Research Article

Investigation of the Relationship Between Internalized Stigma and Happiness Levels of Individuals Diagnosed with Schizophrenia

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Abstract

AIM: This study aimed to examine the relationship between internalized stigma and happiness levels of individuals diagnosed with schizophrenia.
METHOD: This cross-sectional study was conducted between March and June 2021 with 100 individuals diagnosed with schizophrenia conducted in a Community Mental Health Centre in the Eastern Black Sea region of Turkey. Data were collected using Internalized Stigma of Mental Illness and the Oxford Happiness Questionnaire.
RESULTS: A negative statistically significant relationship was determined between the Internalized Stigma of Mental Illness and Oxford Happiness Questionnaire. In addition, there was a positive correlation between the stigma resistance subdimension of the Internalized Stigma of Mental Illness and Oxford Happiness Questionnaire. The internalized stigma levels of the participating patients accounted for 35.1% of their happiness levels. The stigma resistance subdimension of the Internalized Stigma of Mental Illness scale affected the patients' happiness levels.
CONCLUSION: There was a negative significant relationship between the individuals' internalized stigma and happiness levels. More comprehensive interventions are needed to combat the stigma of mental disorders in Türkiye so that individuals diagnosed with schizophrenia can lead a happy life in society.
Keywords: Happiness, internalized stigma, nursing care, rehabilitation, schizophrenia

Introduction

Stigma is society's tendency to devalue others. It is believed that the stigmatized person or group is different, and because of this difference, more than one negative trait is attributed to the stigmatized individuals (Özçelik & Yıldırım, 2018). Stigma is a universal problem for psychiatric patients, and among people with mental disorders, the ones exposed to stigma most are individuals diagnosed with schizophrenia (Altun & Olçun, 2018). Individuals with a diagnosis of schizophrenia are mostly defined by the society in Türkiye as "unclear what to do," "dangerous," and "people who can harm their environment." Strange behaviours (such as aggression, talking or laughing to oneself) arouse concern in the community and these people are stigmatised and excluded from society as people who cause unrest, disrupt social order and do not create trust(Altun & Olçun, 2018; Çapar & Kavak, 2019). In addition to social stigma, individuals with a diagnosis of schizophrenia may adopt and internalize the stigmatizing attitudes attributed to them by society (Dikeç et al., 2020; Fadipe et al., 2018). Due to internalized stigma, individuals diagnosed with schizophrenia think that other individuals will stigmatize them, and they hesitate to present to a health institution due to the fear of stigmatization; they would often stop the treatment when the treatment is ongoing and thus they cannot maintain their well-being. This adversely affects the patient's disease symptoms and delays recovery and causes harm to the patient and his or her family (Dikeç et al., 2020; Özçelik & Yıldırım, 2018). In national and international studies, internalized stigma levels of individuals diagnosed with schizophrenia are reported to be high (Çapar & Kavak, 2019; Grover et al., 2018; Modi et al., 2018). It is reported that treatment processes, functionality, social relationships, self-esteem, self-efficacy, and hope levels of individuals diagnosed with schizophrenia with a high level of internalized stigma are negatively affected (Olçun & Altun, 2017; Wong et al., 2018; Yildirim & Kavak Budak, 2020; Zhang et al., 2019). These findings suggest that internalized stigma limits the lives of individuals diagnosed with schizophrenia in many ways and prevents them from achieving their life goals, which suggests that internalized stigma may also adversely affect these patients' happiness levels.

In the literature, the concept of happiness is defined as an individual's judging his or her life favorably (Samuelson, 2021). Since happiness affects an individual's whole life, it is considered to play a significant role in his or her mental health. According to the results of several studies, happiness not only improves the

quality of life and treatment compliance of individuals diagnosed with schizophrenia and reduces relapses but also enables them to manage symptoms and to assume responsibility for their lives (Buckland et al., 2013; Eglit et al., 2018). However, studies have also demonstrated that individuals diagnosed with schizophrenia have low levels of happiness (Fervaha et al., 2016; Gutiérrez-Rojas et al., 2021; Saperia et al., 2018). Factors such as negative symptoms, disabilities, depression, stress, pessimism, and hopelessness observed in individuals diagnosed with schizophrenia can be a source of unhappiness for them (Rekhi et al., 2021). It has been reported that unhappy patients have low treatment compliance, functionality and quality of life; therefore, their prognosis is worse. (Gutiérrez-Rojas et al., 2021; Rekhi et al., 2021Şahin & Altun, 2020). Since patients' happiness levels affect many areas in their lives, it is important to find out what factors affect their happiness levels and to plan the treatment by taking these factors into account. When the studies investigating the happiness levels of individuals diagnosed with schizophrenia were examined, it was shown that there are a limited number of studies in the international literature (Fervaha et al., 2016; Saperia et al., 2018) and only one study in the Turkish literature (Şahin & Altun, 2020). In these studies (Fervaha et al., 2016; Saperia et al., 2018), it is reported that the happiness levels of individuals diagnosed with schizophrenia are lower than that of the healthy population and that happiness is affected by increases in disease symptoms, disability, and dependency levels. There is no study examining the relationship between high levels of internalized stigma experienced by individuals with schizophrenia and their happiness levels. Therefore, this study will fill an important gap in the literature and provide data for future studies. In addition, this study is important for nurses who provide care to individuals with schizophrenia in order to shed light on the fight against stigma and to understand its relationship with happiness. It is thought that the happiness levels of patients who are offered interventions to combat stigma may increase, contribute positively to their disease processes, life satisfaction, and quality of life, and reduce their risky behaviors (such as self-harm and suicidal behavior). This study aimed to investigate the relationship between internalized stigma and happiness levels of individuals diagnosed with schizophrenia.

Research Questions
1. What is the internalized stigma level of individuals diagnosed with schizophrenia?
2. What is the happiness level of individuals diagnosed with schizophrenia?
3. What is the relationship between internalized stigma and happiness levels of individuals diagnosed with schizophrenia?

Method

Design
This is a cross-sectional and descriptive study.

Sample
The population of the study included 500 individuals diagnosed according to *DSM-5* (*Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition) with schizophrenia and follow-up by a Community Mental Health Center (CMHC) located in the Black Sea region of Türkiye. The study was conducted between March and June 2021. Since the study's data collection process was at the peak of the coronavirus disease 2019 (COVID-19) pandemic, patients were hesitant to come to the CMHC during this period. Therefore, the population of the study consisted of 116 individuals who regularly attended CMHC between the data collection dates. . The sample size calculated using the sample size formula in a known population was determined as 90 individuals with a 95% CI and a 5% margin of error. This represents the minimum number of individuals to be included in the sample. However, 16 individuals who did not agree to participate in the study were excluded from the study, and the study was completed with 100 individuals diagnosed with schizophrenia.

Inclusion criteria were patients not being in the acute attack period, having no other serious mental disorder or substance use (verified in collaboration with a psychiatrist), visiting the CMHC regularly, and agreeing to their own or their guardian's participation in the research.

Exclusion criteria were patients being in an acute phase, having another serious mental disorder or substance use (confirmed in collaboration with a psychiatrist), not visiting the CMHC regularly, and refusing to their own or their guardian's participation in the study.

Data Collection
Study data were collected by complying with the COVID-19 measures from the participating patients by the researcher through face-to-face interviews between March and June 2021. Before starting to fill out the forms, all patients were informed about the study, and those who volunteered to participate in the research were asked to fill in the scales. In addition, patients were informed that their data would be kept confidential.

Data Collection Tools
Data were collected using the Information Form, Internalized Stigma of Mental Illness (ISMI) scale, and Oxford Happiness Questionnaire—Short Form (OHQ).

Information Form
The form consisted of 10 items questioning the participants' sociodemographic characteristics such as sex, age, marital status, educational status, economic status, disease duration, and family history of mental illness.

Internalized Stigma of Mental Illness Scale
There are 29 items in the scale developed by Ritsher et al. (2003) to determine internalized stigma levels of patients with mental illnesses. The Turkish validity and reliability study of the ISMI scale was performed by Ersoy and Varan (2007). It is a four-point Likert-type scale ranging from 1 (strongly disagree) to 4 (strongly agree). The scale has five subdimensions: Stereotype Endorsement, Alienation, Social Withdrawal, Perceived Discrimination, and Stigma Resistance. The minimum and maximum possible scores to be obtained from the overall scale are 29 and 116, respectively. The higher the score, the higher the patient's internalized stigma. While the Cronbach's alpha value of the ISMI scale was .93 in Ersoy and Varan's study, it was .87 for the overall ISMI and ranged between .60 and .74 for its subscales in the present study.

Oxford Happiness Questionnaire—Short Form

It was developed by Hills and Argyle (2002) to determine the happiness levels of individuals. This version consists of eight items and is a 6-point Likert type. Doğan and Akıncı Çötok (2016) who conducted the Turkish validity and reliability study of the OHQ reduced the number of items to seven. It is a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). The minimum and maximum possible scores to be obtained from the overall scale are 7 and 35, respectively. The higher the score, the higher the person's level of happiness. The Cronbach's alpha value of the overall OHQ was 0.85 in Doğan and Akıncı Çötok's study and 0.76 in the present study. This Cronbach's alpha value shows that this scale can be used in this study.

Statistical Analysis

Data were evaluated using IBM Statistical Package for the Social Sciences Statistics for Windows, Version 22.0 0 (IBM SPSS Corp.; Armonk, NY, USA) software. For the normal distribution of the data in the study, it was accepted as normal that the skewness and kurtosis values in the literature were between +2 and –2 (George & Mallery, 2010). Descriptive data were analyzed using number, percentage, arithmetic mean, and standard deviation. Multiple linear regression and Pearson's correlation analysis were used to examine the relationship between the scales. P-values less than .05 were considered statistically significant.

Ethical Considerations

This study was conducted in compliance with the principles of the Helsinki Declaration. Before the study was conducted, the ethics committee approval was obtained from the Scientific Research and Publication Ethics Committee of Muş Alparslan University (No. 5486 and dated March 3, 2021), and institutional permission was obtained from the CMHC . After the patients were informed verbally and in writing about the study, their written consent was obtained.

Results

Of the participants, 73% were male, 46% were in the age group of 40–50 years, 65% were single, 45% were primary school graduates, 76% were unemployed, 92% lived with their families, and 54% had a family history of mental disorder. The mean year of diagnosis of the disease was 15.69 ± 9.72 years. The mean duration of receiving health service from the CMHC was 6.94 ± 2.42 years (Table 1).

The patients' mean ISMI total scores were 60.25 ± 8.90. The averages of the subdimensions were as follows: Alienation subdimension, 14.03 ± 2.96; Stereotype Endorsement subdimension, 16.10 ± 2.71; Perceived Discrimination subdimension, 12.15 ± 2.35; Social Withdrawal subdimension, 14.67 ± 2.52; and Stigma Resistance subdimension, 11.41 ± 2.17. The patients' mean OHQ total scores were 23.96 ± 4.19 (Table 2).

The correlation analysis demonstrated that there was a moderately significant negative correlation between the mean OHQ score and the ISMI subdimension Alienation ($r = -.420$; $p < .001$). The analysis demonstrated that there was a negative and significant weak correlation between the Stereotype Endorsement,

Table 1.
Sociodemographic Characteristics of the Patients (n = 100)

Characteristic	X ± SD	Minimum–Maximum
Age (years)	40.32 ± 9.53	21–62
Disease duration (years)	15.69 ± 9.72	2–39
Year of receiving service from CMHC	6.94 ± 2.42	2–10
	Number	**%**
Gender		
Female	27	27.0
Male	73	**73.0**
Marital status		
Married	35	35.0
Single	65	**65.0**
Educational status		
Illiterate	45	**45.0**
Primary/secondary	12	12.0
High school	28	28.0
University	15	15.0
Employment status		
Working	24	24.0
Not working	76	**76.0**
Economic status		
Very high	2	2.0
High	25	25.0
Middle	36	**36.0**
Low	37	37.0
People living together		
Alone	4	4.0
Family	92	**92.0**
Other (caregiver, relative, etc.)	4	4.0
Family history of mental disorder		
Yes	54	**54.0**
No	46	46.0
Disease duration (years)		
0–5 years	8	8.0
6–10 years	22	22.0
11–20 years	48	**48.0**
21 years+	22	22.0

Note: CMHC = Community Mental Health Center; SD = Standard deviation; X = Mean.
Bold indicates the highest percentage values.

Perceived Discrimination, and Social Withdrawal subdimensions and the OHQ ($p < .001$), and a positive and moderate correlation between the Stigma Resistance subdimension and OHQ

Table 2.
Mean ISMI and OHQ Scores of the Patients

Scales		Obtainable Minimum–Maximum Points	Obtained Minimum–Maximum Points	X ± SD
ISMI	Alienation	6–24	7–21	14.03 ± 2.96
	Stereotype endorsement	7–28	10–22	16.10 ± 2.71
	Perceived discrimination	5–20	7–18	12.15 ± 2.35
	Social withdrawal	6–24	6–21	14.67 ± 2.52
	Stigma resistance	5–20	5–16	11.41 ± 2.17
	Total	29–116	44–86	60.25 ± 8.90
OHQ	Total	7–35	9–34	23.96 ± 4.19

Note: ISMI = Internalized Stigma of Mental Illness scale; OHQ = Oxford Happiness Questionnaire; X = Mean; SD = Standard deviation.

($r = .457$; $p < .001$). In addition, the same analysis demonstrated that there was a moderately significant negative correlation between the mean scores obtained from the overall ISMI scale and OHQ ($p < .001$). While the internalized stigma levels of the participating patients accounted for 35.1% of their happiness levels ($R^2 = .351$; $p < .001$), the subdimension with the greatest and positive effect rate on the happiness levels was the Stigma Resistance subdimension of the ISMI scale ($B = .663$; $p < .001$) (Table 3).

Discussion

Being diagnosed with a severe mental disorder such as schizophrenia is a very difficult situation for the individual and his/her family. Considering that these individuals are ostracized by society and stigmatized with concepts such as being dangerous, the life of the individual and his/her family becomes even more difficult. The issue of stigmatization is an even bigger problem for individuals with schizophrenia, so it needs to be examined carefully, and the impact it has on the lives of individuals with schizophrenia needs to be investigated. The mean internalized stigma score of the individuals diagnosed with schizophrenia who participated in this study was found to be 60.25 (8.90), which is lower than that reported in other studies. In studies conducted in Türkiye , the mean internalized stigma scores of individuals diagnosed with schizophrenia were 72.78

± 16.05 (Olçun & Altun, 2017), 76.12 ± 17.15 (Özçelik & Yıldırım, 2018), 80.31 ± 10.94 (Çapar & Kavak, 2019), and 79.65 ± 13.48 (Yildirim & Kavak Budak, 2020). When international studies are examined, it can be said that individuals diagnosed with schizophrenia have lower levels of internalized stigma. In a study conducted in China (Kim & Jang, 2019), the mean internalized stigma score was found to be 62.33 ± 14.46; it can be said to be at a similar level reported in this study. In a study conducted in Nigeria (Fadipe et al., 2018), 16.7% of individuals diagnosed with schizophrenia experienced high levels of internalized stigma, while in another study conducted in China (Hsiao et al., 2022), 41.6% of individuals diagnosed with schizophrenia experienced high levels of internalized stigma. Considering the results of the studies, it can be said that the difference between the levels of internalized stigma varies depending on the culture and mental health services. As a result of the studies (Çapar & Kavak, 2019; Hsiao et al., 2022; Yildirim & Kavak Budak, 2020), it is seen that individuals diagnosed with schizophrenia are more disadvantaged in terms of stigmatisation and it is understood that more interventions should be made towards stigma in Türkiye. In addition, compared to previous studies conducted in Türkiye, the level of internalized stigma was found to be lower in this study. The reason for this can be the regular and long-term continuation of the patients in their visits to the CMHC. This shows that CMHCs have an important place in the rehabilitation of individuals diagnosed with schizophrenia and that

Table 3.
The Scales of ISMI and OHQ with Regression Analysis and Correlation

Scales ISMI	OHQ				
	Regression			Correlation	
	B	SE	t	r	p
Alienation	.024	.468	0.052	−.420	**<.001**
Stereotype endorsement	.614	.394	1.683	−.229	**<.05**
Perceived discrimination	−.057	.350	−.162	−.253	**<.05**
Social withdrawal	.061	.481	0.127	−.370	**<.001**
Stigma resistance	.663	.340	1.948	.457	**<.001**
Total	−.324	.407	−0.794	−.455	**<.001**

Note: $R^2 = .351$; F = 8.359; Durbin–Watson = 1.936; $p < .001$. Dependent variable = OHQ. ISMI = Internalized Stigma of Mental Illness Scale; OHQ = Oxford Happiness Questionnaire; r = Pearson's correlation. Bold indicates statistically significant value.

more such places should be set up to fight stigma, and that more comprehensive rehabilitation studies should be carried out in these centers. In addition to these, as a result of relapses, loss of talent, and negative words and behaviors of the society toward these patients, patients' stigmatization levels may increase both individually and in terms of the society. Therefore, by planning educational interventions involving the community, patients, and their families, the community's mental health literacy can be increased and the perspective of individuals with mental disorders can be changed (Çapar & Kavak, 2019).

One of the important concepts in the lives of individuals diagnosed with schizophrenia is happiness, and studies show that the happiness levels of individuals diagnosed with schizophrenia are lower than that of the healthy population (Fervaha et al., 2016; Gutiérrez-Rojas et al., 2021; Saperia et al., 2018). In this study, the mean happiness score of individuals diagnosed with schizophrenia was 23.9 ± 4.19, whereas in another study conducted in Türkiye , the mean happiness score of individuals was 20.01 ± 4.18. In Palmer et al.'s study (2014), the happiness levels of individuals diagnosed with schizophrenia were moderate, and negative symptoms, depression, and disability were the factors that reduced their happiness levels. This difference in the results of the studies is thought to result from the differences between the services offered to the patients and the living conditions in the countries where the studies were conducted. Rehabilitation services, good living conditions, and work opportunities provided for individuals diagnosed with schizophrenia by countries will enable them to be more independent, stay in the community, and thus be happier. In addition, as stated in various studies, factors such as the severity of psychotic symptoms, lack of social support, depression, and disability seem to affect patients' happiness levels. Although the happiness levels of the individuals participating in this study were found to be similar to that reported for other studies, the data collection time of the study coincided with the peak of the COVID-19 pandemic, and it is thought that this may have affected the happiness levels of the individuals. Considering such factors in nursing care, attempts aimed at increasing the happiness and comfort levels of patients should be implemented.

In this study, a significant negative correlation was determined between the level of happiness and the level of internalized stigma in individuals diagnosed with schizophrenia. In addition, the internalized stigma levels of the patients accounted for their happiness levels by 35.1%. In their study, Perez Garin et al. (2015) reported that there was a negative and significant relationship between patients' internalized stigma and well-being levels. The results of Magallares et al.'s (2016), and Thoits and Link's (2016) studies indicated that the level of well-being decreased as the level of internalized stigma increased. The concepts of happiness and well-being are close to each other, with the terms even being used interchangeably (Şahin & Altun, 2020). However, while there are limited studies on this subject internationally, no study has been reported in Türkiye, that examines how internalized stigma affects the happiness or well-being of individuals. At this point, this study adds an important finding to the literature, and the results obtained in this study are consistent with those obtained in international studies. The burden of stigma on the patient is one of the biggest barriers to the treatment of the disease and life quality. It is reported that patients with high levels of internalized stigma live in isolation, the duration of illness is prolonged, the number of hospitalizations increases, and positive emotions such as hope decrease (Dikec et al., 2020). In the present study, it was observed that stigma, which led to negativities in people's lives, also reduced their happiness levels.

In this study, a positive and significant relationship was determined between the Stigma Resistance subdimension of the ISMI scale and happiness. In addition, in the regression analysis, it was determined that the subdimension with the greatest positive effect on the patients' happiness levels was the Stigma Resistance subdimension. In a study conducted by Thoits and Link (2016), individuals diagnosed with schizophrenia with high levels of stigma resistance had a better quality of life and psychological well-being. In Olçun and Altun's study (2017), the hope levels of individuals diagnosed with schizophrenia increased as their stigma resistance levels increased. Stigma resistance emerges as an important factor in the fight against internalized stigma in psychiatric patients (Olçun & Altun, 2017). Patients' developing stigma resistance will be an important source of strength to cope with the disease and of hope and happiness for them (Hofer et al., 2016). Accordingly, the findings of this study showed that increasing stigma resistance is effective in combating stigma and creating positive emotions in individuals' lives. It can be said that individuals diagnosed with schizophrenia who can resist stigma are happier because they lead a life without the negative effects of stigma.

Study Limitations
One of the limitations of the study is that the patients were selected from the population using the nonprobability accidental sampling method. Thus, the results of the study are applicable only to the patients surveyed and they cannot be generalized to all individuals diagnosed with schizophrenia. The most important limitation is that the time of data collection coincided with the peak period of the COVID-19 pandemic, and during this period, patients did not come out to public and closed areas such as the CMHC. This is thought to affect the sample of the study and the happiness levels of the patients. Moreover, the measurements obtained from the study were limited to the scales used and the participants' self-reports.

Conclusion and Recommendations

In this study, it was found that there was a significant negative relationship between internalized stigma and happiness levels of individuals diagnosed with schizophrenia and a significant positive relationship between resistance to stigma and happiness levels. These data indicate that more comprehensive and effective interventions should be implemented within the scope of combating stigma and increasing happiness in Türkiye. In order to eliminate false attitudes and beliefs, it may be recommended to provide training to the patient, family, and society about coping with mental disorders and to increase the mental health literacy rates of the society. The power of the media can be used positively and society can be informed, and it can be shown that individuals with mental disorders can exist in society like other people. In the international literature, it has been

observed that there are programs prepared in the light of cognitive behavioural therapy school such as "Coping Internalized Stigma Program" (PAREI) (Díaz-Mandado & Perianez, 2022), Narrative Enhancement and Cognitive Therapy (NECT), Ending Self-Stigma (ESS), Self-stigma Reduction Program (Jagan et al., 2023) Especially psychiatric nurses, who spend the most time with patients in the clinic, can take an active role in combating stigma and increasing happiness by using these programs and publishing the results of these intervention studies. In addition to these, enacting the "Mental Health Law" as soon as possible will be one of the most effective methods to reduce the stigmatization of mental disorders. Since internalised stigma and happiness levels of individuals diagnosed with schizophrenia were found to be related, it is thought that all these interventions will also increase the happiness levels of individuals.

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