

***STIGMA & EARLY  
INTERVENTION  
FOR PSYCHOSIS:  
CAN WE SHRINK THE  
ELEPHANT?***

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# “STIGMA”

*...a deep, shameful mark or flaw relative to being a member of a group that is devalued by the societal mainstream (Hinshaw, 2007).*

*...a debased, flawed or spoiled identity as the result of a physical, characterological or social attribute that is widely perceived to be discrediting (Goffman, 1963).*

# The Distinction Between Public Stigma and Self-Stigma

## Public Stigma

- **Stereotype:**  
Negative belief about a group  
e.g., dangerous  
incompetence  
character weakness
- **Prejudice:**  
Agreement with belief and/or  
negative emotional reaction  
e.g., anger  
fear
- **Discrimination:**  
Behavior response to prejudice  
e.g., avoidance of work and  
housing opportunities  
withhold help

## Self-Stigma

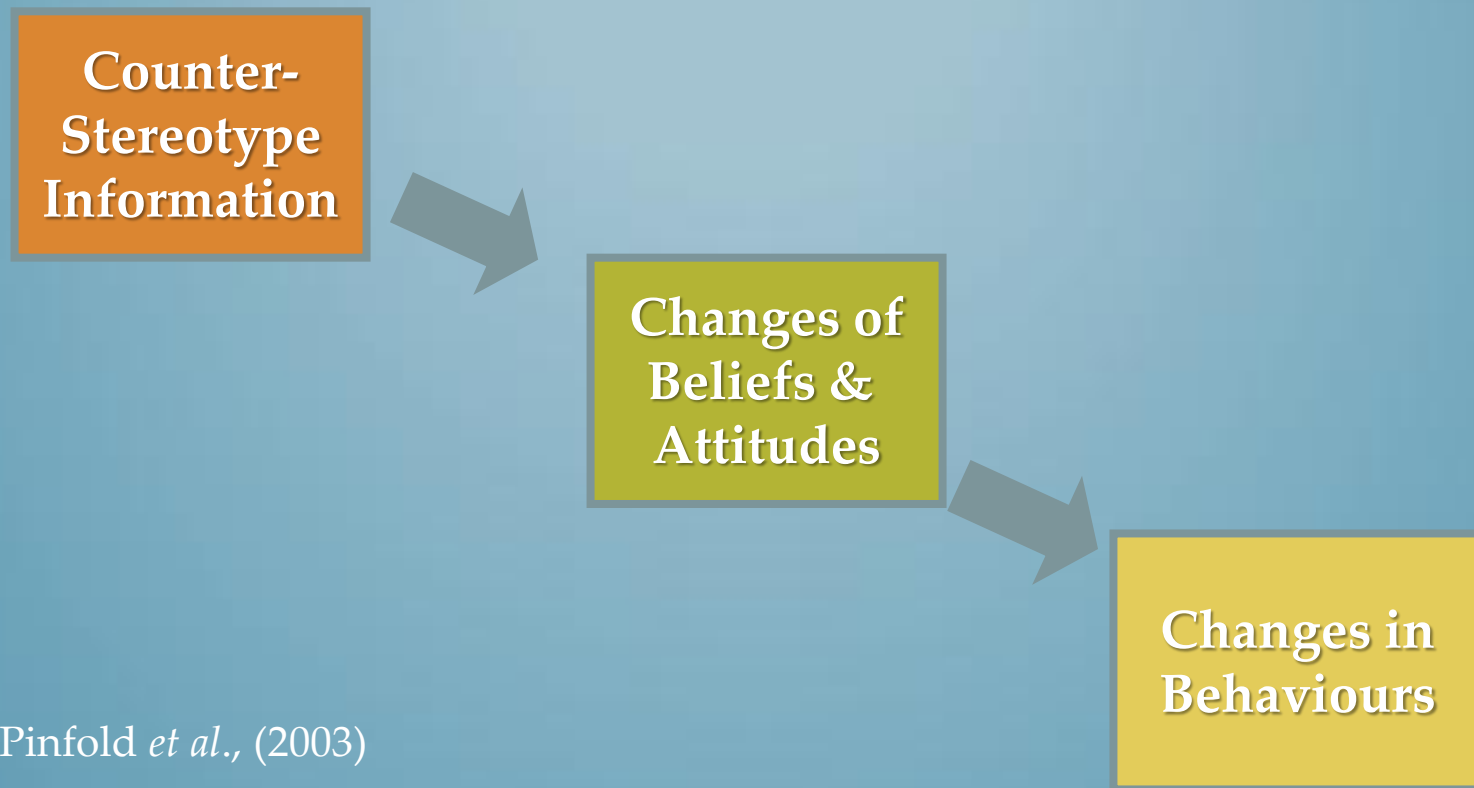
- **Stereotype:**  
Negative belief about the self  
e.g., character weakness  
incompetence
- **Prejudice:**  
Agreement with belief  
Negative emotional reaction  
e.g., anger  
fear
- **Discrimination:**  
Behavior response to prejudice  
e.g., fails to pursue work and  
housing opportunities

# Some Implications for Early Intervention for Psychosis

## Relationship of stigma to:

- Treatment delay
- “Insight”
- Adherence
- Symptoms
- Recovery

# TYPICAL MODEL OF STIGMA REDUCTION



Pinfold *et al.*, (2003)

# BELIEFS & ATTITUDES

OMI – Cohen & Struening (1962)

*Authoritarianism – people with mental illness are an inferior class*

**“One of the main causes of mental illness is a lack of moral strength or will power”**

*Benevolence – paternalistic view based on humanism and religion rather than science.*

**“Patients in mental hospitals are in many ways like children”**

*Mental Hygiene Ideology – need for rational scientific, professional approach*

**“Mental illness is an illness like any other”**

*Social Restrictiveness – restriction of activities*

**“Anyone in a hospital for mental illness should not be allowed to vote”**

*Interpersonal Etiology*

**“Mental patients come from homes where parents took little interest in their children”**

# SEMANTIC DIFFERENTIAL SCALES

*Someone with mental illness is:*

Safe \_\_\_\_\_ Dangerous

Weak \_\_\_\_\_ Strong

Nice \_\_\_\_\_ Nasty



# Social Distance Scale

*Bogardus (1925); Link et al (1987)*

**Rate likelihood that you would:**

- Speak to on street...
- Have lunch with...
- Work with...
- Move next door to...
- Recommend for job...
- Invite to your home...
- Support marriage into family...

etc.

# Common Approaches/Emphases of Anti-Stigma Campaigns

- Mental illness is not a result of weak character -- it is a biological process.
- Mental illness is very distressing.
- There is widespread discrimination against those with mental illness.
- Stigma and discrimination are harmful
- There is little danger associated with mental illness.
- Anyone can develop mental illness.

# LARGE SCALE CAMPAIGNS

(see also Estroff *et al* (2004) *Schizophrenia Bulletin* 493-509)

- Changing Minds Campaign and Defeat Depression Campaign
  - *British Royal College of Psychiatrists*
- Open the Doors Campaign
  - *World Psychiatric Association*
- National Community Awareness Campaign
  - *Australia*
- Mind Out for Mental Health
  - *England*
- See Me Campaign
  - *Scotland*
- Opening Minds
  - *Mental Health Commission of Canada*

## Effects?

- Awareness
- Beliefs
- Behavioural intention and behaviour?

# Repeated population surveys yield little consistent evidence of improved responses to those with mental illness.

Silton, et al (2011) *Journal of Nervous & Mental Disease* 199:361-366

**TABLE 2. Participants' Ratings of Mental Illness and Dangerousness**

Presenting Problems	Mental Illness				Dangerousness			
	1996		2006		1996		2006	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Minor problems	1.07	1.14	1.37	1.15	1.04	1.11	1.15	1.04
Depression	2.50	1.20	2.67	1.16	1.60	1.26	1.59	1.15
Schizophrenia	3.24	1.03	3.24	0.92	2.23	1.20	2.38	1.22
Alcoholism	1.93	1.28	2.08	1.30	2.51	1.12	2.51	1.17

**TABLE 4. Participants' Desire for Social Distance**

Presenting Problems	1996		2006	
	Mean	SD	Mean	SD
Minor problems	1.15	0.84	1.20	0.87
Depression	1.72	0.97	1.60	0.94
Schizophrenia	2.12	1.02	2.24	1.00
Alcoholism	2.38	0.92	2.27	0.93

See also:

Angermeyer & Matschinger (1996) *Acta Psychiatrica Scandinavica* 94:326-336

Phelan, et al (2000) *Journal of Health and Social Behaviour* 41:188-207

Pescosolido, et al (2010) *American Journal of Psychiatry* 167:1321-1330

# TIME TO CHANGE (UK)

£ 20.5 Million

- **Distribution of social marketing campaign materials**
  - Web site
  - Guide for media productions
  - Posters and leaflets
  - Personal action packs
  - Language guide
  - Myth/fact sheets
  
- **Collaboration in stage public relations events**
  - Event boxes
  
- **Holding events to promote social contact between people with and without experience of mental health problems.**

# Responses to Reported and Intended Behaviour Scale Items (strongly or slight agree, weighted percentages).

Evans-Lacko, et al., (2013) *Br J Psychiatry* 202:s51-s57

	Response, %			
	2009	2010	2011	2012
<b>Reported behaviour</b>				
Live with	20.3	16.5	18.5	19.8
Work with	27.3	25.2	26.3	27.4
Work nearby	19.2	20.1	17.7	20.0
Continue a relationship	35.2	33.8	32.5	34.2
<b>Intended behaviour</b>				
Live with	56.5	58.0	55.9	56.6
Work with	68.8	70.7	68.3	70.7
Work nearby	71.8	73.6	71.7	74.1
Continue a relationship	82.5	84.6	81.9	83.3

# Conclusions From Anti-Stigma Campaigns

- Little credible evaluation of large scale campaigns.
- When evaluations are available, generally impact on awareness and beliefs, but little if any on behavioural intentions or behaviour.

*“...the results of destigmatization campaigns are far from satisfactory and greater research and sophistication are still necessary.”*

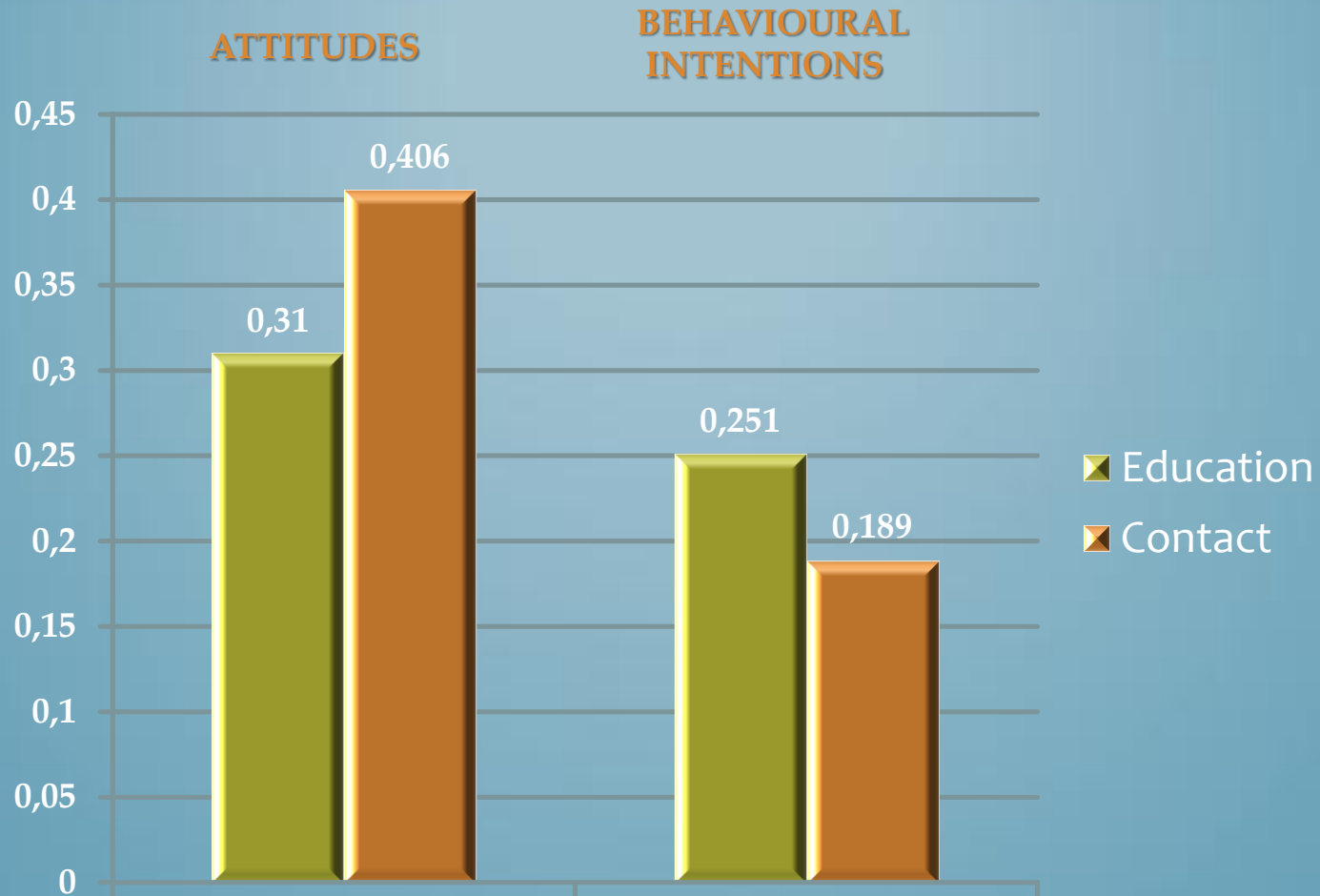
Davidson (2002) *World Psychiatry* 1:23

*“...the choice of the actions taken [in attempting to reduce stigma] has not infrequently been guided by personal preferences rather than being based on empirical evidence.”*

Angermeyer (2002) *World Psychiatry* 1:22

# Mean Effect Sizes (d) from 79 Studies

Corrigan, et al. (2012) *Psychiatric Services* 63:963-973





# The Strength of a Stigma is Influenced by the Extent to Which the “Flaw”...

- can be concealed;
- will persist over time;
- disrupts normal social interactions;
- involves a displeasing physical appearance;
- is associated with danger;
- is seen as the responsibility or under the control of the stigmatized individual.

# **“An Illness Like Any Other”**

- **Emphasis on biological basis of mental illness.**
- **Targeted to reduce attributions of blame.**

*“Identification of the pathophysiology underlying chronic brain and mind disorders has also helped to reduce the stigma associated with these disorders.”*

Jones, EG & Mendell, LM (1999) Assessing the decade of the brain. *Science* 284:739.

# Unadjusted survey year differences in attributions of cause, perceptions of danger and social distance

Pescosolido, *et al.*, (2010) *Am J Psychiatry* 167:1321-1330.

Outcome Measure	Schizophrenia <sup>b</sup>				
	1996 (%)	2006 (%)	Difference <sup>e</sup>	F <sup>f</sup>	p
<b>Neurobiological attributions</b>					
Mental illness	85	91	6	4.42	0.04
Chemical imbalance	78	87	9	6.77	0.01
Genetic problem	61	71	11	6.12	0.01
Neurobiological conception <sup>g</sup>	76	86	10	8.00	0.01
<b>Sociomoral attributions</b>					
Ups and downs	40	37	-3	0.48	0.49
Bad character	31	31	0	0.01	0.91
Way raised	40	33	-7	2.75	0.10
<b>Stigma</b>					
<b>Social distance: unwilling to</b>					
Work closely with	56	62	6	1.97	0.16
Have as a neighbor	34	45	11	6.31	0.01
Socialize with	46	52	6	1.74	0.19
Make friends with	30	35	5	1.27	0.26
Have marry into family	65	69	4	0.88	0.35
<b>Dangerousness</b>					
Violent toward self	81	84	4	1.14	0.29
Violent toward others	54	60	6	1.74	0.19

See also:

Angermeyer & Matschinger (2005); Bag, *et al.* (2006); Dietrich, *et al.* (2004); Mehta, *et al.* (2009)

# “An Illness Like Any Other”

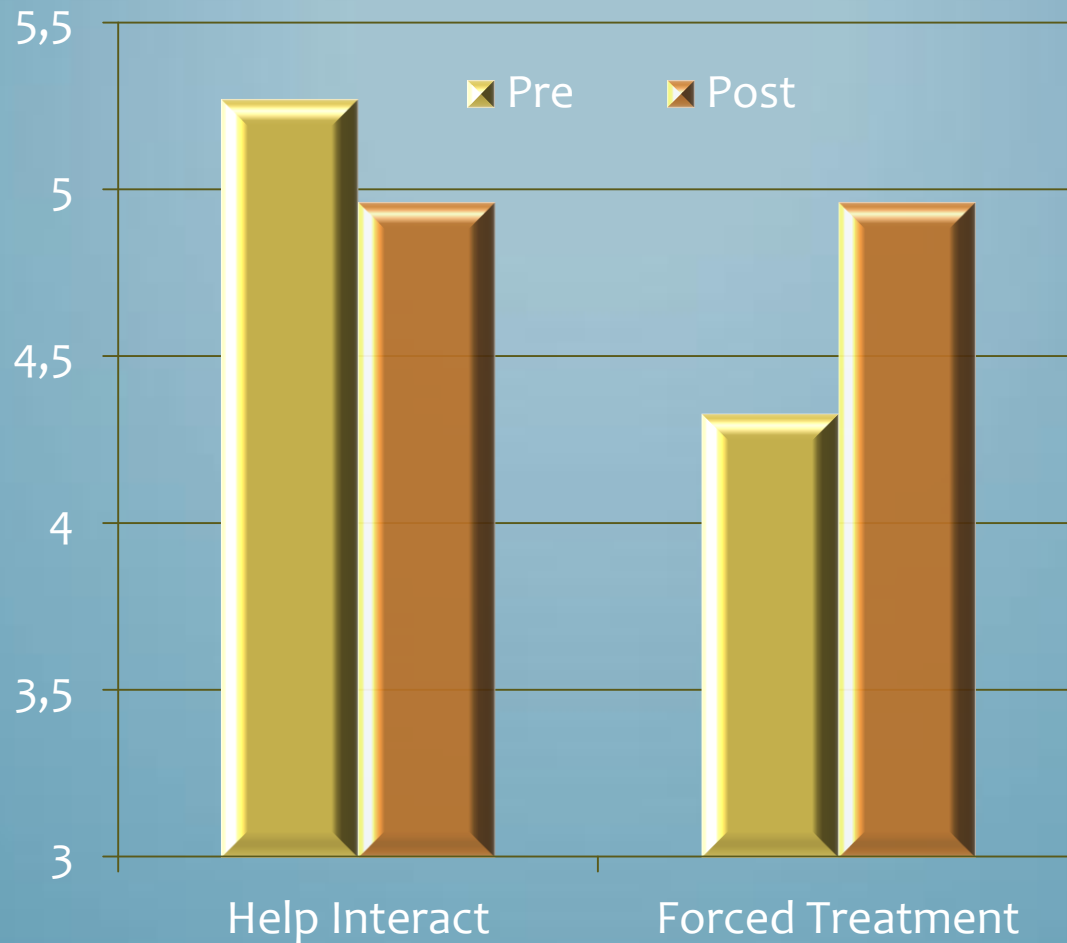
- Emphasis on biological basis of mental illness.
- Targeted to reduce attributions of blame.
- Sometimes reduces attributions of responsibility/blame.
- Often increases perception of seriousness, unpredictability, danger, poor prognosis, etc.
- Often increases preference for social distance.

Phelan J (2005) *Journal of Health & Social Behaviour* 46(4):307-322

Walker & Read (2002) *Psychiatry* 65(4):313-325

Read, et al. (2006) *Acta Psychiatrica Scandinavica* 114:303-318

Brown SA (2010) Implementing a brief hallucination simulation as a mental illness stigma reduction strategy. *Community Mental Health Journal* 46:500-504



# EFFECTS OF SYMPTOM DESCRIPTION

Gaebel, *et al.* (2003) *Canadian Journal of Psychiatry* 48:657-662

- increased empathy
- increased preference for social distance

Penn, *et al.* (1994) *Schizophrenia Bulletin* 20:567-578

- increased nervousness
- decreased perceived skills
- no effect on social distance

Penn, *et al.* (2003) *Schizophrenia Bulletin* 29:383-391

- decreased attribution of blame
- no effect on behavioural intention

*“...contact appears to be among the best strategies for changing mental illness stigma” (Watson & Corrigan, 2005)*

## **BASED ON:**

- studies of effect of contact on racial prejudice
- correlational evidence with respect to mental disorders
- a very few direct assessments of effect of contact in reducing mental illness stigma (Corrigan, *et al.*, 2001, 2002; Pinfold, *et al.*, 2003).

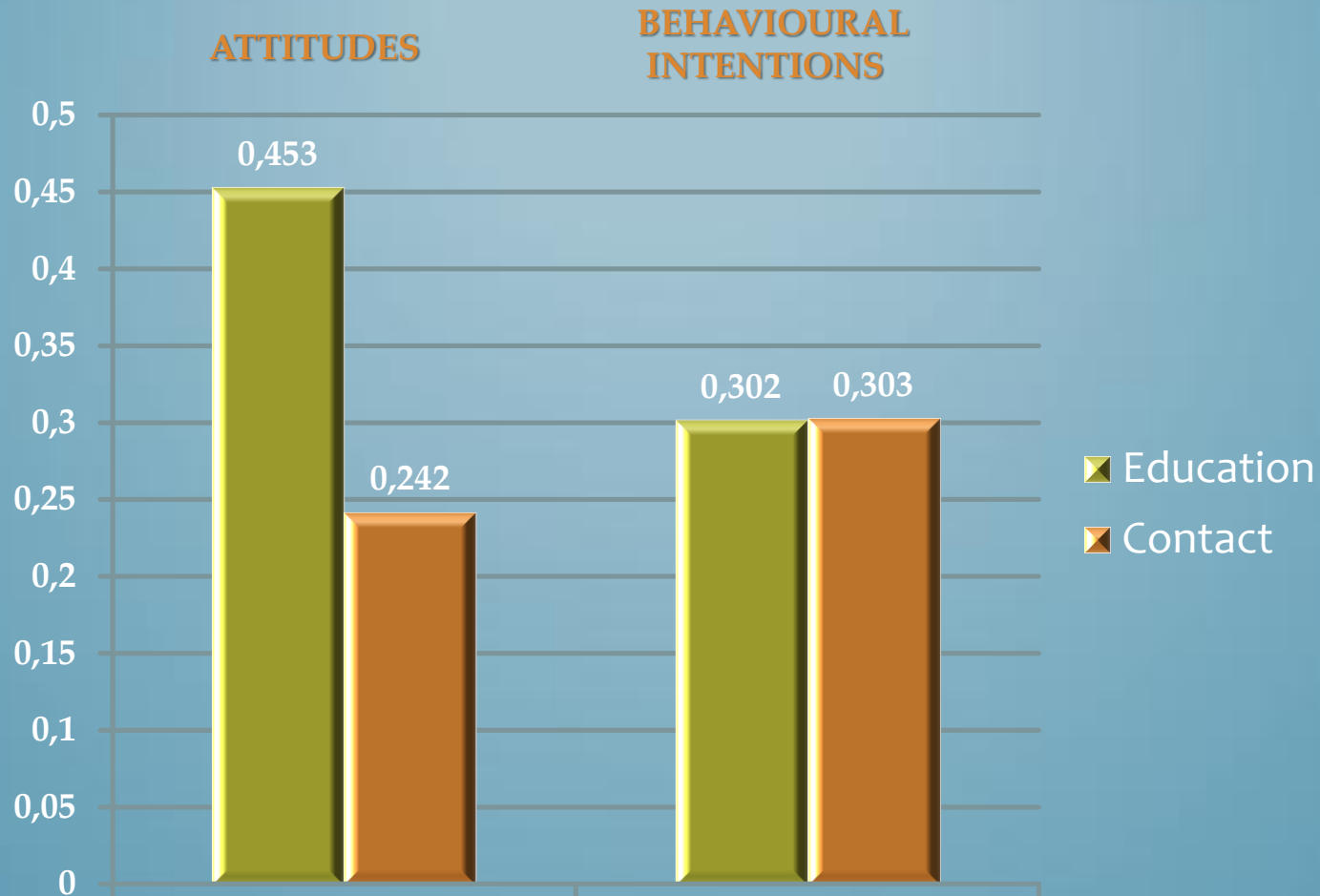


# REASON FOR CAUTION RE EFFECTS OF CONTACT

- intuitive counterarguments
- availability of facilitating circumstances:
  - equal status
  - co-operation/collaboration/meaning and interaction
  - institutional support
  - moderate disconfirmation of stereotypes
- effects of clinical training
- clinicians generally are no less discriminating

# Mean Effect Sizes (d) from 19 Studies with Adolescents

Corrigan, et al. (2012) *Psychiatric Services* 63:963-973



*“...do we increase the dose (more time, more advertising, more contact) or change the treatment? If the latter, what might such a change look like?”*

Smith (2013) *British Journal of Psychiatry* 202:S49-50

# PROPOSITION #1

*The most important beliefs predicting behavioural intentions to individuals with mental illness are those relating to costs and benefits of interaction.*

# The Strength of a Stigma is Influenced by the Extent to Which the “Flaw”...

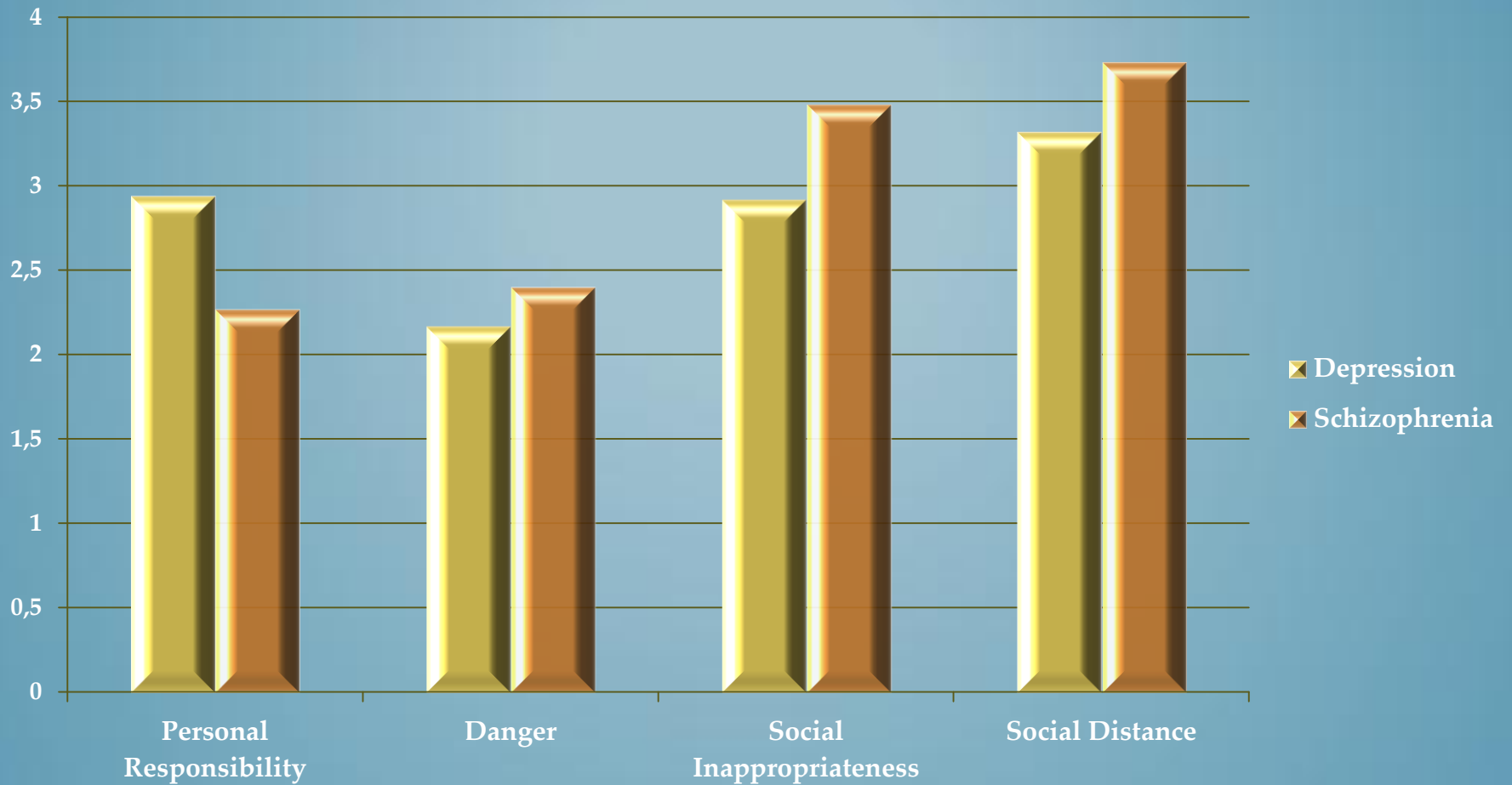
- can be concealed;
- **will persist over time;**
- **disrupts normal social interactions;**
- involves a displeasing physical appearance;
- **is associated with danger;**
- is seen as the responsibility or under the control of the stigmatized individual.

Norman, et al. (2008) *Social Psychiatry & Psychiatric Epidemiology*  
43:851-859

**Table 3** Correlates of preferred greater social distance

Predictor	Schizophrenia	Depression
Belief in danger	0.38**	0.20*
Belief in social inappropriateness	0.41**	0.38**
Belief in discontinuity	0.14	0.09
Belief in personal responsibility for illness	0.31**	0.12
Belief in less talent/intelligence	0.01	0.02
Belief in poor treatment outcome	0.05	0.01

\* $P < 0.05$ ; \*\* $P < 0.01$



Norman *et al.* (2012) *Int J Soc Psychiatry* 58:69-78

## PROPOSITION #2

*The facts concerning costs and benefits of interaction are not unambiguously supportive of “stigma” reduction.*



# FUNCTIONS OF STIGMA

*Kurzban & Leary, 2001*

- Avoiding individuals with whom social interaction is likely to have more costs than benefits.
- Avoiding contact with others who may present a physical danger.
- Justifying the exploitation of others.

- A. In the US about 1600 homicides a year are committed by individuals with serious mental illness.**
- B. Lifetime prevalence of violence among people with mental illness is about 16%.**
- C. The risk of violence by someone with a psychosis is at least 200 to 300% greater than that of the general population.**
- D. The risk of violence attributable to serious mental illness, such as psychosis, is much lower than that attributable to substance abuse.**
- E. About 5% of homicides are attributable to individuals with psychotic disorders.**

# SCHIZOPHRENIA IN THE NEWS

## Woman accused of killing two Canadians suffers from schizophrenia: Family

ASSOCIATED PRESS MAY 23, 2012

### Experts defend schizophrenia diagnosis for Norway killer

Posted on 15 June 2012 - 09:53am



OSLO (June 14, 2012): Two experts who examined Anders Behring Breivik defended Thursday their diagnosis that the Norwegian self-confessed mass killer is psychotic and therefore not criminally responsible for his actions.

### SCHIZOPHRENIC MAN BELIEVED HE WAS BEHEADING AN ALIEN

AFP  
May 23, 2012, 11:47 am

Recommend 7 Tweet 1 +1 Email Print



OTTAWA (AFP) - A Chinese immigrant who beheaded and cannibalized a Canadian bus passenger in front of horrified travelers four years ago spoke out for the first time, saying he believed his victim was an alien.

The Canadian Press - ONLINE EDITION

### Saskatchewan man says schizophrenia led to his attacks on two women

By: The Canadian Press  
Posted: 05/31/2012 10:42 PM | Comments: 0 (including replies)

Tweet 2 Share 1 Pinterest 0 SHARE 3 PRINT E-MAIL REPORT ERROR

SASKATOON - A Battlefords-area man struggling with schizophrenia has pleaded guilty to two attacks in Saskatoon this month.

*“...they glance at the poster proclaiming that mentally ill people make good neighbours. Then they see the news about the latest violent act by an untreated person with mental illness. The public knows which one to believe.”*

*“At a practical level what this means is that we can continue to educate the public about mental illness, but it will have no effect on stigma.”*

## PROPOSITION #3

*Beliefs about mental illness  
are not the only (or  
necessarily the primary)  
determinants of relevant  
behavioural intentions  
and behaviours.*

# OTHER DETERMINANTS OF BEHAVIOUR

- Norms
- Automatic/non-propositional reactions
- Values

# Correlates of Preferred Greater Social Distance

Predictor	Schizophrenia	Depression
Belief in danger	.38**	.20*
Belief in social inappropriateness	.41**	.38**
Belief in discontinuity	.14	.09
Belief in personal responsibility for illness	.31**	.12
Belief in less talent/intelligence	.01	.02
Belief in poor treatment outcome	.05	.01
<b>Perceived norm for greater social distance</b>	<b>.65**</b>	<b>.58**</b>

\* p < .05  
\*\* p < .01

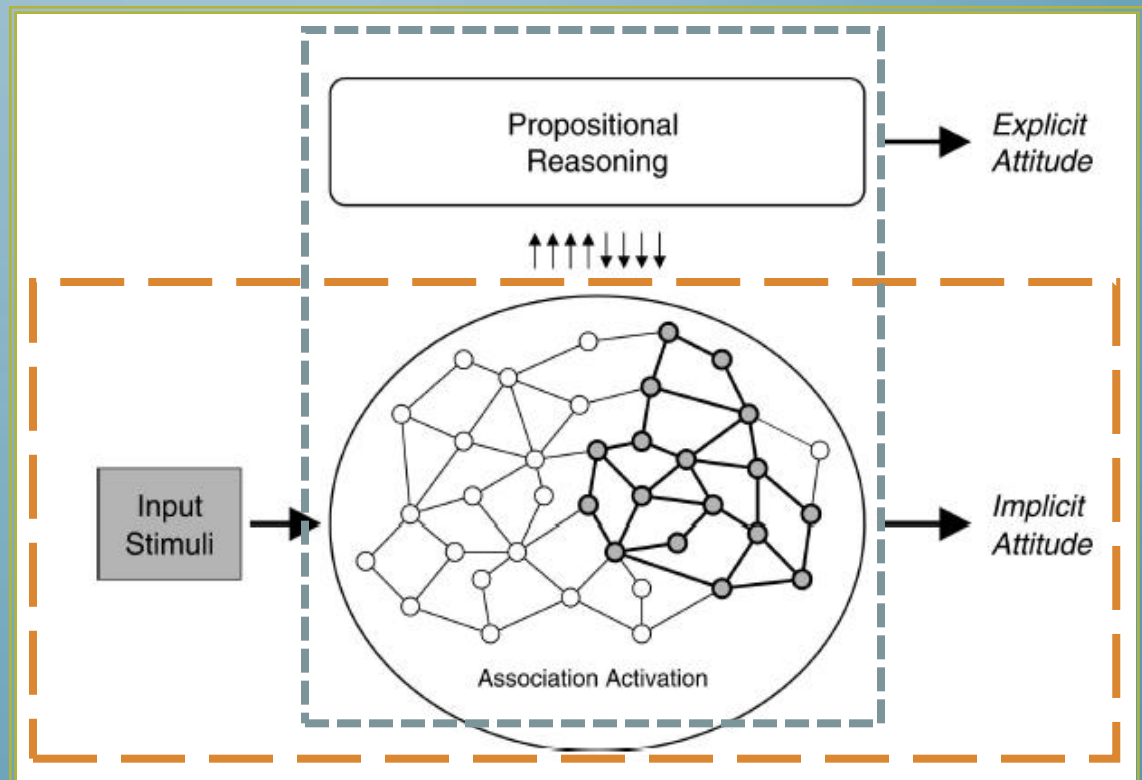
# THE ASSOCIATIVE-PROPOSITIONAL EVALUATION MODEL

## Propositional Reasoning

- Controlled
- Involves truth value assignment
- Underlies explicit evaluation

## Association Activation

- Automatic
- Independent of subjective validity
- Underlies implicit evaluation



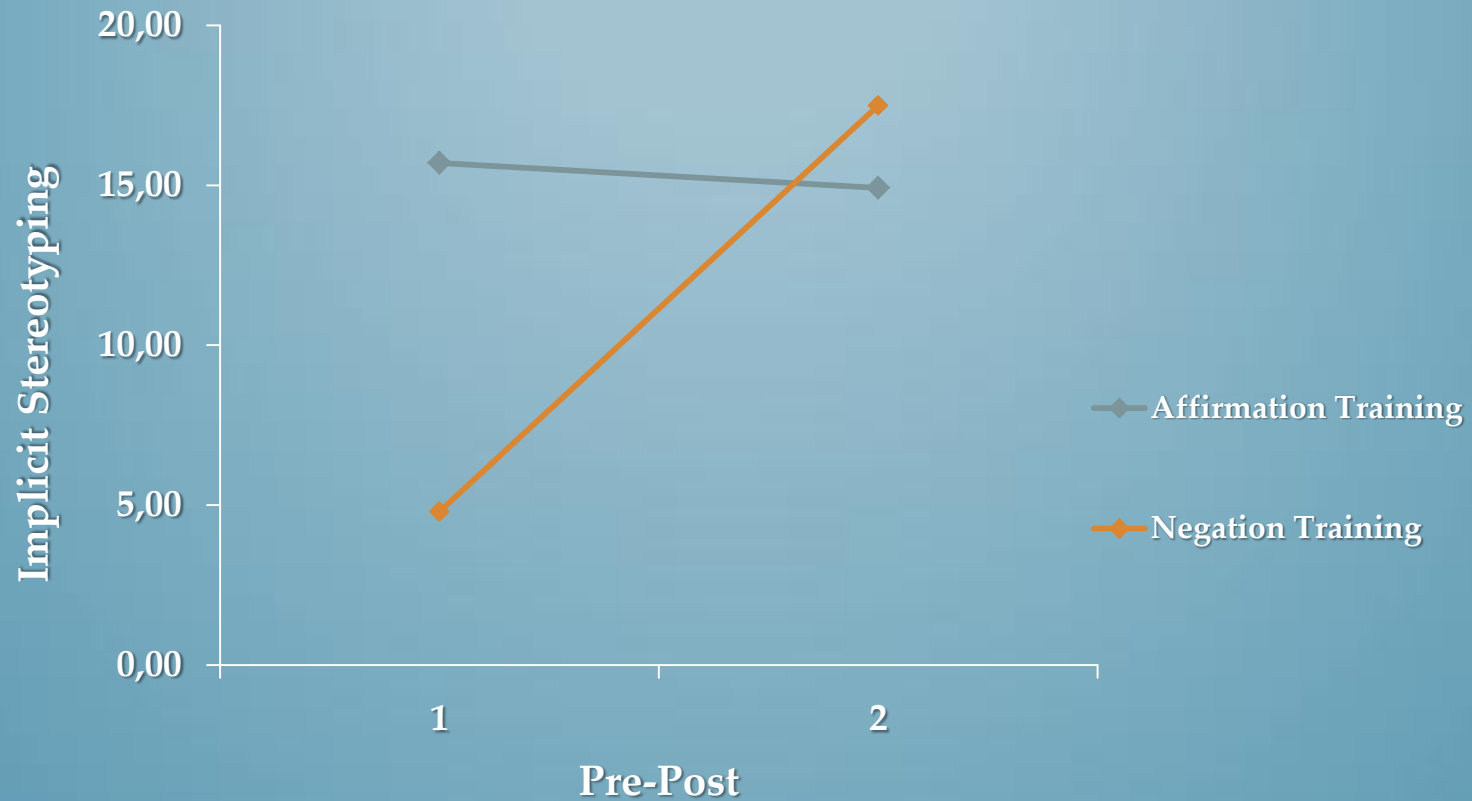


## Correlations of explicit valuations, seating distance and cortisol in anticipation of meeting someone with schizophrenia.

Seating Distance	.24*	* p<.05 **p<.01
Cortisol	.09	.32**
	Explicit Evaluation	Seating Distance

Norman, *et al.* (2010) Physical proximity in anticipation of meeting someone with schizophrenia: The role of explicit evaluations, implicit evaluations and cortisol levels. *Schizophr Res* 124:74-80

# Effect of Affirmation and Negation Training on Implicit Attitudes



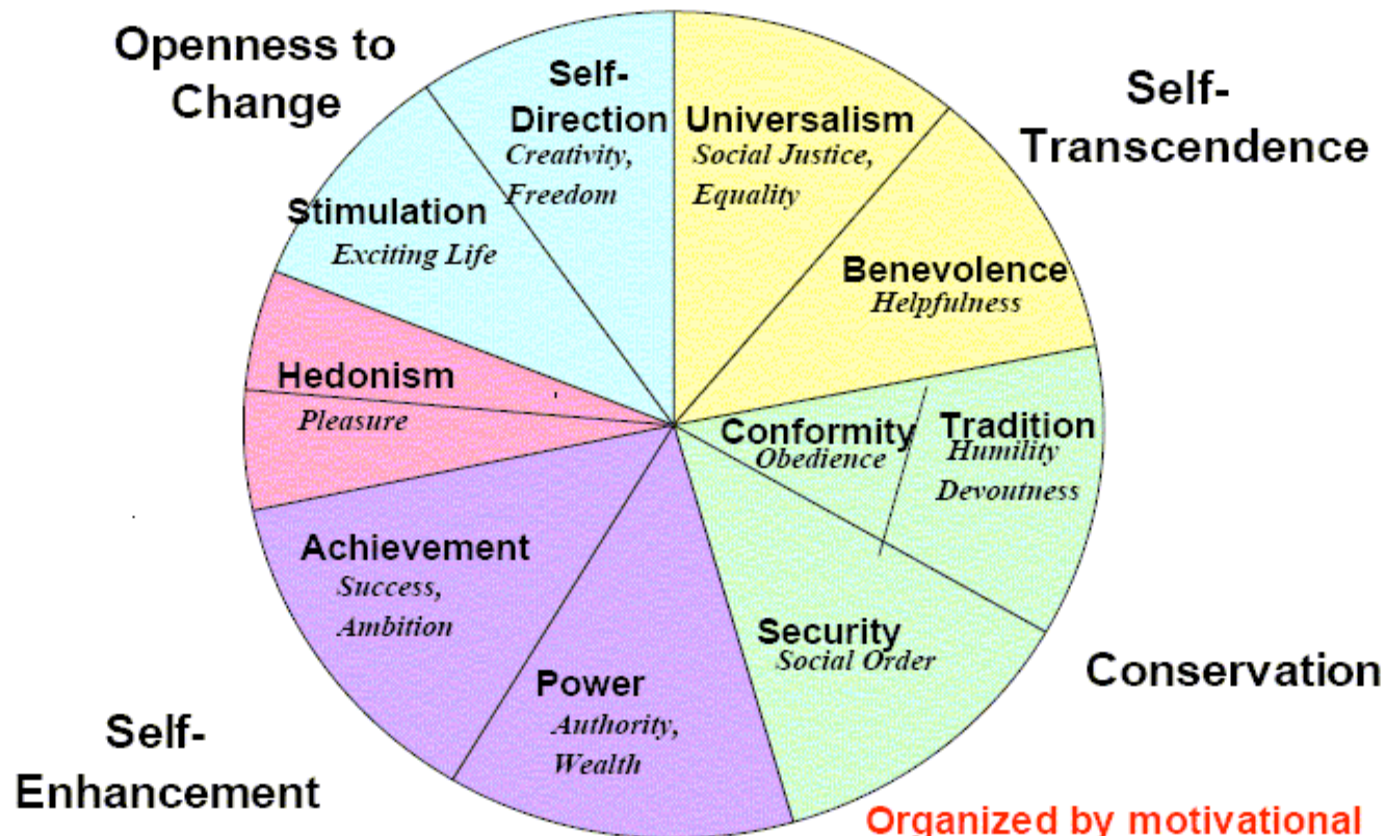
# NATURE OF VALUES

*Values* are beliefs about desirable goals

*Values* are motivational

*Values* are hierarchical

*Values* transcend specific actions and situations, but guide the selection and evaluation of specific actions, objects or situations.



Organized by motivational similarities and dissimilarities

**Norman, et al (2008) Are personal values of importance in the stigmatization of people with mental illness? *Can J Psychiatry* 53:858-856.**

**Table 2: Bivariate Correlations with Social Distance**

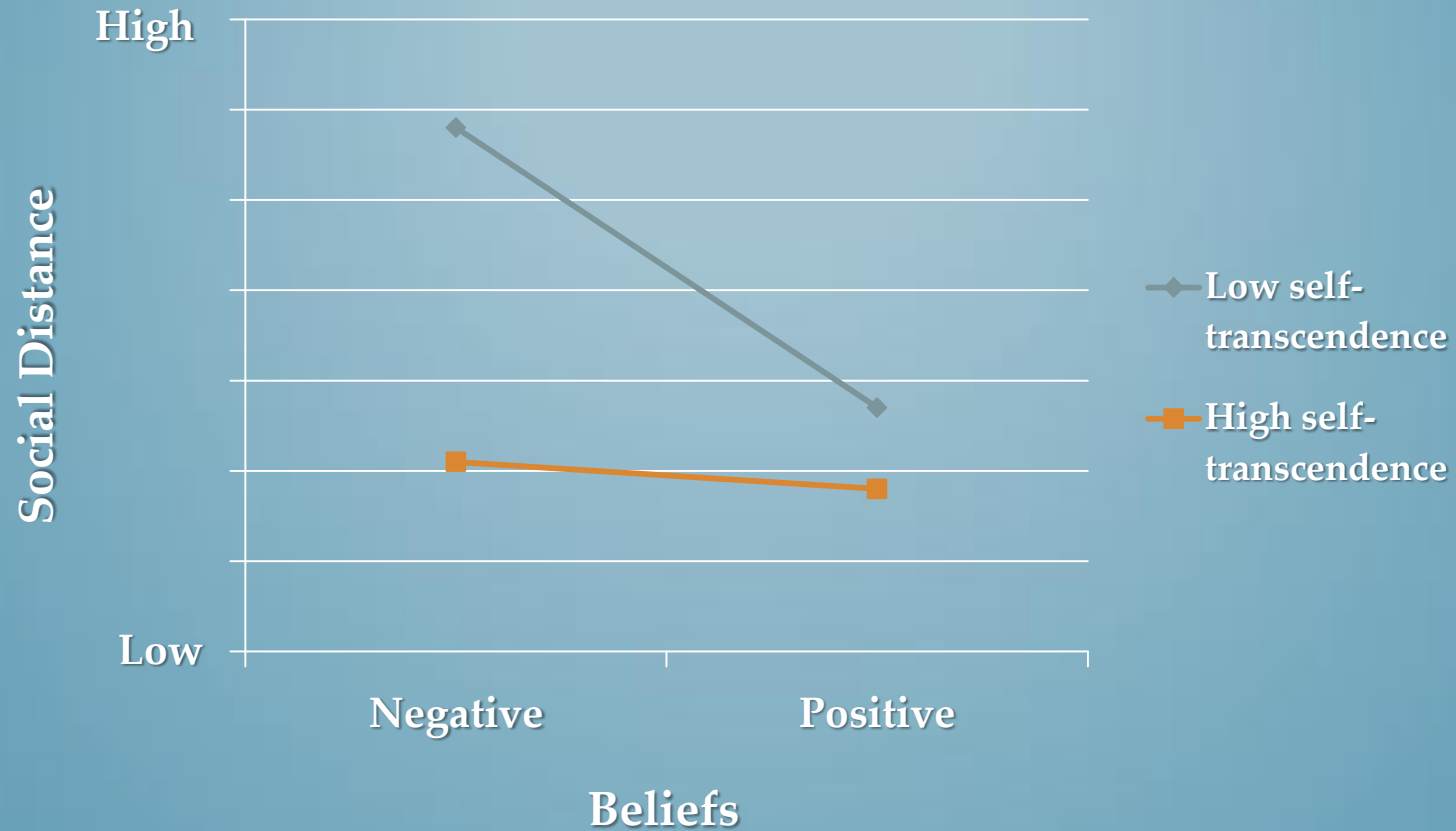
	Correlation with social distance to ill person
Belief regarding danger	.34***
Belief regarding social inappropriateness	.44***
Belief regarding personal responsibility for illness	.10
Belief regarding discontinuity with normal	.19**
Belief regarding no unusual talent/intelligence	-.05
Belief regarding treatment effectiveness	.03
Self-transcendence value orientation	-.42***

Note:

All scales were scored so that higher scores indicate more negative beliefs, greater social distance or high priority to the relevant value orientations.

\*p<.05  
 \*\*p<.01  
 \*\*\*p<.001

# Social Distance to Person with Schizophrenia



**Relation between attitude to person with schizophrenia and seating distance as a function of priority given to self-transcendent values.**

Norman, et al. (2010) *Social Psychiatry & Psychiatric Epidemiology* 45(7):751-758



Rokeach, M. (1971) Long-range experimental modification of values, attitudes, and behavior. *American Psychologist* 26(5):453-459.

### Number of Persons Responding to NAACP

	Positive Response	No Response	Total
Intervention Value	39	158	197
Control	14	155	169

### Number of Students Selecting Ethnic/Intergroup Relations Course

	Ethnic/Intergroup Course	Other Core Courses	Total
Intervention Value	28	39	67
Control	14	50	64



*Compelling narratives  
and engaging values  
may be our most important  
tools for reducing  
“public stigma”*

- Narrative persuasion may invoke both propositional and associative processes.
- Emphasis on overcoming, recovery, and importance of social support
- Reducing “us vs. them”
- Engaging values

# IMPORTANCE OF PERCEIVED RELATIONAL VALUE

- drive to be valued by others to increase likelihood of survival and reproduction
- self-esteem is a “sociometer” or monitor of perception of relational value to others

Allen & Badcock (2003)  
Baumeister & Leary (1995)  
Leary (2004)

*Can being valued by one's social contacts mitigate  
the effects of stigma?*

# Perceived Relational Evaluation Scale

\_\_\_\_\_ make me feel worthless\*

\_\_\_\_\_ enjoy spending time with me

\_\_\_\_\_ rely on me

\_\_\_\_\_ value my opinions

\_\_\_\_\_ generally ignore me\*

Norman, *et al.* (2012) Perceived Relational Evaluation as a Predictor of Self-Esteem and Mood in People with a Psychotic Disorder. *Can J Psychiatry* 57(5):509-316.

Table 3 Regression analyses predicting self-esteem and mood ( <i>n</i> = 102)			
Predictor	$\beta$	<i>t</i>	<i>P</i>
Self-esteem, $r^2 = 0.47$			
PRE	0.618	6.16 <sup>a</sup>	<0.001
ISEL-BS	0.036	0.314 <sup>a</sup>	0.75
ISEL-AS	0.112	1.075 <sup>a</sup>	0.29
ISEL-TS	-0.041	0.359 <sup>a</sup>	0.72
SAPS	0.026	0.304 <sup>a</sup>	0.76
SANS	-0.046	0.534 <sup>a</sup>	0.60
POMS depression, $r^2 = 0.28$			
PRE	-0.395	3.353 <sup>b</sup>	0.001
ISEL-BS	-0.086	0.632 <sup>b</sup>	0.52
ISEL-AS	-0.177	1.487 <sup>b</sup>	0.14
ISEL-TS	0.137	1.027 <sup>b</sup>	0.31
SAPS	0.058	0.580 <sup>b</sup>	0.56
SANS	0.065	0.639 <sup>b</sup>	0.52
POMS anxiety, $r^2 = 0.19$			
PRE	-0.323	2.95 <sup>c</sup>	0.004
ISEL-BS	0.011	0.080 <sup>c</sup>	0.94
ISEL-AS	-0.161	1.380 <sup>c</sup>	0.17
ISEL-TS	-0.044	0.332 <sup>c</sup>	0.74
POMS anger and (or) hostility, $r^2 = 0.23$			
PRE	-0.317	2.782 <sup>d</sup>	0.007
ISEL-BS	-0.039	0.289 <sup>d</sup>	0.77
ISEL-AS	-0.287	2.379 <sup>d</sup>	0.02
ISEL-TS	0.147	1.105 <sup>d</sup>	0.27
SAPS	0.069	0.702 <sup>d</sup>	0.48
<sup>a</sup> <i>df</i> = 92; <sup>b</sup> <i>df</i> = 91; <sup>c</sup> <i>df</i> = 96; <sup>d</sup> <i>df</i> = 94			

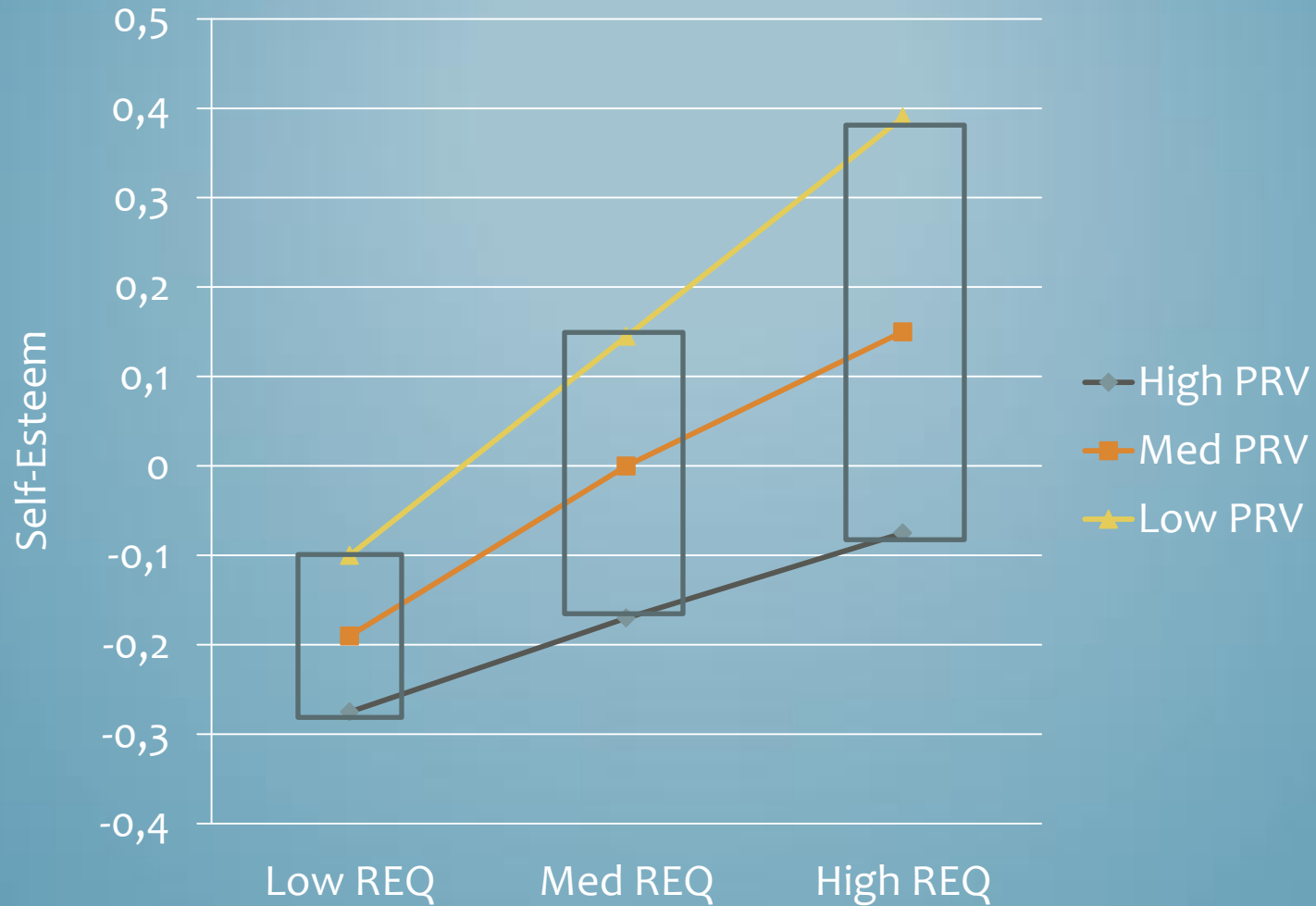
# CORRELATES OF SELF-ESTEEM

	SELF-ESTEEM
PRV	.58
Self-stigma	.51

PREDICTION OF SELF-ESTEEM			
<i>Predictor</i>	<i>Beta</i>	<i>t</i>	<i>p</i>
PRV	.430	4.73	<.001
Self-stigma	-.298	3.28	.001

# Interaction Plot of the Effects of Stigma Experiences and PRV on Self-Esteem

(from Kim, 2013)



Note: Self-esteem is presented as a centered score (with higher scores indicating more positive self-esteem).

*The provision of respect  
and value may be one of our  
most  
important tools for  
reducing “self-stigma”*



*“When we love and respect people, revealing to them their value, they can begin to come out from behind the walls that protect them.”*

*Jean Vanier, Finding Peace*

*Every child, every person, needs to know that they are a source of joy; every child, every person, needs to be celebrated. Only when all of our weaknesses are accepted as part of our humanity can our negative, broken self-images be transformed.”*

*Jean Vanier, Becoming Human*