



Self-stigma versus stigma resistance in schizophrenia: Associations with resilience, premorbid adjustment, and clinical symptoms



Alex Hofer^{*}, Fabienne Post, Silvia Pardeller, Beatrice Frajo-Apor, Christine M. Hoertnagl, Georg Kemmler, W. Wolfgang Fleischhacker

Medical University Innsbruck, Department of Psychiatry, Psychotherapy and Psychosomatics, Division of Psychiatry I, Innsbruck, Austria

ARTICLE INFO

Keywords:

Schizophrenia
Stigma
Resilience
Premorbid adjustment
Symptoms

ABSTRACT

Self-stigma is regarded as a barrier to recovery from schizophrenia and the identification of factors protecting from its development may help identify vulnerable patients and subsequently, implement effective preventive and therapeutic interventions. Hence, this study aimed to assess whether resilience, premorbid adjustment, and psychopathology might differently impact self-stigma and stigma resistance among 54 regular attendees of a specialized outpatient clinic. There was no significant association between sociodemographic variables and self-stigma/stigma resistance, while resilience was negatively correlated with self-stigma and positively correlated with stigma resistance. In addition, we detected a negative correlation between self-stigma and both academic and social functioning during late adolescence. Most residual symptoms correlated with self-stigma, while no association was found between stigma resistance and psychopathology, except for depressed symptoms. These data provide evidence that future self-stigma reduction interventions may consider to focus on the improvement of resilience in order to promote schizophrenia patients' stigma resistance. In addition, the improvement of depressive symptoms as well as interventions focusing on the strengthening of social adjustment during the prodromal phase may be effective in preventing self-stigma.

1. Introduction

Albeit antistigma approaches have been shown to have positive effects on reducing public stigma for people with mental illness (Corrigan et al., 2012) stigmatizing attitudes towards them are still found across all levels of society (Babic, 2010). These attitudes tend to be stronger towards people suffering from schizophrenia compared to those with affective disorders (Jorm and Griffiths, 2008) or with physical disabilities (Hasson-Ohayon et al., 2014).

Generally, stigma is a multifaceted construct that involves feelings, attitudes and behaviors. It comprises three main components: negative stereotypes, prejudice, and discrimination (Rüsch and Thornicroft, 2014). As a consequence of public stigma people with mental illness may develop self-stigma, i.e., they may apply negative stereotypes and stigmatizing attitudes to themselves (Corrigan and Rao, 2012) and may exhibit behaviors like secrecy and withdrawal to cope with this discrimination. Up to 20% of people may even discontinue treatment prematurely (Corrigan et al., 2014).

In individuals suffering from schizophrenia, the weighted prevalence of self-stigma has been suggested to range from 26.8 to 52.6%

(Gerlinger et al., 2013). Self-stigma has been associated with poorer treatment adherence (e.g., Yilmaz and Okanlı, 2015; Kamaradova et al., 2016) and with negative outcomes, including reductions in self-esteem (e.g., Hofer et al., 2016; Picco et al., 2016), hope (e.g., Hofer et al., 2016; Berry and Greenwood, 2018) empowerment (e.g., Brohan et al., 2010; Sibitz et al., 2011), quality of life (e.g., Picco et al., 2016; Lien et al., 2018), and social and vocational functioning (e.g., Lysaker et al., 2007; Yanos et al., 2012). One of our recent studies, for example, revealed moderate to large inter-correlations between self-stigma, resilience, self-esteem, and hopelessness among people with schizophrenia from Austria and Japan (Hofer et al., 2016), and Yanos and coworkers have demonstrated that the degree to which a person internalizes common negative stereotypes influences vocational outcomes (Yanos et al., 2010).

Self-stigma has also been associated with an increased severity of positive (e.g., Lysaker et al., 2007; Vrbova et al., 2018), negative (e.g., Hill and Startup, 2013; Chan et al., 2017), and depressive symptoms (e.g., Sibitz et al., 2011; Lagger et al., 2018). Presumably, residual symptoms may be misunderstood as signs of danger or incompetence or lead to an assumption of insensibility due to a supposed lack of

^{*} Corresponding author.

E-mail address: a.hofer@i-med.ac.at (A. Hofer).

<https://doi.org/10.1016/j.psychres.2018.12.029>

Received 13 July 2018; Received in revised form 5 December 2018; Accepted 5 December 2018

Available online 06 December 2018

0165-1781/ © 2018 Elsevier B.V. All rights reserved.

compassion by others, which may have a negative impact on interpersonal relationships, thereby resulting in social distance, discrimination and self-stigmatizing beliefs. On the other hand, not everyone who is aware of public stigma suffers from self-stigma (Rüsch et al., 2006) and the identification of factors protecting from its development may therefore help identify vulnerable individuals and may facilitate the implementation of effective preventive and therapeutic interventions. The above mentioned issues known to be meaningful in this context, e.g. self-esteem and hope, have previously been suggested to be associated with both resilience (e.g., Hofer et al., 2016) and premorbid adjustment (e.g., Romm et al., 2011), which, in turn, are relevant for clinical outcome and psychosocial functioning of individuals suffering from schizophrenia (e.g., Hofer et al., 2006; Mizuno et al., 2016; Ayesa-Arriola et al., 2013; Wartelsteiner et al., 2016). Accordingly, the primary objective of the current study was to investigate whether these issues might also be associated with self-stigma/stigma resistance.

Resilience has been conceptualized in different ways and can be viewed as a personal trait, a dynamic process involving interaction with the environment, an outcome, or an acquirable skill (Herrman et al., 2011). Masten defined it as “the capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability or development” (Masten, 2011). Accordingly, resilience has been suggested to be relevant for coping with mental illness (Reddy et al., 2014). Premorbid adjustment, in turn, has been hypothesized to constitute a reliable measure of cognitive reserve (Amoretti et al., 2016), defined as “individual differences in how people process tasks which allow some to cope better than others with brain pathology” (Stern, 2002). Accordingly, both resilience and premorbid adjustment may be considered as potential targets to combat the development of self-stigma. The current study therefore attempted to examine the associations between resilience, premorbid adjustment, and psychopathology and self-stigma/stigma resistance among regular attendees of a specialized schizophrenia outpatient clinic. We hypothesized that low resilience, poor premorbid adjustment as well as more severe symptoms would be associated with high self-stigma and low stigma resistance.

2. Methods

We performed a cross-sectional study including 54 consecutive persons aged between 18 and 65 years, who regularly attended a specialized outpatient clinic at the Department of Psychiatry, Psychotherapy and Psychosomatics of the Medical University Innsbruck. Diagnosis was confirmed by using the Mini International Neuropsychiatric Interview (M.I.N.I.) (Sheehan et al., 1998). At the time of study inclusion, subjects had to be clinically stable for at least six months, i.e., they had to be treated as outpatients without any modification of the treatment regimen. A brief medical screening interview was used to exclude subjects with any physical or neurological illness or any condition affecting neural or cerebrovascular function. The study received approval by the ethics committee of the Medical University Innsbruck. All participants were native German speakers and signed informed consent. Study procedures were performed by a trained research team consisting of psychiatrists and master level clinical psychologists.

2.1. Self-stigma/stigma resistance

Self-stigma/stigma resistance was assessed with the German version (Sibitz et al., 2013) of the Internalized Stigma of Mental Illness (ISMI) scale (Ritsher et al., 2003), which uses a 4-point Likert scale and consists of 29 items grouped into five subscales: Alienation, Stereotype Endorsement, Discrimination Experience, Social Withdrawal, and Stigma Resistance. Internal consistency and test-retest correlation of the German version of the scale are high (Cronbach's $\alpha = 0.92$,

$r = 0.90$) (Sibitz et al., 2013).

Research has determined that stigma resistance is a separate construct, theoretically (Ritsher et al., 2003) and psychometrically (Sibitz et al., 2011) distinct from self-stigma. Accordingly, the current study measured *stigma resistance* using the Stigma Resistance subscale and measured *self-stigma* by summing the averages of the remaining four subscales of the ISMI. Previous studies applied a cut-off point at 2.5 and above on the mean item scores to define high stigma resistance and self-stigma, respectively, and less than 2.5 for low stigma resistance/self-stigma (e.g., Sibitz et al., 2011; Lau et al., 2017).

2.2. Resilience

Resilience was measured using the German version (Schumacher et al., 2005) of the Resilience Scale (RS-25) (Wagnild and Young, 1993). This instrument consists of 25 items divided into two categories: “acceptance of self and life” (8 items) and “personal competence” (17 items). The subscale “acceptance of self and life” highlights features such as adaptability, tolerance, flexibility, and balance, whereas the subscale “personal competence” summarizes features such as self-reliance, independence, determination, mastery, perseverance, invincibility and resourcefulness. Since the 2-factor structure could not be identified in the German version (Schumacher et al., 2005) we considered only the total score for our study (Cronbach's $\alpha = 0.95$). All items are scored on a 7-score item scale ranging from 1 = strongly disagree to 7 = strongly agree, with possible scores ranging from 25 to 175. The overall RS-25 score is categorized into 3 levels: scores below 125 reflect low resilience, scores between 126 and 145 indicate moderately low to moderate levels of resilience, and scores of 146 and higher indicate high resilience (Wagnild, 2009).

2.3. Premorbid adjustment

Premorbid adjustment was assessed retrospectively through the Premorbid Adjustment Scale (PAS) (Cannon-Spoor et al., 1982), which measures two discrete areas of premorbid functioning - academic functioning (achievements in school and adaptation to school) and social functioning (sociability/withdrawal, peer relationships, and ability to form interpersonal and sexual relationships [starting at age 12]) - at each of four developmental stages: childhood (up to age 11), early adolescence (age 12–15), late adolescence (age 16–18), and adulthood (age 19 and older). The original edition of the PAS includes a general section, however, due to concerns regarding the validity of this section (van Mastrigt and Addington, 2002) we decided not to use it.

Estimation of the reliability of the German version of the PAS subscales with one another have high positive values of Cronbach's α between 0.81 and 0.93 (Krauss et al., 1998). Items are scored on a scale from 0 (normal adjustment) to 6 (severe impairment). The range of scoring for each developmental period is the same, allowing for comparison of scores across developmental periods. According to scale instructions, adulthood was not assessed in persons with illness onset prior to or at 19 years of age.

2.4. Psychopathology

Symptom severity was assessed using the Structured Clinical Interview for the Positive and Negative Syndrome Scale (SCI-PANSS) (Kay et al., 1987). For statistical analysis, the PANSS was divided into five factors according to Wallwork et al. (2012): positive, negative, disorganized/concrete, excited, and depressed.

2.5. Statistical methods

Prior to the analysis, all continuous variables were checked for deviations from normality by means of the Shapiro–Wilk test. The course of premorbid academic and social functioning from childhood to

Download English Version:

<https://daneshyari.com/en/article/13425286>

Download Persian Version:

<https://daneshyari.com/article/13425286>

[Daneshyari.com](https://daneshyari.com)