



## A stress-coping model of mental illness stigma: II. Emotional stress responses, coping behavior and outcome

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### ABSTRACT

Stigma can be a major stressor for people with schizophrenia and other mental illnesses, leading to emotional stress reactions and cognitive coping responses. Stigma is appraised as a stressor if perceived stigma-related harm exceeds an individual's perceived coping resources. It is unclear, however, how people with mental illness react to stigma stress and how that affects outcomes such as self-esteem, hopelessness and social performance. The cognitive appraisal of stigma stress as well as emotional stress reactions (social anxiety, shame) and cognitive coping responses were assessed by self-report among 85 people with schizophrenia, schizoaffective or affective disorders. In addition to self-directed outcomes (self-esteem, hopelessness), social interaction with majority outgroup members was assessed by a standardized role-play test and a seating distance measure. High stigma stress was associated with increased social anxiety and shame, but not with cognitive coping responses. Social anxiety and shame predicted lower self-esteem and more hopelessness, but not social performance or seating distance. Hopelessness was associated with the coping mechanisms of devaluing work/education and of blaming discrimination for failures. The coping mechanism of ingroup comparisons predicted poorer social performance and increased seating distance. The cognitive appraisal of stigma-related stress, emotional stress reactions and coping responses may add to our understanding of how stigma affects people with mental illness. Trade-offs between different stress reactions can explain why stress reactions predicted largely negative outcomes. Emotional stress reactions and dysfunctional coping could be useful targets for interventions aiming to reduce the negative impact of stigma on people with mental illness.

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### 1. Introduction

Stigma is a stressor for many people with schizophrenia and other mental illnesses and therefore a major clinical and public health issue (Corrigan, 2005; Hinshaw, 2007; Thornicroft, 2006). Yet some individuals with mental illness are

demoralized by stigma while others remain relatively unaffected (Corrigan and Watson, 2002; Rüsçh et al., 2006b). In part 1 of this two-part paper, we discussed public and personal predictors of stigma stress, that is whether stigmatized individuals feel that the potential harm of stigma exceeds their resources to cope with this threat (Rüsçh et al., 2009-this issue). In part 2, we apply the same social-psychological stress-coping model of stigma (Major and O'Brien, 2005) to examine emotional and cognitive reactions to stigma stress appraisal and how these reactions affect broader outcomes for stigmatized individuals (Fig. 1). While

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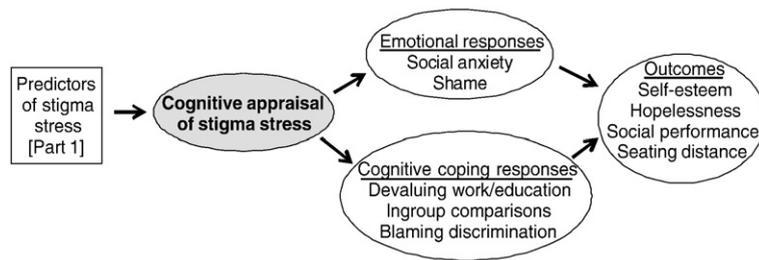


Fig. 1. Cognitive appraisal of stigma-related stress, stress reactions and outcomes (part 2, adapted from Major and O'Brien, 2005).

previous work investigated other stressors and coping in schizophrenia (Betensky et al., 2008; Cooke et al., 2007; Myin-Germeys and van Os, 2007; Roe et al., 2006), we focus here on stigma-related stress and its consequences. This can provide a better understanding of how stigma affects people with mental illness and help to identify targets for interventions that aim to reduce stigma's negative impact (Knight et al., 2006; Lysaker et al., 2007a; MacInnes and Lewis, 2008).

Reactions to stigma stress can explain why individuals cope more or less successfully with stigma. Stress appraisal leads to two sets of responses (Fig. 1), involuntary emotional reactions and deliberate cognitive coping responses. Two key emotions in the context of stigma are social anxiety and shame (Lazarus, 1993). Social anxiety is a reaction to stigma as a threat in social interactions (Spencer et al., 1999). Likewise, shame is prominent in mental illness (Rüsç et al., 2007b), an emotional correlate of internalized stigma (Rüsç et al., 2006a) and a reaction to being socially exposed and humiliated as a devalued person (Lewis, 1998). This is consistent with findings that shame and social anxiety are consequences of social devaluation among members of the public (Gilbert and Miles, 2000) and of stigmatizing experiences in persons with psychosis (Birchwood et al., 2007).

Coping responses, on the other hand, are conscious and volitional regulation efforts in response to stressors (Miller, 2006). In their classic paper, Crocker and Major (1989) explored three coping mechanisms that can help preserve the self-esteem of stigmatized individuals. First, group members can devalue domains in which their group stereotypically performs poorly, such as work and education in the case of people with mental illness. Negative feedback or failures such as unemployment are then less likely to have a negative impact on the person because these domains become peripheral in the person's self-concept. The second coping mechanism is to compare oneself primarily with ingroup members, i.e. with other people with mental illness; because other ingroup members are likely to be similarly disadvantaged, ingroup comparisons are usually less painful and self-esteem threatening than comparisons with more advantaged majority outgroup members (i.e., members of the public). Third, a person may choose to attribute negative feedback to discrimination rather than to internal causes such as lack of ability, blaming discrimination instead of blaming the self (Major et al., 2003).

Emotional or cognitive stress responses influence global outcomes. No reaction to stigma is universally beneficial or detrimental (Major and O'Brien, 2005) because one coping response may be helpful in one domain but harmful in another. For example, a person with mental illness may use the coping

mechanism of ingroup comparisons to stabilize self-esteem. However, lack of outgroup comparisons may undermine motivation and learning opportunities, resulting in lower academic, vocational or social performance in the long run. Therefore we measured four outcomes, two of which are related to a person's self-image and two to social performance. First we studied self-esteem and hopelessness as a pair of self-directed outcomes. Self-esteem is of interest because the above-mentioned cognitive coping responses can protect self-esteem (Crocker and Major, 1989; Major et al., 2003) and experiencing stigma is often associated with lower self-esteem (Corrigan et al., 2006; Link et al., 2001; Lysaker et al., 2007b, 2008b; Rüsç et al., 2006a; Wright et al., 2000; Yanos et al., 2008). Hopelessness, as a negative self-directed outcome, is a proxy for demoralization as a consequence of stigma, its relevance being underlined by its association with suicidality (Brezo et al., 2006). Although not assessing stigma stress appraisal, previous studies found aspects of internalized stigma, such as feeling devalued or agreeing with negative stereotypes, and impaired self-experience as reflected by illness narratives to be associated with reduced hope in schizophrenia (Lysaker et al., 2006, 2008a; Yanos et al., 2008). A second pair of outcomes referred to social behavior in the interaction with "normal" majority outgroup members, who are often the source of stigma. Social behavior was measured by a standardized role-play test and a seating distance measure. We examined the hypotheses that first, higher stigma-induced stress appraisal predicts higher levels of emotional stress reactions and cognitive coping responses; and second, that emotional and cognitive stress responses predict broader outcomes.

## 2. Materials and methods

### 2.1. Participants

In part 1 (Rüsç et al., 2009-this issue) we reported details of study participants. Briefly, 85 persons with mental illness participated. Twenty-three (27%) participants had schizophrenia, 22 (26%) schizoaffective, 30 (35%) bipolar I or II, and the remaining 10 (12%) recurrent unipolar major depressive disorders. Overall, 33 subjects (39%) suffered from a comorbid current alcohol- or substance-related abuse or dependence.

### 2.2. Emotional and cognitive responses to stigma stress

Social anxiety and shame were measured as involuntary emotional responses to stigma. Social anxiety was assessed by the fear score of the Liebowitz Social Anxiety scale (Liebowitz,

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