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An introduction of Acceptance and Commitment Therapy for Stigma Toward Mental Illness

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Abstract

Stigma surrounding mental illness has been reduced through psychoeducation aimed at improving knowledge and intervention methods centering on contact with the patient (Corrigan & Penn, 1999). However, it is considered difficult to apply existing approaches to the case of stigma among healthcare professionals who already have knowledge and experience contacting individuals with mental illnesses. In addition, because stigmatization is an automatic process, it is very difficult to implement methods such as eliminating stigma or replacing it with different ideas, which are included in some psychoeducation programs. Therefore, the purpose of this paper is to discuss the advantages and limitations of a group approach with Acceptance and Commitment Therapy (ACT) as an example of a new approach. Stigma intervention with ACT promotes awareness of the participants' own negative thoughts, including their stigmatized attitude, and encourages behavior that is consistent with their own values. This makes it possible to aim for behavioral change without spending time on eliminating such negative thoughts. Although there are few examples of stigma intervention using ACT in Japan, the author cites studies conducted in other countries and in Japan with university students, and its advantages and limitation was discussed.

Keywords: stigma, Acceptance & Commitment Therapy, psychological flexibility

Introduction

Stigma surrounding mental illness is a social issue that has been recognized as a problem for many years, and measures have been implemented to address it; nevertheless, problems related to stigma persist. Furthermore, in recent years, there has been a growing call to address stigma surrounding mental illness from the perspective of supporting healthcare providers.

This paper aims to discuss Acceptance and Commitment Therapy (ACT) as an intervention method distinct from those traditionally identified as most effective, which focus on increasing knowledge and exposure, and provide an overview of its benefits and limitations.

I. What Is Stigma Regarding Mental Illness?

Stigma is a term that refers to negative thoughts or behaviors (prejudice or discrimination) directed toward specific attributes.[12)] Stigma can be directed at any attribute (e.g., race, nationality, sex, or disease name). Among these, stigma toward mental illness has adverse effects, such as creating a sense of shame not only in people with mental illness but also in their families and friends, leading to social isolation and concealment of the illness.[4)15)] Thus, the adverse effects caused by stigma toward mental illness are said to be as dangerous as the adverse effects directly resulting from the mental illness itself, and addressing this issue is an important social challenge.[5)] Furthermore, stigma toward mental illness can be broadly divided into two types: public stigma and self-stigma.[5)] Based on findings that self-stigma arises from seeing and hearing public stigma and internalizing it, which in turn further affects the decline in help-seeking behavior,[22)] it is considered that if public stigma is alleviated, self-stigma will also improve accordingly; therefore, this paper focuses on public stigma.

Although public stigma regarding mental illness remains an unresolved social issue to this day, its nature has not remained entirely static; the labels used to describe mental illness and its public perception have evolved over time. The term "label" here refers to words and terms associated with mental illness, including expressions used in both professional and general contexts. For example, the change in 2013 of the diagnostic term "autism" to "autism spectrum disorder"[1)] represents a

change in the "label" assigned to the same clinical condition. However, this does not mean that the image of the condition automatically improves simply because the label has changed. A comparison of the public perception of autism spectrum disorder versus Asperger's disorder revealed that the name itself does not affect public perception.[19] Furthermore, the Japanese term for schizophrenia was changed from "Seishin Bunretsu Byo" to "Togo Shiccho Sho" in 2002. However, negative perceptions of "Seishin Bunretsu Byo," such as the idea that it is "dangerous," persisted even after the name was changed to "Togo Shiccho Sho."[18] Thus, simply changing a label is insufficient to improve public stigma.

To date, the primary intervention methods for public stigma regarding mental illness have been psychoeducation on specific disorders, increasing opportunities for contact with individuals bearing specific labels, and combinations of these approaches, which have been shown to be the most effective.[5] However, it remains unclear whether the effects of these label-dependent methods are sustained even if labels or perceptions change after intervention, or whether they can be applied to different labels. Therefore, this paper discusses ACT as a new approach to public stigma intervention; one that can flexibly adapt to changing labels and perceptions.

II. An ACT Approach to Public Stigma

ACT is one of the third-wave cognitive behavioral therapies that aims to help individuals lead rich, fulfilling, and meaningful lives while accepting inevitable suffering.[7] ACT is a psychological intervention applied to various illnesses and behavioral problems, and its effectiveness has been recognized, particularly for chronic pain and depression.[2][6] To illustrate the state ACT aims to achieve using the example of chronic pain, it involves accepting inevitable suffering (e.g., the pain itself, the fact that the pain will not go away) in order to reduce the time previously spent dysfunctionally trying to eliminate the pain, and increase activities that are important to the individual (e.g., hobbies, time with family).

A key aspect of ACT's intervention regarding public stigma is that it positions public stigma as inevitable. Relational Frame Theory (RFT),[8] the theoretical foundation of ACT, is a behavioral analytical approach to human language and cognition that explains the relationships between stimuli. In RFT, public stigma is described as an "inappropriate application of language behavior" within the category of arbitrarily

applicable relational responding (AARR).[3)8)] Verbal behavior explained by AARR is a phenomenon in which one comes to hold the same image of another person who has been assigned the same label as a specific person with whom one has actually had contact; public stigma refers to a state in which this image is inappropriately applied.[3)]

For example, suppose Person B, who has a particular label, intentionally damages Person A's car. In this case, Person A will come to perceive Person C, who shares the same label as Person B, as an "aggressive person" and interact with them in a guarded manner. When this behavior becomes excessive, or it leads to an "inappropriate" state such as restricting Person A's daily life, this is referred to as public stigma. Similar reactions occur even in the absence of direct contact, such as when Person A hears through rumors that Person B is the culprit or sees it on video. Furthermore, the relationship between Person B and Person C also influences the attribution of the image; for example, if Person C has held the label in question for a longer period than Person B, that image may be reflected as a stronger one. Such functions of language occur routinely, and it is extremely difficult to eliminate AARR.

Not only in RFT but also in the field of social psychology, which has examined public stigma, it has been pointed out that simplifying understanding and judgment through the assignment of specific labels reduces the cognitive load.[14)] Thus, public stigma can be described as a negative consequence arising from the human ability to understand others simply and quickly based on minimal information, even when encountering someone for the first time.

Therefore, because public stigma arises as part of natural language behavior, it is difficult to eliminate it completely. Based on this understanding, ACT sets an intervention goal as the transformation of behavior toward what is important to the individual (e.g., how one wishes to interact with a person bearing that label) by accepting the inevitable (e.g., the tendency to apply negative labels, including public stigma). The characteristic of ACT's intervention regarding public stigma is considered to lie in conducting interventions on the premise that transformation is difficult, rather than aiming to negate or transform public stigma itself.

III. Psychological Flexibility and Public Stigma

Psychological flexibility is a crucial element in ACT interventions targeting public stigma. Psychological flexibility is a model of psychological health composed of two elements: engaging

with things as they are "in the here and now" (acceptance: accepting the inevitable), and maintaining or changing behavior based on one's chosen values (commitment: changing behavior for the sake of what is important to the individual).[11] In ACT, based on this psychological flexibility, individuals learn how to deal with thoughts and emotions, including public stigma, and as a result, aim to reduce public stigma. Therefore, ACT-based public stigma intervention is not a method dependent on specific individuals; rather, it can be applied using the same techniques to anyone, regardless of the type of stigma. Psychological flexibility encompasses six core processes: (i) flexible attention to the "here and now," (ii) chosen values, (iii) committed actions, (iv) the self as context, (v) defusion, and (vi) acceptance.[11] These processes influence one another and are often represented as a hexagon (Figure).

Regarding the relationship between psychological flexibility and public stigma, Krafft, J. et al.[13] conducted a meta-analysis and demonstrated that there is a moderate correlation between psychological flexibility and questionnaire scores for public stigma and self-stigma. Furthermore, the same study attempted to examine the effectiveness of ACT, an intervention method focused on psychological flexibility, in reducing stigma; however, because there were too few studies conducting meta-analyses, the paper examined its effectiveness through a systematic review. The results indicated that ACT was as effective as active control.[13] Although further investigation is needed, its effectiveness is beginning to be recognized.

Conversely, domestic research is very limited, and comprehensive findings, such as those from meta-analyses, have not yet been obtained. In a 2018 study by the authors,[20] public stigma toward mental illness was measured among university students majoring in psychology using questionnaires and reaction time indices, and the study examined whether a correlation existed between these results and psychological flexibility. The results showed that, regardless of the measurement index used, no correlation was found between public stigma toward mental illness and psychological flexibility. However, a 2020 study[21] involved a public stigma intervention for mental illness using ACT with participating psychology majors, and it identified no difference in effectiveness compared with psychoeducation, the method traditionally used most frequently. In short, the current state of research is that it has neither provided supporting evidence for the effectiveness of ACT interventions for public stigma nor

shown that ACT is inferior to conventional methods.

IV. Specific Exercises Used in ACT

As mentioned above, ACT approaches its goals through two elements of psychological flexibility: "acceptance" (engaging with the present moment as it is), and "commitment" (maintaining and/or changing behavior based on one's chosen values). To this end, the program includes various "exercises" designed to promote understanding through experiential engagement, such as participants speaking aloud.

In lecture-style psychoeducation, there was a risk that, contrary to the intervention's intent, it could lead to attaching negative connotations to specific labels (for example, psychoeducation stating, "While [Condition] is often associated with [Connotation], that is not actually the case," could inadvertently reinforce that negative association). However, since experiential understanding is not intended to provide information, this risk is low.[8] For example, in previous studies[16)21)] targeting university students majoring in psychology, a roughly 2.5-hour intervention included seven exercises and activities, supplemented by group work as appropriate, and was structured to enable participants to think and experience things actively.

The public stigma interventions used in these studies[16)21)] aim to help participants become aware of their own public stigma and accept it without denying it (acceptance). To promote acceptance, one of the exercises used in previous studies is the "Tea, Tea, Tea" exercise (originally called the "Milk, Milk, Milk" exercise). This is used to promote defusion, one of the six core processes of psychological flexibility.[10] In this exercise, participants are asked to repeat the same word ("tea") aloud for a set period (approximately 30 seconds). Before the repetition, the word "tea" evokes various images (e.g., aroma, temperature, taste, sensation in the throat, etc.); after the repetition, participants experience "tea" becoming detached from those images and being perceived as a mere sound. Subsequently, the same process is carried out using words and images related to mental illness. The goal is to help participants realize that the term "mental illness" evokes various images, that is, they themselves hold public stigmas, and reduce the impact of these stigmas.

As this exercise demonstrates, ACT-based interventions do not target the modification or imposition of specific images (such as changing a frightening image into a friendly one); rather, they focus on the influence of language and aim to reduce its negative impact by

raising awareness of it. Furthermore, since any mental illness name can be selected as the repeated word in the "tea exercise," it is considered a highly versatile technique.

V. Challenges in ACT-based Public Stigma Interventions

ACT-based interventions also face challenges, and this paper highlights two points. The first is the scarcity of prior research. While an international meta-analysis exists examining studies addressing ACT and public stigma,[13] it was limited to examining correlations between indicators; numbers of intervention studies are still insufficient to conduct a meta-analysis. Further research will likely be necessary in the future.

Second, there is a lack of behavioral indicators. As mentioned above, ACT does not aim to change cognitions or emotions; rather, it aims to increase value-based prosocial behavior by accepting cognitions and emotions as they are, without denying them. Thus, it is not expected that implementing ACT will improve scores on questionnaire indicators of prejudice and related constructs. Therefore, future research is required to conduct evaluations focusing on the extent to which the intervention is reflected in behavioral changes. In most intervention studies addressing public stigma toward mental illness, behavioral intention is used to assess behavioral aspects because it is simple to measure.[17] This is a questionnaire-based assessment asking about intentions concerning how one wants to behave; since it does not measure the extent to which these intentions are connected with actual behavior, it has the limitation of not strictly qualifying as a behavioral indicator. Therefore, although it cannot be considered a strict behavioral indicator, using such a scale in ACT-based public stigma intervention studies could be one approach to serve as a starting point for evaluating the behavioral aspects of stigma.

Conclusion

In the medical field, when addressing public stigma held by healthcare providers, such providers often already possess knowledge about mental illness and have experience interacting with patients within the healthcare professional-patient relationship. Consequently, conventional methods focused on increasing knowledge or exposure are unlikely to be effective in eliminating public stigma. However, based on the premise that anyone can harbor public stigma, ACT, which addresses individual thought patterns, may demonstrate effectiveness for support providers as well. In fact, prior

research showed improvements in public stigma and burnout indicators among healthcare providers who received ACT-based public stigma intervention.[9] Although there are still few prior studies and this intervention method has limitations, using ACT to: help each healthcare provider become aware of their own image of mental illness and, based on that awareness, choose appropriate actions in accordance with the direction of support they wish to provide, may be important not only for improving the quality of support, but also protecting the mental health of healthcare providers themselves.

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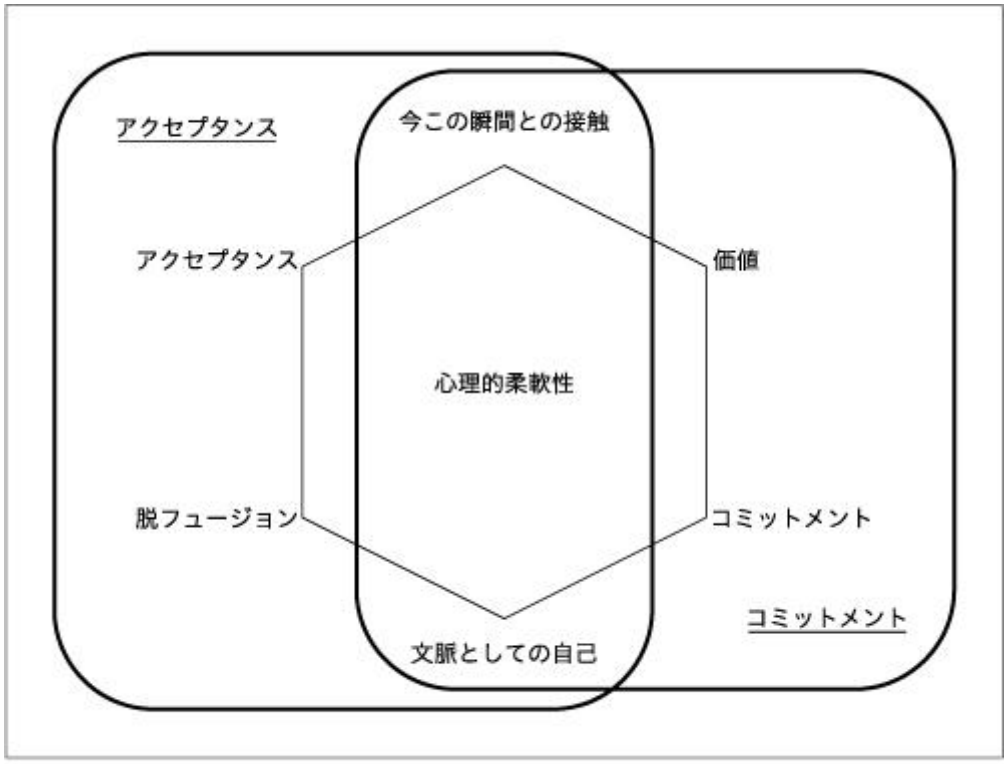

図　心理的柔軟性に内包される 6 つの要素
（文献 11 を参考に著者が作成）

Figure: Six elements encompassed within psychological flexibility
(Created by the author based on Reference 11)