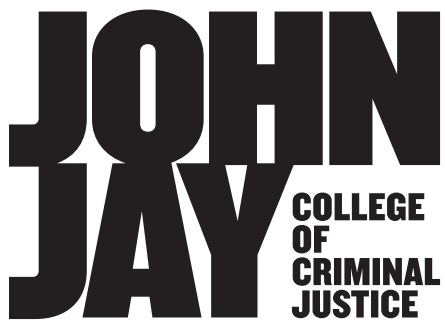


NARRATIVE ENHANCEMENT AND COGNITIVE THERAPY FOR SELF-STIGMA

Group Treatment Manual
(Facilitator's Guide)

Philip T. Yanos, Ph.D.
David Roe, Ph.D.
Paul H. Lysaker, Ph.D.



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Part 1: Orientation

(Sessions 1 and 2)

Guidelines to Facilitator:

Purpose: *The primary purpose of the Orientation section is to set the tone and encourage participants to begin the journey of exploring how they perceive themselves, their illness and themselves in relation to their illness. The goal is to conduct this exploration before the later education and training components and provide a snap-shot where each participant stands with regard to these issues, which may be referred back to at later stages. A secondary purpose is to begin establishing group norms that allow group members to feel comfortable, and begin laying the groundwork for group cohesiveness that will be important as the group progresses.*

By the end of this section, you should aim to have helped each person to:

- 1. Explore their experience of self;*
- 2. Explore to what degree mental illness and the mental illness label are dominant and/or negative in their lives;*
- 3. Explore some of the sources and influences of negative conceptions and stigmatizing attitudes, as well as sources of positive conceptions. Examples of such positive conceptions might be having alternative role-taking activities (roles and activities that are not related to being a person with a mental illness or a “patient”), such as: volunteer work, being a friend to someone, being a parent, an advocate, etc.*

In this section you should also aim to get a sense of the current state of interactions between the person and his or her mental illness that is, in what ways the disorder or its label is influencing the person (e.g., making it hard for him or her to function, concentrate, feel good about him or herself) and in what ways the person influences the disorder (e.g., by using coping strategies).

➔ **To the Facilitator:** *One the next page is a sample script that can be used to introduce the group to participants after all are seated.*

Introduction

More and more people believe that recovery from mental illness is possible. Studies, expert opinions, and persons with mental illness themselves provide compelling evidence that, despite periods of struggle, most people with mental illness can live a full and meaningful life over time. Recovery can mean different things to different people. Many people who live with a mental illness, though, have explained that an important part of their recovery process is to feel better about themselves, have hope and believe that it is possible to make progress towards goals that are important to them.

Something that can get in the way of the recovery process and having hope is “self-stigma.” Self-stigma refers to when a person comes to believe that negative stereotypes about mental illness are true about them- for example, that people with a mental illness like schizophrenia can’t get better, work or feel like they have a full and rich life.

The purpose of this program is to help people living with a mental illness learn to notice and cope with self-stigma. To do this, this program, which will last for 20 sessions, will be divided into five parts:

- *The first part will be orientation.* In this part we will get to know one another, agree on some group expectations and norms, and practice a few exercises exploring how we think about ourselves. This should take around 2 meetings.
- *The second part is called Stigma Education.* In this part, we will provide and discuss information about stigma, self-stigma, mental illness and recovery as well as learn about your experiences with these. This should take about 3 meetings.
- *The third section is called Cognitive Restructuring.* Cognitive restructuring is a skill that can be learned. This section will try to help you to develop strategies to identify and change negative thoughts about yourself. This section should take about 7 sessions.
- *The fourth section is called Narrative Enhancement.* Narrative enhancement is about telling and retelling personal stories about yourself so that you can create a new story which considers the challenges and bright spots in your life, as well as what you hope for in the future and what you plan to do about it. This section will be the focus of the next 7 sessions of the group.
- *The fifth and last section will last for 1 meeting and will focus on closure.* In this last meeting we will think about what has been learned and what each participant has gained from the group and how it might help him or her in the future.

How might this program be helpful to you?

It might help you develop more positive ideas about who you are as a person and also help you to reject negative and untrue beliefs others have about mental illness as well as negative ideas you may have come to believe about yourself.

How does the program “work”?

The program will have group meetings each week during which you will learn about mental illness and recovery, about how to identify and challenge untrue ideas about mental illness, and to develop a more positive sense of yourself. The program uses a manual that has handouts and exercises that are designed to guide participants through the process of learning, but there will also be time to discuss your own opinions and feelings. You will get the most out of the program if you can come to each group, listen with an open mind, participate, and try to apply what you learn in your life outside the group.

Sample Introductory Script:

“Welcome everyone to the first meeting of Narrative Enhancement and Cognitive Therapy for self stigma group. I am glad you were able to attend today.


As you might remember, this is the first group of what we expect will be 20 group meetings. The purpose of these meetings will be to explore what stigma and self-stigma mean within the context of mental illness, to understand how the ways we think and feel affect our lives and to develop new ways to tell and think about our personal life stories.

Before we begin the exercise, though, let’s quickly introduce each other and review guidelines for how we should act in the group to make sure everyone can agree with them.”

Group Norms and Expectations


It is important to agree upon a number of norms and expectations to help create and maintain a respectful and pleasant atmosphere which will help participants feel comfortable in the group. The norms and expectations listed below are ones that we think will help create a respectful and pleasant group atmosphere. Let's discuss them.

- 1) Group members should respect confidential issues shared in the group and not talk about them outside the group.
- 2) Group members should always treat one another respectfully and try not to be judgmental and especially not say judgmental things in the group.
- 3) Group members should be mindful when talking to make sure they give others time to share their views.
- 4) Group members should try to keep an open mind when listening to information discussed in group.
- 5) Group members who choose to participate are expected to attend regularly, come on time, and notify the facilitator if they can't come for some reason.

 **To the Facilitator:** *The purpose of presenting group "norms and expectation" is to have a clear reference for reminding group participants of how they should behave in the group. After they are reviewed, it is a good idea to explore if anyone has any questions or wishes to discuss the rationale for any of them. If there are no questions, there is no need to discuss them further. If new group participants come in after the first session, it is a good idea to make sure that they review the group guidelines and have the opportunity to ask any questions before they begin participating in the group.*

Now we will start the process of exploring who we are and getting to know one another.

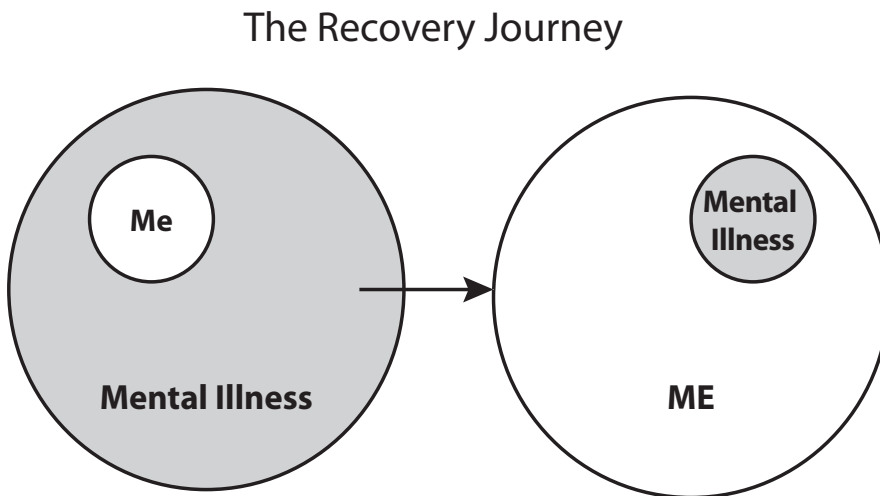
Exercise 1: Take a few minutes and use the space below to describe yourself as you are at this point in your life.

 ***To the Facilitator:*** *The time it may take the group members to write will vary from group to group. It might be best, though, to ask the group to conclude writing after 15 minutes. Once everyone is done, ask the participants if someone would be willing to read their description. Once someone has volunteered, but before they begin reading, you should offer the group their task: "Please listen carefully to the story "x" is about to read and when he/she is finished I hope we can talk about what kinds of things we heard in the story. After the person finishes reading his or her self-description, then again encourage the group members to comment on what these self-descriptions seem to reveal/suggest about the way the person perceives him or her self. This should be done in an accepting, non-judgmental manner.*

Exercise 2: Take a few minutes and use the space below to describe your thoughts and feelings about any experiences you have had with mental illness and psychiatric treatment.

Exercise 3: Take a few minutes and use the space below to describe how the illness you have been diagnosed with relates to YOU (for example, to what degree do you feel the illness is a big part of who you are not? To what degree do you feel the illness defines who you are?)

The Person and the Illness



The first circle in the figure above shows how people diagnosed with mental illness often feel that mental illness “takes over” and becomes their primary identity, minimizing and leaving very little room for other important roles they play in life (e.g., being a friend, parent, employee, athlete, volunteer, etc.). In the recovery process, though, people re-connect with these important parts of their lives and come to experience themselves as more complete people with multiple identities (friend, parent, employee, athlete, volunteer, etc.) and not as someone reduced to a diagnosis.

Between now and next session:

- 1) You are encouraged to take a copy of this exercise home with you or anywhere else you like and review what we have worked on.
- 2) Feel free to share it with a significant other, friend, family member, practitioner or anyone else with any thoughts or feelings generated following the group. For example – what was important to me in the things I wrote? What was important to me from the feedback I got? What did I learn about myself in the meeting? Was there anything new or surprising I learned about myself?

Part 2: Psychoeducation

(Sessions 3-5)

In this section we will focus on 3 topics:

- 1) Learning basic concepts including stigma and self-stigma.
- 2) Discussing common myths or false ideas that many people have about mental illness and present facts that challenge these.
- 3) Discussing when to disclose having been given a mental illness diagnosis.

➔ **To the Facilitator:** *The goal of the Psychoeducation section is to focus specifically on teaching about stigma and self-stigma and the problem of disclosure. Efforts should be made to achieve a balance between providing information (for example about myths and facts) along with exploring personal experiences and how they relate to what is being learned.*

IMPORTANT: *There should be a consistent and clear emphasis on self-stigma being a result of societal stigma. It is thus important to continuously emphasize that self-stigma is a result of social processes and NOT part of the illness.*

The information provided should be used to help the person feel empowered and more in control as a result of becoming knowledgeable. The descriptions and open-ended questions create opportunities to make this information more personal and relevant. The overall message should be: "there is stigma out there, and it is a real problem, but even though it is hard not to believe and adapt these stigmatizing attitudes and direct them towards yourself, a person can learn not to embrace these attitudes. The process of overcoming self-stigma can help a person feel better about themselves and their future."

NOTE: *We suggest that a useful strategy in this and other sections is to encourage group members to take turns reading sections of the educational materials aloud, and then discussing what was read. It is important for the facilitator to play an active role, summarizing what people have said to make sure they have been correctly heard and openly offering reflections in a respectful manner as needed to keep the conversation ongoing.*

Stigma and Self-Stigma

Stigma refers to negative and untrue beliefs which people have about the characteristics of members of a certain group of people. For example, "all blonde women are dumb," "all doctors are uncaring," "all older people are mean and grouchy," or "all young men are rude." As you can see in these examples, the things that are believed to be true about these groups are negative and can generate negative feelings (such as fear, disgust, and disregard) and behaviors (such as rejection, disapproval and discrimination).

So, part of stigma is that these negative beliefs, feelings and behaviors are directed against people, just because they have that certain characteristic (e.g., a blond woman, a young man, an older person) without anything to do with who that person actually is. A classic example of this is the way that people with leprosy and other diseases were rejected and shunned during earlier periods of history.

Although awareness and understanding of mental illness is improving, research shows that many people in modern society still hold stigmatizing views about mental illness and many times act in discriminating ways. For example, employers may be less likely to offer a job to a person that they think or know has a mental illness. This type of discrimination is illegal, but continues to occur in society.

Self-stigma occurs when persons who belong to the stigmatized group accept these stereotypes as true. Coming to accept the negative stereotypes directed towards a group you belong to can be very painful, leading to feelings of low self-esteem and hopelessness. Although the actual experience of self-stigma is personal and private, it is important to stress that self-stigma develops because of the stigma that exists in society.

On the next page are 3 examples of stigma which people with mental illness have been confronted with:

All I knew were the stereotypes I had seen on television or in the movies. To me, mental illness meant Dr. Jekyll and Mr. Hyde, psychopathic serial killers, loony bins, morons, schizos, fruitcakes, nuts, straight jackets, and raving lunatics. They were all I knew about mental illness, and what terrified me was that professionals were saying I'm one of them (Deegan, 1997).

One girlfriend refused to see me after I got out of the hospital. She said she saw no potential in me and that I have no future. I was deeply ashamed and half believing her. Now I'm selective in whom I tell about my illness. It's got to be pertinent to the conversation or I have to feel that I can trust the person I'm talking to (Weingarten, 1997).

I perceived myself, quite accurately, unfortunately, as having a serious mental illness and therefore as having been relegated to what I called "the social garbage heap." I tortured myself with the persistent and repetitive thought that people I would encounter, even total strangers, did not like me and wished that mentally ill people like me did not exist. Thus, I would do things such as standing away from others at bus stops and hiding and cringing in the far corners of subway cars. Thinking of myself as garbage, I would even leave the sidewalk in what I thought as exhibiting the proper deference to those above me in social class. The latter group, of course, included all other human beings (Gallo, 1994).

What are some things that these 3 examples have in common? What other reactions do you have to them?

Stigma in Everyday Life:

Research has shown that stigma towards persons diagnosed with a mental illness is common and widespread. Common stereotypes include the beliefs that people with mental illness are dangerous, unpredictable and incompetent.

As a result, people often display a range of negative feelings towards individuals with a mental illness such as anger, irritation, anxiety and fear. Moreover, people often discriminate against persons with a mental illness, for example by refusing to rent an apartment or blocking employment opportunities.

Can you describe an experience when someone showed negative feelings towards you just because you were diagnosed with a mental illness?

Can you describe an experience when someone discriminated against you just because you were diagnosed with a mental illness? What did the person say or do?

Myths About Mental Illness

Stigma can be painful, in particular when those who are doing the stigmatizing hold status and power (like an employer, landlord or policeman). Being aware of stigma and rejecting it can help. To be able to reject these stigmatizing attitudes, it is helpful to be informed with facts which prove these attitudes are untrue. The examples on the next page illustrate some of the myths (or incorrect views) that people often have about mental illness. Some of these views are spread by the media (newspapers, TV, the internet, and movies). These views can affect the way that people who've been diagnosed with a mental illness feel about themselves. Learning facts about mental illness which challenge the myths can be empowering.

What are some common beliefs that people in society have about mental illness?

Following are a few “myths” (or untrue ideas) about mental illness (including schizophrenia) followed by the actual facts:

MYTH # 1: People with mental illness tend to be violent.

FACT: Research supports that the vast majority of people with mental illness are not violent. Most people who are violent do not have a mental illness, and most people who have a mental illness are not violent.

Having a mental illness does not necessarily increase the risk of violence, but rather experiencing specific symptoms such as paranoid thoughts or command auditory hallucinations (hearing voices that command to hurt others) can. Like anyone in general, the risk of violence increases when people are actively abusing drugs or alcohol. Finally, it is important to note that people with mental illness are far more likely to be a victim of violence than to behave in a violent manner.

MYTH #2: People with mental illness cannot work.

FACT: Research shows that people with mental illness can potentially work in any kind of job that they are otherwise qualified for. People with mental illness are or have been known to be: medical doctors, lawyers, teachers, psychologists, social workers, computer programmers, etc. Of course, mental illness can present many challenges to doing these types of jobs, but there is no question that it is possible.

MYTH #3: People never recover from mental illness

FACT: Research shows that many people recover from mental illness. Many people stop either experiencing symptoms completely or are able to manage symptoms with treatment so that the symptoms do not interfere with going about daily life. Many long-term studies that were conducted around the world show that most people with a serious mental illness experience improvement in functioning over time. Many people, regardless of whether they do or do not experience symptoms, can live a full and personally meaningful life despite and beyond the limits of mental illness.

MYTH #4: People diagnosed with a mental illness are always out of touch with reality.

FACT: Most people who experience even the most severe of mental illnesses are in touch with reality more often than they are not. Many people quietly bear the symptoms of mental illness without ever showing any outward signs of their illness to others.

It can be hard to ignore what other people think, even if it is wrong. How do you think some of these myths about mental illness might influence the way a person feels and thinks about him or herself? Please think of some possible ways:

Did you ever find yourself thinking about yourself in a negative manner because any of these or any other myths about mental illness?

Self-Stigma

Before discussing self-stigma it is important to emphasize that self-stigma is caused by society. If there was no stigma in society, there would be no self-stigma. Therefore, self-stigma *is not the fault of the person who experiences it*.

Self-stigma refers to the process during which people slowly internalize the stigmatizing attitudes of society and come to think of themselves in a negative manner, often similar to the negative manner in which they are perceived by society.

If people were not subject to stigma to begin with, they would not be vulnerable to accepting stigmatized attitudes and prejudice as true about them.

Do you think you have ever experienced self-stigma?

What is the impact of self-stigma?

Research has shown that self-stigma has a big effect on many people. When a person accepts the negative and stigmatizing attitudes of society as true they usually feel bad about themselves. They may feel less hope, self-esteem, confidence and tend to avoid others more.

Does everyone with mental illness have self-stigma?

No. While research has shown that self-stigma is quite common, not everyone who is subject to stigma develops self-stigma. Many persons with mental illness are aware of the common stereotypes and prejudice but are able to reject them. In fact, some people are energized by prejudice and express righteous anger. These individuals may channel these feelings into activities such as activism and mutual support to help improve the lives of other mental health consumers.

Can self-stigma be changed?

The answer is a definite yes. Research supports that many people are able to change the way they think about themselves and come up with new ways of thinking about themselves that are more balanced, and that allow them to feel more hopeful and confident about the future. These changes in thinking are also related to improvements in the quality of people's lives. In the next section of this program (cognitive restructuring), we will learn about ways to change the way that we think about ourselves.

Disclosing Having a Mental Illness

It is well-known that one of the effects of stigma is that people are reluctant to share their story about their struggle with mental illness, and choose to hide their illness due to the possible risks of “coming out.” A decision about whether or not to share is personal, complex and involves many considerations. There are advantages as well as disadvantages. We will briefly talk about self-disclosure so that group members can make a personal decision about whether and when to disclose or tell others that one has a mental illness.

Possible advantages of disclosure:

1. Release and relief from the burden of keeping a secret, and the energy and personal resources needed in order to keep it.
2. When there is disclosure to the right person, it can generate positive social results such as acceptance, in contrast to the initial fear of rejection and blame.
3. Disclosure may inspire other people to talk about similar difficulties, which, in turn, can increase one’s support group.
4. Revealing one’s struggle with mental illness can help one get support in times of need (from family members who were not aware of the illness, from an employer in a work place, etc.)
5. Sharing one’s personal story can be empowering and help liberate a person from feelings of guilt and shame.

In many occasions people describe the experience of disclosure as an important step in their recovery process. In addition, opening up about having a mental illness contributes to the effort to erase stigma, as contact with persons with mental illness has shown to help reduce stigma among community members.

Possible disadvantages of disclosure:

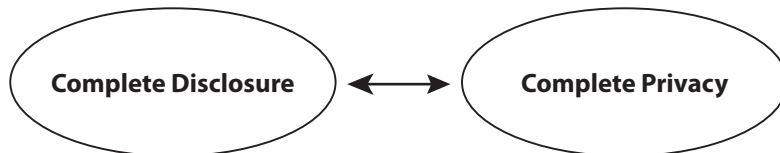
Although there are possible advantages to self-disclosure, there are also potential disadvantages.

1. Loss of support from family, friends, employers and co-workers, as a result of the disclosure. Stigma and ignorance still exist in our society, thus causing some people to move away, avoid and fear people with mental illness.
2. Negative impacts on housing or work status.

Controlled Disclosure

Many people use something called "**controlled disclosure**," which means practicing consideration regarding who, when, where and to what degree one reveals having a mental illness.

On a spectrum that defines your **level of disclosure** regarding your mental illness, where would you place yourself?



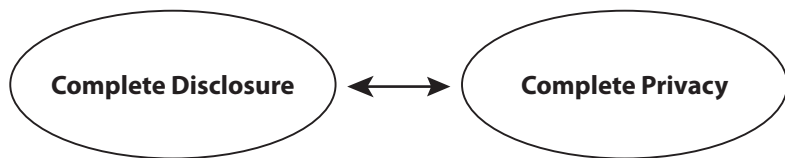
Who are the people with whom you choose to share coping with a mental illness (family member, friend, neighbor, colleague, someone else)?

What led you to decide to share with these people?

Can you share one time when you **chose** to tell someone about your illness? How did this experience affect your thoughts and feelings? How did it affect future decisions to tell people about your illness?


Can you share one time when you **chose not to tell** someone about your illness? How did this experience affect your thoughts and feelings? How did it affect future decisions to tell people about your illness?

Are you comfortable with where you are along the disclosure spectrum or do you wish to change your position? Where would you like to be upon this spectrum in the future?



Part 3: Cognitive Restructuring

(Sessions 6-12)

 **To the Facilitator:** *The purpose of the Cognitive Restructuring section is to help the group participants learn to recognize their thoughts, to connect their thoughts with their emotions and actions, and to develop the skills needed to challenge unhealthy or maladaptive ideas and thoughts that they have about themselves and replace them with healthier and more adaptive alternatives. They should also gain an awareness of how stigma leads to negative thoughts, learn to challenge negative thoughts related to stigma, and gain some experience practicing the skill of challenging negative thoughts and incorporating it into their everyday lives.*

Thinking and Feeling:

So far we've discussed some of the attitudes that people have in society about mental illness and how a lot of them are not accurate and based on myths. We're now going to start talking about how the things that we think about ourselves affect the way that we feel about ourselves and how these thoughts and feelings affect our lives. Before we get into talking about how all this relates to stigma, though, we're going to talk about emotions we experience and how those emotions can change according to the thoughts we are having at the time.

Types of Feelings:

People have different kinds of feelings or emotions. These feelings can just pop up in one moment and can change over the course of a day. Sometimes people notice their feelings and other times they are not that aware of them. What are some examples of types of feelings that people have?

Let's now talk about where these feelings come from. The way that people feel is often related to situations that they experience in their lives. As a result, many people feel that the situations (or events) *cause* the feelings. What people often don't notice, though, is that there is usually a thought that comes before the feeling. In other words, the same situation can lead to different feelings depending on what kinds of thoughts someone is having.



Thinking and Feeling: What's the Difference?

Sometimes it can be difficult to tell the difference between a thought and a feeling. For this reason, it can be helpful to consider some of the types of thoughts that commonly go along with certain types of feelings. Below are some common thoughts that go along with negative feelings.

Common Thought: "Something bad is going to happen."
What feeling may accompany this thought?

Why do you think this thought leads to these feelings you mentioned?

Common Thought: "I'm being treated unfairly."
What feeling may accompany this thought?

Why do you think this thought leads to these feelings you mentioned?

Common Thought: "Things are going to get better."
What feeling may accompany this thought?

Why do you think this thought leads to these feelings you mentioned?

Same Situation, Different Thought: Examples

Let's look at two examples of how the same situation can bring about different thoughts and feelings:

Steve wanted to talk to someone and called a friend on the phone. His friend said that she didn't have time to talk to him- she said that she was too busy today. Steve hung up the phone and thought- "she doesn't like me- nobody likes me."

How do you think Steve would feel in this situation?

How do you think Steve would act in this situation?

Here's a different version:

Steve wanted to talk to someone and called a friend on the phone. His friend said that she didn't have time to talk to him- she said that she was too busy today. Steve hung up the phone and thought "she usually has time to talk, so she probably really is busy, or maybe she's having a bad day. I shouldn't take it personally and can call someone else."

How do you think Steve would feel in this situation?

How do you think Steve would act in this situation?

As you can see from these examples, the thought, rather than the situation, is often what influences what we feel.

Let's look at another example of how thoughts affect feelings:

Juanita took a practice test in her GED class. She scored higher than she had before on her first practice test but still didn't pass. She thought "that's it- I'm never going to pass. I'm no good at this and should give up."

How do you think Juanita would feel in this situation?

How do you think Juanita would act in this situation?

Here's an alternate version:

Juanita took a practice test in her GED class. She scored higher than she had before on her first practice test but still didn't pass. She thought "I'm making progress and will probably do better on the next one. Rome wasn't built in a day."

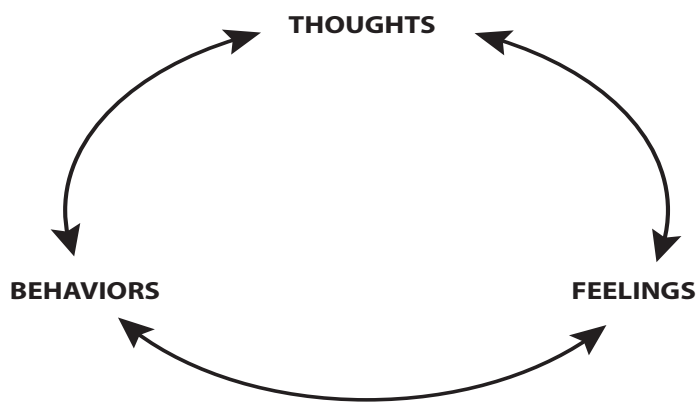
How do you think Juanita would feel in this situation?

How do you think Juanita would act in this situation?

As you can see from these examples, the situation can be the same, but the thoughts that people have can lead to different kinds of feelings. Different thoughts about the same situation can lead people to feel differently. Different feelings can then lead people to act in different ways. Negative ways of thinking are more likely to lead to negative emotions, such as sadness, anger, or fear. These emotions, in turn, can affect the way people act, making it more likely for them to give up or stop trying to accomplish something or to just avoid a situation that was upsetting. Positive ways of thinking are more likely to lead to more positive ways of feelings and actions.

Thinking-Feeling-Behavior

As we've seen, our thoughts about a situation affect how we feel. How we feel also affects how we behave in the situation. Often, we can influence, but cannot control other people and the situations we find ourselves in. We can, however, control how we think about a situation and interpret it. In other words, we can change the kinds of thoughts we have about situations. During the next few sessions we are going to focus on changing how we think about things. Changing how we think about things is called cognitive restructuring (CR).



Let's look at another example of how this works, considering both positive and negative thinking examples. Let's imagine that a person is working and is running late for work.

<i>Negative cycle</i>	<i>Positive cycle</i>
<p><u>Thoughts:</u></p> <p>*"My day is ruined."</p> <p>*"I might as well forget about going to work today."</p> <p>*"My supervisor is going to think I'm a loser."</p>	<p><u>Thoughts:</u></p> <p>*"I can learn from what went wrong today so it doesn't happen again."</p> <p>*"The important thing is to get there so I don't let my supervisor down."</p> <p>*"I messed up, but it's not the end of the world."</p>
<p><u>Feelings:</u> hopeless, defeated</p>	<p><u>Feelings:</u> determined, optimistic</p>
<p><u>Behaviors:</u> go back to bed</p>	<p><u>Behaviors:</u> call supervisor to notify about being late; make a plan to keep from happening again</p>

Notice that the situation was the same for both the positive and negative cycle. However, the interpretation and related thoughts about the situation were different in each cycle, and therefore the associated feelings and behaviors were different.

Self-Reflection

Can you remember a recent experience where the way you thought about a situation, or yourself or other people got in the way of what you were trying to accomplish? For example, maybe you doubted your ability to work (thought) and were so upset that you were afraid to look for a job or go to a work training appointment (feeling). Or, perhaps you may have doubted your ability to make a new friend or start a relationship with someone (behavior)?

Please write down the situation.

What kinds of thoughts did you have in this situation?

What kinds of feelings did you have in this situation?

How did you act (behavior) in this situation?

How might you think differently today?

Stigma and Thinking

As we've already learned, there are some stigmatizing views that many people in society hold about people with mental illness. These views can affect the way that people who've been diagnosed with a mental illness feel about themselves. Some examples that we've come across include:

"People with mental illness can never recover and live productive lives in society."

"People with mental illness are dangerous and cannot be trusted."

"People with mental illness are incompetent and can't make decisions for themselves."

The way we think about ourselves is often influenced by the way other people think about us. How might these views described above affect the way that a person feels about him or herself? Let's think of some possible ways:

Some common thoughts that people have that are influenced by stigma include:

"I feel like I don't fit in with the general community."

"I feel like I'm not as good as others who don't have a mental illness."

"I am disappointed in myself for having a mental illness."

Self-Stigma and Behavior

We've already seen that thoughts affect the kinds of feelings we have, and our feelings influence how we choose to act (behavior). Having thoughts that are influenced by stigmatizing views can tend to lead to feelings such as *sadness*, or *fear*, or even *hopelessness*. What kinds of actions or behaviors can these self-stigmatizing thoughts then lead to? Let's think of some possible examples:

We know from research that self-stigma can lead a person to have less hope and less self-esteem. We also know that feeling less hopeful and having less self-esteem can lead a person to be more *isolated* or *withdrawn* from other people, and to sometimes withdraw from activities that they are interested in because of concern about how other people will think of them. Try to think of some possible reasons why that might happen:

Negative Ways of Thinking

We've already talked about how thoughts can affect feelings and have seen some examples for how this happens. We're now going to talk about some common ways of thinking that can often lead to unpleasant feelings such as fear, anger, or sadness. Although everyone has these common ways of thinking sometimes, self-stigma can also lead people to have them. Below is a list of some of these typical ways of thinking with examples:

1) *"All or Nothing Thinking" (seeing the world in extremes)*: When people think this way, they see the world in extremes and don't allow room for compromise.

Example: A person who has baked a beautiful cake notices a mistake in the frosting and decides that it is ruined. As a result, he throws away the cake in frustration and starts over.

Self-Stigma Example: A person diagnosed with a mental illness receives a disability check. Although she lives independently and takes care of all of her needs by herself, she does not believe that she can work or go to school. She thinks: "I'm either able or disabled, and I can't be both at the same time. If the government says I'm disabled, then I can't work or go to school."

2) *"Catastrophizing" (expecting the worst to happen)*: When people do this, they believe that the worst possible outcome is going to happen even though in reality it is unlikely.

Example: A physically healthy person feels a pain and thinks that he might be having a heart attack. As a result, he becomes very scared.

Self-Stigma Example: A person diagnosed with mental illness is invited by a friend to a social gathering. She thinks: "Why should I go? People are not going to like me or will be mean to me if I try to talk to them."

3) *"Mental Filter" (seeing only the negative and ignoring the positive)*: When people think this way, they filter out positive things and focus only on the negative. As a result, they don't see the whole picture.

Example: A person looking at potential apartments notices some graffiti on a wall in a neighborhood, and decides that the neighborhood is no good. However, he ignores nice stores and a park with children playing. As a result, he decides that he doesn't want to see the apartment.

Self-Stigma Example: A person diagnosed with a mental illness has been able to overcome substance abuse problems and homelessness. However, when he thinks about his life he thinks: "I've been nothing but a failure since I became mentally ill. Nothing has gone the way it's supposed to."

4) *Labeling (applying labels instead of focusing on the facts)*: When people think this way, they use a very broad, judgmental word to label a situation or person (or themselves) instead of focusing on the facts.

Example: A person gets taken in by a scam and loses some money. He thinks: "I'm an idiot" instead of "I was too trusting."

Self-Stigma Example: A person diagnosed with a mental illness who is usually calm has an angry outburst on a day when she was under a lot of stress. She thinks: "I'm unpredictable and out of control. I can't be trusted with any responsibilities."

Negative Thinking - Written Exercise

Purpose: *This exercise is designed to help you to identify thinking errors that you may experience or are prone to.*

Instructions: *Write down an example of each of the following thinking errors from a recent experience you had. If you cannot think of one, that's okay, but try to list as many as possible*

All or Nothing Thinking (seeing the world in extremes):

Catastrophizing (expecting the worst to happen):

Mental Filter (seeing only the negative and ignoring the positive):

Labeling (applying labels instead of focusing on the facts):

Alternate Ways of Thinking

Now that we've seen how the way we think can sometimes be biased toward the negative, let's explore how we can respond to the negative thoughts we have and learn how to think differently.

For every negative way of thinking we identified, there are positive alternatives.

Remember, the way people think affects the way that they feel and behave, so changing thinking can therefore change feelings and behavior in a positive way. Teaching yourself how to think differently is called "cognitive restructuring."

We are going to start learning and practicing ways that might help you consider alternative (and less negative) ways to think about different situations. Here are specific techniques that can be used to find positive ways to think about things and to avoid negative ways of thinking. We'll look at how each of them could be helpful for coming up with alternate ways of thinking for the same negative thought.

STRATEGY 1: "Be a Scientist"

Examine the evidence for the thought.

When you use this technique, you consider the evidence for the thought in a balanced way as if you were a detective or a scientist trying to reach a conclusion based on the available evidence and actual data.

EXAMPLE:

Thought: "I've been nothing but a failure since I became mentally ill. Nothing has gone the way it's supposed to."

What's the Evidence?: "The fact is that I live independently, take care of my responsibilities and rarely lose control. The evidence does not support that I'm a failure."

STRATEGY 2: “Take Your Own Advice”

Think about how a friend or other trusted person would look at the situation, or how you would look at it if a friend were going through it.

Sometimes, it’s easier to think about a situation in a balanced way if you consider how a friend would look at the situation or how you would look at it if a friend were going through it, or alternatively what would you tell a friend who was dealing with the same sort of difficulty you are dealing with.

EXAMPLE:

Thought: “I’ve been nothing but a failure since I became mentally ill. Nothing has gone the way it’s supposed to.”

What would a friend say?: “They would tell me not to be so hard on myself. They would say I should look at my accomplishments and consider the whole picture instead of just certain details. They might say: Things have already gotten better and they’ll continue to get better if I keep working at it.”

STRATEGY 3: “No Judgment Zone”

Try to come up with different words to describe yourself or the situation. Think of words that are more accurate and less judgmental.

EXAMPLE:

Thought: “I’ve been nothing but a failure since I became mentally ill. Nothing has gone the way it’s supposed to.”

Different words: “I’m not a failure. It would be more accurate to say that some things have not gone the way I wanted them to, while others have, but this is true for most people.”

Here's a sheet that you can copy and take home that summarizes these 3 strategies.

STRATEGY 1: "Be a Scientist"	<i>Examine the evidence for the thought and see if the evidence supports it.</i>
STRATEGY 2: "Take Your Own Advice"	<i>Think about how a friend or other trusted person would look at the situation, or how you would look at it if a friend were going through it.</i>
STRATEGY 3: "No Judgment Zone"	<i>Try to come up with different words to describe yourself or the situation. Think of words that are more accurate and less judgmental.</i>

Alternate Ways of Thinking- Exercise

Go back to the "Negative Thinking- Written Exercise" sheet that you filled out before. Pick one of the negative thoughts that you wrote down and try to come up with alternate ways of thinking using the approaches described in the previous section.

Negative Thought:

"Be a Scientist": What is the evidence that supports the negative thought and what is the evidence against it?

"Take Your Own Advice": Think about how you would recommend a friend look at the situation or what a friend would recommend to you:

"No Judgment Zone": Try to come up with different words to describe yourself or the situation that are less judgmental:

Alternate Ways of Thinking- Stigma Exercise

Now, let's consider a negative thought based on stigmatizing views that we might sometimes think of because it's been said so many times in the media or by other people. The stigmatizing view is: "People with mental illness can never recover and live productive lives in society." The negative thought is: "I have a mental illness and can never recover and live a productive life in society." Let's use our thinking skills to come up with new ways of looking at this negative thought.

"Be a Scientist": What is the evidence that supports the negative thought and what is the evidence against it?

"Take Your Own Advice": How you would recommend a friend look at the situation or what would a friend recommend to you?:

"No Judgment Zone": Try to come up with different words to describe yourself or the situation that are less judgmental:

Changing Negative Thoughts or Feelings Using Positive Self-Talk

Another helpful way to change negative thinking is to use positive self-talk. It is possible to think in a more positive way on purpose; with practice, a person can develop new positive ways of thinking. In the same way that having negative thoughts can lead to feeling sad, angry or afraid, having positive thoughts can help a person feel better, calmer or more confident. The process of thinking in a positive and encouraging way on purpose is often called “self-talk.” Self-talk is like talking to or coaching yourself.

Below are two examples of people using self-talk to deal with negative feelings or to respond to negative thoughts:

Carmen woke up and felt depressed. She felt overwhelmed by all the things she had to deal with. She thought: “What’s the use of getting up- I never get any better.” Then she remembered to use positive self-talk and thought: “I’ve been making a lot of progress. If I take it one day at a time things will keep getting better. And staying in bed is definitely not going to help.” She got out of bed and started her day.

David had an upsetting experience the last time that he rode a public bus- a group of teenagers had been very loud and he became upset by it. He needed to take the bus to get to an important medical appointment, but he felt nervous and wanted to call in sick and stay home so he wouldn’t run into the same situation. Then he remembered to use self-talk. He thought: “So what if they are loud and it is unpleasant- I need to get to this appointment and I can’t let what other people do stop me from doing what I have to do to take care of myself.” He felt calmer and was able to take the bus to his appointment.

Positive Self-Talk for Stressful Situations

Below is a list of positive self-talk statements that might be helpful for dealing with stress.

√ If you use this √ If you would like to use this

I am doing the best I can.		
I can stay calm no matter what I feel.		
I know that I am okay no matter what happens.		
Don't sweat the small stuff. It's all small stuff (almost).		
This unpleasant situation will soon be over.		
In the long run, does this really matter?		
Is this really worth getting upset about?		
I can bear anything for a while.		
This is an opportunity to learn or try something new.		
I know I am not helpless. I can and will take necessary actions to pull through this difficult situation.		
It's okay to be temporarily upset.		
Slow down...take one step at a time.		
What is, is.		
This will pass and there will be better things for me down the road.		

My own positive self-statements:

TIP: some people report that one strategy that helps them use self-talk in everyday life is writing a note and keeping that in an accessible place like a wallet or putting it in a notable place like your phone or mirror.

Negative Thinking in Your Life — Exercise

Now that we've learned some strategies for how to change negative thinking, let's practice using these skills to deal with situations that happen in our lives.

PURPOSE: *This exercise is designed to help you practice cognitive restructuring. Instructions: The first problem situation is something "made-up" that could happen. The second problem situation will be a real situation you have recently experienced and will write down.*

#1 - MADE-UP PROBLEM: You are in the store where you do your shopping. You usually see someone there that usually says hi and is very friendly. One day, they try to start a conversation with you, and you *think* to yourself: "There's no way I can talk to this person because I have a mental illness."

Which negative thinking style is this?

How would you feel if this is what you thought in this situation?


What would you do (your behavior be) as result of these thoughts and feelings?

What is an alternate way to think about this situation (using "Be a Scientist," "Take Your Own Advice" or "No Judgment Zone")?

What are one or two self-talk statements that could help you think about this situation differently?:

1)

2)

 **To the Facilitator:** After doing this exercise in the group, give group participants copies of the sheet and encourage them to complete it at home. On the next page is a sample script that can be used to introduce the group to participants after all are seated.

#2 - Write down a real situation where you felt negatively about yourself around other people:

Situation: _____

What were some of your thoughts about yourself when you felt this way?

What was your negative thinking style? _____

How did you feel when you had those thoughts about yourself?

What did you do/ how did you behave as a result of your thoughts and feelings about yourself?

What is an alternate way to think about this situation (using "Be a Scientist," "Take Your Own Advice" or "No Judgment Zone")?

What are one or two self-talk statements that could help you cope with this stressful situation:

1)

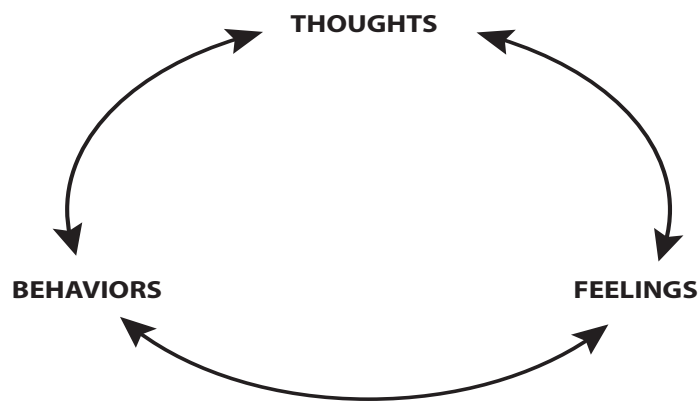
2)

Summary

We've made it to the end of the section on "Cognitive Restructuring." Below is a summary of what we've learned and practiced in this section.

We learned that:

- 1) *How you feel is affected by what you think, and what you do is affected by how you feel. The same situation can be thought about differently, leading to different feelings and actions.*
- 2) *Self-stigma affects the way people diagnosed with mental illness think about themselves and situations in their lives.*
- 3) *There are patterns to negative ways of thinking, including "all or nothing thinking," "catastrophizing," "mental filter," and "labeling."*
- 4) *There are strategies that you can use to think about situations differently, such as "Be a Scientist," "Take Your Own Advice" or "No Judgment Zone." Learning positive self-talk statements can also be helpful.*



Part 4: Narrative Enhancement

(Sessions 13-19)



To the Facilitator: *In the following section the group leader is to assist participants to begin to share stories about themselves and particularly their experience with mental illness. We hope that in these stories people will not be recounting their symptoms but will tell and create their own stories about what they have struggled with, what they hope for, the efforts they've made to cope and move on with their lives, and how they understand themselves as human beings. The underlying idea is that the stories each of us tells about our strengths, challenges, losses, hopes and tasks allow us to make sense of the problems we have to cope with and guide us in the decisions that we have to make. It is hoped that by telling and retelling their stories and by listening to the stories of others, participants will find themselves better able to cope and to relate to other people.*

Each session during the narrative enhancement portion of the treatment will have six elements: 1) greetings, 2) opportunities of questions and comments, 3) writing time, and 4) participant sharing of stories, 5) facilitator feedback, and 6) participant feedback. In some instances it may be possible to reverse 5 and 6.

As you may recall, we started out with an overall introduction and explored how people experience themselves. Then, in the 2nd part, we focused on myths about mental illness and the way they contribute to stigma and self-stigma. In the 3rd part, we focused on negative thinking and learned and practiced alternative ways of thinking.

In this part we will focus on storytelling. Telling a story can be a powerful way to gain a sense of control over events, make sense of what is happening and connect events that have happened over time. We will take turns telling stories and getting and giving feedback to others on the shared stories. Often, the opportunity to tell a personally meaningful story can help a person strengthen their sense of self and identity and decrease self-stigma.

Tips on Storytelling

It is sometimes difficult to think about how to tell a story. Here are 6 different ideas that we hope will guide you as you try and tell your story.

- 1) There is not a single or “correct” way to describe an event. You should talk about things in ways that mean something to you.
- 2) You can have different stories depending on who you are telling the story to.
- 3) Stories can be told from multiple angles (or perspectives) and we all are free and should be encouraged to explore these and to accept that no one angle is “correct.”
- 4) The stories one tells about oneself and one’s mental illness can help people to decide how to cope, to reject stigma and to feel connected to other people.
- 5) Stories have many parts and some of them change over time.
- 6) Stories often include elements of something that has gone wrong, something that is okay, good or not wrong, something that has changed or been lost, something that is hoped for and something that has to be done.

Participant Feedback

After the leader’s comments, comments from group members should be solicited and guided by the next handout. Here the leader should pass out the feedback guide and explain (in the case of the first time) or remind (in the case of future times): “Now that I’ve given my feedback the more important part is for each of you if you wish to offer something helpful to x. To help you I’ve just passed out a handout to offer something that would be helpful.”

Guide to Giving Feedback on Stories

As you think about what kinds of comments to offer people after they have told their stories you might think about saying something which answers one or more of the following questions:

- 1) What stands out for you about the story you just heard?
- 2) Is the person telling the story trying to cope with something and if so what do you think it is and how do you think he or she trying to do that?
- 3) Has something changed in the person telling the story's life and if so what do you think it is?
- 4) Is there something the narrator is hoping for and if so what do you think it is?
- 5) What do you take from this story?

To the Facilitator

To the Facilitator: Review with the participants and emphasize that they don't have to ask all of these questions but can consider asking one or two after someone has told a story.

Exercise 2: Stories of Coping with Illness


Here are some more possible topics for telling a story about:

- 1) How you decided whether you have a mental illness or not and if so what is it.
2. A time when you changed your mind about what your mental illness is and what caused that and how things turned out.
- 3) Since your illness started, what about your life has changed and what has stayed the same.
- 4) How does your illness influence your life and how do you influence your illness.
- 5) How does your illness affect other people and how do other people affect your illness.
- 6) Something you used to do well before and now find it difficult to do.
- 7) Something you hope will happen in your life.

 **To the Facilitator:** Encourage participants to pick only one of the following suggestions and not try to address all of them in one story.


Exercise 3: Stories on Strengths and Successes

Tell a story about your life that focuses on your strengths or successes. Strengths relate to things that you found out that you could do that you may not have realized you could do until you were challenged. Successes can relate to dealing with challenges that you have faced, including mental illness, as well as other challenges you may have faced such as substance abuse, victimization/trauma, homelessness, or health problems. Describe how you managed to overcome a challenge and what you learned about yourself in the process. If appropriate, tell about what hopes and dreams you developed as a result of this experience.

 **To the Facilitator:** *The purpose of this exercise is to encourage participants to consider telling stories that explore strengths and positive attributes. So participants will have difficulty telling these types of stories. Address the absence of such themes carefully using the feedback suggestions previously discussed.*

Exercise 4: More Stories of Strengths and Successes

Tell another story about your life that focuses on your *strengths* or successes. Strengths relate to things that you found out that you could do that you may not have realized you could do until you were challenged. Successes can relate to dealing with challenges that you have faced, including mental illness, as well as other challenges you may have faced such as substance abuse, victimization/trauma, homelessness, or health problems. Describe how you managed to overcome a challenge and what you learned about yourself in the process. If appropriate, tell about what hopes and dreams you developed as a result of this experience.

 **To the Facilitator:** *This exercise repeats a prior handout. Encourage participants to choose a different suggested story than they did when they previously completed this exercise.*

Exercise 5: Wrapping up

In this last part we will look back on the journey we did together in this group, what we learned from it and what we take with us.


The following exercise is the same you did in the very beginning of this group.

Write about yourself as you are at this point in your life.

Write about the condition for which you are receiving psychiatric treatment.

Write about how the illness you have been diagnosed with relates to you.

In addition, write about what you hope for yourself for the future.

 **To the Facilitator:** *The goal of this final exercise is to help participants identify how they have changed during the course of the group. After participants have completed their responses, refer back to their prior responses and reflect back to participants how their stories have changed (if at all). Explore with them how changes in their responses have been stimulated by skills and/or information gathered from the group experience.*

Now, if you like, look back at what you wrote at the first session and compare what you just wrote with what you did in the very beginning of the group.

Consider the following questions:

- 1) Is there a difference between what you wrote then and now? If so what is that difference?
- 2) What journey did you make between the beginning of the group and now?
- 3) What helped and what made it difficult to make a change?
- 4) Is there anything you feel you can “take with you” from the group that might be helpful for the future?

 **To the Facilitator:** *Participant’s thoughts and recollections about prior sections can be probed and discussed.*

Part 5: Summary of Group and Closure

Now that we have completed the materials for the narrative enhancement and cognitive therapy group, let’s summarize things that we have covered in this program.

Psychoeducation

In this section, we learned that stigma about mental illness exists in society. We learned that some common stigmatizing (and incorrect) ideas about mental illness are that people with mental illness are dangerous, incompetent and incapable of leading full lives. We learned that stigma sometimes leads to self-stigma, where someone comes to believe that these ideas apply to them. We learned that self-stigma can affect peoples’ ability to feel hopeful about themselves and can get in the way of their recovery. We also learned that self-stigma can be changed.

Cognitive Restructuring

In this section, we learned that the way we think about the things that happen in our lives affects the way we feel about them. We also learned that how we feel often affects how we act. We learned that negative thoughts can be particularly upsetting, and that self-stigma is associated with a number of negative thoughts. We learned about types of negative thinking such as “catastrophizing” and “all-or-nothing thinking.” We then learned some skills for changing the ways we think

about ourselves and the events that have happened in our life called “cognitive restructuring,” or CR. As we learned, CR involves finding ways to reconsider the thoughts that we are having, such as examining the evidence for a thought, or thinking about how a friend would look at the same situation. We also learned that “positive self-talk,” or repeating positive statements to ourselves, can help us deal with negative thoughts.

Narrative Enhancement

Finally, based on the idea that telling and retelling personal stories about ourselves can help us to make sense of both the challenges and successes that we have had, we wrote and shared different stories about ourselves and shared feedback about these stories. Eventually, we may have come up with some different ideas about ourselves beyond the illness.

Finally, before we say good bye:

- 1) Is there anything you would like to say to yourself: something you learned, succeeded in, or that you wish for yourself?
- 2) Is there anything you would like to say to any of the group members? Something the group member learned, succeeded in, or that you wish for yourself?
- 3) Is there anything you would like to say to or share with the group facilitators?

