophrenic patients, high levels of internalized stigma were associated with various psychosocial (i.e., hopelessness, low self-esteem, low empowerment, reduced self-efficacy and poor social support) effects of internalized stigma on individuals' schizophrenia, including a reluctance to seek care, reduced trust in service providers,

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poor adherence to psychosocial treatment, increased hospitalizations, barriers to recovery, less improvement in job functioning and poor quality of life (Mashiach-Eizenberg et al., 2013; Segalovich, Doron, Behrbalk, Kurs, & Romem, 2013; Sibitz, Amering, Unger, Seyringer, & Bachmann, 2011; Silverstone, 2011). In addition, Kira et al. (2014) emphasized that culture and belief systems affect the internalized stigma. The studies conducted in Turkey showed that high level of internalized stigma decreases self-esteem, social functioning, adherence treatment and quality of life and increases depression in patients with schizophrenia (Doganavsargil, 2009; Sarkoc, 2011; Tel & Pinar, 2012).

Internalizing stigmatizing beliefs commences when an individual endorses and agrees with negative public stereotyping and discriminatory behavior towards individuals diagnosed with mental illness and may have direct effects on psychological well-being (Uhlmann et al., 2014). Patients with schizophrenia accept the stereotypes about their illness as true about their illness (Sarkoc, 2011; Tel & Pinar, 2012). Stereotype endorsement related to stigma resistance, stigma resistance was defined opposition to the mental illness stereotypes by others and a major barrier to recovery.

The study results on this subject indicate that stigma has negative effects on both treatment and prognosis of mental diseases (Uhlmann et al., 2014; Yanos et al., 2001). Therefore, interest in stigma has increased in recent years. Stigma resistance is an important concept in fighting stigma (Sibitz, Unger, Wopmann, Zidek, & Amering, 2011). Social stigma, internalized stigma and perceived stigma can trigger a vicious cycle and diminish the stigma resistance abilities of individuals (Biffittu, Dachew, & Tiruneh, 2014). Stigma resistance was positively related to self-esteem and self-efficacy, but negatively related to depressive symptoms and hopelessness (Lien et al., 2014; Sibitz et al., 2011).

The data obtained in this study could pave the way for further studies and fill an important gap in the literature. Studies related to this area are limited in Turkey. This study was conducted to determine the relationship between internalized stigma and self-esteem in patients with schizophrenia.

MATERIALS AND METHODS

Design

This descriptive study used a cross-sectional design based on a convenience sample of 60 patients who complied with the DSM-IV criteria for schizophrenia. The study was conducted in the Psychiatry Clinics of Ataturk University, Yakutiye Medical Research Hospital and Erzurum Regional Training and Research Hospital.

Participants

It was planned to include all patients with schizophrenia who met the inclusion criteria, and were diagnosed with schizophrenia according to the DSM-IV criteria, in the Psychiatry Clinics of Ataturk University, Yakutiye Medical Research Hospital and Erzurum Regional Training and Research Hospital. However, the study sample consisted of 60 patients who agreed to participate. Inclusion criteria of the study were as follows: diagnosed with schizophrenia according to the DSM-V diagnosis criteria, open for communication and cooperation, in a remission period (the treatment period of the patient ended, signs of an active period, insight developed), a history of disease for at least two years and between 18 and 60 years old. Exclusion criteria of the study were as follows: patients hospitalized for the first time, having other and/or additional axis 1 mental disorders (drug or alcohol addiction) and patients with organic brain syndrome or mental retardation.

Outcomes and Measures

Instruments

The data were collected by using the 'Questionnaire Form', 'Internalized Stigma of Mental Illness Scale' and 'Self-Esteem Rating Scale-Short Form'.

Sociodemographic Questionnaire

The questionnaire, created by the authors, consisted of 7 questions regarding the characteristics of the patients, such as age, gender, marital status, level of education, employment status, people who live together and the place they live.

Internalized Stigma Scale (ISMI)

The "Internalized Stigma of Mental Illness Scale" (ISMI) developed by Ritscher, Otilingam, and Grajales (2003) is a self-reporting scale including 29 items evaluating internalized stigma. The scale evaluates individuals' subjective experiences of stigma within the framework of five sub-scales: "Alienation", "Stereotype Endorsement", "Discrimination Experience", "Social Withdrawal" and "Stigma Resistance". The items in the ISMI are answered by using a four-point Likert-type scale as "strongly I do not agree" (1 point), "I do not agree" (2 points), "I agree" (3 points) and "definitely I agree" (4 points). The items of the sub-scale "Stigma Resistance" are scored in reverse. The total ISMI score was obtained by adding the scores of five sub-scales ranging from 29 to 116 points, when this score divided 29 items; minimal–low average score ≤ 2.5 , moderate–high average score > 2.5 (Brohan et al., 2010). The high scores in the ISMI mean that the internalized stigmatization of the person is more severe in the negative sense. The validity and reliability study of the scale was conducted by Ersoy and Varan (2007). Cronbach's alpha value was 0.93 for the entire scale and ranged between 0.63 and 0.87 for the 5 subscales of the ISMI conducted by Ersoy and Varan (2007). In this study, the Cronbach's alpha coefficient was found to be 0.93 and for the subscales the coefficients were as follows: Alienation ($\alpha = 0.81$), Stereotype endorsement ($\alpha = 0.78$), Discrimination experience ($\alpha = 0.79$), Social withdrawal ($\alpha = 0.91$), Stigma resistance ($\alpha = 0.60$).

Self-Esteem Rating Scale-Short Form

The self-esteem rating scale was developed by Nugent and Thomas, and revised by Lecomte, Corbière, and Laisne (2006). The validity and reliability were studied by Tulus in Turkey. In Tulus' study, ten positive and ten negative, for a total of 20 items, were loaded to measure the positive and negative aspects of self-esteem. It was evaluated between +70 and –70 points, and the Cronbach's alpha was found to be 0.91 for the positive items and 0.87 for the negative items in a study conducted by Tulus. It is a scale which is easy to understand and can be answered within a short time. In this study, the Cronbach's alpha coefficient was found to be 0.79 for the positive items and 0.79 for the negative items.

Statistical Analysis

The SPSS 15 statistical package program was used to assess the data. Regarding the evaluation of the data, the percentage distributions to examine the demographic and descriptive characteristics of the patients and mean scores to determine scale scores, Pearson's correlation was used to examine the relationship between the scores. Cronbach's alpha was used to assess the internal consistency of the scales. The level of significance was set at $p < 0.05$.

Ethical Considerations

Before conducting the study, both verbal and written permissions were obtained from the hospital participating in the study. Regarding ethical considerations, the protocol was approved by the Ethics Committee of Atatürk University in accordance with the Declaration of Helsinki. Before collecting the data for the study, the patients were informed about the purpose of the study, its duration and the procedures involved, with the aim of protecting the rights of the patients participating in the study. They were also informed that they could withdraw from the study anytime, and that their identities and personal data collected during the study would be kept confidential. All

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