



# Normal thinking and problem-solving as the underpinning of Stigma<sup>1</sup>

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## Introduction

Although persons with schizophrenia are not all the same, it can be safely said that the disorder is characterized by its ability to bestow a very difficult life on its victims. This is due, in part, to the direct consequences of the nature of the disorder, and partially to the reactions of others in the social environment of the afflicted person. While we cannot always determine which of the two has the greatest influence, there is no question about the ultimate effect. Recent studies have suggested that for many, if not most, serious symptoms persist

throughout life (Ciompi 1980a, 1980b; Harding 1988; Harrison et al. 2001). Recently, a 35 year follow up of persons hospitalized because of schizophrenia (see Bland, Parker, and Orn, 1976; Bland and Orn, 1978) showed that at least one-half remained seriously disabled throughout their lives (Bland, Newman, Thompson and Orn, 2004; Thompson, Newman, Orn, and Bland, 2005). Furthermore, from 10% to 33% of the deaths of diagnosed persons will be due to suicide (Newman and Bland, 1991;

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<sup>1</sup> Significant portions of this paper were presented at the 29<sup>th</sup> International Congress on Law and Mental Health July 3-9 2005, Paris.

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De Hert and Peuskens, 2002; Thompson et al., 2005).

Initial approaches to problems related to stigma have operated primarily within human rights and public education paradigms. However, there are still parts of the World where persons with a mental illness suffer from serious structural and personal discrimination, and many believe that all places need improvement. Thus, it may be time to move forward by examining how stigma arises and to considering the applicability of an additional perspective.

### **The beneficial underpinnings of stigma and discrimination**

There is considerable evidence that stigma rests on an infrastructure of human behaviour that contains many elements that are beneficial and often necessary for our survival. Our ability to get by would be seriously compromised if we could not recognize differences among individuals (discriminate) and, conversely, could not identify commonalities (generalize). It is also useful to have the related ability to form global impressions based on only a few bits of information. Useful (and protective) as these skills are, such approaches are prone to a trade off of accuracy for expediency & safety, often leading to prejudgements, bias, and ill-conceived solutions. In this manner, these ordinarily constructive strategies can serve as the underpinnings of prejudice and discrimination (e.g. see Plous, 2003). Some of these include:

**Categorical thinking** We need to use categories for day to day living (Allport 1954). Imagine if we could not use such groupings as vegetables, mammals, games, and so on – we would have to come to know and understand each individual carrot that we might encounter. The problem is that many, if not most, categories are not pure and/or are often “shorthand” for dimensions of behaviour (like “tall” and “short” for the dimension of height). Ordinarily we understand that we categorize things for reasons of parsimony, but often enough we make significant errors by using such groupings as if they were immutable and universally applicable.

**Assignment of attributes to group members** One of the errors made about group members (particularly someone else’s group!) is that they are, more or less, the same. Usually this applies to attributes of importance, and we can add a value statement that applies to the whole group, such as “carrots are good for you”. Right or wrong, these value statements can spread like wildfire, may not actually apply to all group members, and are often resistant to change. This principle applies whether we are talking about carrots, persons with a mental illness, or of the Bush Administration’s negative characterization of the French following their government’s formal rejection of an invasion of Iraq (even though a very large proportion of Americans held the same view as the French government, and many French citizens did not). This type of error in thinking can form the

underpinning for discrimination against population sub-groups, as well as serving to prepare persons for serious action against another population or country.

### **Ingroup favouritism (jingoism)**

Most of us like to be a member of a group and to believe that our group has something a little special about it. Politicians, with popular support, often emphasize the benefits of being citizens of “our country”, and cultural or ethnic leaders will emphasize the strengths of the group’s way of life. This appears to be a positive approach with great survival value for group members. The downside, however, is that such attempts to build a sense of community usually involve comparisons and consequent implicit or explicit unfavourable assignment of ratings to some other groups of people. Some research has shown that that many group biases are more a function of favouritism toward one’s own group than negative feelings toward other groups. We seem to have a natural tendency to form such bonds, and it is increased when self-esteem is low (Aberson, Healy, & Romero, 2000).

**Causal attributions** Another natural tendency that is crucial for survival is the drive to explain events that are seen to be important to us. Although determination of causation is complex, we readily conclude that out-group members have behaved the way they do because of negative personal moral characteristics or nefarious motives. Furthermore, we find correctible or forgivable causes among in-group members. When

anti-group feeling has become set, it is difficult to alter, in great part because we then suspiciously view positive behaviour from out-group members as likely being due to negative motives or chance.

Link and his colleagues have noted that similar principles may be in play in the association of stigma with mental illness (Link et al. 1999; Link and Phelan 2001). The solution is couched within the American human rights tradition and, perhaps as such, emphasizes changing the attitudes of certain groups who stigmatize and/or changing the power structure so these groups cannot bring their views to the fore (Link and Phelan 2001, p. 381). However, this leaves us with the implication that action taken against the stigmatizer is the correct remedy (presumably laws and guilt-inducing public education) with little emphasis on the understanding of the development of stigma.

### **Decision Theory and Fear/Unease**

Choice behaviour, in the view of von Neumann and Morgenstern (1947), is the attempt to produce an optimal solution. Does, for example, a decision to hire a person with schizophrenia produce a greater balance of benefits (government financial support, a feeling of doing the right thing) and problems (lost productivity, workplace stigma) than the decision to hire a person who does not have schizophrenia? Viewing this as simply a pragmatic attempt to optimize an outcome would allow us to apply a systemic approach to facilitate a condition

where the “altruistic” alternative would often be seen as the rational choice. This would involve a combination of incentives (already in existence in many places) and good information that would allow enlightened self-interest to come into play. The latter is particularly relevant in the many situations where rational thinking is hampered. We tend to choose solutions that are “good enough” rather than optimal (Simon 1956), salient as opposed to most correct (Tversky and Kahneman 1974), and we tend to rely on the most important dimension rather than on a balance of factors (Slovic 1975). Try as we might to put unhappy events in perspective, we are highly influenced by infrequent, or often single, catastrophes (Slovic, Fischhoff, and Lichtenstein 1979). Those of us low on self-regard will be likely to harbour negative feelings and to have negative feelings about others. Ingroup-bias seems to bolster self-esteem (Aberson, Healy, & Romero, 2000), but when self-esteem suffers a blow, prejudice against other groups is increased (Fein & Spencer, 1997). Attitudes, once formed are resistant to change (Phillips and Edwards 1966) and tend to be self-perpetuating (Mazur 1981; Plous 1991), and potential gains are often not equal in weight to potential losses (Kahneman and Tversky 1979; Quattrone and Tversky 1988). Finally, we are more likely to oppose the community presence of mental health patients if we have something to precious to protect (i.e. children; Wolff et al. 1996). As Hogarth (1987) has noted, the situation is ordinarily more complex than a straightforward

choice, but this provides many consequent opportunities to reduce stigma and the effects of stigma.

### **What to do?**

It may be useful to have as a starting point, the acceptance of a number of beliefs about human nature. These are:

1. That it is normal, in fact essential, to generalize, discriminate, attribute causation, and take appropriate action in order to make our way through our lives
2. It is also human nature to take time to reflect on a problem, put it in perspective, and devise preventive actions.
3. The accuracy of generalization, discrimination and attribution of blame is far from perfect and worsens when we are experiencing strong survival-mode emotions such as fear or desire.
4. Fear makes us conservative and leads to direct action. We are thus less likely to take chances on preventative actions or to feel that we have the time for a reflective approach when we feel that we are under attack. It also means that we will adopt an approach that has more immediacy and less accuracy.
5. It is easy to build resentment aimed at a person or group, especially among those who feel poorly treated themselves, and, importantly, among their highly empathic advocates.

To the extent that these notions are true, then a different approach is

suggested – one that does not put the usual public relations campaigns at the forefront. Rather that we alter the factors that serve as the underpinnings of stigma and discrimination. In short, this means reducing the cultural factors that foster stigmatizing behaviour and by training all of us (starting in childhood), to be better thinkers. There is also a case to be made for strengthening those who might become the brunt of stigmatizing behaviour.

### **An Anti-Stigma Culture**

- One possibility is that we create societies that are not only egalitarian, but that also do not engender the type of competition that fosters animosity toward any particular group or society.
- Every child should be given much experience with success. There is mastery (self-esteem, self-confidence) to be gained from many non-competitive activities, and we could ensure that competition has minimal impact on the losers by giving more credence to a variety of activities and for intrinsic satisfactions.
- Bring life to the terms “inclusive society” and “no child left behind”.
- No scapegoating
- Give up on special interest groups. There is no such thing as a concession or support that applies to all members of the group – unless the group is defined by the presence of the problem rather than by personal characteristics.
- Give up our focus on stances that indicate that the people of our own country (or province or religion or culture) are superior. That is, no jingoism! This will be difficult for politicians who may feel that such statements are necessary for re-election.

### **Child Development**

- If stigma can be viewed as a problem in thinking (e.g. generalization, discrimination, and attribution gone awry), then we should teach our children how to think – to recognize incorrect conjectures about people or groupings of people, and understand why certain conclusions are unreasonable and ineffective.
- Teach children that they should be fair and good to others. This is almost a given, but it is important and not the same as teaching children to problem solve (above).
- Focus on development of a strong sense of self. Not only will it reduce stigma, it is essential for almost everything else personal and social.

I wish that I could say that the above “to do” list is entirely comprehensive. The point here is to shift attention to the roots of stigma with the view that we can adjust/create a society that has as its essence the infrastructure of inclusion and the development of personal attributes that point in the same direction. This is only the beginning of this conceptualization, but I believe that it promotes an

additional perspective that will aid in our work to reduce stigma and thus improve well being.

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