Original Article

Self Stigma among People with Bipolar-I Disorder in Iran

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Objectives: Psychiatric stigma refers to systemic and internalized stereotypical negative attitudes against individual with mental illness. This article describes the level of self stigma, stereotype endorsement and perceived discrimination experienced by patients with Bipolar- I disorder in Tehran.

Methods: Data were collected from a total of 126 patients with Bipolar-- I disorder who responded to acute phase treatment using the Internalized Stigma of Mental Illness scale. The ISMI scale has five **subscales:** Alienation, Stereotype Endorsement, Perceived Discrimination, Social Withdrawal and Stigma Resistance.

Results: In this study 26.7% of participants reported moderate to high levels of self stigma, 57.49% moderate to high levels of stigma resistance and 18.3% moderate to high levels of Perceived discrimination.

Discussion: The results suggest that, self stigma appears in over one fifth of individuals with Bipolar-- I disorder in Iran. The symptoms of Bipolar-- I disorder have profound impacts on the quality of life of affected patients. Psychosocial functioning and self-esteem is impaired in people with Bipolar-- I disorder. Interventions are required to reduce the negative effects of internalized stigma in this group.

Keywords: self stigma, Bipolar-- I disorder, stereotype endorsement, perceived discrimination

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Introduction

Self-stigma is defined as a devaluation of the self by internalizing negative stereotypes they attribute to themselves or/and attributed to them from external sources (1,2). Researchers suggest that stigma of mental illness can impair treatment utilization in two ways: Through perceived public stigma and internalized stigma. These two constructs, public and internalized stigma, are manifest differently within individuals, but they clearly influence each other in their impact on the stigmatized individual. If an individual with mental illness perceives public stigma to be high, they may be more likely to internalize these negative stereotypes than if they perceive public stigma about mental illness to be low (2-5). Dealing with stigma is the first step in treatment and prevention of mental illness. There has been a strong focus on combating stigma from national and international psychiatric organizations, community leaders, mental health professionals and advocacy groups. Despite volumes of literature on stigma it is not completely understood and making specific standardized intervention is difficult to implement (6,7). The basic requirement for dealing with an individual's stigma perception/experience is its proper assessment for origin and impact, of stigma, in both a qualitative and quantitative manner.(8) Quantification would allow its regular assessment and offer more effective intervention for patients. The objective of quantification is to facilitate the development of an approach to bring assessment of stigma in clinical work and formulate customized strategies to deal with stigma at patient level (9-11). There are a number of scales measuring the subjective experience of stigma and discrimination (12) with the internalized stigma of Mental Illness Scale being one of the most comprehensive and recent. The measure of

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internalized stigma developed by Rishter and coworkers (2003) is based on the idea that stigma associated with illness is caused by the perception of a difference or deviance ,which is negatively perceived not only by people and society around the person, but also by the persons themselves. Internalized stigma is the devaluation, shame, secrecy and withdrawal triggered by applying negative stereotypes to oneself (13). The Internalized Stigma of Mental Illness scale has been used in a number of studies (14,15).

Bipolar-I disorder is a mental illness defined as having episodes of mania and major depression. Bipolar-I disorder tend to have multiple relapses and long courses with inter-episode residual symptoms. The symptoms of this disorder have profound effects on the quality of life of affected patients and their families. Bipolar-I disorder is associated with impairments in psychosocial functioning and self-esteem. People with Bipolar- I disorder are at greater risk of attempting suicide (16). There is little information on the degree to which self-stigma is experienced by individuals with a diagnosis of Bipolar disorder in nonwestern countries especially in Iran.

The aims of this study were: 1) assess the level of self-stigma, stigma resistance and perceived discrimination in remitted patients diagnosed as Bipolar disorder, 2) determine socio- demographic characteristics of these patients. This could enhance our knowledge about the effect of Iranian culture in developing of stigma and show the importance of client-centered anti stigma programs as a target of treatment in patients diagnosed as Bipolar disorder.

Methods

Study had a cross sectional design and participants were collected on a convenience sample basis (n=126) from inpatients at the Razi Mental Hospital, in the south of Tehran, Iran. The participants in this study included subjects who met diagnostic criteria of Bipolar- I disorder according to DSM-TR. The study sample were those patients with acute admission based upon a mood or behavior disturbance related to principal diagnosis of Bipolar-I disorder. Participants who responded to acute-phase treatment completed the questionnaire. Data were collected by the first and second authors who guided the patients to understand the questions. Study approval was obtained from the research ethics committee the University of Welfare and Rehabilitation. A written informed consent was obtained from participants prior to the initiation of study procedures.

The Internalized Stigma of Mental Scale (ISMI) which is a 29 item scale that assesses self-stigma was used. Twenty nine items are grouped into five subscales: Alienation, Stereotype Endorsement, Perceived Discrimination, Social Withdrawal and Stigma Resistance. The Alienation subscale composed of six items which measures the subjective experience of being less than a full member of society. The Stereotype Endorsement subscale composed of seven items measures the degree to which respondents agreed with common stereotypes about people with a mental illness. The Discrimination Experience Subscale composed of five items, measures responders perceptions of the way they tend to be treated by others.

The social Withdrawal Subscale composed of six items ,measures aspects of social withdrawal .The stigma resistance Subscale composed of five items, measures a person´s ability to resist or be unaffected by internalized stigma. All items are scored on a 4-point likert scale with possible ranging from 1-4 (1=strongly disagree to 4= strongly agree). The four categories that we used were: <2 minimal stigma,2-2.5 low stigma ,2.5-3 moderate stigma and 3+ high stigma (17). Psychiatrists with good knowledge of English as second language translated the scale into Farsi and back translated it into English. The internal consistency in the pilot test consists of 35 individuals to determine the feasibility and reliability of the Farsi version (Cronbach´s alpha), was 0.85. Table (1) presents the Cronbach´s alpha values for the subscales for the current and European study. The internal consistency for full subscales was 0.93.

Table 1. Psychometric data for ISMI Scale (Cronbach´s alpha)

ISMI Subscales	Original English version n=127	European version n=1182	Farsi version N=120
Alienation	0.84	0.83	0.84
Stereotype endorsement	0.71	0.81	0.76
Discrimination experience	0.87	0.83	0.82
Social withdrawal	0.85	0.85	0.78
Stigma resistance	0.63	0.59	0.73

Results

Table (2) summarizes the socio-clinical characteristics of study subjects. All participants were male. Ages ranged from 20 to 60. The majority of subjects were between 31 to 40 years old. The age at first treatment for mental health problem in 55% of patients was 21-30 years old. Only 4.16% had university education but majority of subjects had secondary school education. Approximately three fourth of them were unemployed. Nearly half of participants were married and living with a spouse.

Table2. Sociodemographic Characteristics of Participant

Gender	% (n)
• Male	100 (120)
Age Range	
• 10-20	0(0)
• 21-30	30(36)
• 31-40	38.33(46)
• 41-50	25(30)
• 51-60	6.66(8)
Age treatment started	
• 10-20	32.5(39)
• 21-30	55(60)
• 31-40	8.33(10)
• 41-50	4.16(5)
• 51-60	0(0)
Marital Status	
• Married	49.16(59)
• Single	30.83(37)
• Seperated	20(24)
Highest level of Education	
• Primary	35.83(43)
• Secondary	53.33(64)
• High School Diploma	6.66(8)
• University	4.16(5)
Occupation	
• Employed	74.16(89)
• Unemployed	25.83(31)

Table (3) presents the Cronbach´s alpha values for the ISMI Farsi subscales together with similar results from a European study. The internal consistency for the 24-item ISMI was α=0.73.The values of other subscales were: alienation (α=0.76), perceived discrimination (α=0.82), social withdrawal (α=0.78).

Table 3. Comparison of Internalized Stigma of Bipolar- I disorder Subscales in Tehran and Europe

ISMI Subscale	Tehran (n=120) Mean (SD)	Europe (n=1182)* Mean (SD)
Alienation	2.41(1.12)	2.22(1.09)
Stereotype endorsement	2.08(1.04)	1.59(0.78)
Discrimination experience	1.74(0.88)	1.91(0.96)
Social withdrawal	2.01(0.90)	1.98(1.00)
Stigma resistance	2.76(0.98)	2.81(0.98)

* Data from (Brohen et al)

Table (4) presents the results of grouping ISMI, SR and subscales scores regarding the minimal, low, moderate and high categories. On the Alienation subscale 49.9%, on the Stereotype endorsement subscale 31.66% of the scores, on the Perceived discrimination subscale 18.3% of the scores and on the Social withdrawal subscale 33.32% of the scores were in the moderate or high category. About twenty six percent of the self-stigma scores placed in the moderate or high category. About fifty seven percent of stigma resistance scores were in the moderate or high category.

Table 4. Distribution of ISMI Scores

	N	Mean	SD	Minimal > 2 N%	Low 2 - 2.5 N%	Moderate 2.5-3 N%	High 3+ N%
ISMI (exclude SR)	116	1.90	0.87	46 39.65	39 33.62	27 23.27	4 3.44
Alienation	120	2.41	1.12	36 30	24 20	34 28.3	26 21.6
Stereotype Endorsement	119	2.08	1.04	44 36.6	37 30.8	22 18.33	16 13.33
Discrimination Experience	120	1.74	0.88	60 50	38 31.6	15 12.5	7 5.83
Social withdrawal	117	2.01	0.90	42 35.89	36 30.76	34 29.05	5 4.27
Stigma resistance	120	2.76	0.98	12 10	39 32.5	34 28.33	35 29.16

Discussion

It seems that despite increasing studies about self-stigma in patients with schizophrenia, little researches have done to evaluate internalized stigma in subjects with Bipolar- I disorder. This study examined the degree to which hospitalized patients with a diagnosis of Bipolar- I disorder report self-stigma in Iran. In this study, 26.7% of subjects reported moderate to high degrees of self-stigma. Comparing our results with those of Brohan et al. (2010) study who evaluated the internalized stigma of Mental Illness Scale in 13 European countries , the degree of self-stigma were high in Iran (18).

Many subjects who reported the public negative attitudes toward themselves (perceived stigma) applied them (self-stigma) in Iran. A possible explanation for experiencing higher self-stigma in this study may relate to demographic characteristics of our sample including for example low degree of education and unemployment of our study participants in comparison to the European study subjects which may explain this difference .High university education may protect people not to apply the devaluing judgments to them. More studies in the future will help to find the contributing factors in accepting diminished expectation and experiencing self-stigma. In this study in comparison between 4 subscales of ISMI, Alienation subscale had the highest scores (49.9%) and the next were Social withdrawal (33.32%) and Stereotype endorsement (31.66%) subscales. These results are similar to the results of European research (19). In the Ghanean et.al study examining Internalized stigma of mental illness in Tehran, Iran, 39% of subjects reported moderate to high levels of self-stigma which is higher than our results in this study (20). In the Ghanean et.al study mentally ill patients with different diagnose (schizophrenia spectrum, Bipolar-spectrum and depression disorders) participated in the research and the difference in results suggests that patients with schizophrenia may report greater degree of self-stigma than patients with Bipolar-disorder. This finding requires further study with a larger sample in the future to confirm. Hospitalized patients may represent more severely ill population. The current samples as they were all male, are not representative of all subjects diagnosed Bipolar- I Disorder. Regarding data collection, the first and second authors read the questions in the questionnaire and if necessary, explained them to the patients. However, this helped the patients and did not guide them into the special answers. The benefits of applying a narrative approach (21). To cross-cultural validation of stigma scales has previously been demonstrated.

Conclusion

The findings show that internalized stigma is not rare among people with Bipolar- I disorder in Iran. Thus it is important to evaluate its impact on the life of patients with Bipolar- I disorder. The association between high degree of self-stigma, low education and unemployment in patients requires attempt to reduce the effects of these factors which may have a role in enhancing self-stigma.

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