



## A stress-coping model of mental illness stigma: I. Predictors of cognitive stress appraisal

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### ABSTRACT

Stigma can be a major stressor for individuals with schizophrenia and other mental illnesses. It is unclear, however, why some stigmatized individuals appraise stigma as more stressful, while others feel they can cope with the potential harm posed by public prejudice. We tested the hypothesis that the level of perceived public stigma and personal factors such as rejection sensitivity, perceived legitimacy of discrimination and ingroup perceptions (group value; group identification; entitativity, or the perception of the ingroup of people with mental illness as a coherent unit) predict the cognitive appraisal of stigma as a stressor. Stigma stress appraisal refers to perceived stigma-related harm exceeding perceived coping resources. Stress appraisal, stress predictors and social cue recognition were assessed in 85 people with schizophrenia, schizoaffective or affective disorders. Stress appraisal did not differ between diagnostic subgroups, but was positively correlated with rejection sensitivity. Higher levels of perceived societal stigma and holding the group of people with mental illness in low regard (low group value) independently predicted high stigma stress appraisal. These predictors remained significant after controlling for social cognitive deficits, depressive symptoms and diagnosis. Our findings support the model that public and personal factors predict stigma stress appraisal among people with mental illness, independent of diagnosis and clinical symptoms. Interventions that aim to reduce the impact of stigma on people with mental illness could focus on variables such as rejection sensitivity, a personal vulnerability factor, low group value and the cognitive appraisal of stigma as a stressor.

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### 1. Introduction

Stigma is a major stressor for many people with schizophrenia and other mental illnesses (Corrigan, 2005; Hinshaw, 2007; Link and Phelan, 2001; Thornicroft, 2006). It is unclear, however, why some people with mental illness remain relatively unaffected by stigma whereas others perceive

stigma as more stressful and are demoralized, with often serious clinical consequences (Corrigan and Watson, 2002; Rüsch et al., 2006; Watson et al., 2007). Social psychological research on other stigmatized groups that used a stress and coping framework (Lazarus and Folkman, 1984) offers a promising model to investigate the range of perceptions of and responses to mental illness stigma (Major et al., 2002b; Miller and Major, 2000; Miller, 2006). Identifying vulnerability and resilience factors to stigma stress can help to reduce stigma's impact on persons with schizophrenia and other mental illnesses. Considerable research examined stress-reactivity in schizophrenia (Betensky et al., 2008;

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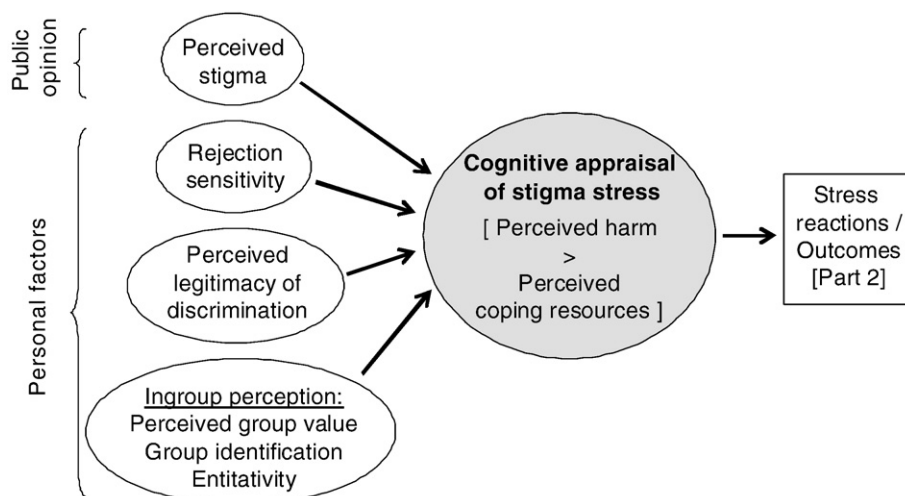
Horan et al., 2005; Myin-Germeys and van Os, 2007). A related line of work studied how people with schizophrenia cope with their illness and other stressors (Cooke et al., 2007; Lysaker et al., 2004, 2005; Roe, 2001; Roe et al., 2006). Building on this important work and applying a social-psychological stress-coping model to mental illness stigma, we specifically investigated stigma-related stress.

The stress-coping model examined in this study (Major and O'Brien, 2005) includes four elements of stigma and its impact on individuals with mental illness, (1) public and personal factors that predict the appraisal of stigma as stressful; (2) the cognitive appraisal of stigma stress itself; (3) emotional and cognitive responses to stigma stress; and (4) outcome variables that are influenced by stress responses. The first two elements, stigma stress appraisal and its predictors, shall be discussed in part 1 of this two-part paper (Fig. 1); stress reactions and outcomes are the subject of part 2 (Rüsch et al., 2009).

The cognitive appraisal of stigma-related stress is the key element of this model (Fig. 1). For example, persons with schizophrenia experience stigma-related stress when they fear losing their job or apartment due to public prejudice and believe they do not have the resources to overcome this threat. Two types of cognitive appraisals are relevant here (Lazarus and Folkman, 1984). In primary appraisal, a person estimates the potential harm resulting from stigma; in secondary appraisal, individuals estimate their personal resources to cope with stigma. Thus, stigma stress is a difference score of primary and secondary appraisal and occurs when perceived harm exceeds perceived coping resources.

Public and personal factors predict why some people with mental illness perceive stigma as stressful but others do not (Fig. 1; Major and O'Brien, 2005). As a public factor, the more stigma individuals with mental illness perceive in society, the more likely they are to see stigma as potentially harmful (Crocker et al., 1998). Social cognition needs to be taken into account as a specific factor in mental illness, because social cognitive deficits are common in schizophrenia (Corrigan and

Penn, 2001) and stigma must be perceived by the stigmatized person in order to act as a stressor. Such deficits may reduce the level of perceived stigma if individuals fail to pick up subtle stigmatizing behavior and cues, or could cause a person to misunderstand neutral behavior in others as stigmatizing. In terms of personal characteristics we studied three factors that shape stress appraisal (Fig. 1). First, people with mental illness can be sensitive to rejections in personal relationships which renders them more vulnerable to stigma leading to higher stress appraisal. A person with schizophrenia who is highly concerned about being rejected by neighbors or work colleagues is more vulnerable to perceive stigma as a stressor (Jussim et al., 2000; Downey and Feldman, 1996; Mendoza-Denton et al., 2002). Second, stigmatized individuals are often motivated to believe that society is fair and therefore perceive stigma as legitimate which, although not improving the person's or the group's status, can subjectively ease stigma-related stress (Jost et al., 2003; Major et al., 2002a). Third, how people with mental illness value and perceive their ingroup (i.e., people with mental illness) likely influences stress appraisals because public stigma targets them as members of their group. A recent review summarized three factors that influence an ingroup's impact on group members (Correll and Park, 2005): whether group members evaluate their ingroup positively or negatively (perceived group value); how strongly individuals identify with their group (group identification; Jetten et al., 2001; Watson et al., 2007); and entitativity, or the perception of the ingroup as a coherent and meaningful unit (Campbell, 1958; Lickel et al., 2000). Ingroup perception is relevant because individuals who hold their group in high regard (high group value) are more immune to stigma; and those who do not feel close to their group (low group identification) or see the group as incoherent (low entitativity) will perceive stigma as less personally relevant and therefore as less stressful (Corrigan and Watson, 2002; Correll and Park, 2005).



**Fig. 1.** Cognitive appraisal of stigma-related stress and its predictors (part 1, adapted from Major and O'Brien, 2005). Stress predictors consist of public and personal factors (left margin of Fig. 1). Ingroup perception (lower left corner of Fig. 1) refers to how individuals with mental illness perceive their ingroup, that is the group of people with mental illness; more specifically, how individuals value their ingroup (group value), how strongly they feel attached to it (group identification) and whether they perceive their ingroup as a coherent unit in society (entitativity).

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