

# Narrative Enhancement Cognitive Therapy (NECT):

An intervention to reduce self stigma

David Roe, Ph.D

Professor

Department of Community Mental Health

Faculty of Social Welfare and Health Sciences

University of Haifa, Israel

[droe@univ.haifa.ac.il](mailto:droe@univ.haifa.ac.il)

# Special Thanks To:

Research Partners: Paul Lysaker (Roudebush VA, Indiana-Purdue University), Phil Yanos (CUNY), NIMH-funding (R34MH082161)

# Recovery

# Recovery- Major roles:

Slade, 2009

To learn how to better manage the illness

Valued desired social roles

To establish a sense of meaning in life

To develop a positive identity - self and illness

# Sociological Theories

Goffman (1961) describes the “contribution” of the institutionalization process through “stripping” one from his or her identity

Mead – Symbolic interactionism

Thoits (1985) restricting valued social roles

Estroff (1989)- “I am illness”

Lally (1989) – Role engulfment

# What is Mental Health Stigma?

Common negative stereotypes of violence, unpredictability, incompetence, and inability to work/function

# Negative Attitudes about Mental Illness: US population

Findings from a representative sample of 5,251  
US adults (Kobau et al., 2010)

“A person with a mental illness is a danger to  
others” - 23% agree or strongly agree; 35% not  
sure

“A person with a mental illness is  
unpredictable” - 38% agree or strongly agree;  
37% not sure

# Social Rejection and Discrimination

70% of mental health consumers reported being treated “differently” by friends or being aware that friends are uncomfortable-(Lundberg et al., 2007)

Roughly 50% of mental health consumers reported experiencing discrimination, with most common areas being work (51%), housing (32%), and law enforcement (27%) (Corrigan et al.,2003)

Does Stigma Impact Identity?

# From Stigma... to Self-Stigma

Stigma turns into self-stigma through 3 stages:

Awareness of Stereotype

Agreeing with stereotype

Stereotype endorsement

1+2+3= Self-Stigma

# How Commonly Do People Develop Self-Stigmatized Identities?

Roughly a third of people with SMI •  
develop high levels of self stigma

(Brohan et al. 2010; Ritsher & Phelan, 2004 ; West et al., 2011) •

# Meta-Analysis of Impact of Self-Stigma

Livingston & Boyd (2010) conducted a meta-analysis of 127 studies examining consequences of self-stigma

Significant effects were found for hope (-.58), self-esteem (-.55), self-efficacy (-.54), quality of life (-.7), and social support (-.28) AND treatment adherence (-.38)

# Recovery of the Sense of Value

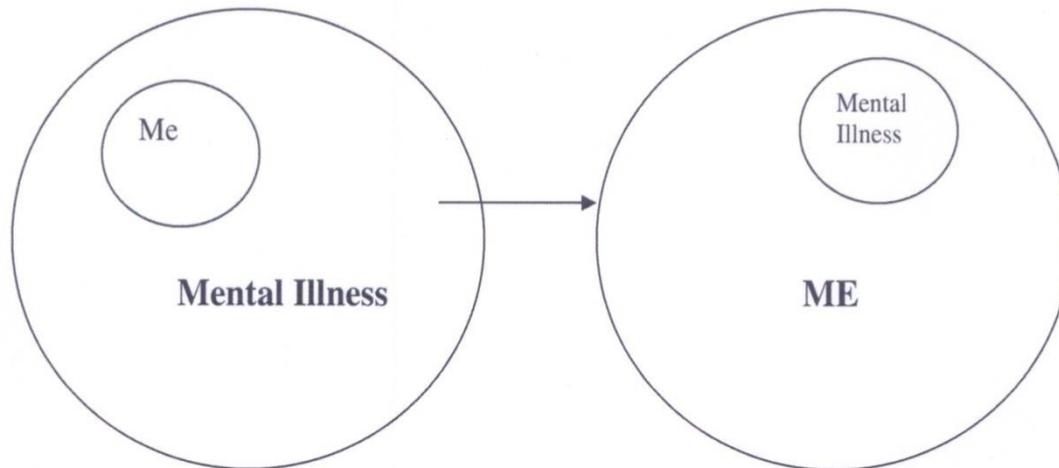
"I found myself wondering how those of us who have experienced being profoundly devalued as a result of being labeled with a mental illness move from thinking we have little or no value, to discovering our own unique value.

**How do we reclaim and recover our sense of value when we have been devalued and dehumanized?**

Deegan, P. (1993). Recovering our sense of value after being labeled. *Journal of Psychosocial Nursing & Mental Health Services*, 31(4) 7-11.

# Identity and recovery

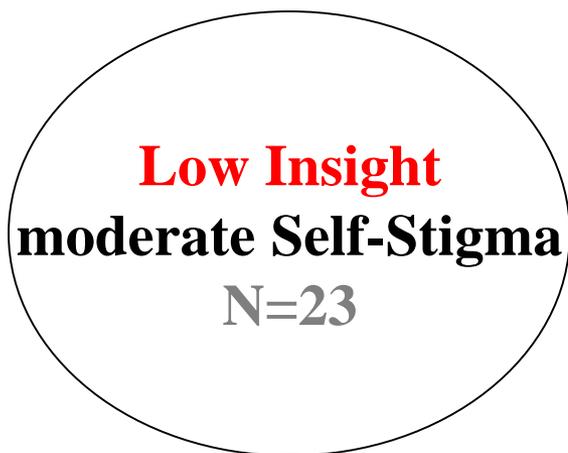
## The Recovery Journey



# self-stigma moderate the impact of insight on functioning, social relationships and hope

Lysaker, Roe, & Yanos (2007)

Cluster analysis of insight and self-stigma levels of 75 people living with schizophrenia led to 3 clusters/groups



# Internalized Stigma Moderating Impact of Awareness

(Lysaker, Roe & Yanos, 2007)

	Low Insight, Low Stigma (n = 21)	High Insight, Low Stigma (n = 24)	High Insight, High Stigma (n = 26)
Self-Esteem* (3 < 1, 2)	32.9	32.9	25.7
Hope* (3 < 1, 2)	14.8	16.3	11.6
Social Relationships* (2 > 1, 3)	18.1	23.3	18.4
Positive Symptoms* (2 < 1, 3)	17.7	12.9	17.2

# Study Take Home Message

- “Advantage” of insight is lost when it is combined with self-stigma
- People with high insight and high self-stigma have greater symptoms, less hope, lower self-esteem, and worse social relationships than both people with high insight/low self-stigma, and people with low insight/low self-stigma

NECT

Narrative Enhancement Cognitive  
Therapy

# Development of NECT

- We developed Narrative Enhancement and Cognitive Therapy (NECT) in 2006-2008
- 20 session manualized group intervention
- Consists of 3 elements:
  - Psychoeducation
  - Cognitive restructuring
  - Narrative enhancement

# Section 1: getting started

- Exploring self and illness and how they relate

# Section 2: Psychoeducation

- Present and discuss common myths and challenge these with facts.
- Discuss the dilemma regarding disclosure

# Section 3: Cognitive Restructuring

- Teach and practice identifying and counteracting “negative thoughts about self”
- Help clients develop coping skills for dealing with stigma-related social anxiety and depressed mood

# Section 4: Narrative Enhancement

- Engages participants in the process of telling and retelling stories about self to:
- Convey message of entitlement to story
- The benefits of constructing a story (universal, accessible, encourages meaning making, facilitates continuity, is flexible and “owned” by the person)
- .

# Tips on Storytelling

1. There is not a single or "correct" way to describe an event.
2. Stories can be told from multiple angles (or perspectives).
3. You can have different stories depending on who you are telling the story to.
4. By providing an audience for story-telling, narratives are valued, given the opportunity to be heard and responded to.

# NECT: Current Dissemination Status

- NECT was originally written in English but has been translated into Hebrew, Russian and Swedish and Danish
- Currently, NECT groups are being routinely offered in Israel and have been implemented as part of pilot administration in Gothenburg, Sweden with positive results
- NECT groups have been offered in research studies in the US and have been offered in some routine care settings