



Resilience, internalized stigma, self-esteem, and hopelessness among people with schizophrenia: Cultural comparison in Austria and Japan



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ABSTRACT

Resilience is becoming an important topic in people with schizophrenia since there is evidence that it increases the probability for long-term recovery. The current study investigated transcultural differences in resilience across schizophrenia patients from two different geographical regions, Austria and Japan. Another objective was to examine transcultural differences in internalized stigma, self-esteem, and hopelessness, which can be expected to be relevant in this context, as well as the interrelations between these subjective elements of recovery and symptom severity. To this end, patients from outpatient mental health services in Innsbruck, Austria (N = 52) and Tokyo, Japan (N = 60) as well as 137 healthy comparison subjects from both countries were included into this cross-sectional study. Notably, we detected a significant country effect with markedly lower resilience (F = 74.4, p < 0.001) and self-esteem scores (F = 226.0, p < 0.001) as well as higher hopelessness scores (F = 37.4, p < 0.001) among Japanese subjects in general. In addition, both Austrian and Japanese patients indicated significantly lower degrees of resilience (F = 57.5, p < 0.001), self-esteem (F = 51.8, p < 0.001), and hope (F = 29.5, p < 0.001) compared to healthy control subjects. The inter-correlations between subjective elements of recovery were comparable in size in the two patient samples, but the inter-correlations between these issues and residual symptoms of schizophrenia as objective domains of recovery were markedly higher in Austrian subjects. This suggests that schizophrenia patients from Western European and Japanese cultures may have different needs to achieve recovery. In conclusion, it will be critical to develop culture-specific psychosocial programs and to examine their feasibility and effectiveness among these patients.

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1. Introduction

Resilience has been defined as “the capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development” (Masten, 2011). While exposure to stressful life events may increase the risk for the development of posttraumatic stress disorder (PTSD) or other mental disorders, including affective disorders, eating disorders, sleeping disorders, and suicide attempts (van der Werff et al., 2013), adverse life events do not necessarily lead to the development or retention of psychiatric symptoms (Tsai et al., 2015). As such, the term resilience describes a coping style which is flexible and appropriate to the challenges of a given situation (Bender and Lösel, 1998). It has been related to interpersonal competence, hope, independence, creativity, imagination, autonomy, humor,

decisiveness, courage, insight, reflection, and religiosity/spirituality (Wolter, 2005; Kasen et al., 2012).

The study of resilience in psychiatry is a rather young field of interest. In particular, the study of PTSD has resulted in an increased interest in this issue (Pietrzak et al., 2014). However, the factors which bring about the resilient personality are also of importance in relation to other psychiatric disorders such as schizophrenia. For example, resilience has been shown to be lower among ultra-high risk individuals who convert to full blown psychosis compared to those who do not (Kim et al., 2013). In patients meeting the full diagnostic criteria for schizophrenia resilience may be seen as the capacity to cope with and to gain insight into the illness (Reddy et al., 2014) and can be expected to have a beneficial effect on the course of the illness (Harrow and Jobe, 2007; Torgalsboen and Rund, 2010; Pruessner et al., 2011; Torgalsboen, 2012). Furthermore, recently published studies demonstrated that a high degree of resilience decreases schizophrenia patients' risk of suicide (Johnson et al., 2010) and increases their quality of life (Chiu et al., 2010; Ho et al., 2010). Conversely, internalized stigma, i.e., the inner subjective experience of stigma resulting from applying negative

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stereotypes and stigmatizing attitudes to oneself (Ritsher et al., 2003), may impact negatively on patients' quality of life (Lysaker et al., 2007; Vauth et al., 2007; Sibitz et al., 2011; Norman et al., 2011), hope (Lysaker et al., 2007; Yanos et al., 2008; Corrigan et al., 2011; Schrank et al., 2014), and self-esteem (Lysaker et al., 2007, 2008; Watson et al., 2007; Yanos et al., 2008) and hinder the recovery process (Muñoz et al., 2011; Sibitz et al., 2013; Galderisi et al., 2014).

So far, only a small number of studies have assessed resilience and its correlates in schizophrenia patients quantitatively (Mizuno et al., 2015) and none of them have focused on transcultural differences. Similar to differences in the detailed content of delusions (Tateyama et al., 1998), the degree and quality of resilience can be hypothesized to be directly as well as indirectly influenced by culture. If appropriate, differences in these influences on resilience may be especially significant between Western Christian and Eastern Buddhist cultures. Such potential religious and cultural impacts have not been well studied, which limits our understanding of the influence of this critically important factor on both objective (i.e. symptom remission) and subjective domains (i.e. the subjective appraisal of one's life circumstances and opportunities/self-experience) of recovery from schizophrenia (Lysaker et al., 2010). Accordingly, the primary objective of this study was to investigate transcultural differences in resilience across schizophrenia patients from two different geographical regions, Austria and Japan. Another objective was to examine transcultural differences in internalized stigma, self-esteem, and hopelessness, which can be expected to be relevant in this context, as well as the interrelations between these variables. We hypothesized that in both countries resilience would be lower in patients as compared to healthy control subjects and that the degree of resilience would be associated with both objective and subjective domains of recovery in patients.

2. Materials and methods

Patients meeting diagnostic criteria for schizophrenia and healthy comparison subjects aged 18 or older were included into this cross-sectional study. Patients were recruited from outpatient mental health services in Innsbruck, Austria and Tokyo, Japan, while comparison subjects were recruited by word and mouth and consisted of members of the Hospital staff, employees of local banks, local factories and from other organizations. All participants signed informed consent in accordance with the local ethics committees.

The Mini International Neuropsychiatric Interview (M.I.N.I.) (Sheehan et al., 1998) was used to confirm both diagnosis in patients and the absence of any axis I disorder according to DSM-IV in healthy comparison subjects. Exclusion criteria for both groups included insufficient language abilities, neurological and developmental disorders, and physical illness that might interfere with the participants' cognitive performance. At the time of study inclusion, patients had to be clinically stable for at least six months, i.e., they had to be treated as outpatients without any modification of the treatment regimen. One of the investigators (YM, BF, AR, FW) who were trained psychiatrists administered the M.I.N.I. and rated symptoms by means of the Positive and Negative Syndrome Scale (PANSS) (Kay et al., 1987). Self-report questionnaires were completed in the presence and if necessary with the assistance of the researcher.

2.1. Resilience

Resilience was assessed using the 25-item Resilience Scale (RS-25) (Wagnild and Young, 1993), which covers five factors of resilience: purpose, perseverance, self-reliance, equanimity, and existential aloneness. Items are scored on a 7-point scale ranging from 1 = strongly disagree to 7 = strongly agree, with possible scores ranging from 25 to 175. The overall RS-25 score is categorized into 3 levels: scores below 125 reflect low resilience, scores between 126 and 145 indicate moderately low to

moderate levels of resilience, and scores of 146 and higher indicate high resilience (Wagnild, 2009).

2.2. Internalized stigma

In patients, internalized stigma was assessed with the Internalized Stigma of Mental Illness (ISMI) scale (Ritsher et al., 2003), which consists of 29 items and uses a Likert scale from 1 = strongly disagree to 4 = strongly agree. This instrument is composed of five subscales: alienation, stereotype endorsement, discrimination experience, social withdrawal, and stigma resistance. Scores range from 29 (no internalized stigma) to 116 (high internalized stigma).

2.3. Self-esteem

Self-esteem was assessed by means of the Rosenberg Self-esteem Scale (RSES) (Rosenberg, 1965). This 10-item 4-point Likert-type questionnaire asks participants to indicate the degree of their agreement or disagreement with statements about their self-esteem and self-deprecation. Items are summed into a total score such that a higher score indicates greater self-esteem.

2.4. Hopelessness

The Hopelessness (H) Scale (Beck et al., 1974), which comprises a checklist of 20 true/false items, was used to assess hopelessness. Higher scores reflect a higher degree of hopelessness.

All self-report questionnaires have been shown to demonstrate sound reliability and validity. In the context of the current study, validated translated versions (German and Japanese, respectively) were used.

2.5. Statistical methods

To test comparability of Austrian and Japanese schizophrenia patients and healthy subjects with respect to sociodemographic variables, an overall comparison of the four groups (Austrian schizophrenia patients, Austrian comparison subjects, Japanese schizophrenia patients, Japanese comparison subjects) was performed by means of the corresponding omnibus tests: one-way analysis of variance (ANOVA), Kruskal–Wallis test, and Chi-square test, depending on the variable type (normally distributed, non-normally distributed, and categorical, respectively). In addition, Austrian and Japanese patients were compared with regard to clinical variables by means of t-test or Mann–Whitney U-test, again depending on the distribution of the dependent variable.

In order to test for an effect of both country (Austria, Japan) and group (schizophrenia, comparison subjects) on resilience, self-esteem, and hopelessness, two-way analyses of variance were performed. In addition to the main effects the interaction between group and country was investigated. For completeness, we also compared schizophrenia patients and healthy subjects within countries by means of Student's t-test.

Finally, associations between the individual scales were investigated by correlation analysis. As some of the variables involved showed significant deviations from a normal distribution, Spearman rank correlation coefficients were used.

3. Results

3.1. Sample characteristics

Altogether, 249 subjects were included into the study (Austria: N = 129, Japan: N = 120), 52 schizophrenia patients and 77 healthy subjects in Austria, and 60 participants per group in Japan. Demographic and clinical characteristics are summarized in Table 1. All four groups (Austrian and Japanese patients and comparison subjects) were

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