Archives of Psychiatric Nursing 30 (2016) 55–61

Contents lists available at ScienceDirect

Archives of Psychiatric Nursing

journal homepage: www.elsevier.com/locate/apnu

Internalized Stigma and Perceived Family Support in Acute Psychiatric In-Patient Units

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A B S T R A C T

Aim: This descriptive study aims to identify the relationship between internalized stigma and perceived family support in patients hospitalized in an acute psychiatric unit.
Method: The sample is composed of 224 patients treated in an acute inpatient psychiatric ward in İstanbul, Turkey. The data were collected using information obtained from the Internalized Stigma of Mental Illness Scale and Social Support from Family Scale.
Results: The mean age of the patients was 37 ± 11.56 years, and the mean duration of treatment was 6.27 ± 5.81 years. Most patients had been hospitalized three or more times. Of the total number of patients, 66.1% had been taken to the hospital by family members. We noted a statistically significant negative correlation between the total scores obtained from the perceived Social Support from Family Scale and the Internalized Stigma of Mental Illness Scale.
Conclusion: The patients were observed to stigmatize themselves more when the perceived social support from their family had decreased.

Stigmatization is defined as a label that associates a person with an unreal or undesirable characteristic or disgraceful crime (Taşkın, 2007). A stigmatized person is accredited with and labeled according to the negative characteristics, regardless of other personal characteristics, and is thus exposed to ostracism, humiliation, violence and discrimination (Corrigan et al., 2010; Taşkın, 2007; Yanos, Lysaker, & Roe, 2010).

Although stigma is experienced by various people and in different settings, individuals with mental illnesses are likely to be, from an early age, the most severely stigmatized and discriminated group. Throughout history, some societies have attached importance to people with mental illness and have integrated them into society, whereas other cultures have treated individuals with mental illnesses inhumanely and have isolated them from society (Angermeyer & Dietrich, 2006; Arslantaş & Adana, 2011; Taşkın, 2007). Labeling plays a major role by stigmatizing the mentally ill in society. This latter category of patients, those who are labeled, feel stigmatized even though they may not be directly exposed to discrimination or to unfavorable behaviors after presenting to a psychiatric service and receiving a diagnosis. Based on a study by Şen et al. (2003) of depression-related attitudes of people living in the country, 75% of the participants reported that they could not marry an individual with depression and 71.6% reported that they perceived individuals with depression to be incapable of making major life decisions. Moreover, it is also well known reality that patients avoid psychiatric treatment because of their fear of being stigmatized (Yüksel & Taşkın, 2005). However, a study by Mann and Himelein (2004) revealed that positive attitudes toward treatment were associated with lower levels of stigma.

Mental illnesses are typically conditions in which all stigma-related negativities are experienced at the highest level (Angermeyer & Dietrich, 2006; Livington & Boyd, 2010).

As the majority of individuals with mental illnesses are socially aware of the stigma of their illness, the majority of these patients share society's prevailing stereotypes and self-stigmatize, which is defined as internalized stigma. Internalized stigmatization means that the person actually believes that he/she is the negative stereotype that society has said he/she is and consequently isolates himself/herself due to negative feelings, such as shame and unworthiness. Stigma perception is a sense of social exclusion resulting from the diagnosis of a person with a mental illness (label) (Ersoy & Varan, 2007; Taşkın, 2007). In previous studies (Boyd-Ritsher, Otilingam, & Grajales, 2003; Boyd-Ritsher & Phelan, 2004; Lucksted et al., 2011), although this varies depending on the psychopathology, self-stigma has been frequently observed in mental illnesses. Therefore, individuals with mental illnesses stop working or pursuing independent living opportunities due to their own prejudices (Çam & Çuhadar, 2011). In this way, internalized stigma worsens the symptoms of mental illnesses by diminishing self-esteem, compromising treatment adherence and preventing the patient from returning to his or her occupational and social roles (Boyd-Ritsher & Phelan, 2004; Boyd-Ritsher et al., 2003; Çam & Çuhadar, 2011; Ünal et al., 2004).

These patients have been reported to experience feelings of shame and incompetency, increased negative automatic thoughts, avoidance

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http://dx.doi.org/10.1016/j.apnu.2015.10.003
0883-9417/

of social relationships and diminished self-worth (Link, Elmer, Sheree, Asmussen, & Phelan, 2001; Sarıkoç, 2011; Taşkın, 2007), and it is these individuals who represent the primary source of perceived stigma (Livington & Boyd, 2010). In addition to the level of internalized stigma, individuals with previous negative self-thoughts have more intense feelings of stigma. In a study of patients with serious mental illnesses, Link et al. (2001) suggested that self-esteem was an important variable in perceived stigma. However, it must be recognized that the type of psychopathology may affect the level of perceived stigma, independent of labeling. Those individuals with higher perceived stigma, in decreasing order, are substance abusers, alcohol abusers and patients with schizophrenia. Patients who have received inpatient treatment have higher perceived stigma. In addition to inpatient treatment, electroconvulsive therapy (ECT) and lithium therapy are associated with increased perceived stigma. Additionally, the need for continuous use of medication - particularly in patients diagnosed with schizophrenia or bipolar disorder - results in increased perceived stigma (Corrigan et al., 2010; Ersoy & Varan, 2007; Link et al., 2001; Taşkın, 2007).

One of the most important factors involved in internalized stigma is the individual's family and relatives (Corrigan et al., 2010; Yıldırım & Ekinci, 2010). The presence of mental illness in the family leads to the development of certain interaction patterns in response to the illness. As internalized stigma becomes active in the patient's relatives, people close to the patient experience the perception of stigmatization and thus stigmatize and ostracize the patient. Several studies have shown that the patient's family and relatives are ashamed of having a family member with a mental illness and that they therefore endeavor to conceal the illness (Taşkın, 2007; Yang et al., 2014). Overall, an individual leads his or her life during an ongoing period of time in ever-changing places and in an intense network of relationships with him/herself, his/her family, relatives, and the society and work sphere to which he/she belongs. If there is collaboration and satisfaction in this network of relationships, the individual has good mental health (Lucksted et al., 2011).

Social support is a positive factor in promoting recovery from mental illnesses (Di & Robin, 2004; Dökmen, 2012). For individuals with chronic diseases, their families and relatives constitute the most important component of social support, and similarly, family members and psychosocial factors are the most significant factors affecting the mental well-being of patients. The negative interaction between patients and family members results in patients being more prone to relapse and more likely to exhibit symptoms of their illness. In turn, patients' increased symptoms lead to increased negativity among family members, thus creating a vicious circle (Yıldırım & Ekinci, 2010). To prevent this cycle, it has been found that a psycho-education program for family members can diminish the stigma of patients and family members and facilitate patient integration into society (Yang et al., 2014).

It has been suggested that individuals who receive adequate support from their families and partners have increased self-esteem and develop a more positive self-assessment (Camp, Finlay, & Lyons, 2002; Taşkın, 2007). In contrast, individuals who are inadequately supported by their families/partners have been reported to experience higher levels of perceived stigma and, accordingly, decreased social adaptation and impaired treatment adherence (Boyd-Ritsher & Phelan, 2004; Boyd-Ritsher et al., 2003; Livington & Boyd, 2010; Ünal et al., 2004). Although there are studies on internalized stigma in the literature (Boyd-Ritsher et al., 2003; Çam & Çuhadar, 2011; Yanos et al., 2010), the number of studies investigating the relationship between internalized stigma and family support in mental illness is limited in Turkey. Furthermore, the majority of existing studies are on family functions and family-structure independent variables. This study aims to obtain information from a different culture, concerning the relation between stigmatization, which is a universal truth, and family support. Additionally, this study provides evidence on the factors causing patients with mental illnesses to stigmatize themselves. Therefore, the purpose of this study is to identify the relationship between internalized stigma and its association with perceived family support.

METHOD

Study Design

This study was designed as a descriptive, cross-sectional research to identify the relationship between internalized stigma and family support as perceived by patients hospitalized in an acute psychiatric unit. The study evaluates how patients perceived each variable, and the relation between these variables.

Place and Date of Study

The study was conducted between May and July 2012 and involved patients hospitalized in the acute psychiatric unit of Erenköy Research and Training Hospital for Psychiatric and Neurological Disorders.

Ethical Considerations

The study protocol was approved by the Erenköy Scientific Research Council (ESRC) in February 2012, the Provincial Health Directorate of Istanbul in February 2012, and the Clinical Research Evaluation Committee of Yeditepe University Faculty of Medicine in May 2012, decree no. 198. Before data collection, each patient was informed of the study and an informed consent form was obtained from each patient.

Study Population and Sample

The study population consisted of patients hospitalized in the acute psychiatric unit of Erenköy Research and Training Hospital for Psychiatric and Neurological Disorders. The study sample consisted of 224 patients treated in an acute inpatient psychiatric ward in İstanbul, Turkey. The acute services in which the study was conducted were services admitting patients in a period where patient symptoms are active. It is possible that outpatients may be admitted if there is a need to review the treatment, for close clinical observation and post-observation treatment planning. Average duration of hospitalization in the unit is 25 to 30 days. Patients included in the study are those who have completed the first phase of treatment and maintain insight. The number of patients that complied with the study criteria during the period it was implemented was 237. Two hundred twenty-four patients that met the study criteria constituted the sample group of the study (response rate 94.51%).

The inclusion criteria for this study were as follows. Each patient

- was hospitalized in the acute psychiatric unit,
- exhibited no problems with hearing or understanding,
- had no cognitive dysfunction, and
- gave consent to participate in the study.

Exclusion Criteria

Because the scale used for this study is a self-administered scale, patients with impaired insight for assessing reality were excluded.

Research Questions

1. Is there a relationship between the level of self-stigma of patients in the acute psychiatry ward and family support?
2. What are the variables affecting internalized stigma?
3. What are the variables affecting perceived family support?

Instruments

In this study, we used the following instruments - an information form, developed by the researcher and based on the literature, that included socio-demographic characteristics, the Perceived Social Support