

Stigma: Lessons and New Directions from a Decade of Research on Mental Illness

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Collaborators

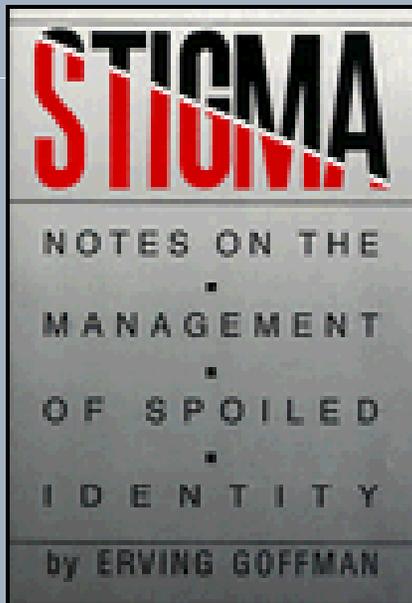
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NIMH	<ul style="list-style-type: none"> • Social Network & Media Effects on Mental Illness Stigma • Supplement to Media/MI Stigma
NIMH	<ul style="list-style-type: none"> • Assessing Change in MI Stigma Over a Decade (2006 GSS; 10-yr follow-up to 1996 GSS mental health module)
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Indiana University	<ul style="list-style-type: none"> • College of Arts & Sciences infrastructural and special project support to ICMHSR

Stigma = “Mark of Shame” (Hinshaw, 2006)

Goffman (1963)



Classic Definition:

Stigma is a “mark” – possessing an attribute that reduces a person from whole and usual to tainted and discounted; person is devalued and considered “less than fully human”

Three Types:

- Abominations of the body: Physical deformities
- Blemishes of individual character: MI, addictions, unemployment
- “Tribal” identities: Race, sex, religion, nationalities

Goffman's Four "Take-Away Points"

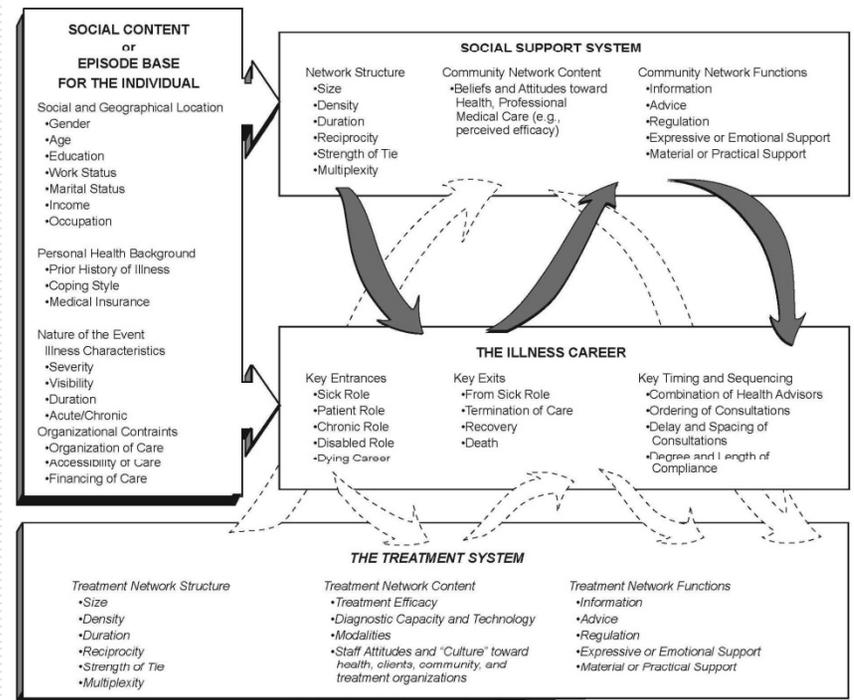
Stigma:

- Disqualifies individuals from full social citizenship (separates and isolates)
- Is an attribute known to others, but effects materialize only in and through social interaction (social relationships)
- Has different forms
- Is dynamic, not static, and creates "careers"

Source: Pescosolido, B.A. and J.K. Martin. 2007. "Stigma and the Sociological Enterprise." Pp. 307-328 in William R. Avison, Jane D. McLeod and Bernice A. Pescosolido (eds.), *Mental Health, Social Mirror*. New York: Springer.

Why Stigma?

- Development of NEM
 - Elaboration of dynamics & networks
 - Gap: cultural substance
- Oft-stated assumptions
 - In face of DE, stigma is disappearing in U.S.
 - Stigma exists; do something to reduce it.



Source: B.A. Pescosolido and C.A. Boyer. 1999. "How Do People Come to Use Mental Health Services? Current Knowledge and Changing Perspectives," Pp. 392-411 in A.V. Horwitz and T.L. Scheid, eds., *A Handbook for the Study of Mental Health: Social Contexts, Theories, and Systems*, Cambridge University Press.

Response

- The first assumption is, in reality, an empirical question subject to social and behavior science research
- Without an adequate science base, the likelihood of successful stigma reduction (and understanding of service use and outcome) is small
 - Findings from individual level interventions are mixed, often documenting unanticipated effects; and
 - Community-level interventions have rarely been based on any theoretical framework or accompanied by evaluation research, and of those with such a component, the most promising have just gotten underway

Foci: Public Stigma

- Not self-stigma, provider-based stigma, courtesy stigma

Why?

- Larger cultural context

Why Not?

- Classic: LaPiere 1934
 - "Attitudes vs. Actions." *Social Forces* 13(2): 230-237
- Cutting Edge: Eliot & Mackie 2009
 - "Surprising Emotions." *Science* 323: 215-216.
- Current levels and roots
- Historical change
- Program/policy efficacy

MacArthur Mental Health Module

Methodology	
1996 General Social Survey (GSS)	Nationally representative sample of non-institutionalized adults living in the contiguous United States
Respondents	N = 1,444
Response Rate	76.1%
57-item interview schedule	Questions focused on knowledge, attitude and beliefs about the causes, consequences, and treatment of mental health problems
Vignette based – 5 vignettes	alcohol dependence; major depressive disorder; schizophrenia; drug dependence; troubled person

Finding #1: Public Has Become Somewhat More Sophisticated

Table 1. Diagnostic categories with which respondents' descriptions of mental illness corresponded.

	Star 1950 (N=337)	GSS 1996 (N=653)
Psychosis	40.7%	34.9%+
Anxiety/depression	48.7%	34.3%***
Antisocial/substance/social deviance	7.1%	15.5%***
Developmental disorders	6.5%	13.8%***
Other non-psychotic	7.1%	20.1%***

+p<.10; ***p<.001 (two-tailed tests)

Source: Phelan, J.C., B.G. Link, A. Stueve, and B.A. Pescosolido. 2000. "Public Conceptions of Mental Illness in 1950 and 1996: What is Mental Illness and Is It to be Feared?" *Journal of Health and Social Behavior*, 41(2):188-207.

Finding #2: Public Reports Of “Nervous Breakdown” Increased

Table 2. Public reports of “nervous breakdown”

	Raw	Adjusted
1957 AVTMH	18.9%	17.0%
1976 AVTMH	20.9%	19.6%
1996 GSS	26.4%	24.3%

whites, women, no religion, lower family income, younger, having children, unmarried

Source: Swindle, R., K. Heller, B.A. Pescosolido, and S. Kikuzawa. 2000. “Responses to ‘Nervous Breakdowns’ in America over a 40-year Period: Mental Health Policy Implications.” *American Psychologist* 55(7):740-749.

Finding #3: There Have Been Changes In Informal And Treatment Responses

Participants' Coping Response	1957	1976	1996
Approach*	12.5	20.1	31.6
Avoidance	27.8	24.4	29.0
Informal Support*	6.5	12.4	28.3
Formal Support	48.1	49.8	42.0

*Both raw and adjusted change significant at $p \leq .05$

Finding #4: Stigma Is Alive And Well; There Are Clear Gradients And Both Behavior And The Label Matter

Table 11. Percentage of Americans Reporting they are "Definitely" or "Probably Unwilling" to Interact with Vignette Person

Vignette Story	Social Interaction						Average % by Vignette Type
	Move Next Door %	Spend an Evening Socializing with %	Make Friend with %	Work Close with on the Job %	Have a Group Home in Neighborhood %	Marry into Your Family %	
Alcohol Dependence	45.6	55.8	36.7	74.7	43.4	78.2	55.7
Depression	22.9	37.8	23.1	48.6	31.2	60.6	37.4
Schizophrenia	37.0	49.0	34.0	64.1	33.2	72.2	48.4
Drug Dependence	75.0	72.7	59.1	82.0	52.7	89.0	71.8
Troubled Person	9.5	14.9	10.0	21.0	27.7	41.9	20.8
Average % by Type of Interaction	38.0	55.8	32.6	58.1	37.6	68.4	46.8

Adapted From: Martin, J.K., B.A. Pescosolido, and S.A. Tuch. 2000. "Of Fear and Loathing: The Role of 'Disturbing Behavior', Labels, and Causal Attributions in Shaping Public Attitudes Toward Persons With Mental Illness." *Journal of Health and Social Behavior*, 41(2): 208-233.

Finding #5: In Some Ways, Stigma Has Increased And This Is A Uniquely American Message

Perceptions of Violence and Other Frightening Characteristics		
	Star 1950	GSS 1996
Spontaneous Public Mentions	7.2%	12.1%

Source: J.C. Phelan, B.G. Link, A. Stueve, and B.A. Pescosolido. 2000. "Public Conceptions of Mental Illness in 1950 and 1996: What is Mental Illness and Is It to be Feared" *Journal of Health and Social Behavior* 41(2): 188-207.

Percentage of Newspaper Articles on Mental Illness Mentioning Specific Negative Consequences			
	Violence	Criminals	Dominant Theme
U.S.	50%	34%	46% fear
Iceland	32%	14%	56% solidarity
Germany	18%	18%	26% retribution

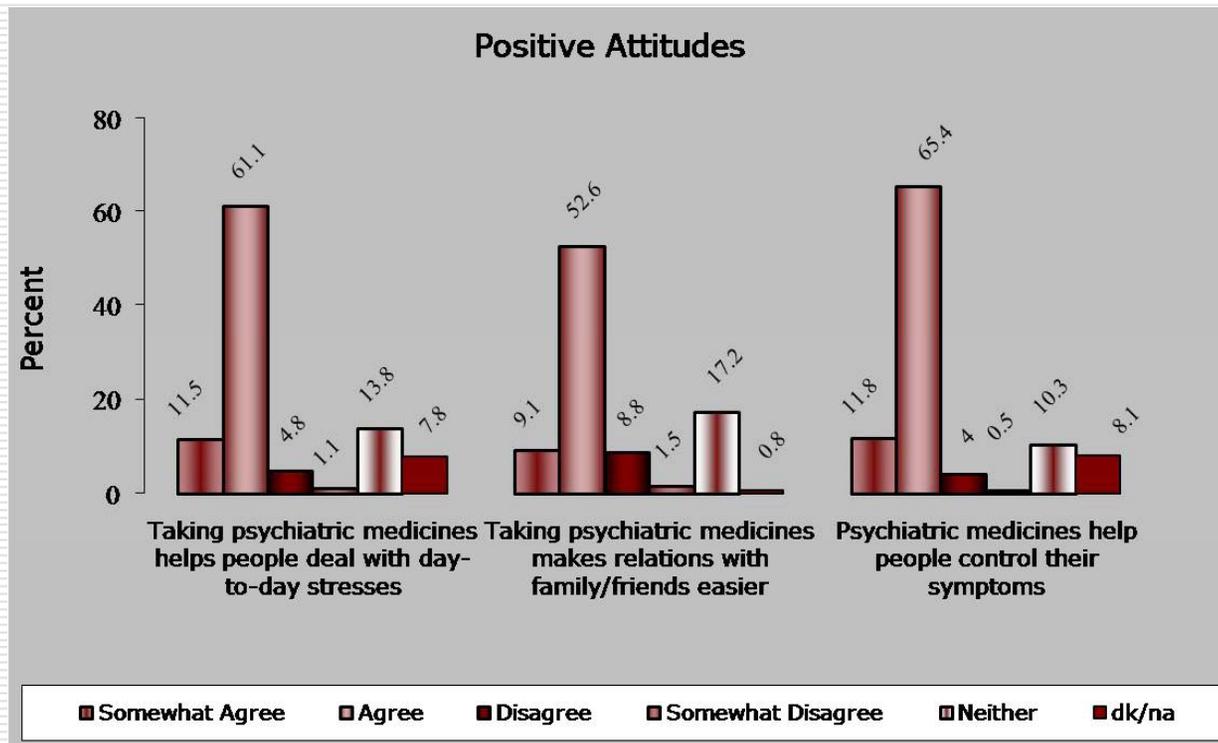
Olafsdottir, S. 2007. *Medicalizing Mental Health: A Comparative View of the Public, Private, and Professional Construction of Mental Illness*. Ph.D. Thesis, Department of Sociology. Bloomington, IN, Indiana University.

Pressing Issues in Health & Medical Care Module

Methodology	
1998 General Social Survey (GSS)	Nationally representative sample of non-institutionalized adults living in the contiguous United States
Respondents	N = 1,347
Response Rate	76.6%
73-item interview schedule	Relevant questions focused on assessment of the efficacy of psychiatric medications and willingness to use them

Finding #6: The Public Views Psychiatric Medications As Effective

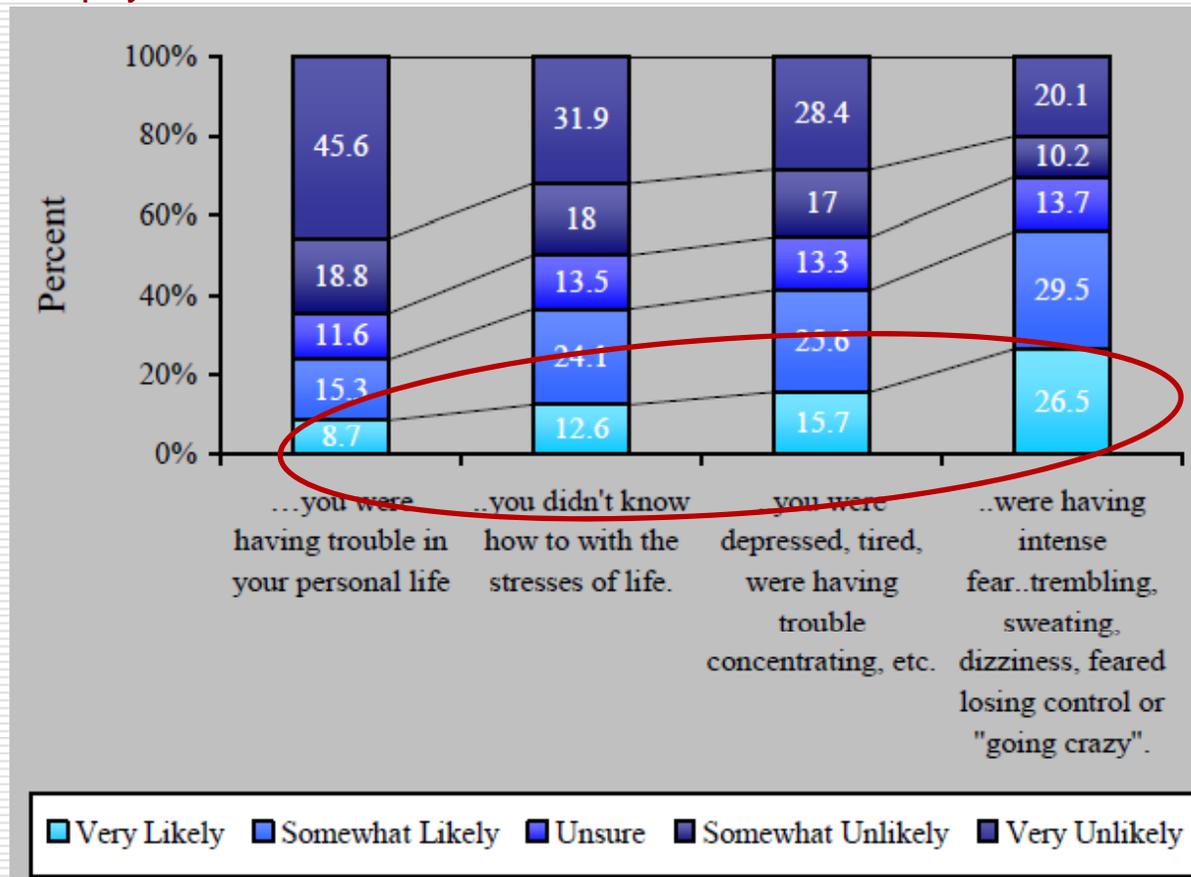
Item distributions (%) on Attitudes Toward the Use of Psychiatric Medicine, 1998 General Social Survey



Adapted from: T.W. Croghan, M. Tomlin, B.A. Pescosolido, J. Schnittker, J.K. Martin, K. Lubell, and R. Swindle. 2003. "American Attitudes Toward and Willingness to Use Psychiatric Medications." *The Journal of Nervous and Mental Disease* 191(3): 166-174.

Finding #7: However, the Public is Not Willing to Use Them

Likely to take psychiatric medications because...



Finding #8: Socio-demographics Are Unreliable, Inconsistent Or Impotent Predictors Of Public Health Literacy, Treatment Predispositions Or Stigma

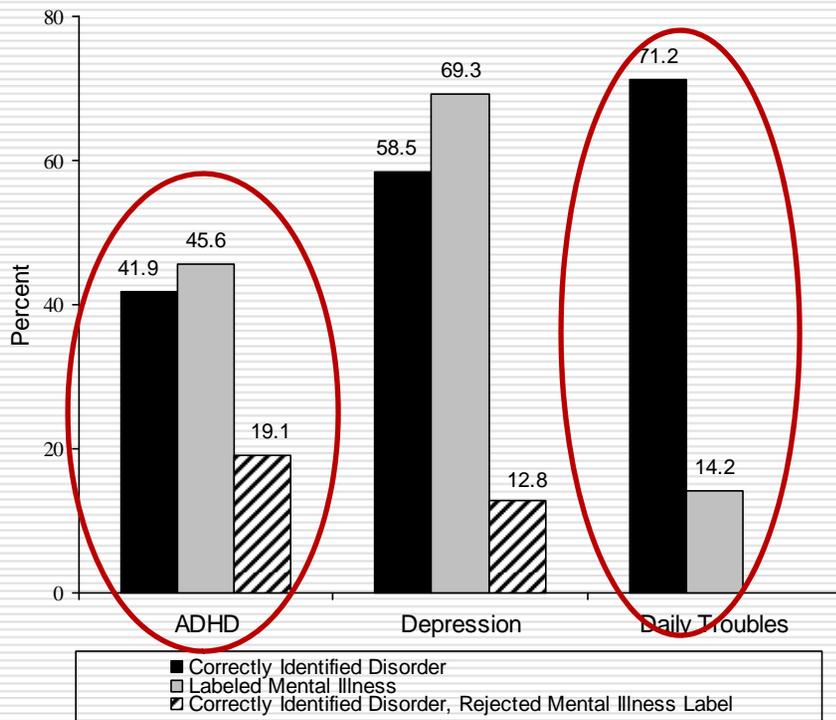
2000 General Social Survey	Percent that would seek treatment for condition	
	White	Black
Accomplishing less than you would like with your work as a result of any emotional problems	51	56
Not working or doing other activities as carefully as usual as a result of any emotional problems	49	51
Having pain interfere with your normal work	83	80
Not having lots of energy	48	63
Feeling downhearted and blue	35	41
Because you were feeling downhearted:		
Quality of life to improve	74	88
Relationships with family to improve	76	92
To be cured	64	82
To rely less on others	67	74
Feel better about yourself	81	97
For an emotional health problem:		
Quality of life to improve	82	85
Relationships with family to improve	80	79
To be cured	67	83
To rely less on others	69	82
Feel better about yourself	87	87

National Stigma Study - Children

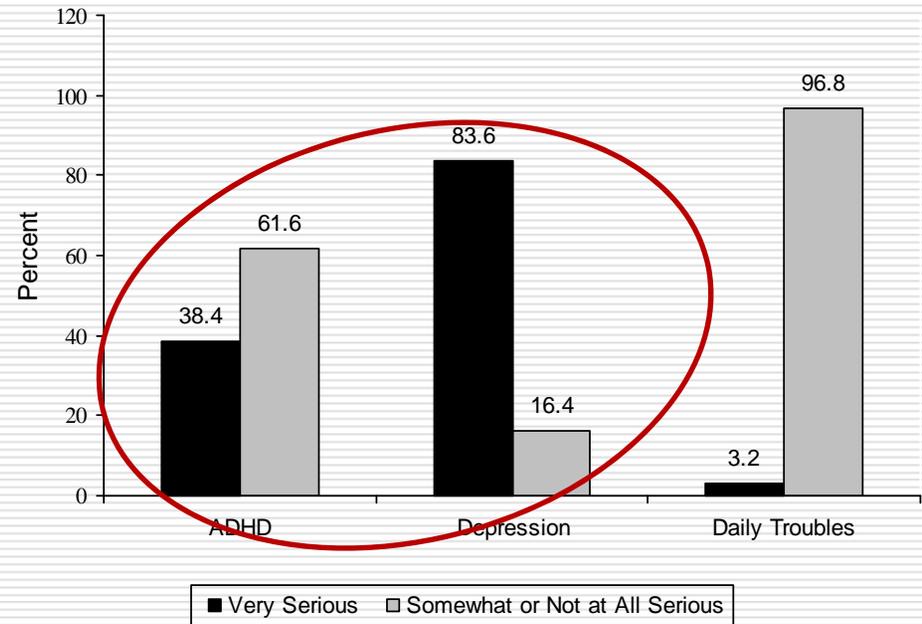
Methodology	
2002 GSS 1998 GSS (1 battery)	Nationally representative sample of non-institutionalized adults living in the contiguous United States
Respondents	N = 1,393
Response Rate	70.1%
55-item interview schedule	Assesses attitudes toward the causes and treatment of mental health problems among children and teenagers
Vignette based – 4 vignettes	ADHD; major depression; asthma; daily troubles

Finding #9: Public Does Differentiate “Daily Troubles” From Children’s Mental Health Problems But Also Differentiates Among Them

Correct Identification



Severity



¹ Percentages for each bar based on N's for each disorder (ADHD: N=340; Depression: N=374; Daily Troubles: N=352)

² Correctly Identified: $X^2=58.72$, $df=2$, $p<.001$; $N=1,019$

³ Labeled Mental Illness: $X^2=224.40$, $df=2$, $p<.001$; $N=1,031$

⁴ Correctly Identified, Rejected Label: $X^2=5.28$, $df=1$, $p<.05$; $N=714$

$X^2=473.13$, $df=2$, $p<.001$

Finding #10: Stigma Levels Generally Lower Than For Adults, But Childhood Depression Raises Concern

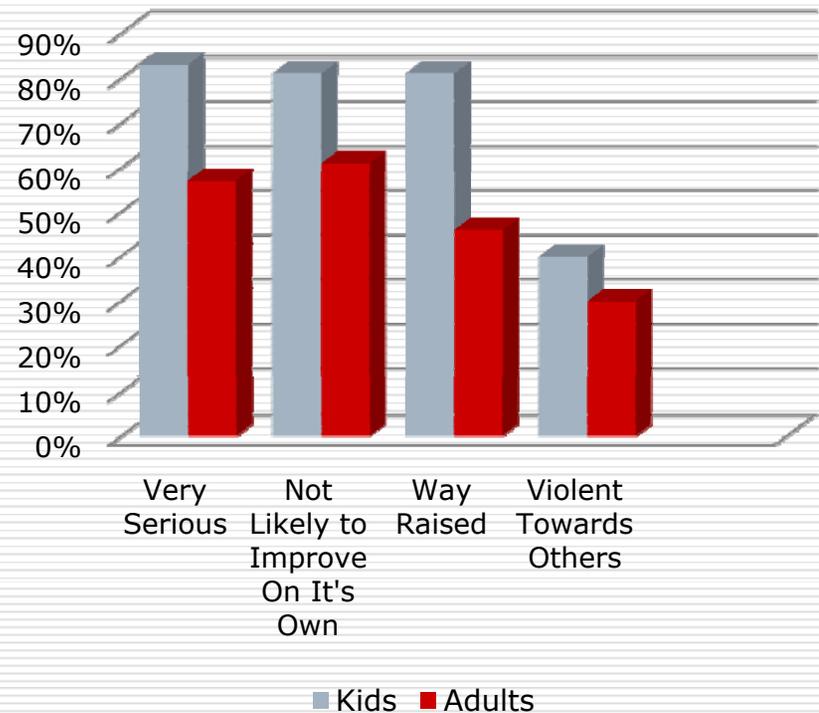
Percentage of Americans "Definitely/Probably Willing" to Interact with Vignette Child across Four Venues; 2002 General Social Survey (N=1,134)

Venue-specific social distance preferences

	"Normal troubles" %	ADHD %	Depression %	Asthma %
Have child move next door	10.49	22.19	18.45	9.31
Spend evening with family	10.49	16.90	17.48	6.45
Have child make friends	9.79	23.47	29.64	4.82
Have child as classmate	5.95	19.30	11.04	2.80
Vignette mean	9.18	20.47	19.15	5.85

Source: J.K. Martin, B.A. Pescosolido, S. Olafsdottir, and J.D. McLeod. 2007. "The Construction of Fear: Americans' Preferences for Social Distance From Children and Adolescents with Mental Health Problems." *Journal of Health and Social Behavior* 48(March):50-67.

Depression Only



Source: B.L. Perry, B.A. Pescosolido, J.K. Martin, J.D. McLeod, and P.S. Jensen. 2007. "Comparison of Public Attributions, Attitudes, and Stigma in Regard to Depression Among Children and Adults." *Psychiatric Services* 58(5):632-635.

Finding #11: Need to Rethink Meaning of Some Stigma Issues: Coercion

	ADHD % (289)	Depression % (314)	Asthma % (256)	"Daily Troubles" % (293)
Force doctor visit				
No	83	65	59	93
Yes	17	35	07	07
Force medication				
No	88	77	82	95
Yes	12	18	07	07
Force hospitalization				
No	89	76	72	95
Yes	11	25	05	05

Media & Stigma Study: Content Analysis

1640 hours of Television

Between March and May 2000, collected random blocks of programming

Each network has a full week of programming spread across the markets, creating a 'composite week'

Collected regular Programming, PSAs and commercials

Nine commercial broadcast and cable networks

ABC, NBC, CBS, FOX

TNT, ESPN, CNN, Nickelodeon and MTV

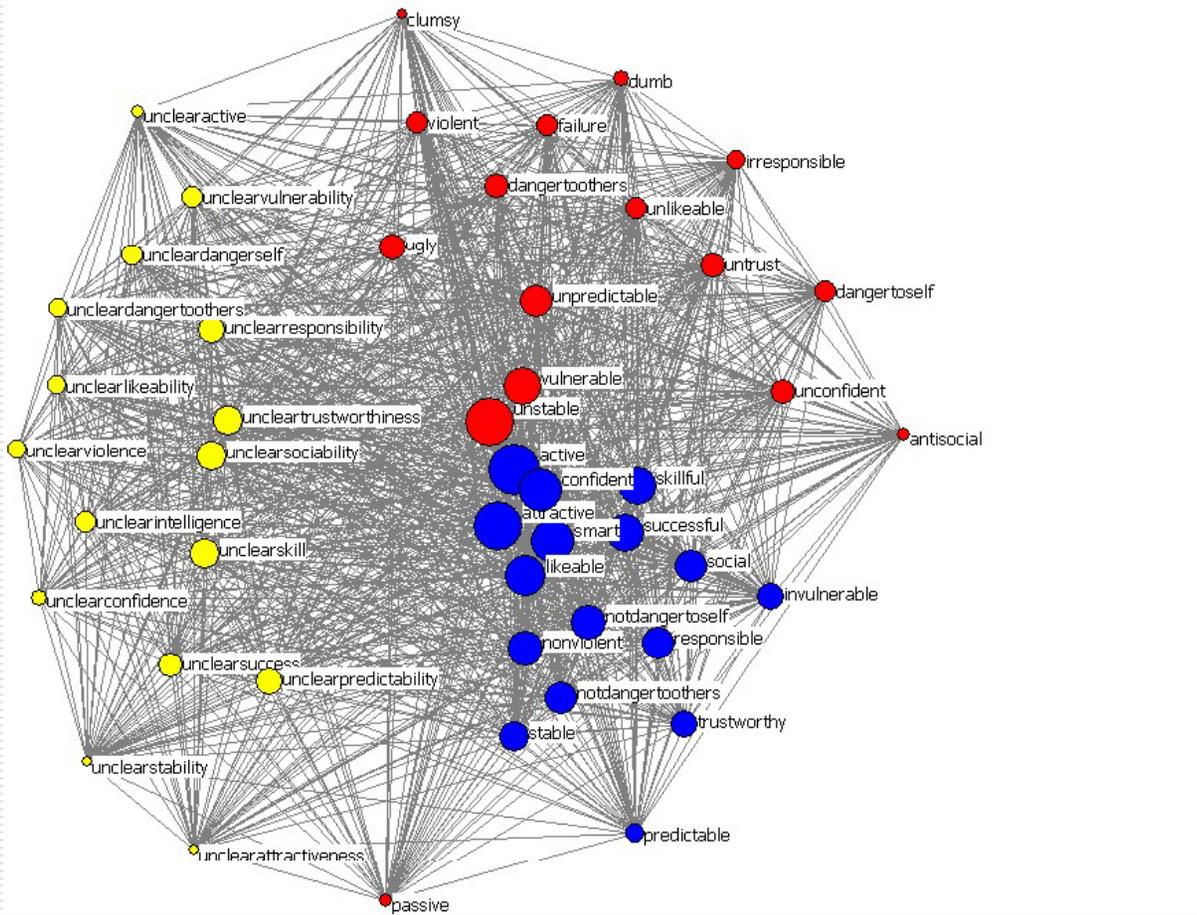
Seven markets

Seattle, Los Angeles, Denver, Chicago, Dallas, New York City and Atlanta

Finding #12: MI Content is Significant and Tends Toward Negative Portrayal

Genre Type	% of Total	Average Count of Slang	% of Programs with Mental Illness Content
Children's Programming (Cartoons, Educational, Non-educational)	13.1%	1.2	5.2%
Entertainment News & Talk	10.8%	1.9	20.5%
General Entertainment (Reality, Sitcom, Daytime 'soaps', Music, Drama, Music, Movies, Game shows)	36.4%	1.8	16.1%
Serious News & Talk	22.8%	.5	19.9%
Sports	11.6%	.7	3.1%
Other	5.4%	.9	10.2%

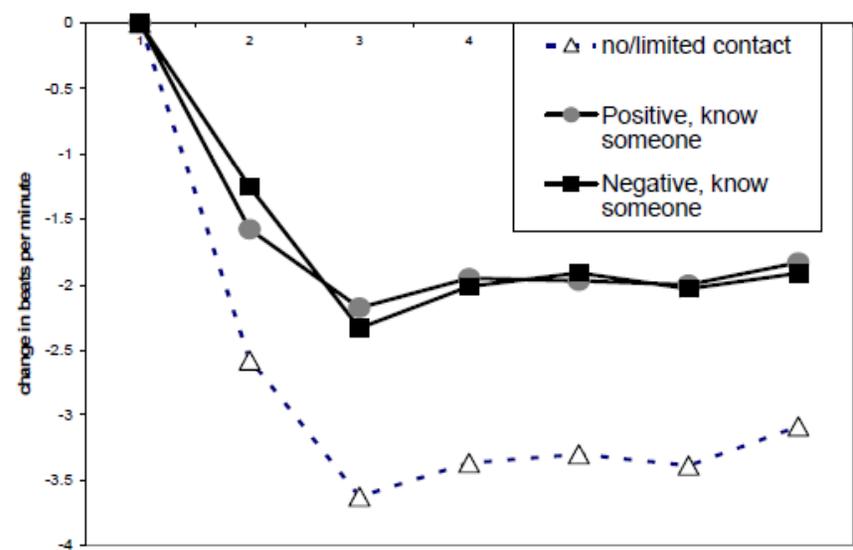
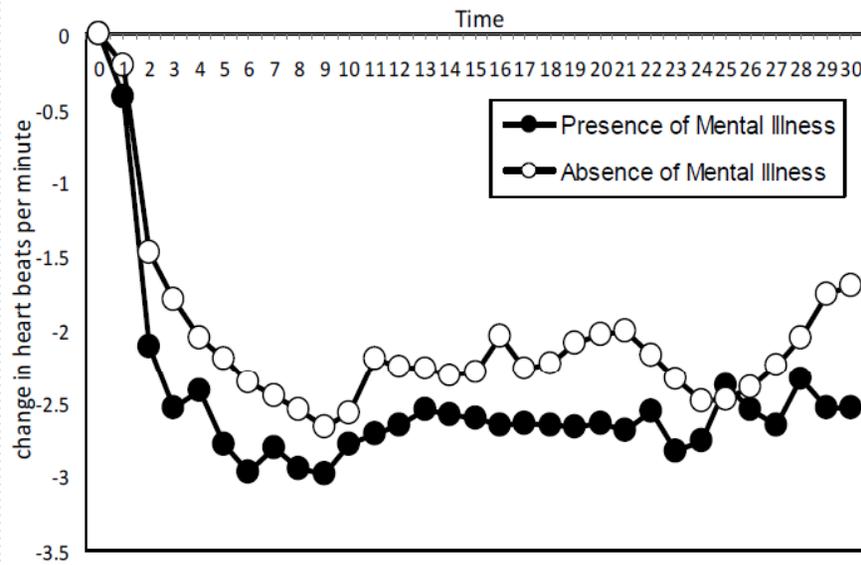
Finding #13: Two Dominant Stereotypes in Media; Other Portrayals Fuzzy



Laboratory Study: Physiological Effects

Methodology	
Goals	<ul style="list-style-type: none">• Physiological, cognitive, attitudinal and emotional impact of difference messages• Relationship between impact and production features and social factors
Respondents	N = 76, recruited from Community Survey
Media measures	24 television or movie clips with 3 variables (positive/negative, arousing/calm, MI/no MI)
Physiological measures	SAM scale, skin conductance, heart rate
Design	Mixed social network ties (3) X MI content (2) X valence (2) x arousing content (2) X message content

Finding # 14: MI Captures Viewer Attention But Is Less Arousing Whether Positive/Negative Or Arousing/Calm, Though Social Network Contact Matters



Can We Change Stigma?

- Data on change
- Direction and impetus for change
- Implications for programs/policy

Note: Preliminary findings from analyses in progress.

NIMH Media and Stigma Project

Methodology	
Survey Administration	Online supplement fielded by Knowledge Networks
Respondents	N = 690 Age = 18-25 years old
Design	<ul style="list-style-type: none">• Simulated before and after design• Random assignment to pre/post and to PSA
Survey Groups	Group 1 → Q's, then PSA Group 2 → PSA, then Q's

PSA Approach: President's New Freedom Commission

- 2003
- Recommendation 1a
- National Mental Health Anti-Stigma Campaign



Door



Friend

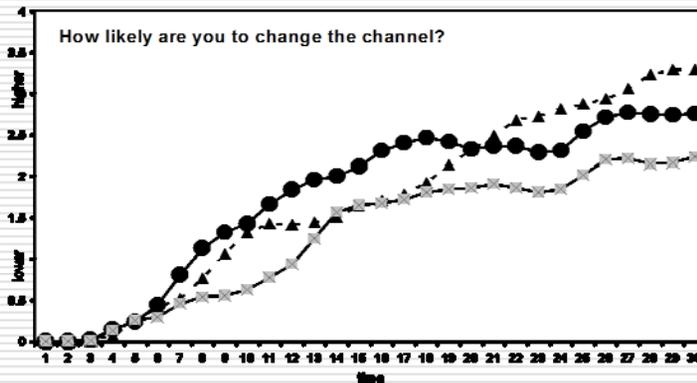
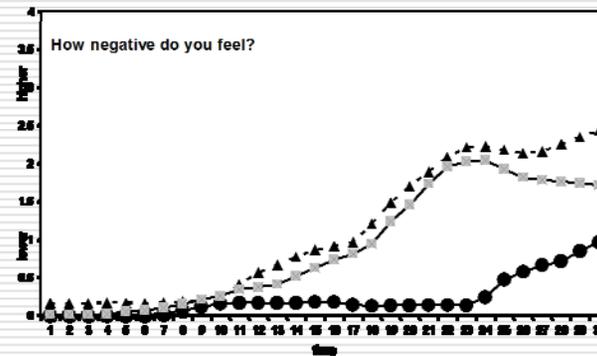
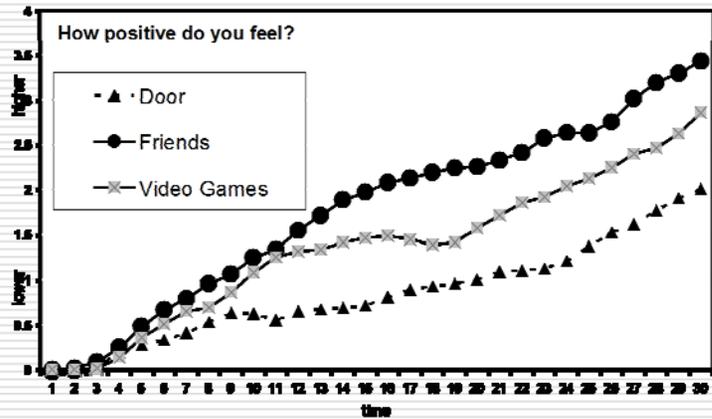


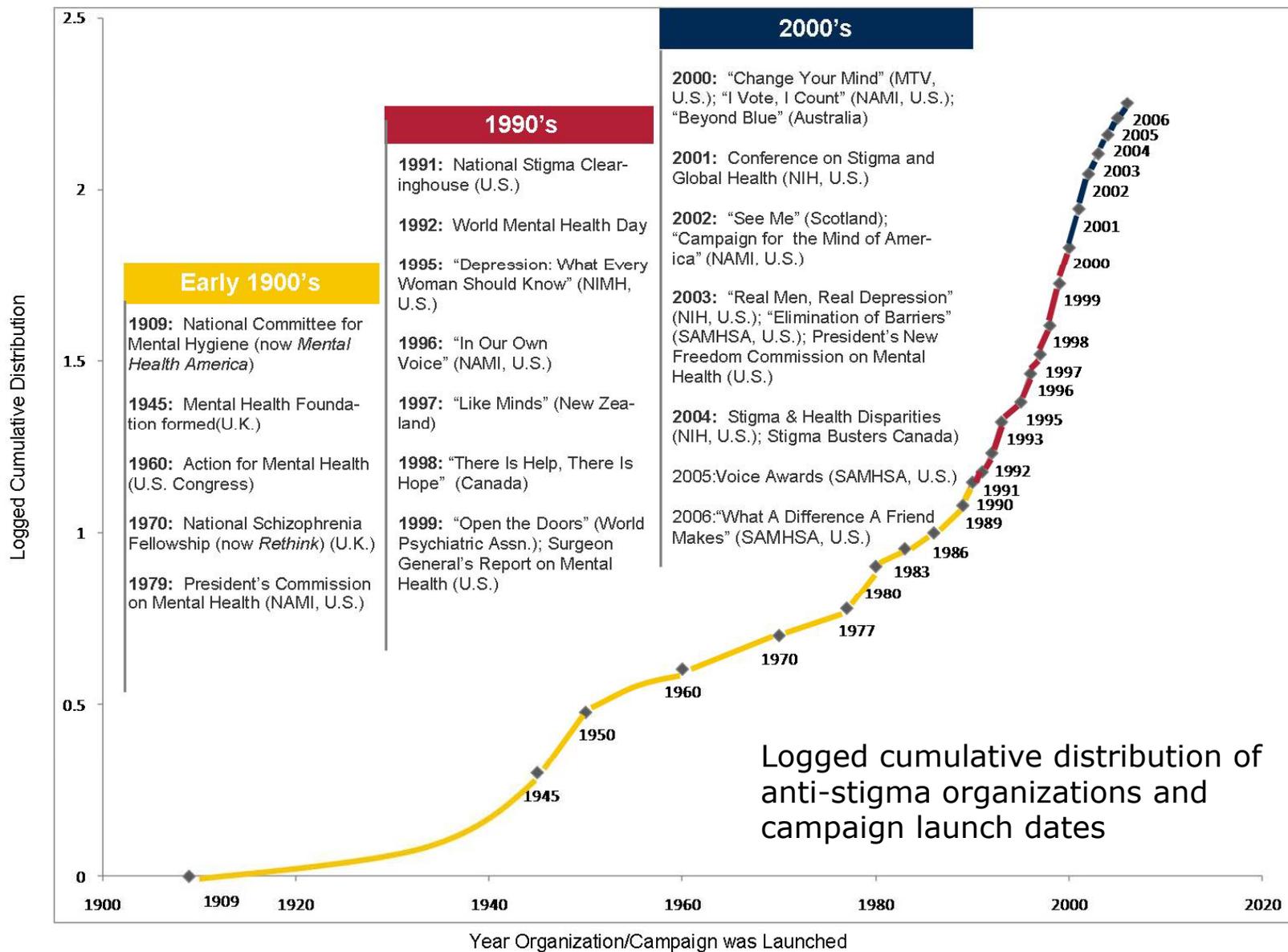
Video Game

Finding #15: PSA Campaigns Can Be Effective But Not Equally So (Survey Approach)

	<u>Overall</u>		<u>Door</u>		<u>Friend</u>		<u>Videogame</u>	
	After viewing video	With controls						
Most people with mental illnesses cannot be cured	42%	44%	-9%	-6%	61%	64%	47%	48%
Medications for MI are as effective as medications for physical illnesses	-15%	-17%	-2%	-4%	22%	24%	21%	20%
Most people who have a MI can recover with treatment	39%	39%	-14%	-15%	44%	47%	53%	49%
How willing to move next door to a person who has been diagnosed with a MI?	-15%	-21%	-9%	-10%	-19%	-23%	-18%	-25%
How willing to socialize with a person who has been diagnosed with a MI?	-32%	-37%	78%	73%	76%	77%	-41%	-46%
How willing to make friends with a person who has been diagnosed with a MI?	43%	47%	55%	57%	71%	73%	82%	84%
How willing to have a person with MI start working closely with you on a job?	37%	42%	-9%	-10%	-33%	-36%	67%	70%
How willing to have a person with a MI marry into your family?	30%	37%	-11%	-19%	45%	47%	-30%	-35%
Being around someone with a mental illness would make me feel uncomfortable	-4%	-6%	18%	22%	39%	44%	32%	49%
People with a mental illness are hard to talk to	-18%	-19%	10%	8%	-35%	43%	-22%	-21%
Being around a person with a mental illness would make me feel nervous	-5%	-7%	5%	1%	-24%	-26%	12%	20%
A person with a MI should feel embarrassed about his/her situation	-15%	-14%	-27%	-14%	19%	13%	-39%	-52%
Members of MI's family better off if MI person's situation kept secret	-18%	-15%	-35%	-29%	-21%	-24%	35%	43%

Finding #15: PSA Campaigns Can Be Effective But Not Equally So (Lab Experiment)





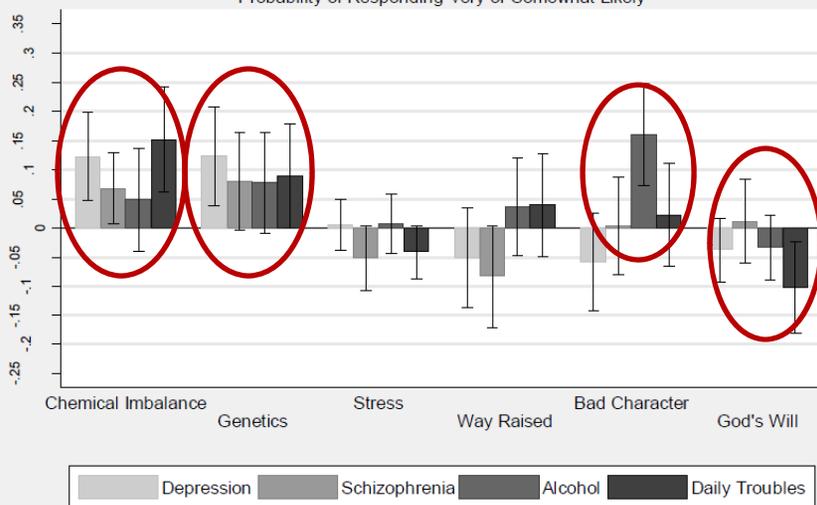
Stigma Change Over A Decade

Methodology	
Survey Administration	1996 & 2006 General Social Survey
Sample	Coordinated nationally representative cross-sections of American adults (age 18+)
Respondents	1996 GSS: N = 1,444 2006 GSS: N = 1,523
Response Rates	1996 GSS: 76.1% 2006 GSS: 71.2%
Interview Schedule	1996 GSS: 57-item face-to-face interview 2006 GSS: 57-item replication computer-assisted interviews

Finding #16: Modest Changes with Neuroscience Attitudes and Tx Endorsement

Chart 2A: Attributions -- No controls in model

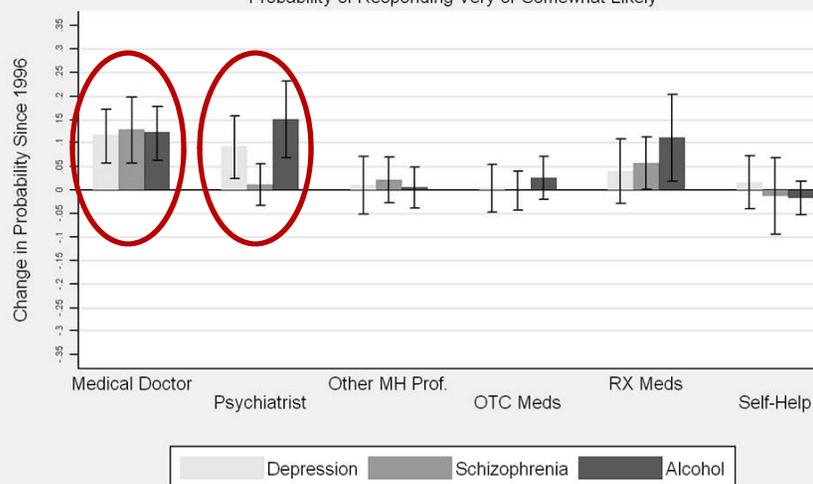
Change Between 1996 & 2006 in Probability of Responding Very or Somewhat Likely



Note: Data are weighted

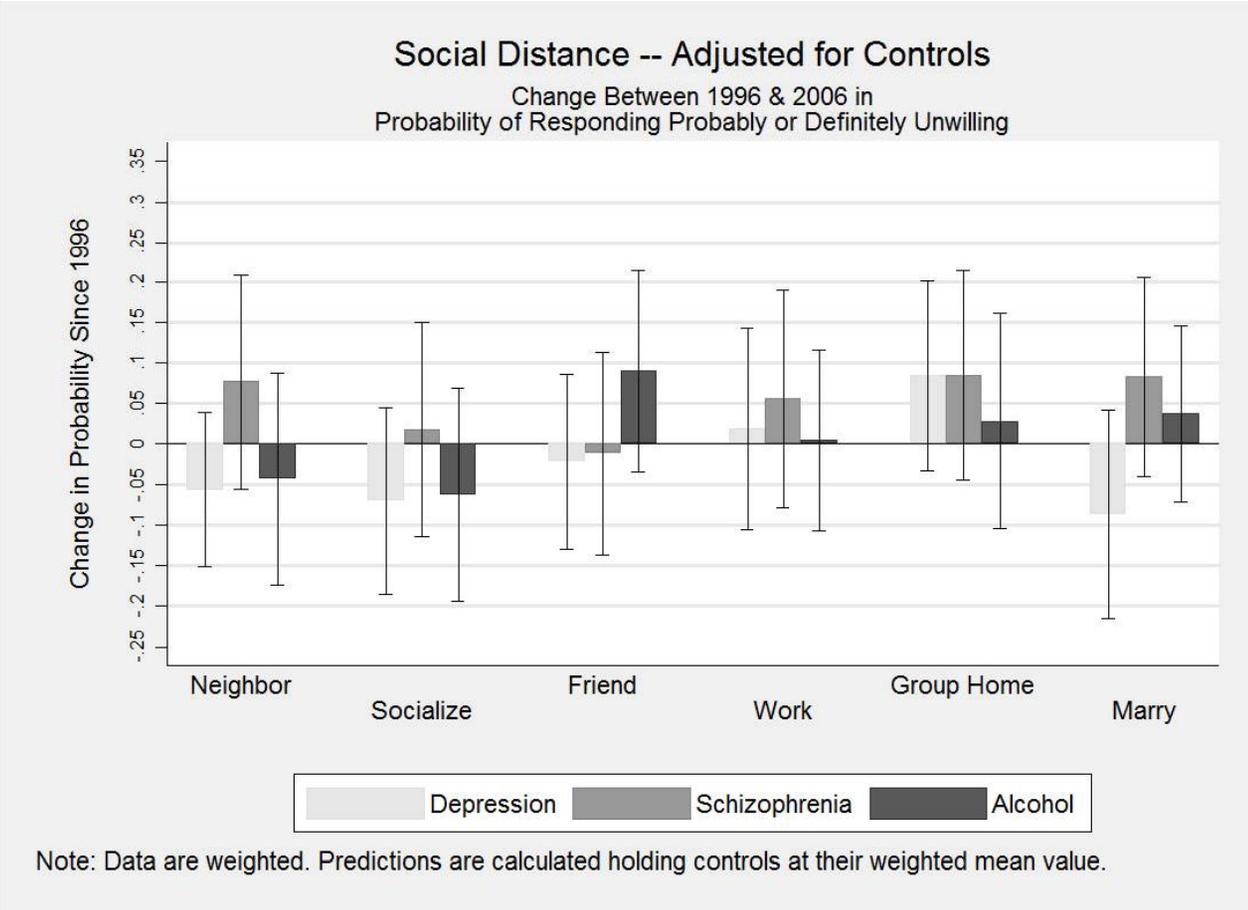
Treatment -- Predicted

Change Between 1996 & 2006 in Probability of Responding Very or Somewhat Likely



Note: Data are weighted. Predicted probabilities control for age, age-squared, age-cubed, gender, race, and education.
_13b-st03c

Finding #17: No Changes in Prejudice



A Promising Direction?

- Recovery puzzle – WHO International Study of Schizophrenia (ISoS)
 - 1989: Kleinman – single most important finding of mental health services research
 - Individuals with schizophrenia have better outcomes in “developing” rather than “developed” countries

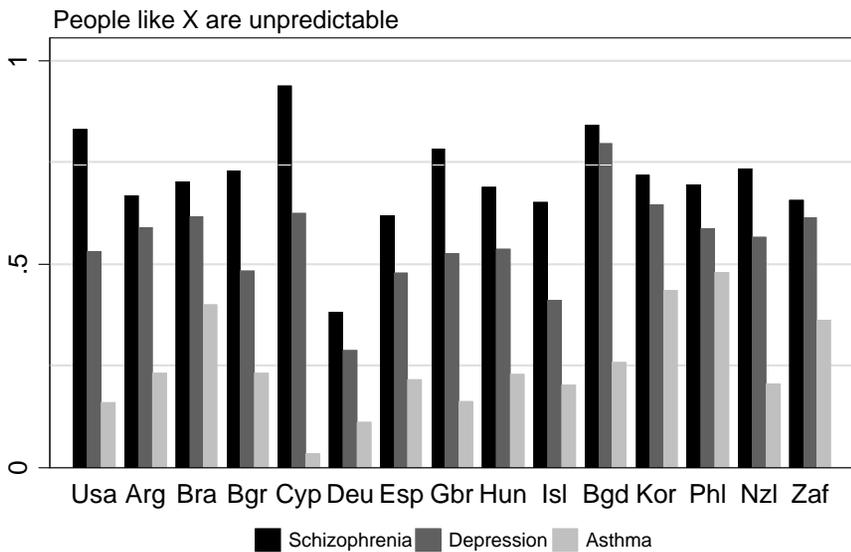
Participating Countries

Abbreviation	Full Name	Flag	Continent	N
ARG	Argentina		South America	1420
BGD	Bangladesh		Asia	1501
BGR	Bulgaria		Europe	1121
BRA	Brazil		South America	1522
CYP	Cyprus		Europe	804
DEU	Germany		Europe	1255
ESP	Spain		Europe	1206
GB	Great Britain		Europe	
HUN	Hungary		Europe	1252
ISL	Iceland		Europe	1033
KOR	South Korea		Asia	1003
NZL	New Zealand		Australia	1020
PHL	Philippines		Asia	1200
USA	United States		North America	1425
ZAF	South Africa		Africa	1550

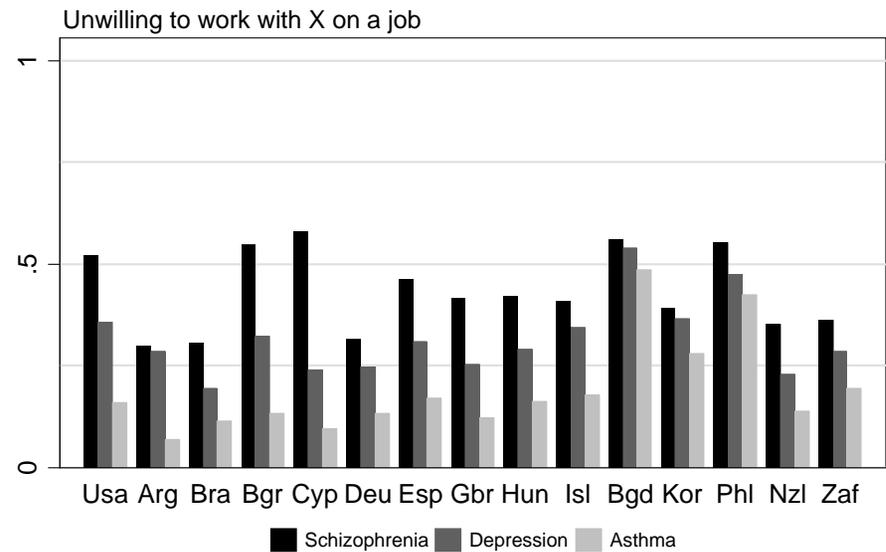
- Non-institutionalized adults (18+)
- Multi-stage probability selection
- N = 804 – 1,550 in each nation
- Total N = 18,342 for combined dataset

- Face-to-Face Personal Interviews
- Two Part Interview Schedule
- 75-item substantive core
- Standard ISSP measures of socio-demographic attributes
- Fielded in 4 waves
 - 3 countries in 2004
 - 7 countries in 2005
 - 3 countries in 2006
 - 2 countries in 2007

Finding #18: Global Variation in Stigma, Similar Hierarchy of Rejection



num: 1008
sgcBAR02a02_behavior-1008_stunpredB



num: 1005
sgcBAR02a02_behavior-1005_sdworkBD

Usa Arg Bra Bgr Cyp Deu Esp Gbr Hun Isl Bgd Kor Phi Nzl Zaf

Countries Arranged by Continent

Correlation = 0.97

2/9/2009

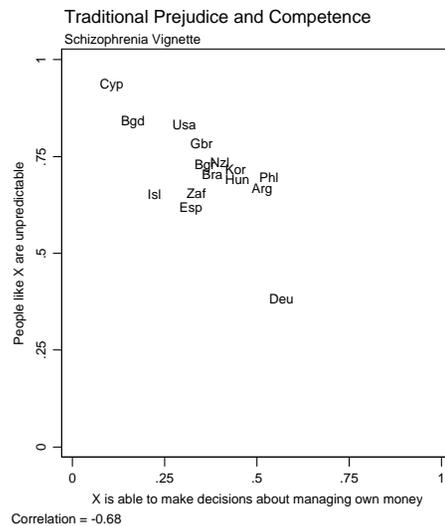


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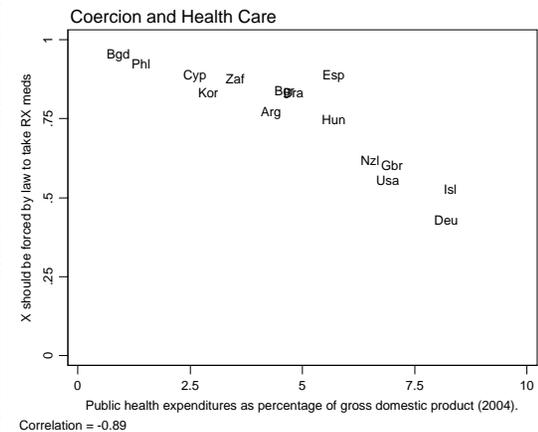
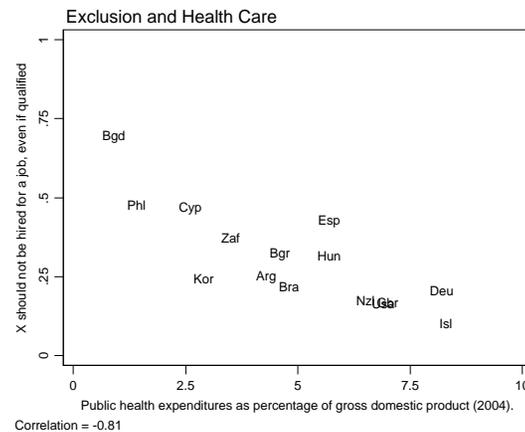
Finding #20: Public Health Spending & Competence are Promising

- Competence, Health Funding (not number of psychiatrists/physicians) are the most closely associated with lower levels of community-based stigma

Competence



Public Health Expenditures



Take-away Points for Research, Policy & Stigma Reduction

- Science base much stronger than 10-12 years ago, clear power of transdisciplinary
- Tx-based stigma <; not community-based acceptance/rejection
- Failure of “disease like any other” and traditional logistics of PSA campaigns despite effective messages
- Beliefs/attitudes might be the most powerful marker but institutional regulation may be most potential vehicle
- Cohort replacement

Where Are We? Where Should We Go?

You may have something in common with a world-class athlete: asthma, diabetes, high cholesterol, arthritis, cancer, HIV.

No matter who you are, when you have a chronic condition it helps to have expert care. That's why these athletes use Medco, the world's most advanced pharmacy™ — the only one with 1,100 specialist pharmacists, each with training in specific chronic conditions and expertise in the medications used to treat them.

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Jackie Joyner-Kersey Track & Field 3 Gold Medals Asthma	Bob Beamon Long Jump 1 Gold Medal Diabetes	Greg Louganis Diving 4 Gold Medals HIV	Bruce Jenner Decathlon 1 Gold Medal Arthritis	Peggy Fleming Figure Skating 1 Gold Medal Breast Cancer	Mark Spitz Swimming 9 Gold Medals High Cholesterol
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Not similar “disease”

Similar competence
Similar lives
Similar “difference”