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Original Scientific Paper

INSIGHT AND SELF-STIGMA IN PATIENTS WITH SCHIZOPHRENIA

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SUMMARY – Poor insight and high level of self-stigma are often present among patients with schizophrenia and are related to poorer treatment adherence, poorer social function and rehabilitation, aggressive behavior, higher level of depression, social anxiety, lower quality of life and self-esteem. Reports on a relationship between insight and stigma are controversial. We examined the relationship of the level of insight and self-stigma in a sample of 149 patients with schizophrenia. Insight was measured with the Scale to assess Unawareness of Mental Disorder and self-stigma with the Internalized Stigma of Mental Illness. Results showed 88.6% of the patients to have high or moderate insight, with a mean value of 2.73. General insight showed the highest level (2.58) and insight in positive symptoms the lowest level (2.9). The self-stigma score in general was 2.13, with stereotype endorsement being lowest (1.98). According to study results, 77.1% of patients felt minimal or low self-stigma across all subscales, except for stigma resistance subscale. Statistically significant correlation was found between insight and four subscales of self-stigma, while no correlation was found for the stigma resistance subscale only. These results imply the need of individually tailored antistigma and insight promoting programs for patients with schizophrenia.

Key words: *Schizophrenia; Social stigma; Self concept; Personal satisfaction*

Introduction

Approximately 50%-80% of patients with schizophrenia exhibit poor insight[1,2]. Such a high prevalence is found cross-culturally and during both early and later phases of illness. Lack of insight is highly prevalent even among those whose symptoms are remitting[3]. Despite these facts, it was only in the last two decades that the importance of insight has been highlighted and it is currently viewed as a multidimensional, continuous variable rather than "none-or all" as seen earlier. It includes the awareness of having a mental illness, its consequences, compliance with treatment and ability to label psychotic symptoms as pathological. Lack of insight has been reported to be differently related to various measures of outcome. Research has shown that it is related to poorer treatment adherence, poorer social function, aggressive behavior and rehabilitation. On the other hand, better insight is related to lower self-esteem, lower quality of life and higher level of depression[4].

Explanation for such a contradictory finding could be found in a specific way that the person accepts the "label" of mental illness. This has led us to the concept of self-stigmatization: a person's internalized feeling of stigma coming from acceptance of negative stereotypes and stigmatizing attitudes towards oneself. There is also a possibility of rejecting stigmatizing stereotypes and attitudes, which can result in empowerment with positive impact on outcome. The current model of self-stigma comprises five components: alienation, stereotype endorsement, discrimination experience, social withdrawal and stigma resistance. The prevalence of high self-stigma is about 60% and it is related to higher level of depression, social anxiety, lower quality of life

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and lower self-esteem[5-7]. Due to the high prevalence rates of both poor insight and self-stigma and their impact on outcome, it is important to examine the possible impact on the outcomes of illness.

The aim of the present study was to determine the relationship between the level of insight in illness and self-stigma. We wanted to test a hypothesis that higher insight would be related to a higher level of self-stigma.

Patients and Methods

The recruitment took place at Vrapče University Psychiatric Hospital in Zagreb between September 2012 and November 2014. Patients of both genders, aged 25-45 and diagnosed with schizophrenia were asked to take part in the study during after-care sessions. Exclusion criteria were diagnosis of alcohol or substance dependency, organic syndrome or severe somatic condition. Diagnoses were set by the Diagnostic and Statistical Manual of Mental Disorder IV (DSM IV) criteria. Overall, 149 patients were included in the study. The study was approved by the Hospital Ethics Committee. All participants signed a written informed consent.

General data were collected including age, gender, level of education, marital and employment status, number of previous hospitalizations and duration of illness. Insight was assessed with the Scale to assess Unawareness of Mental Disorder (SUMD), semi structured interview to evaluate global awareness of having a mental disorder, the achieved effects of medication, and social consequences of having a mental disorder, as well as specific insight into the symptoms and their attribution to the mental disorder. These dimensions of insight were rated with regard to the present level of insight on a 5-point Likert scale (1, "aware" to 5, "unaware"), with higher scores indicating poorer awareness. A shorter, 9-item version was used. This version has shown good reliability and validity. It comprises three items for general awareness, three items for positive and three items for negative symptoms[8]. Self-stigma was assessed with the Internalized Stigma of Mental Illness (ISMI). It is a 29-item paper and pencil questionnaire designed to assess subjective experience of stigma. It presents participants with first-person statements and asks them to rate them on a 4-point Likert scale as "Strongly disagree", "Disagree", "Agree" or "Strongly agree" with the statements related to having a mental illness. Items are summed to provide 4 major scale scores: alienation, which reflects feeling devalued as member of the society; stereotype endorsement, which reflects agreement with negative stereotypes of mental illness; discrimination experience, which reflects current mistreatment attributed to the biases of others; and social withdrawal, which reflects avoidance of others because of mental illness. The fifth additional score, stigma resistance, asks about the participant's perceived ability to deflect stigma and is coded reversely[9]. Spearman's correlation coefficient was used to assess correlation between insight and self-stigma. Statistics was done with the SPSS software (SPSS for Windows 20.0, SPSS, Chicago, IL, USA).

Results

In total 149 patients were included in the study, 107 (71.8%) males and 42 (28.2%) females, median age 34 (range 29-42). Medium or high level of education had 86.6% of patients, 85.9% were separated or single. Median duration of illness was 6 years, with 85.9% of patients having been hospitalized for up to five times. Demographic and clinical data are shown in Table 1.

More than 4/5 (88.6%) of all patients had high or moderate insight, with a mean value of 2.73 for total insight. General insight showed the highest level (2.58) and insight in positive symptoms the lowest level (2.9) (Table 2). As shown in Table 3, the level of self-stigma in general was rather low (2.13), with stereotype endorsement showing the lowest result of 1.98. The stigma resistance subscale with the result of 2.37 due to reverse coding actually showed highest stigma. According to the results, almost 2/3 of all patients felt minimal or low self-stigma across all subscales, except for stigma resistance subscale. As shown in Table 4, there was a statistically significant correlation between insight and four subscales of self-stigma, while no correlation was found for the stigma resistance subscale only.

Discussion

Results of the present study showed a relatively high level of insight among patients with schizo-

phrenia. Prior researches usually found 50%-80% of patients to have poor insight into their illness[1]. The possible explanation for this finding is that patients included in this study were interviewed during aftercare sessions when insight is expected to be better. Gerretsen *et al.* report that insight improves during middle life, so it is possible that this had an impact on the level of insight[10]. Insight was lower for positive and negative symptoms compared with total insight and specific insight for effect of treatment, social consequences and illness itself. This can be explained by the fact that patients more easily recognize how something in general is happening with them, realize changes in social functioning and observe the impact of medication prior to defining positive and negative symptoms as part of illness. These results are consistent with the literature[11,12].

Self-stigma measured with ISMI was much lower than reported earlier by Brohan and GAMIAN group (Croatia was included in the study)[13]; none of the patients had ISMI above 3 (strong self-stigma), while only 22.8% reported moderate self-stigma. High and moderate stigma resistance was lower than previously reported (36.1%)[14,15]. The subscale of stereotype endorsement had lowest score, which is in accordance with previous reports (87.3%)[9,14-16]. Alienation subscale showed the highest level of self-stigma, which is important for self-stigma interventions.

Table 1. Sociodemographic and clinical data

N=149	n (%)
Age (yrs); median (IQR)	34 (29-42)
Gender	
Male	107 (71.8)
Female	42 (28.2)
Work status	
Employed/studying	42 (28.2)
Unemployed	55 (36.9)
Retired	52 (34.9)
Level of education	
Elementary school	20 (13.4)
High school	107 (71.8)
University	22 (14.8)
Marital status	
Married	21 (14.1)
Single	68 (45.6)
Separated	60 (40.3)
Duration of illness, median (IQR)	6 (2-12)
Number of hospitalizations	
1-2	68 (45.6)
3-4	31 (20.8)
5-9	29 (19.5)
10+	21 (14.1)

A shown in Table 4, correlation was found between insight and self-stigma, so lower insight was related to lower self-stigma. This finding supports prior reports[4,17]. Stronger correlation was found between self-stigma**,** general insight and insight into positive symptoms. The latter two strongly correlated to the subscale of alienation and discrimination experience. These results can be explained by better understanding of schizophrenia stigma. The name of illness and positive symptoms are the most stigmatizing features of schizophrenia. The name of illness is stigmatizing by itself and public picture of patients with schizophrenia is someone with positive symptoms such as hallucinations, delusions, grandiosity, while lay people rarely notice negative or cognitive symptoms as part of schizophrenia. Since self-stigma results from internalization of widespread, negative attitudes and prejudice about people with mental illness, it is reasonable to expect higher self-stigma for these two features of schizophrenia. Insight into negative symptoms strongly correlated to the subscale of social withdrawal and stereotype endorsement, with modest correlation for all subscales. According to earlier reports, the presence of negative symptoms in post-acute phase raises self-stigma. Since patients included in this research were post-acute, this can explain this correlation[17,18]. There was no correlation between stigma resistance subscale and insight, which implies that this subscale is related to some other variables yet to be determined[19,20].

There were several limitations to the study important to consider. Due to the cross-sectional design of the study, we cannot draw definitive conclusions regarding causality. The majority of study patients were male and their age range was 25 to 45 years. Self-stigma was measured by the self-rating scale and all patients were enrolled in psychiatric treatment. Different relationships could be found in younger or older

Table 2. Distribution on the Scale to assess Unawareness of Mental Disorder (SUMD)

	Mean	SD	High insight >3 n (%)	Moderate insight 3-4 n (%)	Low insight 4+ n (%)
Total insight	2.73	1.08	82 (55.3)	50 (33.3)	17 (11.4)
General insight	2.58	1.05	55 (36.9)	83 (55.7)	11 (7.3)
Insight into positive symptoms	2.9	1.11	86 (57.7)	36 (24.1)	27 (18.1)
Insight into negative symptoms	2.84	1.07	82 (55.03)	43 (28.8)	24 (16.1)

Table 3. Distribution of the Internalized Stigma of Mental Illness (ISMI)

	Mean	SD	Minimal >2 n (%)	Low 2-2.5 n (%)	Moderate 2.5-3 n (%)	Strong 3+ n (%)
ISMI	2.13	0.93	60 (40.2)	55 (36.9)	34 (22.8)	0
Alienation	2.23	0.97	69 (46.3)	24 (16.1)	40 (26.8)	16 (10.7)
Stereotype endorsement	1.98	0.88	66 (44.3)	64 (42.9)	16 (10.7)	3 (2.01)
Discrimination experience	2.08	0.9	73 (48.9)	35 (23.5)	33 (22.1)	8 (5.4)
Social withdrawal	2.03	0.9	63 (42.3)	37 (24.8)	37 (24.8)	12 (8.1)
Stigma resistance*	2.37	0.99	51 (34.2)	44 (29.5)	39 (26.2)	15 (10.1)

*coding reversely

Table 4. Correlation between insight and internalized stigma

	Internalized self-stigma					
Insight into	Alienation	Stereotype endorsement	Discrimination experience	Social withdrawal	Stigma resistance	Total
General awareness	-0.33**	-0.24**	-0.29**	-0.28**	0.08	-0.28**
Awareness of positive symptoms	-0.25**	-0.28**	-0.23**	-0.28**	0.13	-0.23**
Awareness of negative symptoms	-0.31**	-0.27**	-0.31**	-0.24**	0.10	-0.28**

*p<0.05; **p<0.01; Spearman's correlation coefficient

persons, or in a predominantly female sample. This could be specifically different among patients who decline regular treatment.

In conclusion, in this study, we determined the level of insight and self-stigma in patients with schizophrenia. To our knowledge, this is the first report on the level of insight in patients from Croatia. The hypothesis that insight and self-stigma are correlated was confirmed. Therefore, it is important to develop and implement tailored interventions to diminish the deleterious impact of self-stigma while improving insight[21].

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Sažetak

UVID I SAMOSTIGMA KOD OBOLJELIH OD SHIZOFRENIJE

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Manjkav uvid i visoka razina samostigme često su prisutni kod oboljelih od shizofrenije, a povezani su sa slabijom suradljivošću, slabijim socijalnim funkcioniranjem, agresivnim ponašanjem, otežanom rehabilitacijom, višom razinom depresivnosti i socijalne tjeskobe, nižom kvalitetom života i manjkom samopouzdanja. Dosadašnja istraživanja utvrdila su kontradiktoran odnos uvida u bolest i samostigme. U ovom istraživanju ispitivali smo razinu uvida, samostigme i njihovu povezanost u uzorku od 149 bolesnika sa shizofrenijom. Prema dobivenim rezultatima, 88,6% bolesnika imalo je visok ili umjeren uvid, sa srednjom vrijednošću od 2.73. Opći uvid pokazao je najvišu razinu, s rezultatom od 2.58, a uvid u pozitivne simptome je bio najniži, s rezultatom od 2.9. Ukupna samostigma bila je 2.13, a prihvaćanje stigme najniže, 1.98. Prema rezultatima, gotovo dvije trećine svih bolesnika osjećali su minimalnu ili nisku samostigmu prema svim podljestvicama, osim u podljestvici otpora stigmatizaciji. Nađena je statistički značajna korelacija između uvida i četiri podljestvice samostigme, a korelacija nije pronađena samo kod podljestvice otpora stigmatizaciji. Ovi rezultati potvrđuju hipotezu i impliciraju potrebu individualnog programa za smanjenje samostigme i promociju uvida za bolesnike sa shizofrenijom.

Ključne riječi: *Shizofrenija; Društvena stigma; Sampoimanje; Osobno zadovoljstvo*