Exploring the moderating effect of personal narratives on stigma endorsement and life satisfaction among people in recovery of mental illness
Mental health recovery is a journey of healing & transformation enabling a person with a mental health problem to live a meaningful life in a community of his/her choice while striving to achieve his or her full potential.”

(SAMHSA, 2003)
Personal Recovery

Person-Driven

Many Pathways

Holistic

Peer

Relational

Culture

Addresses Trauma

Strengths/Responsibility

Respect

Hope

(SAMHSA, 2012)
For people with schizophrenia, the illness has profound impact, above and beyond symptoms, including:

- experiences of stigma
- change in self-identity
- reduced quality of life

(Bellack, 2006)
Self-stigma

- Internalization of the public stigma directed toward their mental health status
  (Corrigan & Watson, 2002; Mak & Cheung, 2010)
  - endorse and concur with negative stereotypes and prejudice and prescribed to their identity
  - perceive themselves as devalued
Self-stigma

- hinder work participation
- disrupt social relationships
- cause negative appraisals toward self
- diminish life satisfaction and well-being

(Markowitz, 1998; Rosenfield, 1997; Wright, Gronfein, & Owens, 2000)
Recovery is not just the absence of symptoms

- Some people with schizophrenia considered “recovered” in the medical sense may still experience self-stigma, feel distressed by negative self-perceptions and frustrated by a perceived inability to participate in important life activities and relationships.

- Subjective recovery experience of people with schizophrenia is critical to their ways of coping, self-stigma and life satisfaction.
Making sense of who they are and their illness through personal narratives

- reconstruct their self-perception
- redefine their illness
- boost meaningfulness and well-being
Aims of the Study

- To identify the protective role of personal narratives on self-stigmatization
- To examine how the richness of personal narratives can potentially moderate the negative impact of self-stigma on life satisfaction, after controlling for the positive and negative symptoms of psychosis
Hypothesized relationships

Positive symptoms of psychosis

Negative symptoms of psychosis

Self-stigma

Life satisfaction

Personal narratives
Methods
**INCLUSION CRITERIA:**

1. Aged between 18 and 55 years
2. A ICD-10 diagnosis of schizophrenia, persistent delusional disorder, schizoaffective disorder, other nonorganic psychotic disorders, or unspecified nonorganic psychosis
3. A duration of illness, defined as the length of time since first presentation to the hospital, less than 60 months
4. Ethnic Chinese
5. Speak Cantonese
6. Sufficient understanding and expressive capacity

**EXCLUSION CRITERIA:**

1. Have organic brain disorder
2. Have a known history of intellectual disability
3. Diagnosed with drug-induced psychosis
110 people in recovery of schizophrenia spectrum disorders (53.6% male) were recruited from different psychiatric outpatient clinics and community mental health centers across various districts in Hong Kong.

- Mean age = 31.30 years old (SD = 11.14)
- Mean illness duration = 2.38 years (SD = 2.06)
- Majority of the participants were single (79.1%, n = 87) and unemployed (38.9%, n = 42), and had secondary education as the highest level of education (36.4%, n = 40)
Measures

1. **Positive and negative symptoms of psychosis**
   - Assessed by trained research staff using:
     - Scale for the Assessment of Positive Symptoms (SAPS; Andreasen, 1984; Cronbach’s $\alpha = .85$)
     - Scale for the Assessment of Negative Symptoms (SANS; Andreasen, 1984; Cronbach’s $\alpha = .89$)
2. **Self-stigma**

- Stigma Resistance subscale of Internalized Stigma of Mental Illness Scale (ISMI; Boyd Ritsher, Otilingam, & Grajales, 2003)
  - Sample item: “I can have a good, fulfilling life, despite my mental illness.”
  - 5 items were rated on a 4-point scale from 1 (strongly disagree) to 4 (strongly agree)
  - The items were reversely coded to represent self-stigma endorsement
  - Cronbach’s alpha = .71
3. Personal narratives

- Indiana Psychiatry Illness Interview (IPII; Lysaker et al., 2002)
  - Narrate their life story and describe their perceptions about the illness as well as their personhood as it relates to the illness
- Scale To Assess Narrative Development (STAND; Lysaker et al., 2003) was used to code the extent to which people possess a rich or impoverished narrative based on the data elicited in the IPII
4. Life satisfaction
   - Test's Life Satisfaction Scale (TLLS; Test, Greenberg, Long, Brekke, & Burke, 2005)
     - 4 domains: living situation, social relationships, work, evaluation of self and present life
     - Sample item: “How satisfied are you with the kind of work that you do?”
     - 18 items were rated on a 4-point scale from 1 (strongly unsatisfied) to 5 (strongly satisfied)
     - Cronbach’s alpha = .93
Results
### Relationships between symptoms, self-stigma, personal narratives and life satisfaction

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**Range of scale**

- 1. Positive symptoms of psychosis: 0-175
- 2. Negative symptoms of psychosis: 0-120
- 3. Self-stigma: 1-4
- 4. Personal narratives: 4-20
- 5. Life satisfaction: 1-5

**Mean**

- 1. Positive symptoms of psychosis: 11.90
- 2. Negative symptoms of psychosis: 30.72
- 3. Self-stigma: 2.13
- 4. Personal narratives: 11.25
- 5. Life satisfaction: 3.35

**Standard deviation**

- 1. Positive symptoms of psychosis: 13.08
- 2. Negative symptoms of psychosis: 19.08
- 3. Self-stigma: .46
- 4. Personal narratives: 2.82
- 5. Life satisfaction: .64

*Note: * *p* < 0.05, ** *p* < 0.01, *** *p* < 0.001; N = 105*
## Moderation analysis

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**Adj. $R^2$**

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*Note: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$; N = 105*
Moderation analysis

Positive symptoms of psychosis → Negative symptoms of psychosis

Self-stigma → Life satisfaction

Adjusted $R^2$: 44%

Note: ** $p < 0.01$, *** $p < 0.001$; $N = 105$
Moderation analysis
Discussion & Implications
Summary of findings

- Negative symptoms of psychosis was associated with impoverished personal narratives and poorer life satisfaction.
- Self-stigma was negatively related to life satisfaction, whereas personal narrative was positively related to life satisfaction.
Summary of findings

- Negative symptoms, but not positive symptoms, significantly contributed to poor life satisfaction.
- Self-stigma had significant unique contribution to life satisfaction, above and beyond the effects of psychiatric symptom severity.
- Personal narrative interacted with self-stigma endorsement on life satisfaction.
Summary of findings

- Among people with a mean score of 2 or above on self-stigma (range: 1-4):
  - having rich personal narratives can buffer the negative impact of self-stigma on life satisfaction
  - in contrast, the negative association between self-stigma and life satisfaction was stronger for people with impoverished personal narratives
Discussion

- Consistent with the previous findings (Markowitz, 1998; Rosenfield, 1997), self-stigma was negatively associated to life satisfaction among people in the early course of schizophrenia.

- People with higher level of self-stigma tended to report dissatisfaction in their living situation, social relationships and work, and have negative evaluation of self and present life, above and beyond their clinical symptomatology.
Discussion

- People’s personal narratives about their identity and their illness can mitigate the negative impacts of self-stigma on life satisfaction

- Subjective experience and perception of personal recovery cannot be neglected and should be a core focus in the recovery process
Limitations

- Small sample
  - recruited 212 people in recovery and are actively transcribing and coding the personal narrative data

- Cross-sectional data
  - following up the sample at 6-month (n=130 as of Jan 2015) and 12-month (n=44 as of Jan 2015)
  - Temporal relationships of self-stigma, personal narratives, and well-being
Implications

- Importance of personal narratives in mitigating the negative effect of stigma on life satisfaction
- Enable people in recovery ample opportunities to narrate their personal stories and reconstruct a positive self-experience
- Transform their stigmatized self-identity to diversified and meaningful ones and to facilitate their well-being in the recovery journey
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References

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