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Internalized Stigma of Mental Illness: Psychometric Properties of a New Measure

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Abstract

The study evaluated the Internalized Stigma of Mental Illness (ISMI) scale, designed to measure the subjective experience of stigma, with subscales measuring Alienation, Stereotype Endorsement, Perceived Discrimination, Social Withdrawal, and Stigma Resistance. The ISMI was developed in collaboration with people with mental illnesses and contains 29 Likert items. The validation sample included 127 mental health outpatients. Results showed that the ISMI had high internal consistency and test-retest reliability. Construct validity was supported by comparisons against scales measuring related constructs with the same methodology. As expected, the ISMI had positive correlations with measures of stigma beliefs and depressive symptoms, and it had negative correlations with measures of self-esteem, empowerment, and recovery orientation. Factor analyses of the joint set of items from the ISMI and each scale supported the distinction between constructs. Having a validated measure of internalized stigma may encourage clinicians to include stigma reduction as a verifiable treatment goal in addition to symptom reduction.

Key words: Stereotyping, mentally ill persons, social alienation, risk factors, mental disorders, questionnaires, psychometrics.

Introduction

The stigma associated with mental illness adds to the public health burden of mental illness itself. In general terms, stigma is the status loss and discrimination triggered by negative stereotypes about people labeled as having mental illness (Link & Phelan, 2001). Stigma impedes recovery by eroding individuals' social status, social network, and self-esteem, all of which contribute to poor outcomes, including unemployment, isolation, delayed treatment-seeking, treatment-refractory symptoms, prolonged course, and avoidable hospitalizations (Link, Mirotznik, & Cullen, 1991; Link, Struening, Neese-Todd, Asmussen, & Phelan, 2001; Perlick et al., 2001; Sirey et al., 2001; Struening et al., 2001).

One of the especially painful and destructive effects of stigma is that people with mental illness are left feeling that they are not full members of society. Regardless of the objective level of discrimination that an individual is exposed to, it is the subjective perception of being devalued and marginalized that directly affects a person's sense of self-esteem and level of distress. Stigma in society certainly may also have external, objective effects such as reducing access to employment or housing, but here we focus just on the inner subjective experience of stigma and its psychological effects, which make these more objective obstacles even more difficult to overcome. Here we present a new measure of internalized stigma and test its psychometric properties among a sample of psychiatric outpatients.

The concept of internalized stigma is central to both academic and mental health care consumer explanations of the inner psychological harm caused by stigma (Corrigan, 1998; Corrigan & Watson, 2002). Our decision to use the term "internalized" was motivated in part by the literatures on internalized racism and internalized homophobia, which also examine the psychological damage caused by societal-level phenomena (e.g. Ross & Rosser, 1996, Taylor, 1990). Internalized stigma is the devaluation, shame, secrecy, and withdrawal triggered by applying negative stereotypes to oneself (Corrigan, 1998). Link and colleagues have delineated a sequence of events by which stigma in society causes harm to individuals via internalization (Link & Phelan, 2001). Like other members of

society, individuals with mental illness naturally come into contact with common ambient stereotypes. Once these individuals are labeled by themselves or by others as being "mentally ill," they willingly or unwillingly assume membership in the group that is the object of the stereotypes. Individuals who have psychologically metabolized the stigma will be more apt to endorse the stereotypes, believing that the stereotypes are truly applicable to themselves, resulting in feelings of shame. This is akin to ordinary introjection, when shame is triggered by a harsh superego that developed from internalized perceptions of critical others. Just as in ordinary introjection, this excessive shame contributes to psychiatric impairment, and thus serves as a worthy target of insight-oriented psychotherapy. Thus, internalized stigma is one aspect of stigma that mental health professionals can address with individual clients directly.

Having a validated measure of internalized stigma may encourage clinicians to include stigma reduction as a verifiable treatment goal in addition to symptom reduction. Because stigma works at cross-purposes to treatment (Link, Struening et al., 1997), interventions that both reduce internalized stigma and reduce illness symptoms are likely to be more efficient, efficacious, and long-lasting.

Currently, the most commonly used stigma scales in the academic literature are designed to measure the general public's attitudes about mental illness (Cohen & Struening, 1965; Link et al., 1991), or to assess past experiences of stigma and discrimination (Wahl, 1999). Link's Devaluation-Discrimination scale measures respondent's perceptions of general social attitudes about mental illness, asking about what "most people" would think (Link et al., 1991). The Devaluation-Discrimination scale is written so that it can be completed by anyone, not just those with a mental illness. Because its psychometrics and relation to other scales is well established, we included the Devaluation-Discrimination scale in our questionnaire packet to compare to our new scale, which focuses on the respondent's own identity and experience as someone with a mental illness.

Link and colleagues have also developed stigma scales intended for people with mental illness. Link's Stigma-Withdrawal scale measures the degree to which respondents endorse

withdrawal as a way to avoid rejection, containing nine questions such as "If a person thought less of you because you had been in psychiatric treatment, you would avoid him or her." (Link et al., 2001). Link's Different and Ashamed scale consists of four items aimed at measuring painful social alienation, such as "The experience of entering a mental hospital made you feel ashamed." We used these two scales and ideas from the current literature as the basis for discussion in focus groups and research team meetings that generated dozens of items. Modified versions of several of these items remain in the 29-item ISMI presented here, such as "I avoid getting close to people who don't have mental illness to avoid rejection" and "I am embarrassed or ashamed that I have a mental illness."

To maximize the ecological validity of our new measure of internalized stigma, we developed it with substantial input from members of the target population. In addition to having study team members and consultants with personal or family histories of mental illness, we conducted focus groups of people with major psychiatric disabilities who had been treated in the VA or public mental health system. The first two focus groups were participants from the Palo Alto VA Community Transition Center, and they suggested topics to include in the survey. The third group comprised members of Stamp Out Stigma, a consumer-run organization dedicated to fighting the stigma of mental illness. They pilot-tested an early draft of the survey and made substantial editorial contributions and suggestions for additional items. Another draft was circulated at the 2001 annual meeting of the California Network of Mental Health Clients, resulting in many additional modifications. After a general discussion of stigma, the focus group members and other consumer editors were asked to help produce statements that someone with very high internalized stigma might say, and also statements that someone with especially low internalized stigma might say, about what it is like to live one's life as a person with a mental illness.

The resulting scale is composed of items that are as short and simple as possible, that do not contain hypothetical situations, that refer to the present, that focus on the respondent's own identity and experience as someone with a mental illness, and that do not presuppose particular types of

relationships or treatment histories. The present study sought to establish the psychometric properties of this new measure.

Methods

Participants

Survey participants included 127 outpatients of the mental health service at a US Department of Veterans Affairs (VA) medical center. Sample demographics (Table 1) were typical of the population served by the treatment facility. For example, respondents were mostly men who had been living with mental illness for many years and who were still impaired enough to be receiving psychiatric disability payments or other government assistance (Table 1). Because the chart diagnoses come from the VA's central records, they are rendered according to the ninth edition of the International Classification of Diseases (ICD-9) system, which includes diagnostic terms such as "affective psychosis" that are not found in the current American Diagnostic and Statistical Manual (DSM-IV) system (US Department of Health and Human Services, 1980; American Psychiatric Association, 1994). Some participants have more than one of these diagnoses, so the categories shown in Table 1 are not mutually exclusive. The 127 subjects were included on the basis of being outpatients in the mental health clinic and carrying a chart diagnosis of any mental illness. The goal was for the sample to be as representative as possible of the population of VA outpatients with mental illness. An additional 46 participants having incomplete or invalid data on the ISMI scale or having only substance-use-related diagnoses were excluded from the present analyses. Sixteen participants provided 6-week test-retest data. Additional focus group participants included 5 individuals nominated by staff of the VA Community Transition Center as successful alumni of a VA psychiatric day treatment program and 5 members of Stamp Out Stigma, a local community speaker's bureau for people with mental illness. All participants provided informed consent to study procedures approved by the Stanford University Institutional Review Board.

Measures

Background characteristics. Most demographic questions were written for the survey, and several include response options suggested by focus group members. Chart diagnoses were collected from the central VA-wide Patient Treatment File database. Financial constraints prevented the use of diagnostic interviewing for the study.

Internalized Stigma of Mental Illness Inventory (ISMI). The questionnaire used in the present study included 55 items pertaining to internalized stigma, which were screened to produce the 29-item ISMI. Although the 55-item version had excellent internal consistency reliability (alpha=.92), we chose to shorten the scale to make it easier to use in future work. Within each of the 5 topic areas (described below), items with low item-total correlations ($r<.40$) were dropped. We also searched for items to delete on the basis of having highly skewed distributions, but found none. Item-level statistics for the 29-item ISMI are shown in Table 2.

Each statement is rated on the following 4-point anchored Likert scale: 1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree. Because the goal was to have item content be applicable to all respondents and oriented to the present, there are no items referring to specific types of relationships or concrete past episodes of experienced discrimination. To balance clarity with inclusivity, the term "mental illness" is used throughout the questionnaire, but the instructions encourage respondents to "think of it as whatever you feel is the best term for it." Several focus group members and consultants who consider themselves "psychiatric survivors" and not "mentally ill" said that they felt comfortable with these instructions.

Items were grouped thematically *a priori* into five subscales: Alienation, Stereotype Endorsement, Perceived Discrimination, Social Withdrawal, and Stigma Resistance. Items are shown organized by subscale on Table 2, but the item topics were mixed together on the questionnaire form itself.

The Alienation subscale sought to measure the subjective experience of being less than a full member of society, or having a "spoiled identity"(Goffman, 1963). The 6 items in this scale included

"Having a mental illness has spoiled my life" and "I feel out of place in the world because I have a mental illness."

The Stereotype Endorsement subscale contains 7 items measuring the degree to which respondents agree with common stereotypes about people with mental illness, such as "mentally ill people tend to be violent" and "I can't contribute anything to society because I have a mental illness."

The Discrimination Experience subscale is composed of 5 items intended to capture respondents' perception of the way that they currently tend to be treated by others, such as "People ignore me or take me less seriously just because I have a mental illness" and "People discriminate against me because I have a mental illness."

The Social Withdrawal subscale was especially heavily influenced by focus group participants, and contains 6 items, such as "I don't talk about myself much because I don't want to burden others with my mental illness" and "I avoid getting close to people who don't have mental illness to avoid rejection."

The Stigma Resistance subscale was intended to portray the experience of resisting or being unaffected by internalized stigma, such as "I can have a good, fulfilling life, despite my mental illness." The item "I feel comfortable being seen in public with an obviously mentally ill person" was adapted from a measure of internalized homophobia (Ross & Rosser, 1996). The Stigma Resistance items also serve as a validity check because they are reverse-coded. Anecdotally, many respondents spontaneously commented that they were glad to see some positive questions among the negative ones on the ISMI.

Depressive symptoms. Symptoms of depression were measured with the widely-used Center for Epidemiological Studies--Depression (CES-D) scale (Radloff, 1977). The CES-D captures subjective demoralization and dysphoria, which we targeted here as distinct from depression as a diagnostic entity (Dohrenwend, 1990; Dohrenwend, Shrout, Egri, & Mendelsohn, 1980). Regardless of diagnosis, stigma can affect depressive symptoms (Link, Struening, Rahav, Phelan, & Nuttbrock, 1997). Although stigma and depressive symptoms may co-occur, they are

conceptually distinct. Therefore, we expected the CES-D and ISMI scores to have a positive, moderate correlation, and for the two sets of items to load onto separate factors when both sets of items are analyzed together. This is a stringent test of the construct validity of the ISMI, because the two scales use the same methodology (4-point Likert scale), are measured at the same time in a single survey booklet, and both reflect distress, pessimism, and social isolation. For example, the CES-D item "I felt that people dislike me" could measure a similar construct as the ISMI item "People ignore me or take me less seriously just because I have a mental illness." In our sample, the internal consistency reliability of the CES-D was .88.

Self-esteem. A widely used measure of self-esteem was used as another indicator of the construct validity of the ISMI (Rosenberg, 1979). Prior studies have shown stigma to be related to but distinct from low self-esteem (Link et al., 2001; Link et al., 1997). Thus, we hypothesized that ISMI scores would be moderately negatively correlated with self-esteem scores. Clean separation of ISMI and self-esteem items in joint factor analysis would be evidence for the two constructs being distinct. The Rosenberg self-esteem scale consists of 10 items such as "I feel that I'm a person of worth, at least on an equal plane with others" that are coded with an identical 4-point Likert scale as that on the ISMI, which contains some seemingly similar items, such as "I feel inferior to others who don't have a mental illness." Therefore, the inclusion of this scale in the study provides another opportunity for a stringent test of the ISMI. The Rosenberg self-esteem scale demonstrated adequate internal consistency (Cronbach's alpha=.87).

Perceived Devaluation and Discrimination. This is a 12-item scale that has been widely used to measure culturally-induced stigma about mental illness (Link et al., 2001; Link et al., 1997; Perlick et al., 2001). The items are written so that anyone can respond to them, not just people who have a mental illness. Items include, for example, "Most people think less of a person who has been in a mental hospital." Asking respondents what "most people" think is intended to reduce the effect of social desirability on responses, giving them tacit permission to express highly stigmatizing attitudes (Link & Cullen, 1983). Like the items on the ISMI, each statement is

rated on a 4-point scale ranging from "strongly disagree" to "strongly agree." The scale has excellent psychometric properties and reliably predicts deterioration in CES-D depression scores and Rosenberg self-esteem scores in follow-up studies of people treated for mental illness (Link et al., 2001; Link et al., 1997). It also predicts impairment in social functioning with persons outside the family, particularly the psychological isolation component of that area of functioning (Perlick et al., 2001). We included this scale to help establish the construct validity of the ISMI. We expected them to be positively related to one another. Because they both measure stigma, we expected their correlation to be stronger than the correlation of the ISMI with the depression, self-esteem, empowerment, and recovery scales. The Devaluation-Discrimination scale had adequate internal consistency (alpha=.84).

Empowerment. Empowerment is the morale, optimism, self-efficacy or "can-do attitude" that we posit to be the opposite of internalized stigma. We included two measures of empowerment.

The Boston University (BU) Empowerment Scale (Corrigan, Faber, Rashid, & Leary, 1999; Rogers, Chamberlin, Ellison, & Crean, 1997) was constructed with substantial consumer involvement and has strong psychometric properties. Items include, for example, "I see myself as a capable person." By permission of the authors (Rogers, personal communication, 2001), we are only using the 17 items from Factor 1 as reported in their initial validation paper (Rogers et al., 1997) because our pilot study of the full scale in a different sample from the present population showed more support for this set of items than for the full scale (results not shown but available). The 17-item scale had adequate internal consistency (alpha=.85).

The Personal Empowerment Scale measures the amount of control that individuals can exercise in their daily life, and is composed of 10 items such as "How much choice do you have in deciding who stays in your living space at night?" (Segal, Silverman, & Temkin, 1995). This scale showed adequate internal consistency (alpha=.84).

Like the ISMI, both empowerment scales have a 4-point response format. On the Personal Empowerment scale, the anchors range from "no choice" to "a lot of choice" and on the BU scale, they range from "strongly disagree" to "strongly agree." The two empowerment scales studied were expected to have negative correlations with the ISMI.

Recovery orientation. The recovery model reflects a belief that with appropriate support, most people with mental illness can eventually achieve symptom remission, community integration, and a normal level of self-esteem and morale (Corrigan, Giffort, Rashid, Leary, & Okeke, 1999; Harding & Zahniser, 1994; Harrison et al., 2001). The Recovery Assessment Scale is designed to measure this construct among people with mental illness (Corrigan, Giffort et al., 1999). Items include, for example, "I can handle it if I get sick again." Responses are coded with a 5-point scale ranging from "strongly disagree" to "strongly agree." With the permission of the author (Corrigan, personal communication, 2001), we are using the October, 2000 41-item version of the scale that was presented in an earlier article (Corrigan, Giffort et al., 1999). We hypothesized that individuals with a higher recovery orientation would report lower internalized stigma. The 41-item version of the scale showed adequate internal consistency (alpha=.96) in our sample (N=127).

Results

Reliability

The 29-item ISMI had an internal consistency reliability coefficient of alpha=.90 (N=127). The test-retest reliability coefficient was r=.92 ($p<.05$, N=16). These figures are comparable to those from the other scales, which had internal consistency coefficients ranging from alpha=.84 to alpha=.96; and test-retest reliability coefficients ranging from r=.61 to r=91 in the same sample. As shown in Table 2, the individual items had means ranging from 1.8 to 2.6, and standard deviations ranging from .65 to .85. Because responses were coded from 1, Strongly Disagree to 4, Strongly Agree, 2.5 is the midpoint of the range. The full range of responses from 1 to 4 was used for each item.

The five subscales of the ISMI showed the following levels of internal consistency and test-retest reliability: Alienation, .79, .68; Stereotype Endorsement, .72, .94; Discrimination Experience, .75, .89; Social Withdrawal, .80, .89; Stigma Resistance, .58, .80. Because the Stigma Resistance subscale had lower reliability coefficients, we also tested a 24-item version of the scale composed of the other 4 subscales only. That 24-item version had an alpha of .91 and a test-retest correlation of .73. That version is tested in the factorial validity analyses of the subscales, as described below.

Construct Validity

As predicted, the ISMI was positively associated with Devaluation-Discrimination ($r=.35$, $p<01$) and with CES-D depressive symptoms ($r=.53$, $p<.01$), and was inversely associated with self-esteem ($r=-.59$, $p<.01$), empowerment ($r=-.52$, $p<.01$), personal empowerment ($r=-.34$, $p<.01$), and recovery orientation ($r=-.49$, $p<.01$), $N=127$ in each analysis.

To test the extent to which the internalized stigma construct was distinct from constructs measured by the other instruments, we conducted exploratory maximum likelihood factor analyses of the joint set of items from the ISMI and each other scale, specifying two factors for each analysis. To sharpen the contrast between factors, we chose to use varimax rotation. Other factor analysis methods not reported here yielded similar results. For the analysis of CES-D depression items and ISMI items, each item had its highest loading on the expected factor except for two ISMI items, both of which were from the Stigma Resistance subscale (Table 3). The analysis of the Rosenberg Self-Esteem scale and ISMI items also showed that all items sorted onto the expected factor except for three items from the Stigma Resistance subscale and two Alienation items, “Having a mental illness has spoiled my life” and “I am disappointed in myself for having a mental illness” (Table 4). In the factor analysis of the Devaluation-Discrimination scale with the ISMI, all items sorted onto the expected factor except for one Stigma Resistance item (Table 5). For the BU Empowerment Scale and the ISMI, all of the items sorted onto the expected factors except for 4 of the reverse-coded empowerment items and 4 of the Stigma

Resistance items (Table 6). For the Personal Empowerment Scale and the ISMI, all of the items sorted onto the expected factors except for two of the Stigma Resistance items (Table 7). Factor analysis of the Recovery Orientation scale and ISMI items showed that all items sorted onto the expected factors except for three Stigma Resistance items and the Recovery Orientation item "I can handle stress" (Table 8). Of the five Stigma Resistance items, only the item "I feel comfortable being seen in public with an obviously mentally ill person" had consistently higher loadings on the ISMI factor than on the other scale's factor in each factor analysis (Tables 3-8).

In factor analyses of the ISMI items alone, we looked for the emergence of our *a priori* theory-driven subscales. In these analyses we dropped the Stigma Resistance Items and analyzed the remaining 24 items, because our sample size supported this analysis. (Using the typical rule of thumb for factor analysis, 4 factors x 24 items = a minimum sample size of 96, but with 29 items and 5 factors the minimum sample size would be 145). Specifying 4 factors, the first factor contained most of the Social Withdrawal items, the second factor had its highest loadings from Alienation items, and the third factor contained most of the Discrimination Experience items, but all three contained items from other scales as well. The fourth factor was composed entirely of Stereotype Endorsement items. In all, 13 items sorted onto the expected factor, and the rest of those that had their strongest loadings on the "wrong" factor had their second-highest loading on the expected factor (Table 9).

Generalizability across Demographic and Diagnostic Subgroups – Subsidiary Analyses

As an initial attempt to explore the generalizability of the results across groups, we repeated many the above analyses for several key subgroups within our sample. Because of the small sample sizes involved, these subsidiary analyses are intended to be exploratory and hypothesis-generating rather than rigorous tests of equivalence.

For the 33 African Americans in the sample, the internal consistency reliability of the ISMI was .88 and the item means ranged from 1.76 to 2.67 (SD range .43 to .87). Correlations with the other scales were all in the expected directions. The three ISMI items with the highest

means were “I feel comfortable being seen in public with an obviously mentally ill person” (reversed, 2.67), “I don’t socialize as much as I used to because my mental illness might make me look or behave ‘weird’” (2.55), and “I feel out of place in the world because I have a mental illness” (2.55).

For the 45 participants diagnosed with schizophrenia, the reliability of the ISMI was .93 and the item means ranged from 1.80 to 2.70 (SD range .71 to .92). Correlations with the other scales were all in the expected directions. The two ISMI items with the highest means were “I don’t talk about myself much because I don’t want to burden others with my mental illness” (2.70), and “I feel out of place in the world because I have a mental illness” (2.69). Three items tied for the position of third-highest mean (2.68): “Others think that I can’t achieve much in life because I have a mental illness,” “People ignore me or take me less seriously just because I have a mental illness,” and “People discriminate against me because I have a mental illness.”

For the 59 participants with a diagnosis of depression but not a psychotic disorder, the reliability of the ISMI was .89 and the item means ranged from 1.90 to 2.63 (SD range .07 to .89). Correlations with the other scales were all in the expected directions. The ISMI items with the three highest means were “I feel out of place in the world because I have a mental illness” (2.63), “In general, I am able to live the way I want to” (reversed, 2.63), and “People discriminate against me because I have a mental illness” (2.63).

For each of these subgroups, as for the sample as a whole, two of the five most strongly endorsed items were “People discriminate against me because I have a mental illness” and “I feel out of place in the world because I have a mental illness.”

Discussion

Overall, the results show that the ISMI has excellent internal consistency reliability, test-retest reliability, concurrent validity with scales measuring similar constructs, and divergent validity compared to other constructs measured with identical methodology.

The factor analytic results indicate that the construct measured by the 29-item ISMI seems to be distinct from the constructs measured by the other scales. For each pair of scales, almost every item had its highest loading on the expected factor and a much lower loading on the other factor. The separation between instruments did not vary by whether the content of the other instrument had the same (eg, depression) or opposite (eg, self-esteem) valence as the ISMI. In analyses of follow-up data on 82 members of the present sample, Ritsher and colleagues (2003) found that ISMI scores predicted increased depressive symptoms, controlling for baseline levels. This result lends further support to the distinction between the constructs of internalized stigma and depression. The ISMI's predictive validity with regard to important outcomes such as distress, impairment, and community integration should be tested further in other samples.

Since all of the data included in the factor analyses was generated by the same methodology during a single session, this minimizes the effect of shared method variance on the findings. The observed separation of scales is likely due mainly to substantive differences in content rather than differential response sets. Although it is possible that the weak findings for the reverse-coded ISMI items indicate that respondents had difficulty switching response sets within a scale, this is unlikely, because the reverse-coded items from the other scales almost all sorted onto the expected factors.

Overall, the Stigma Resistance subscale had weaker psychometric properties than the other four subscales. Four of the five Stigma Resistance items were poorly associated with the internalized stigma construct and with the other constructs as well. Nevertheless, the reverse-coded items composing the subscale do have some value as a validity check as well as providing some relief from the negative focus of the other items. The Stigma Resistance item "I feel comfortable being seen with an obviously mentally ill person" did consistently sort onto the expected factor in the EFAs. The substantive utility of this item and the rest of the subscale needs to be tested in future work.

We found partial support for the validity of the four other subscales as distinct facets of the internalized stigma construct. Until these analyses can be replicated in a different sample, it is most parsimonious to conceptualize the ISMI as measuring a single construct. The utility and predictive validity of the subscales as conceptually distinct groups should be tested and compared to those of the full-scale score in a new sample. Preliminary work has been promising in this regard. In analyses of follow-up data on 82 members of the present sample, Ritsher and colleagues (2003) found that the Alienation subscale predicted deterioration in depressive symptoms and self-esteem. The Stereotype Endorsement and Social Withdrawal subscales predicted deterioration in depressive symptoms but not self-esteem.

We expected the correlation between the ISMI and Link's Devaluation and Discrimination to be stronger than between the ISMI and the other constructs, since both measure stigma, but it was not. This finding may be attributable to the differences between the two operationalizations of the stigma construct (e.g., one scale asks about "most people" and the other about one's self). Preliminary work shows that the ISMI performs better than Devaluation-Discrimination in predicting changes in depression and self-esteem (Ritsher, Phelan & Bell, 2003). Future studies should investigate whether the two scales each have incremental validity in predicting outcomes of interest.

The fact that the pattern of results from the subsidiary exploratory analyses seemed to be roughly similar across demographic sub-groups suggests that the scale is likely to provide meaningful information for people from a wide variety of backgrounds. Examination of items with the highest means provides a glimpse into the way that internalized stigma is experienced in each group. For each group, feeling out of place and discriminated against was a key part of the internalized stigma experience. For self-identified African Americans, the most strongly endorsed items had to do with public embarrassment of self or others. (This was also true for the 11 Hispanics in the study, but these data are not shown due to small sample size). For people with schizophrenia, the highest scores reflect the destructive impact of their mentally ill status on their

social relationships, while for people with depression, the items seem to reflect more general dissatisfaction. These findings must be considered speculative but may guide the hypotheses of future studies focusing on these groups.

Though the results offers tentative extrapolations to individuals from a variety of backgrounds, the limited generalizability of the VA sample presents itself as a shortcoming of the study. The sample of VA mental health service outpatients is likely to generalize to the overall population of VA psychiatric outpatients, which represents a sizeable number of individuals with mental illness in the US. However, it should be duly noted that a VA study sample inherently has its own limitations, including having both fewer women and fewer individuals from more diverse ethnic, racial, and socioeconomic backgrounds, as compared to the general population of the US. Therefore, the current study provides one glimpse into a subset of the population to help begin to ascertain the nature, causes, and effects of internalized stigma.

Although our results indicate that high levels of internalized stigma are not normative in this population, we see them as risk factors for a prolonged course of illness and other adverse outcomes. In most epidemiologic research, the risk factors studied are relatively rarely occurring. The key question is whether high scores are predictive of poor outcomes, and if so, how can internalized stigma be prevented or treated. Much could be learned in this regard by studying those who score low on internalized stigma. We hope that such research will be facilitated by this new measure of internalized stigma.

Conclusion

The ISMI has strong psychometric properties and promises to be a useful instrument for measuring internalized stigma. Internalized stigma is the psychological point of impact of society-wide stigma on the current lived experience of those labeled with mental illness. As such, it is potentially amenable to change. Regardless of an individual's history of discrimination experiences or beliefs about how society views the mentally ill, the degree to which one's morale is affected by stigma may be amenable to change. The ISMI is intended to be a tool to assist

researchers, consumers, and providers in documenting and bringing about such changes. Interventions that can lessen internalized stigma may well hasten the recovery process in individuals with mental illness.

Table 1
Sample Characteristics

Characteristic	Mean(*SD*) or %(*n*) (*N*=127)*
Age	49.5 (8.7)
Years since onset of mental illness (by self-report)	23.3 (12.3)
Gender	
Male	93.6%(117)
Female	6.4% (8)
Ethnicity (check all that apply)	
White or Caucasian	62.1%(77)
Black or African-American	26.4%(33)
Hispanic	8.8%(11)
Asian or Pacific Islander	0.8%(1)
Native American	4.8%(6)
Other race or ethnicity	3.2%(4)
Education	
High School or less	36.8%(46)
Some college or technical school	44.8%(56)
College degree or higher	18.4%(23)
Income	
From government	59.8%(76)
From wages	12.0%(15)
From family	7.2%(9)
Social network	
Girl/boyfriend or spouse	32.5%(41)
Has a "best friend" who can confide in	65.6%(82)
Close to anyone in the family	72.2%(91)
Inpatient psychiatry stay in FY00 or FY01 (from central VA records)	37%(47)
ICD-9 Diagnoses (from central VA records)	
Schizophrenia	34.6%(44)
Paranoid Psychosis	21.3%(27)
Affective Psychosis	26.8%(34)
Depression	81.9%(104)
PTSD	39.4%(50)
Anxiety disorder (not PTSD)	33.9%(43)
Personality disorder	39.4%(50)
At least one of the above	100%(127)
Substance use diagnosis (including tobacco)	75.6%(96)
Alcohol abuse	67.7%(86)

*For some variables, the percent is based on a smaller N due to missing data.

Table 2
Item-level Statistics for the Internalized Stigma of Mental Illness (ISMI) scale (N=127).

Item	Mean	SD
Alienation		
I feel out of place in the world because I have a mental illness	2.6	.77
Having a mental illness has spoiled my life	2.6	.88
People without mental illness could not possibly understand me.	2.4	.73
I am embarrassed or ashamed that I have a mental illness	2.4	.81
I am disappointed in myself for having a mental illness.	2.4	.87
I feel inferior to others who don't have a mental illness	2.2	.82
Stereotype Endorsement		
Stereotypes about the mentally ill apply to me.	2.2	.71
People can tell that I have a mental illness by the way I look.	2.1	.79
Mentally ill people tend to be violent.	2.1	.69
Because I have a mental illness, I need others to make most decisions for me.	2.0	.68
People with mental illness cannot live a good, rewarding life.	2.0	.84
Mentally ill people shouldn't get married.	1.9	.75
I can't contribute anything to society because I have a mental illness	1.8	.65
Discrimination Experience		
People discriminate against me because I have a mental illness	2.6	.78
Others think that I can't achieve much in life because I have a mental illness.	2.6	.73
People ignore me or take me less seriously just because I have a mental illness.	2.5	.70
People often patronize me, or treat me like a child, just because I have a mental illness.	2.4	.71
Nobody would be interested in getting close to me because I have a mental illness	2.2	.78
Social Withdrawal		
I don't talk about myself much because I don't want to burden others with my mental illness.	2.7	.76
I don't socialize as much as I used to because my mental illness might make me look or behave "weird".	2.6	.84
Negative stereotypes about mental illness keep me isolated from the "normal" world.	2.5	.74
I stay away from social situations in order to protect my family or friends from embarrassment.	2.4	.73
Being around people who don't have a mental illness makes me feel out of place or inadequate.	2.3	.77
I avoid getting close to people who don't have a mental illness to avoid rejection	2.3	.84
Stigma Resistance (reverse-coded items)		
I feel comfortable being seen in public with an obviously mentally ill person.	2.6	.73
In general, I am able to live life the way I want to.	2.5	.85
I can have a good, fulfilling life, despite my mental illness.	2.2	.78
People with mental illness make important contributions to society.	2.1	.74
Living with mental illness has made me a tough survivor.	2.1	.82

Note. The instructions for the instrument are as follows: "We are going to use the term "mental illness" in the rest of this questionnaire, but please think of it as whatever you feel is the best term for it. For each question, please mark whether you strongly disagree (1), disagree (2), agree (3) or strongly agree (4)." Stigma resistance items were reverse coded by subtracting each item's score from 5.

Table 3.
Factor analysis of CES-D and ISMI items

Items	Factor 1 (ISMI)	Factor 2 (CES-D)
I don't socialize as much as I used to because my mental illness might make me look or behave "weird".	.66	.19
Being around people who don't have a mental illness makes me feel out of place or inadequate.	.63	.11
Negative stereotypes against people with mental illness like myself keep me isolated from the "normal" world.	.63	.21
People ignore me or take me less seriously just because I have a mental illness.	.62	.09
People often patronize me, or treat me like a child, just because I have a mental illness.	.62	-.05
I am disappointed in myself for having a mental illness.	.62	.12
People without mental illness could not possibly understand me.	.61	.26
I avoid getting close to people who don't have a mental illness to avoid rejection	.61	.10
I stay away from social situations in order to protect my family or friends from embarrassment	.58	.28
I can't contribute anything to society because I have a mental illness	.58	.09
I am embarrassed or ashamed that I have a mental illness	.57	.18
Having a mental illness has spoiled my life	.56	.17
Nobody would be interested in getting close to me because I have a mental illness	.55	.25
People discriminate against me because I have a mental illness	.53	.08
I feel inferior to others who don't have a mental illness	.52	.12
I feel out of place in the world because I have a mental illness	.52	.30
People can tell that I have a mental illness by the way I look.	.49	-.02
I don’t talk about myself much because I don’t want to burden others with my mental illness.	.49	.13
Others think that I can’t achieve much in life because I have a mental illness.	.47	.17
Because I have a mental illness, I need others to make most decisions for me.	.44	.15
Stereotypes about the mentally ill apply to me.	.41	.21
I felt that I was just as good as other people.	.39	.19
Mentally ill people tend to be violent	.38	.27
In general, I am able to live life the way I want to.	.28	.19
Mentally ill people shouldn’t get married	.26	.00
I felt hopeful about the future.	.21	.19
I feel comfortable being seen in public with an obviously mentally ill person.	.16	-.03
I can have a good, fulfilling life, despite my mental illness.	.13	.08
Living with mental illness has made me a tough survivor.	-.08	-.03
I felt depressed	.21	.75
I felt sad	.21	.71
I could not get going	.13	.65
I felt that people dislike me	.24	.64
I felt fearful	.17	.63
My sleep was restless	.09	.59

I felt that everything I did was an effort	.03	.59
I felt that I could not shake off the blues even with help from my family or friends	.18	.57
I felt lonely	.27	.57
I thought my life had been a failure	.37	.55
People were unfriendly	.09	.53
I had crying spells	.01	.50
I had trouble keeping my mind on what I was doing	.11	.49
I did not feel like eating, my appetite was poor	.09	.46
I was bothered by things that usually don't bother me	.04	.43
I talked less than usual	.04	.37
People with mental illness cannot live a good, rewarding life.	.30	.36
I was happy	.21	.31
I enjoyed life	.20	.30
People with mental illness make important contributions to society.	-25	.12

Table 4.
Factor analysis of Self-Esteem and ISMI items

Items	Factor 1 (ISMI)	Factor 2 (Self-esteem)
Being around people who don't have a mental illness makes me feel out of place or inadequate.	.66	.11
People often patronize me, or treat me like a child, just because I have a mental illness.	.64	.00
I don't socialize as much as I used to because my mental illness might make me look or behave "weird".	.62	.28
I avoid getting close to people who don't have a mental illness to avoid rejection	.61	.16
People ignore me or take me less seriously just because I have a mental illness.	.60	.17
Negative stereotypes against people with mental illness like myself keep me isolated from the "normal" world.	.60	.27
People discriminate against me because I have a mental illness	.59	.03
People without mental illness could not possibly understand me.	.59	.30
I am embarrassed or ashamed that I have a mental illness	.58	.15
I stay away from social situations in order to protect my family or friends from embarrassment	.56	.34
People can tell that I have a mental illness by the way I look.	.55	-.04
I feel out of place in the world because I have a mental illness	.50	.29
Because I have a mental illness, I need others to make most decisions for me.	.49	.09
Others think that I can't achieve much in life because I have a mental illness.	.49	.14
Nobody would be interested in getting close to me because I have a mental illness	.47	.41
I can't contribute anything to society because I have a mental illness	.47	.38
I don't talk about myself much because I don't want to burden others with my mental illness.	.46	.21
I feel inferior to others who don't have a mental illness	.45	.26
Mentally ill people tend to be violent	.40	.26
Stereotypes about the mentally ill apply to me.	.37	.30
People with mental illness cannot live a good, rewarding life.	.36	.20
Mentally ill people shouldn't get married	.20	.16
I feel comfortable being seen in public with an obviously mentally ill person.	.16	-.04
Living with mental illness has made me a tough survivor.	-.15	.09
On the whole, I am satisfied with myself	-.03	-.82
I take a positive attitude about myself	.10	-.82
All in all, I am inclined to think that I am a failure	-.17	-.73
I feel I don't have much to be proud of	-.29	-.64
I feel that I am a person of worth, at least on an equal plane with others	-.17	-.64
At times I think I am no good at all.	-.25	-.60
I certainly feel useless at times.	-.21	-.52
Having a mental illness has spoiled my life	.40	.48
I am disappointed in myself for having a mental illness.	.45	.47

I wish I could have more respect for myself.	-.24	-.45
I am able to do as well as most other people	-.25	-.44
I feel that I have a number of good qualities	-.16	-.38
I can have a good, fulfilling life, despite my mental illness.	-.03	.37
In general, I am able to live life the way I want to.	.16	.36
People with mental illness make important contributions to society.	-.07	.11

Table 5.
Factor analysis of Devaluation-Discrimination and ISMI items

Items	Factor 1 (ISMI)	Factor 2 (Deval.-discrim.)
I don't socialize as much as I used to because my mental illness might make me look or behave "weird".	.68	.16
Being around people who don't have a mental illness makes me feel out of place or inadequate.	.64	.10
I stay away from social situations in order to protect my family or friends from embarrassment	.64	.12
People without mental illness could not possibly understand me.	.62	.19
I am disappointed in myself for having a mental illness.	.61	.08
Negative stereotypes against people with mental illness like myself keep me isolated from the "normal" world.	.61	.23
I avoid getting close to people who don't have a mental illness to avoid rejection	.61	.10
I can't contribute anything to society because I have a mental illness	.60	.02
People ignore me or take me less seriously just because I have a mental illness.	.59	.23
I am embarrassed or ashamed that I have a mental illness	.58	.19
Nobody would be interested in getting close to me because I have a mental illness	.58	.16
Having a mental illness has spoiled my life	.57	.08
People often patronize me, or treat me like a child, just because I have a mental illness.	.53	.20
I feel out of place in the world because I have a mental illness	.53	.24
Because I have a mental illness, I need others to make most decisions for me.	.52	-.08
Mentally ill people tend to be violent	.49	-.03
I feel inferior to others who don't have a mental illness	.49	.19
People can tell that I have a mental illness by the way I look.	.49	.03
People discriminate against me because I have a mental illness	.47	.36
Others think that I can't achieve much in life because I have a mental illness.	.47	.15
I don't talk about myself much because I don't want to burden others with my mental illness.	.46	.25
Stereotypes about the mentally ill apply to me.	.45	.06
People with mental illness cannot live a good, rewarding life.	.45	-.12
Mentally ill people shouldn't get married	.28	-.03
In general, I am able to live life the way I want to.	.26	.17
I feel comfortable being seen in public with an obviously mentally ill person.	.13	.07
I can have a good, fulfilling life, despite my mental illness.	.11	.06
People with mental illness make important contributions to society.	.00	.00
Most young women would be reluctant to date a man who has been hospitalized for serious mental disorder	.06	.70
Most employers will pass over the application of a former mental patient in favor of another applicant	.08	.62
Most people think less of a person who has been in a mental hospital	.10	.60

Most people believe that entering a mental hospital is a sign of personal failure	.16	.57
Most people wouldn't hire a former mental patient to take care of their children, even if he or she had been well for some time	-.02	.57
Once they know a person was in a mental hospital, most people will take his or her opinions less seriously.	.22	.56
Most people in my community would treat a former mental patient just as they would treat anyone.	.34	.54
Most people believe that a person who has been in a mental hospital is just as intelligent as the average person.	-.07	.53
Most employers will hire a former mental patient if he or she is qualified for the job.	.12	.50
Most people would accept a former mental patient as a close friend.	.13	.41
Most people would accept a fully recovered former mental patient as a teacher of young children in a public school.	.04	.41
Most people believe that a former mental patient is just as trustworthy as the average citizen.	.05	.39
Living with mental illness has made me a tough survivor.	-.05	-.11

Table 6.
Factor analysis of BU Empowerment and ISMI items

Items	Factor 1 (ISMI)	Factor 2 (Empower-ment)
I don't socialize as much as I used to because my mental illness might make me look or behave "weird".	.68	-.12
Being around people who don't have a mental illness makes me feel out of place or inadequate.	.66	-.01
Negative stereotypes against people with mental illness like myself keep me isolated from the "normal" world.	.65	-.10
People without mental illness could not possibly understand me.	.65	-.09
I stay away from social situations in order to protect my family or friends from embarrassment	.64	-.14
People ignore me or take me less seriously just because I have a mental illness.	.62	-.03
I avoid getting close to people who don't have a mental illness to avoid rejection	.62	-.10
People often patronize me, or treat me like a child, just because I have a mental illness.	.62	.11
I am embarrassed or ashamed that I have a mental illness	.59	-.12
I am disappointed in myself for having a mental illness.	.58	-.21
People discriminate against me because I have a mental illness	.57	.04
Nobody would be interested in getting close to me because I have a mental illness	.56	-.20
I feel out of place in the world because I have a mental illness	.56	-.16
Having a mental illness has spoiled my life	.53	-.23
I can't contribute anything to society because I have a mental illness	.53	-.29
I feel inferior to others who don't have a mental illness	.51	-.13
Others think that I can't achieve much in life because I have a mental illness.	.50	-.01
People can tell that I have a mental illness by the way I look.	.49	.02
I don't talk about myself much because I don't want to burden others with my mental illness.	.49	-.11
Because I have a mental illness, I need others to make most decisions for me.	.48	-.05
Mentally ill people tend to be violent	.45	-.15
Stereotypes about the mentally ill apply to me.	.43	-.17
People with mental illness cannot live a good, rewarding life.	.36	-.20
Usually, I feel alone.	-.27	.19
Mentally ill people shouldn't get married	.22	-.17
When I am unsure about something, I usually go along with the rest of the group.	-.18	-.11
I feel comfortable being seen in public with an obviously mentally ill person.	.12	-.06
Experts are in the best position to decide what people should do or learn.	.10	.07
Making waves never takes you anywhere.	-.05	.05
I see myself as a capable person	-.41	.74
I feel I am a person of worth, at least on an equal basis with others	-.42	.71

I generally accomplish what I set out to do	-.32	.70
I am able to do things as well as most people	-.30	.66
I have a positive attitude toward myself	-.25	.66
I feel I have a number of good qualities	-.30	.66
I am usually confident about the decisions I make	-.30	.64
When I make plans, I am almost certain to make them work	-.28	.63
I am often able to overcome barriers	-.30	.55
I can have a good, fulfilling life, despite my mental illness.	.04	-.43
Living with mental illness has made me a tough survivor.	-.16	-.32
In general, I am able to live life the way I want to.	.24	-.28
You can't fight city hall.	.04	.26
I feel powerless most of the time.	-.17	.21
People with mental illness make important contributions to society.	-.05	-.18
People have no right to get angry just because they don't like something.	.02	.11
Most of the misfortunes in my life are due to bad luck.	.04	.08

Table 7.
Factor analysis of Personal Empowerment and ISMI items

Items	Factor 1 (ISMI)	Factor 2 (Empower-ment)
I don't socialize as much as I used to because my mental illness might make me look or behave "weird".	.71	-.02
Negative stereotypes against people with mental illness like myself keep me isolated from the "normal" world.	.66	-.07
I avoid getting close to people who don't have a mental illness to avoid rejection	.62	-.04
Being around people who don't have a mental illness makes me feel out of place or inadequate.	.62	-.16
People without mental illness could not possibly understand me.	.61	-.22
I am disappointed in myself for having a mental illness.	.61	-.17
I am embarrassed or ashamed that I have a mental illness	.60	-.08
I can't contribute anything to society because I have a mental illness	.60	-.03
Nobody would be interested in getting close to me because I have a mental illness	.60	-.07
I stay away from social situations in order to protect my family or friends from embarrassment	.60	-.26
I feel out of place in the world because I have a mental illness	.59	.00
People ignore me or take me less seriously just because I have a mental illness.	.56	-.32
Having a mental illness has spoiled my life	.54	-.24
People often patronize me, or treat me like a child, just because I have a mental illness.	.54	-.20
People discriminate against me because I have a mental illness	.53	-.08
I feel inferior to others who don't have a mental illness	.52	-.06
I don't talk about myself much because I don't want to burden others with my mental illness.	.50	-.07
Stereotypes about the mentally ill apply to me.	.47	.00
Because I have a mental illness, I need others to make most decisions for me.	.47	-.10
Mentally ill people tend to be violent	.46	-.02
People can tell that I have a mental illness by the way I look.	.45	-.17
Others think that I can't achieve much in life because I have a mental illness.	.44	-.26
People with mental illness cannot live a good, rewarding life.	.41	.01
Mentally ill people shouldn't get married	.29	.05
I can have a good, fulfilling life, despite my mental illness.	.14	-.06
I feel comfortable being seen in public with an obviously mentally ill person.	.13	-.09
Living with mental illness has made me a tough survivor.	-.07	-.02
How much choice do you have over whether you can invite guests to the place you stay whenever you want?	-.04	.71
How much choice do you have on whether you can store any possessions you want in the place you stay?	-.06	.65
How much choice do you have in deciding who stays in your living space at night?	.04	.62

How much choice do you have about when you can watch TV or listen to the radio	.01	.59
How much choice do you have about what type of situation you will live in - i.e. your own apt, hotel, other?	-.26	.57
How much choice do you have about where to go to get help when you have problems?	-.22	.53
How much choice do you have about how you will spend your free time?	-.06	.53
How much choice do you have about which town or city do you live in?	-.20	.52
How much choice do you have in deciding when to go to get help for your problems	-.22	.52
How much choice do you have about how to spend any money that you might have?	-.01	.48
In general, I am able to live life the way I want to.	.21	-.42
People with mental illness make important contributions to society.	.02	.05

Table 8.
Factor analysis of Recovery Orientation and ISMI items

Items	Factor 1 (Recovery Orientation)	Factor 2 (ISMI)
I am hopeful about my future	.81	-.12
Something good will eventually happen	.77	-.14
I can help myself become better	.76	-.24
I have goals in life that I want to reach	.76	.00
I have a purpose in life	.75	-.11
I have an idea of who I want to become	.73	-.12
I like myself	.71	-.27
I can learn from my mistakes	.71	-.19
It is important to have fun	.70	.02
I can handle what happens in my life	.70	-.29
I have people I can count on	.70	-.12
I have a desire to succeed	.69	-.04
If people really knew me, they would like me	.69	-.13
I continue to have new interests	.69	-.18
I know that there are mental health services that do help me	.69	-.09
There are things that I can do that help me deal with unwanted symptoms	.68	-.24
It is important to have healthy habits	.65	-.05
I ask for help when I need it	.65	-.27
I know what helps me get better	.64	-.29
I know when to ask for help	.63	-.21
Even when I don't believe in myself, other people do.	.63	-.16
I am the person most responsible for my own improvement	.63	.00
I believe I can meet my current goals	.62	-.22
I can identify the early warning signs of becoming sick	.61	-.31
Although my symptoms may get worse, I know how to handle it.	.61	-.38
I have my own plan for how to stay or become well	.59	-.26
It is important to have a variety of friends	.58	-.19
I am willing to ask for help	.58	-.20
Even when I don’t care about myself, other people do	.55	-.12
I understand how to control my symptoms of my mental illness	.55	-.34
I can identify what triggers the symptoms of my mental illness	.54	-.19
Things happen for a reason	.50	.16
My symptoms interfere less and less with my life	.48	-.19
Being able to work is important to me.	.44	-.18
My symptoms seem to be a problem for shorter periods of time each time they occur	.43	-.19
I can handle it if I get sick again	.40	-.39
Fear doesn't stop me from living the way I want to	.35	-.29
I can have a good, fulfilling life, despite my mental illness.	-.30	.07
Coping with my mental illness is no longer the main focus of my life	.26	-.14
People with mental illness make important contributions to society.	-.24	-.03
Living with mental illness has made me a tough survivor.	-.21	-.17

I don’t socialize as much as I used to because my mental illness might make me look or behave "weird".	-.19	.68
People without mental illness could not possibly understand me.	-.10	.66
Negative stereotypes against people with mental illness like myself keep me isolated from the "normal" world.	-.13	.65
I stay away from social situations in order to protect my family or friends from embarrassment	-.14	.64
Being around people who don’t have a mental illness makes me feel out of place or inadequate.	-.12	.61
People ignore me or take me less seriously just because I have a mental illness.	-.10	.60
I avoid getting close to people who don't have a mental illness to avoid rejection	-.15	.60
People often patronize me, or treat me like a child, just because I have a mental illness.	.02	.57
I am disappointed in myself for having a mental illness.	-.20	.57
I feel out of place in the world because I have a mental illness	-.14	.57
Nobody would be interested in getting close to me because I have a mental illness	-.21	.56
I am embarrassed or ashamed that I have a mental illness	-.14	.56
People discriminate against me because I have a mental illness	.02	.55
Having a mental illness has spoiled my life	-.25	.54
I feel inferior to others who don't have a mental illness	-.08	.51
I can’t contribute anything to society because I have a mental illness	-.28	.50
Others think that I can’t achieve much in life because I have a mental illness.	-.05	.48
People can tell that I have a mental illness by the way I look.	.11	.48
Stereotypes about the mentally ill apply to me.	.02	.48
I don’t talk about myself much because I don’t want to burden others with my mental illness.	-.16	.47
Mentally ill people tend to be violent	-.12	.45
Because I have a mental illness, I need others to make most decisions for me.	-.11	.45
I can handle stress	.30	-.34
People with mental illness cannot live a good, rewarding life.	-.28	.32
In general, I am able to live life the way I want to.	-.24	.26
Mentally ill people shouldn’t get married	-.15	.22
I feel comfortable being seen in public with an obviously mentally ill person.	-.09	.13

Table 9
Factor analysis of items from the 4 main ISMI subscales (not including the Stigma Resistance subscale).

Item	Social Withdrawal	Alienation	Perceived Discrimination	Stereotype Endorsement
I feel inferior to others who don't have a mental illness	.67	.21	.05	-.04
I don't socialize as much as I used to because my mental illness might make me look or behave "weird".	.62	.28	.21	.17
I am embarrassed or ashamed that I have a mental illness	.56	.24	.09	.24
I avoid getting close to people who don't have a mental illness to avoid rejection	.55	.16	.24	.24
I feel out of place in the world because I have a mental illness	.54	.22	.13	.17
People discriminate against me because I have a mental illness	.52	-.02	.31	.18
Being around people who don't have a mental illness makes me feel out of place or inadequate.	.51	.11	.38	.24
I stay away from social situations in order to protect my family or friends from embarrassment	.40	.28	.28	.32
Stereotypes about the mentally ill apply to me.	.36	.20	.06	.28
I am disappointed in myself for having a mental illness.	.31	.85	.10	.07
Having a mental illness has spoiled my life	.22	.67	.14	.19
I can't contribute anything to society because I have a mental illness	.22	.42	.27	.30
Nobody would be interested in getting close to me because I have a mental illness	.22	.41	.31	.27
Others think that I can't achieve much in life because I have a mental illness.	.02	.33	.66	.08
People often patronize me, or treat me like a child, just because I have a mental illness.	.41	-.06	.65	.13
People ignore me or take me less seriously just because I have a mental illness.	.25	.23	.51	.30

Negative stereotypes against people with mental illness like myself keep me isolated from the "normal" world.	.37	.32	.39	.22
People without mental illness could not possibly understand me.	.27	.37	.39	.30
I don't talk about myself much because I don't want to burden others with my mental illness.	.32	.27	.37	.00
People can tell that I have a mental illness by the way I look.	.25	.05	.36	.33
Mentally ill people tend to be violent	.32	.10	-.10	.68
Because I have a mental illness, I need others to make most decisions for me.	.15	.19	.18	.55
People with mental illness cannot live a good, rewarding life.	.13	.04	.15	.54
Mentally ill people shouldn't get married	-.04	.13	.20	.30

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