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Reliability and Validity of the Turkish Version of the Internalized Stigma of Mental Illness Scale

Mehmet Akif ERSOY, Azmi VARAN

Abstract

Objective: *The aim of this study was to evaluate the reliability and validity of the Turkish version of the Internalized Stigma of Mental Illness Scale (ISMI) in patients with psychiatric disorders.*

Method: *The study included 203 patients diagnosed with various psychiatric disorders in a psychiatry outpatient clinic of a university hospital. The reliability of the scale was assessed by investigation of its internal consistency and split-half reliability. The convergent validity of the scale was demonstrated by the relationship between the Turkish form of the ISMI and various criteria scales.*

Results: *Cronbach's alpha value was 0.93 for the entire scale and ranged between 0.63 and 0.87 for the 5 subscales of the ISMI. In terms of convergent validity, the total score of the Turkish ISMI significantly correlated with the Beck Depression Inventory, Rosenberg Self-Esteem Scale, Sociotropy-Autonomy Scale, Brief Symptom Inventory, Multidimensional Scale of Perceived Social Support, Clinical Global Impression Scale, and Global Assessment of Functioning Scale scores. All values were in the expected direction.*

Conclusion: *In the light of the findings, it was concluded that the Turkish version of ISMI could be used as a reliable and valid tool in assessing internalized stigma of the Turkish psychiatric patients.*

Key Words: *Internalized Stigma of Mental Illness Scale, stigmatization, reliability, validity*

INTRODUCTION

Stigmatization is the devaluation, humiliation, and discrimination of an individual (Corrigan et al., 2001). Psychiatric patients are one of the groups most affected by stigmatization. Stigmatization of the mentally ill negatively effects both their treatments and social relationships (Bhugra, 1989; Link et al., 1997; Socal and Holtgraves, 1992). Stigmatization encourages patients to seek treatment and participate in rehabilitation programs and thus results in marginalization of the patients (Becker et al., 1997). Stigmatization studies conducted in Turkey show that individuals with psychiatric disorders are stigmatized and marginalized (Arkar, 1991; Arkar, 1992; Eker and Arkar, 1997; Karanci and Kokdemir, 1995).

Preliminary studies of stigmatization focused mainly on the stigmatization related to various groups, with less emphasis placed on the specific emotions and thoughts of stigmatized individuals. Personal experiences of the stigmatized individual, which reflect the internalized aspect of stigmatization, were first evaluated among homosexuals in the 1980s (Malyon, 1981). Internalized stigmatization is the devaluation, shame, secrecy, and withdrawal triggered by applying negative stereotypes to one's self (Corrigan, 1998). Internalized stigmatization also has negative effects on coping with stigmatization within any given society.

Internalization of stigma causes serious damage to the stigmatized individual (Link and Phelan, 2001). As members of a society, individuals with mental illnesses are faced with stereotyped judgments. When these individuals are stigmatized as mentally ill, either by others or by themselves, they begin to see themselves as a part of this group. With internalization of stigmatization, these negative stereotyped judgments become relevant facts and result in feelings of shame. This process is similar to feelings of shame caused by internalized critical figures.

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This feeling of shame is a target for therapeutic work, especially with insight oriented psychotherapeutic interventions. In other words, internalized stigma is an important problem that should be eliminated during the treatment process.

The negative effects of internalized stigmatization have gained importance in recent years (Corrigan 1998; Corrigan and Watson, 2002) and also these effects gained importance in the hassle with stigma (World Psychiatric Association, 1998). Although, it is still controversial which type of stigmatization is more effective on the indivdula; nonetheless, internalized stigmatization is considered to be a easier target for therapeutic intervention (Wright et al., 2000).

As the first stigma rating scales aimed to evaluate societal behaviors towards the mentally ill (Link et al., 2004), the Internalized Stigma of Mental Illness Scale (ISMI) developed by Ritsher et al. (2003) evaluates internalized stigmatization, which reflects internal experiences related to stigmatization. ISMI, the only scale that measures internalized stigmatization, is composed of 29 items. The scale evaluates subjective stigmatization experiences within the framework of 5 subscales: alienation, stereotype endorsement, perceived discrimination, social withdrawal, and stigma resistance.

Although there are studies on societal behaviors and the behaviors of patients' relatives towards the mentally ill in Turkey (Sağduyu et al., 2003), there are no studies that specifically examine internalized stigmatization. The most important reason for this is the lack of a questionnaire that measures perceived stigmatization in Turkey. The aim of this study was to fill this gap by conducting a reliability and validity study of the Turkish version ISMI.

METHODS

Sample

The study included 203 psychiatric outpatients who were treated in Ege University Medical Faculty, Psychiatry Department. The aim of the study was explained to all patients who were capable of completing the questionnaires and patients who agreed to participate were consecutively included in the study. Of the participants, 111 were women (54.7%) and 92 (45.3%) were men. The mean age of the female participants was 32.20 years (SD = 11.29 years), and the mean age of the male participants was 35.73 years (SD= 12.11 years). The duration of the illness ranged between 1 and 44 years, and the mean duration of the illness was 7.22 years (SD = 7.95 years). Psychiatric diagnoses of the participants and socio-demographic characteristics are presented in Table 1.

Data Collection Tools

Personal Information Form: A 21-item personal information form (PIF) developed by the researcher was used to collect demographic information, such as gender, age, and level of education.

Patient Evaluation Form: The Patient Evaluation Form (PEF) gathered data about the diagnosis, duration of the disorder, and the degree of treatment response, and included both the Global Assessment of Functioning Scale (GAF) (Guy, 1976), which measures patient adjustment to treatment, and the Clinical Global Impression Scale (CGAF)" (Luborsky, 1962; American Psychiatric Association, 1994). GAF evaluates the severity of any disorder and recovery of the symptoms in general. Clinicians who use the scale score the severity of the illness and the degree of recovery on a 7-point Likert-type scale (1: normal; 2: borderline mentally ill; 3: mildly ill; 4: moderately ill; 5: markedly ill, 6: severely ill; 7: among the most extremely ill patients). GAF is a 100-point scale that measures a patient's overall level of psychological, social, and occupational functioning on a continuum. Although the scale is divided into 10 functionality ranges, the specialist can use intermediate levels. Higher scores indicate higher levels of functionality.

The Internalized Stigma of Mental Illness Scale (ISMI): The Internalized Stigma of Mental Illness (ISMI) Scale, developed by Ritsher et al. (2003), was designed to measure the subjective experience of stigma with sub-scales measuring alienation (6 items), stereotype endorsement (7 items), perceived discrimination (5 items), stigma resistance (5 items), and social withdrawal (6 items). The items are rated on a 4-point Likert-type scale, ranging from strongly disagree to strongly agree. The stigma resistance items also serve as a validity check because they are reverse-coded. The total ISMI score ranges between 4 and 91. High scores in ISMI indicate that internalized stigmatization is more severe in the individual. The internal validity coefficient of the original English version of ISMI is 0.90 (n= 127), and the test-retest reliability coefficient is r = 0.92 (n= 16, P< 0.05). The internal consistency of the alienation, stereotype endorsement, perceived discrimination, social withdrawal, and stigma resistance subscales was

Table I. Sociodemographic characteristics of the sample

Age	Mean	33.79
	S.D.	11.77
	min-max	17-71
Gender	n (%)	
Women		111 (54.7)
Men	n (%)	92 (45.3)
Marital status		
Single		102 (50.7)
Married		76 (37.8)
Divorced or widowed		23 (11.5)
Education	n (%)	
Primary school		44 (22.0)
High school or equivalent		74 (37.0)
College-University		82 (41.0)
Work status	n (%)	
Working		74 (36.8)
Not working		127 (63.2)
Level of income	n (%)	
Low		127 (65.1)
Moderate		61 (31.3)
High		7 (3.6)
Diagnosis	n (%)	
Affective disorder		73 (36.5)
Anxiety disorder		23 (11.5)
Psychotic disorder		47 (23.5)
Request consultancy		3 (1.5)
Alcohol and substance abuse disorder		21 (10.5)
Somatoform disorders		12 (6.0)
Personality disorder		5 (2.5)
Adjustment disorder		14 (7.0)
Sexual identity disorder		1 (0.5)
Childhood onset disorders		1 (0.5)

0.79, 0.72, 0.75, 0.80, and 0.58, respectively, and test-retest coefficients were 0.68, 0.94, 0.89, 0.89, and 0.80, respectively.

The original study of the scale was conducted with 55 items and by eliminating items with item total correlations < 0.40, 29 items remained in the scale. The Turkish version of ISMI was translated by 2 psychiatrists and a clinical psychologist. Subsequently, these 3 translators evaluated the correctness, clearness, and understandability of the different translations of each item and decided on the final translation. As Özmen et al. (2004) found that the term mental illness is more stigmatizing than psychiatric illness, the term psychiatric illness was used in the Turkish ISMI.

Beck Depression Inventory (BDI): BDI is a 21-item, self-report inventory for the measurement of depressive mood, which was developed by Beck et al. (1961). Items in the scale are rated between 0 and 3, according to the severity of depression. Higher BDI scores indicate higher depression levels. The reliability and the validity study of the Turkish version was conducted by Hisli (Hisli, 1988; Hisli, 1989).

Rosenberg Self-Esteem Scale (RSES): Self-esteem was measured with the Rosenberg Self-Esteem Scale, developed by Rosenberg (1965). The scale includes 10 items that are rated on a 4-point Likert-type scale. Higher scores correlate to higher levels of self-esteem. The reliability and the validity study of the Turkish version was conducted by Çuhadaroğlu (1986).

Sociotropy-Autonomy Scale (SOSATS): Developed by Beck et al. (1983), the Sociotropy-Autonomy Scale (SOSATS) measures personality traits of dependency and autonomy. The Turkish adaptation was made by Şahin et al. (1993). SOSATS includes 60 items (sociotropy subscale: 30 items; autonomy subscale: 30 items). Only the sociotropy subscale was used in the present study. The total score ranges between 0 and 120, and higher scores indicate higher levels of sociotropic characteristics, such as excessive need of others' approval and care, and sensitivity in interpersonal relationships.

Brief Symptom Inventory (BSI): The Brief Symptom Inventory, developed by Derogatis (Derogatis, 1992; Derogatis and Lazarus, 1994) is a 53-item multidimensional screening scale. BSI is the short form of a 90-item symptom checklist known as SCL-90. The completion of the form lasts approximately 5 to 10 minutes. The Turkish adaptation of the scale was conducted by Şahin and Durak (1994).

Multidimensional Scale of Perceived Social Support (MSPSS): The Turkish validity and reliability of this scale, which evaluates the adequacy of social support received from family, personal relationships, and peer relationships, was studied by Eker and Arkar (1995). MSPSS consists of 3 subscales, each composed of 4 items. Each item is rated on 7 point Likert-type scale. A high total score obtained by adding up the scores of subscales corresponds to a high level of perceived social support.

Method

This study was conducted with volunteer patients who presented to Ege University, Medical Faculty, Psychiatry Department Outpatient Clinic between December 2004 and March 2005. The PIF and criteria scales were presented to the participants as a booklet. The PEF

Table II. The relationship between ISMI total score and demographic variables

	RHIDO	Finding
Age		$F_{2, 197} = 1.13$
17-26	59.66	
27-38	60.92	
39-71	56.95	
Gender		t = –2.947** ; SD = 201
Women	56.53	
Men	62.85	
Marital status		$F_{2, 198} = 0.77$
Single	60.58	
Married	58.57	
Divorced or widow	56.60	
Education		$F_{2, 197} = 1.13$
High school or	61.30	
equivalent	60.70	
College-University	57.60	
Working condition		t = 0.38; SD = 199
Working	59.90	
Not working	59.03	
Monthly income		$F_{2, 192} = 4.33$*
Low	59.32	
Moderate	60.21	
High	42.81	

*P < 0.05 **P < 0.01

was completed after the psychiatrist who evaluated and treated the patients filled in the study questionnaires.

FINDINGS

The socio-demographic characteristics and total ISMI scores of the subjects are presented in Table II. The relationship between ISMI total score and age, level of education, marital status, and working status was not significant. In terms of gender, men had higher ISMI scores than women (t = –2.947; SD = 201; P < 0.01). According to the one-way variance analysis and Turkey's test results, the mean total ISMI score of subjects with higher levels of income was significantly higher than that of subjects with moderate or low levels of income ($F_{2, 192} = 4.33$; P < 0.05).

Reliability: The reliability of ISMI was determined by calculating the internal consistency coefficients for the entire scale and for the subscales. The internal consistency score for the entire scale was 0.93 and the split-half reliability was 0.89. The Cronbach's alpha values of the subscales of ISMI are presented in Table III along with the original scores obtained in the original English version study.

As seen in Table III, the internal consistency scores of the Turkish form ranged between 0.63 and 0.84. The lowest score was for the stigma resistance subscale, which was 0.63.

Validity: In order to elucidate the criteria validity of ISMI, the relationships between BDI, RSES, BSI, SOSATS, and MSPSS scores were calculated. The correlation coefficients that show convergent validity between ISMI subscale scores and total score are presented in Table 4.

When the total scores presented in Table IV are evaluated, it is seen that there was a positive relationship between BDI, BSI, and SOSATS, and ISMI scores, and a negative relationship between RSES and MSPSS, and ISMI scores. All correlation coefficients obtained for total scores were significant at the P < 0.01 level.

The relationships between ISMI subscales and other scales were significant, as expected. It was found that scores for the first 4 subscales of ISMI, which measure internalized stigmatization, were significantly related to BDI, which measures depressive mood, BSI, which measures psychiatric problems, and SOSATS, which measures the degree of dependency in relationships. These positive relationships were expected. On the other hand, scores for the first 4 subscales of ISMI were negatively related to RSES, which measures self-esteem, and MSPSS, which measures social support.

Table III. Cronbach's alpha coefficients related to the internal consistency of the ISMI subscales

Subscale	Turkish version Cronbach's alpha	Original english version Cronbach's alpha
I. Alienation	0.84	0.79
II. Stereotype endorsement	0.71	0.72
III. Perceived discrimination	0.87	0.75
IV. Social withdrawal	0.85	0.80
V. Stigma resistance	0.63	0.58

When the relationship between scores of the resistance to stigma subscale and other criteria scales are condiered, scores of this subscale were positively related to BDI and BSI, and negatively related to RSES and MSPSS, as expected. There was no significant relationship between the resistance to stigma subscale and SOSATS scores.

When the relationship of ISMI to GAF and CGI was evaluated, Spearman's rho values were calculated, as these scales provide ordered data instead of continuous data, and the obtained coefficients are presented in Table V.

As can be seen in Table V, there was a positive relationship between ISMI scores and severity of illness, symptom recovery, and level of functionality, whereas there was a negative relationship between treatment congruity. When total ISMI scores related to different functionality scores measured by GAF were considered (Table IV), it was seen that ISMI total scores increased gradually from the lowest level to the highest level. In the result of one-way ANOVA analysis of ISMI total scores presented in Table VI, the effect of level of functionality on ISMI total score was significant ($F_{8, 192} = 4.036$; $P < 0.001$).

DISCUSSION and CONSCLUSION

When the total ISMI score was evaluated in the light of the sociodemographic variables, it was found that men had higher scores than women and subjects with low or moderate levels of income had higher scores than subjects with higher incomes. According to these findings, men and subjects with low income seem to be more prone to internalized stigmatization. There were no reports on the effects of gender on the level of internalized stigmatization in the literature; however, in one study on stigmatization, it was found that women reported more positive viewpoints than men (Farina, 1998). According to Angermeyer and Matschinger (2003) men could be more prone to stigmatization as the general perception regarding men is that they are more aggressive or threatening than women. Therefore, men could be more prone to internal stigmatization. When the effects of socioeconomic level on attitudes towards internal stigmatization were considered, it was observed that individuals with higher socioeconomic levels had more knowledge about mental illness and showed more tolerance to people with mental illness (Brockington et al., 1993; Hall et al., 1993); therefore, it can be hypothesized that individuals with higher levels of education and income would also be more self-tolerant and be more resistant to internalized stigma.

Findings regarding the internal consistency and split-half reliability of the Turkish form of ISMI support the reliability of the scale (Table III). The lowest inter-

Table IV. ISMI sub-scale scores and correlations between the total scores and BDI, BSI, RSES, SOSATS, and MSPSS scores

ISMI	BDI	BSI	RSES	SOSATS	MSPSS
I. Alienation	0.686**	0.570**	–0.680**	0.348**	–0.388**
II. Stereotype endorsement	0.526**	0.444**	–0.523**	0.291**	–0.330**
III. Perceived discrimination	0.593**	0.535**	–0.554**	0.377**	–0.413**
IV. Social withdrawal	0.602**	0.530**	–0.594**	0.328**	–0.471**
V. Stigma resistance	–0.358**	–0.264**	0.337**	–0.070	0.334**
Total score	0.696**	0.591**	–0.678**	0.363**	–0.483**

* $P < 0.05$ ** $P < 0.01$

Table V. Spearman's rho coefficients between ISMI, and GAF and CGI scores

	Clinical global assessment scale (GAF)			Global assessment of functionality scale (CGI)
	Severity of illness	Symptom relief	Cohesion to treatment	Level of functionality
ISMI Total score	0.29***	0.24**	–0.17*	0.35***

* P < 0.05 ** P < 0.01 *** P < 0.001

nal consistency coefficient among the subscales was for stigma resistance (0.63). The stigma resistance subscale, which measures the strength of an individual's resistance to stigmatization, had the lowest level of consistency in the original study of ISMI (r = 0.58).

When the internal consistency scores obtained for the Turkish ISMI were compared to the original scores, it was seen that the internal consistency coefficients of the Turkish version were generally higher. It is possible to say that the Turkish version of ISMI has a high level of internal consistency with a total internal consistency score of r = 0.93, and a split-half reliability score of 0.89; however, it is necessary to use the test-retest method to obtain a clearer understanding of its reliability.

The correlation coefficients obtained with BDI, RSES, BSI, SOSATS, and MSPSS fulfilled the theoretical expectations (Table IV). It was found that ISMI was highly correlated with BDI, which measures depressive mood, and BSI, which measures psychiatric problems (respectively, r = 0.70 and r = 0.59) It can be theorized that depression that leads to negative evaluations about the self and life in general increases internalized stigmatization, and at the same time internalized stigmatization can result in depression. Hence, the positive relationship between depressive mood and internalized stigmatization is expected. The high correlation we found between ISMI and BDI clearly shows the relationship between depression and stigmatization and is important evidence of the criteria validity of the Turkish version of ISMI. Likewise, it can be theorized that increased levels of psychiatric problems would form the basis for the development of internalized stigmatization and that there is a close relationship between the level of general psychopathology and internalized stigmatization. The high correlation between ISMI and BSI clearly shows the relationship between psychopathology and stigmatization and is evidence of the criteria validity of the Turkish version of ISMI.

As described in the introduction, internal stigmatization is closely related to self-esteem, social support, and the degree of dependency on others. Feelings of existing outside of societal norms due to mental illness would naturally harm self-esteem. On the other hand, from the dynamic point of view, relationships are very important for a person with a dependent personality; therefore, individuals with dependent personalities are more prone to be affected from and internalize the stereotyped and negative judgments about mental illness held by a society. In addition, in the framework of cyclic causality, along with the reduction in social relationships due to internalized stigma, a dependent person would cling more to the relationships they had and would be more dependent upon them. In turn, the need for social support will increase. In other words, it can be hypothesized that social support would decrease internalized stigmatization. We found a negative relationship between ISMI scores, and self-esteem and social support (r = –0.68 and r = –0.48, respectively), and a positive relationship between dependent personality characteristics (r = 0.36; P < 0.01). These correlation coefficients validate the criteria validity of ISMI.

The relationships between the Turkish version of ISMI and severity of illness evaluated with CGI, and the degree of treatment response and congruity measured by

Table VI. Means and standard deviations of total ISMI scores of different functionality levels assessed by GAF.

	n	Mean	(SD)
91-100	4	48.25	11.47
81-90	6	52.40	8.54
71-80	26	53.58	13.42
61-70	55	54.57	11.76
51-60	69	61.77	17.06
41-50	27	65.92	16.98
31-40	9	71.24	11.81
21-30	4	71.11	8.75
1-10	1	85.00	.
Total	201	59.48	15.54

GAF (Table V) were as expected. Internalized stigmatization increased as the severity of illness increased, and decreased with treatment congruity and symptom relief.

When total ISMI scores related to different functionality scores measured by GAF are considered (Table VI), it is seen that ISMI total scores increased gradually from the lowest level to the highest level. This very consistent increase is further evidence of the reliability of the Turkish version of ISMI.

In general, the findings of this study support the reliability and validity of the Turkish version of ISMI. Findings showed that the Turkish version of ISMI could be used for measuring internalized stigmatization of those with mental illnesses in Turkey. In addition, these findings should be evaluated in the light of future studies of the reliability and validity of the Turkish version of ISMI, and in particular, its reliability should be tested with the test-retest method. Internalized stigmatization affects the lives and the attitudes towards illness of individuals with mental illnesses. ISMI is an important tool that provides an opportunity for clinicians and researchers to concentrate on this important issue.

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