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Unraveling the insight paradox: One-year longitudinal study on the relationships between insight, self-stigma, and life satisfaction among people with schizophrenia spectrum disorders

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ABSTRACT

The promotion of insight among people with schizophrenia spectrum disorders has posed a dilemma to service providers as higher insight has been linked to positive clinical outcomes but negative psychological outcomes. The negative meaning that people attached to the illness (self-stigma content) and the recurrence of such stigmatizing thoughts (self-stigma process) may explain why increased insight is associated with negative outcomes. The present study examined how the presence of high self-stigma content and self-stigma process may contribute to the negative association between insight and life satisfaction. A total of 181 people with schizophrenia spectrum disorders were assessed at baseline. 130 and 110 participants were retained and completed questionnaire at 6-month and 1-year follow-up, respectively. Results showed that baseline insight was associated with lower life satisfaction at 6-month when self-stigma process or self-stigma content was high. Furthermore, baseline insight was predictive of better life satisfaction at 1-year follow-up when self-stigma process was low. Findings suggested that the detrimental effects of insight can be a result from both the presence of cognitive content and habitual process of self-stigma. Future insight promotion interventions should also address self-stigma content and process among people with schizophrenia spectrum disorders so as to maximize the beneficial effects of insight.

1. Introduction

Insight in schizophrenia spectrum disorders is multi-dimensional as it involves people's awareness of their illness and its symptoms, awareness of the consequences of their illness, and the awareness of the achieved effects of medication (Amador et al., 1993). Higher insight has been linked to better treatment adherence, social functioning, and clinical outcomes for people with schizophrenia spectrum disorders (Johnson et al., 2012; Kurtz et al., 2013; Mohamed et al., 2009; van Baars et al., 2013). However, higher insight is also linked to a number of detrimental effects, including reduced self-esteem and quality of life as well as increased self-stigma, hopelessness, and depression (Cooke et al., 2007; Karow and Pajonk, 2006; Lincoln et al., 2007; Mak and Wu, 2006; Misdrahi et al., 2014; Mohamed et al., 2009). The promotion of insight in clinical practice has therefore posed a dilemma, which is described as the "insight paradox" as it is associated with both positive and negative outcomes (Lysaker et al., 2007).

The negative meaning that people attach to mental illness may explain why increased insight is related to negative outcomes. People with mental illness may experience self-stigma, which can be defined as the acknowledgement, self-concurrence, and internalization of the negative stereotypes (cognitive), emotional responses to stigma and prejudice (affective), and behavioral consequences to stigma such as withdrawal (behavioral) that the society had towards them (Mak and Cheung, 2010; Watson et al., 2007). The self-concurrence of stigmatizing thoughts (i.e., people with mental illness are dangerous, unpredictable, and weak) can lead individuals to believe that they are devalued members of the society because of their illness (Corrigan et al., 2005). This may result in reduced self-efficacy and self-esteem that can prevent them from pursuing meaningful life goals (Corrigan et al., 2006, 2009; Mak and Cheung, 2010). When increased insight of one's mental illness is accompanied by self-stigmatization for having the illness, the life satisfaction of people with mental illness may be dampened. Indeed, insight and well-being were negatively related only when perceived negative stereotypes were high among people with schizophrenia (Norman et al., 2011). Moreover, it was found that people with high levels of insight and moderate levels of self-stigma reported significantly less meaning in life (Or et al., 2013), lower self-esteem, and higher

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levels of hopelessness (Lysaker et al., 2007) compared to people with low levels of insight and self-stigma or people with high levels of insight and low levels of self-stigma.

The self-concurrence of stigmatizing thoughts may only partially explain how it affects insight and life satisfaction. While individuals may endorse the content of the stigmatizing thoughts (i.e., self-stigma content), their habitual recurrence of such thoughts (i.e., self-stigma process) may vary. Self-stigma process can be defined as the frequency and automaticity of self-stigmatizing thinking (Chan and Mak, 2017). When self-stigmatizing thinking occurs repetitively, it may become an automatic mental habit that can negatively impact individuals' subjective quality of life. Studies have showed that the habitual recurrence of self-stigma was associated with lower self-esteem, life satisfaction, and personal recovery after controlling for the effect of self-stigma content (Chan and Mak, 2017) and that self-stigma content and process have independent effects on one's life satisfaction (Yang and Mak, 2017). Given the differential and deleterious effects of self-stigma content and process on subjective quality of life, we aimed to unravel the insight paradox by examining the moderating effects of both self-stigma content and process on the relationship between insight and life satisfaction.

Vohs et al. (2016) have also proposed that insight is more than a passive acceptance of the illness; rather, it is an active negotiation of personal meaning that mental illness has on the individuals. Although traditional clinical treatment stresses on the promotion of insight through the acceptance of the illness label, personal recovery emphasizes the meaning and the active process by which people makes sense of their illness. The concept of personal recovery emphasizes that personal recovery is a highly unique and personal process in reclaiming one's autonomy, developing a positive sense of the self, and identifying purpose in life beyond the limitations imposed by the mental illness. Personal recovery recognizing reclamation of one's identity beyond patienthood, embracing one's strengths, and having a sense of personal meaning in one's life are embraced by service users, families and caregivers, and service providers in the recent decade. If increased insight is based on the awareness of the illness label without recognizing one's process in reclaiming a positive sense of the self beyond patienthood, then detrimental effects on one's pursuit of meaningful life goals may result.

In view of the negative consequences that increased insight may bring about, the present study examined prospectively the psychological processes involved in the impact of insight on life satisfaction and findings may provide clarification to the insight paradox. Specifically, we hypothesized that increased insight was associated with lower life satisfaction only when self-stigma content or self-stigma process was high. In other words, we predicted that self-stigma content and self-stigma process would moderate the relationship between insight and life satisfaction. Past studies had shown that the presence of self-stigma could bring forth detrimental effects of insight on various psychosocial outcomes (Cavelti et al., 2012; Staring et al., 2009). However, these studies were mostly cross-sectional and they did not investigate how the process and content of self-stigma may explain independently the insight paradox over time. Although a 1-year longitudinal study was conducted, Cavelti et al. (2014) failed to replicate the findings and suggested that the moderator effect of self-stigma might not hold over time. In addition, similar to past studies, they also focused solely on the content of stigmatizing thoughts in their study. In view of the importance of both self-stigma content and process, as well as the need to investigate their longitudinal effects, the present study investigated the moderating effects of self-stigma process and self-stigma content on the relationship between insight and life satisfaction over one year. As life satisfaction may change in period shorter than one year, both 6-month and 1-year follow-up assessment were conducted to better unravel the longitudinal effects of self-stigma.

2. Method

2.1. Procedures

Participants were recruited from five public specialty outpatient clinics and six mental health service organizations from various districts in Hong Kong. The inclusion criteria were as follows: (1) were 18 years or above; (2) had an ICD-10 diagnosis of schizophrenia, persistent delusional disorder, schizoaffective disorder, other nonorganic psychotic disorders, or unspecified nonorganic psychosis; (3) were ethnic Chinese and; (4) spoke Cantonese; and (5) had sufficient understanding and expressive capacity as evaluated by their service providers. Participants were excluded for the following reasons: (1) had organic brain disorder; (2) had a known history of intellectual disability and; (3) were diagnosed with drug-induced psychosis.

Service providers at each setting briefly introduced the study to individuals who fit the inclusion and exclusion criteria through a flyer. Eligible individuals were directed to the research assistant who explained the purpose of the study to the participants, procedures, data confidentiality and security, participants' rights as well as the incentives of the study. If they were interested to participate, the research assistant conducted informed consent and baseline assessment with the participants. Participants were contacted again six months and one year after baseline for reassessment. Upon completion of each assessment, participants were compensated HKD150 (USD19.3) for the time spent on the assessment, which generally took around 2 h to complete. This compensation scheme is commonly used across academic studies conducted with this population. Given study participation is completely voluntary, there may be a self-selection bias where only interested individuals would participate in the study. The study was approved by the authors' university clinical ethics review committees as well as hospitals' clinical ethics committees.

2.2. Participants

A total of 181 (58.6% female, mean age = 31.67, SD = 11.13) participants were recruited at baseline. 130 (71.8%) and 110 (60.8%) participants completed the 6-month and 1-year follow-up assessment, respectively. Participants who dropped out at 6-month follow-up ($n = 51$) were younger ($t = 2.81$, $p = .01$) and had a longer illness duration ($t = -3.21$, $p < .001$) compared to participants who completed both time points ($n = 130$). Participants who dropped out at 1-year follow-up ($n = 71$) showed no significant baseline difference compared to those who completed both assessments ($n = 110$). The most common reasons for participants to drop out include loss of contact and unwillingness to spend time to conduct the assessment. Table 1 showed a summary of the demographic characteristics of the participants. All demographic information was provided by the participants except their diagnoses. Upon informed consent of the participants, their diagnoses were obtained by their service providers based on clinical records.

2.3. Instruments

2.3.1. Insight

Insight about the current episode of illness was assessed using the abridged Scale to assess Unawareness of Mental Disorder (SUMD) by a trained research staff (Amador et al., 1993). Awareness of mental disorder, awareness of the consequences of mental disorder, and awareness of the effects of medication were assessed. Items were rated on a 3-point Likert scale from 1 (*aware*) to 3 (*severely unaware*), and later reversed with higher scores indicating better insight. SUMD is a widely used insight measure in schizophrenia research. The scale has been validated among people with schizophrenia and satisfactory validity and reliability have been demonstrated (Amador et al., 1994). Its Chinese version has also shown satisfactory psychometric properties among

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