

# Associations of metacognition and internalized stigma with quantitative assessments of self-experience in narratives of schizophrenia

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## Abstract

Observations that diminishment of self-experience is commonly observed in schizophrenia have led to the suggestion that the deepening of self-experience may be an important domain of recovery. In this study we examined whether internalized stigma and deficits in metacognition are possible barriers to the development of richer self-experience. Narratives of self and illness were obtained using a semi-structured interview from 51 persons with schizophrenia spectrum disorder before entry into a rehabilitation research program. The quality of self-experience within those narratives was rated using the Scale to Assess Narrative Development (STAND). These scores were then correlated with concurrent assessments of stigma using the Internalized Stigma of Mental Illness Scale (ISMIS) and metacognition using the Metacognition Assessment Scale (MAS). A stepwise multiple regression controlling for age, social desirability and awareness of illness revealed that higher STAND ratings were significantly associated with greater ratings of metacognitive capacity and lesser ratings of stereotype endorsement. Results suggest that qualities of self-experience expressed within personal narratives of schizophrenia may be affected by internalized stigma and deficits in the capacity to think about one's own thinking and the thinking of others.

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## 1. Introduction

Evidence has steadily accumulated over the last 30 years that many people with schizophrenia spectrum disorders achieve partial or full recovery (Corrigan, 2003; Harding et al., 1992; Roe, 2001; Spaniol et al., 2002;

Whitehorn et al., 2002). Resnick and colleagues (2004) have proposed that such recovery consists of changes in at least two different domains: an objective domain that involves the absence of features of illness (e.g. symptoms) and a subjective one that involves satisfaction with one's life and a hopeful sense of the future.

### 1.1. Sense of self and recovery from schizophrenia

Recently we have suggested that, for many, the subjective domain of recovery may also include changes

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in the quality of how persons experience themselves, that is, in the degree to which they coherently and meaningfully experience themselves as unique individuals with a sense of purpose and value (Lysaker and Buck, 2006; Lysaker et al., 2006a,b). From many perspectives, schizophrenia has been linked to a diminished sense of oneself as a being in the world (Bleuler, 1911/1950; Roe and Ben-Yishai, 1999; Jacobson, 2002; Davidson, 2003; Stenghellini, 2004). Schizophrenia has been associated, for instance, with difficulties constructing a coherent narrative of one's life, one that links the past and present (Holma and Aaltonen, 1997; Young and Ensign, 1999; Lysaker and Lysaker, 2002; Gallagher, 2003) and portrays meaningful connections between oneself and others (Lysaker et al., 2003c; Roe et al., 2004; Horowitz, 2006). Thus, if being ill entails having an impoverished sense of oneself, we have suggested that becoming well may require a person to recapture a fuller sense of who he or she is in the world. This seems consistent with observations that with mastery of life tasks, sense of self may deepen (Bebout and Harris, 1995; Davidson, 2003) and that an enriched sense of self may pave the way for taking needed action (Roe, 2001; Lysaker et al., 2003b).

If self-experience is a crucial domain of recovery, however, it may be important to understand the phenomena that affect it. What forces contribute to and sustain a diminished sense of self in schizophrenia? What are the concrete barriers to recovery in this domain? An understanding of what sustains or diminishes self-experience could have critical implications for models of wellness as well as for developing treatments.

### *1.2. Two factors that may contribute to diminished self-experience in schizophrenia*

To date, two different literatures have pointed to phenomena linked to schizophrenia that could affect self-experience: the internalization of stigmatized beliefs about mental illness and the capacity for metacognition. Stigma refers to negative stereotypic beliefs about mental illness and internalized stigma refers to the acceptance of those beliefs. Internalized stigma has been linked to lower self-esteem and depressed mood among persons with severe mental illness and, moreover, has been suggested to lead persons to view themselves as possessing lesser social value (Markowitz, 1998; Wright et al., 2000; Ritsher and Phelan, 2004). According to one view, as persons accept stigma, their identity is engulfed by their illness

and they experience themselves as being fundamentally diminished (Lally, 1989).

Metacognition refers to the capacity to think about one's own thinking, for example, to the ability to name and scrutinize one's thoughts and feelings about oneself and about others. Research has suggested that this capacity is compromised in schizophrenia and may be a primary source of psychosocial impairment (Langdon et al., 2001; Koren et al., 2006). With lesser abilities to think about oneself and others, persons may experience themselves as increasingly less of an actor in their own lives (Lysaker et al., 2005a,b,c).

While it seems a matter of intuition that stigma and metacognitive deficits may interact in a vicious cycle to diminish persons' experiences of themselves, we are aware of little research that has explored their mutual or joint contributions to diminished self-experience in schizophrenia. Perhaps one barrier to addressing this question has been that most research to date on self-experience in schizophrenia has been qualitative and not easily correlated with quantitative measures of cognition or stigma. To complement this qualitative literature in the study of self-experience in schizophrenia, we have used a narrative theory of self (Gallagher, 2000) to develop a semi-structured interview to elicit a narrative of self-experience (the Indiana Psychiatric Illness Interview (IPII) Lysaker et al., 2002) and a scale to quantitatively assess self-experience as expressed within those narratives: the Scale to Assess Narrative Development (STAND) (Lysaker et al., 2003a).

### *1.3. Study aims*

In the current study we have sought to examine the correlates of self-experience in schizophrenia by correlating self-experience as assessed by the STAND with measures of metacognition and internalized stigma. To rule out the potentially confounding effects of unawareness of illness, verbal ability and the tendency to present oneself in a socially positive light, we also included measures of these constructs. We predicted that greater metacognitive capacity and lesser internalization of stigma would independently predict higher scores on the STAND even when possible confounds such as awareness of illness and social desirability were statistically controlled. Of note, given that metacognitive capacity and the internalization of stigma are theoretically unrelated constructs, we did not anticipate that they would be correlated with one another. We secondarily planned exploratory correlations to examine the associations of individual elements of metacognition and subscales of the STAND to generate hypotheses for future research.

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